

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-371	3 1 Fatal 3 PDO 2 Injury 4 Unknown	'X' If Yes	3 1 Not Hit / Skip 2 Solved 3 Unsolved	'X' If Yes				
N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *				
08301	Franklin Police Department	02	01 98 = Animal 99 = Unknown	10282011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1614	FRI	X			Franklin	83		

CRASH OCCURRED ON			Type Location Point Used			LOCAL INFORMATION		
Prefix	Crash Location	Type Loc	1 Named Street	3 Numbered Route				
	VICTORIA	DR	2 Numbered Street					
AT / REFERENCE			Reference Point Used					
Dist Reference	DR	Prefix	Reference	Ref Point	04 House Number	08 Place Name W/O Reference		
			814	04	01 State Line	05 Township Boundary	09 Driveway	
					02 Intersection 2 Streets	06 Mile Post	10 Street or Route W/O Reference	
					03 County Line	07 Corporation Limit		

A	Unit #	# of Occ.	Name (Last, First, Middle)	
	01	01	UNKNOWN	
Address (Street, City, State, Zip Code)				
Social Security Number				
Date of Birth		Age	Sex	Home Phone #
			M	
DL State	DL #	LP State	LP #	Injured Taken By
				1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)		
Year	Make	Model	Color	Insurance Company
Offense Charged		Offense Description		Citation #
Local Code? 'X' If Yes				

Motorist / Non-Motorist

B	Unit #	# of Occ.	Name (Last, First, Middle)	
	02			
Address (Street, City, State, Zip Code)				
Social Security Number				
Date of Birth		Age	Sex	Home Phone #
DL State	DL #	LP State	LP #	Injured Taken By
		OH	DHY2620	1 None 4 Other 2 EMS 5 Unknown 3 Police
Owner Name (if same, write "SAME")		Address (Street, City, State, Zip Code)		
ADKINS FRANK S		814 VICTORIA DR FRANKLIN OH 45005		
Year	Make	Model	Color	Insurance Company
1991	HOND	CIV	RED	Allstate
Towing Service		Owner Phone #		
		(937) 620-7747		
Offense Charged		Offense Description		Citation #
Local Code? 'X' If Yes				

Occupant

C	Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
Address (Street, City, State, Zip Code)					Injured Taken By	Transported By	Injured Taken To
					1 None 4 Other 2 EMS 5 Unknown 3 Police		
D	Unit #	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
Address (Street, City, State, Zip Code)					Injured Taken By	Transported By	Injured Taken To
					1 None 4 Other 2 EMS 5 Unknown 3 Police		

01	Seating Position	14	Safety Equipment Motorist	6	Air Bag	4	Air Bag Switch	5	Ejection	4	Trapped	6	Injuries
A	01 Front - Left (MC Driver)	A	01 None Used	A	1 Not Deployed	A	1 Not Present	A	1 Not Ejected	A	1 Not Trapped	A	1 No Injury
B	02 Front - Middle	B	02 Shoulder Belt Only	B	2 Deployed-Front	B	2 In On Position	B	2 Totally Ejected	B	2 Extricated By Mechanical Means	B	2 Possible
C	03 Front - Right	C	03 Lap Belt Only	C	3 Deployed-Side	C	3 In Off Position	C	3 Partially Ejected	C	3 Freed BY Non-Mechanical Means	C	3 Non-Incapacitating
D	04 Second - Left (MC Pass)	D	04 Shoulder /Lap Belt	D	4 Deployed Both Front/Side	D	4 Unknown	D	4 Not Applicable	D	4 Unknown	D	4 Incapacitating
	05 Second - Middle		05 Child Safety Seat		5 Not Applicable				5 Unknown				5 Fatal Injury
	06 Second - Right		06 MC Helmet Used		6 Unknown								6 Unknown
	07 Third - Left		07 Use Unknown										
	08 Third - Middle		Non-Motorist										
	09 Third - Right		08 Non Used										
	10 Sleeper Section Of Cab		09 Helmet Used										
	11 Enclosed Cargo Area		10 Protective Pads										
	12 Unenclosed Cargo Area		11 Reflective Clothing										
	13 Trailing Unit		12 Lighting										
	14 Exterior		13 Other										
	15 Other		14 Unknown										
	16 Non-Motorist												
	17 Unknown												
												Supplement * 'X' if Yes	

Unit Numbers 	Damage Area 	Pre-Crash Actions 	Sequence Of Events 	Posted Speed 	Drug Test Status
Non-Motorist Location 		Motorist 01 Movements Essentially Straight Ahead 02 Backing 03 Changing Lanes 04 Overtaking/Passing 05 Turning Right 06 Turning Left 07 Making U-Turn 08 Entering Traffic Lane 09 Leaving Traffic Lane 10 Parked 11 Slowing/Stopped In Traffic 12 Driverless 13 Other 14 Unknown Non-Motorist 15 Entering/Crossing In Specified Location 16 Walking, Running, Jogging, Playing, Cycling 17 Working 18 Pushing Vehicle 19 Approaching/Leaving Vehicle 20 Playing/Working On Vehicle 21 Standing 22 Other 23 Unknown	Non-Collision 01 Overturn/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss/Shift 06 Equipment Failure 07 Separation Of Units 08 Ran Off Road Right 09 Ran Off Road Left 10 Cross Median/Centerline 11 Downhill Runaway 12 Other Non-Collision Collision w/ Person, Vehicle, Or Object Not Fixed 14 Pedestrian 15 Pedalcycle 16 Railway Vehicle 17 Animal - Farm 18 Animal - Deer 19 Animal - Other 20 Motor Vehicle In Transport 21 Parked Motor Vehicle 22 Work Zone Maintenance Equipment 23 Other Movable Object 24 Unknown Movable Object Collision with Fixed Object 25 Impact Attenuator/Crash Cushion 26 Bridge Overhead Structure 27 Bridge Pier Or Abutment 28 Bridge Parapet 29 Bridge Rail 30 Guardrail Face 31 Guardrail End 32 Median Barrier 33 Highway Traffic Sign Post 34 Overhead Sign Post 35 Light/Luminaries Support 36 Utility Pole 37 Other Post, Pole Or Support 38 Culvert 39 Curb 40 Ditch 41 Embankment 42 Fence 43 Mailbox 44 Tree 45 Other Fixed Object 46 Work Zone Maintenance Equipment 47 Unknown Fixed Object 48 Other 49 Unknown	Traffic Control 	Drug Test Type
01 Marked Crosswalk At Intersection 02 Intersection/ No Crosswalk 03 Non-Intersection Crosswalk 04 Driveway Access Crosswalk 05 In Roadway 06 Not In Roadway 07 Median (But Not Shoulder) 08 Island 09 Shoulder 10 Sidewalk 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island) 12 Beyond 10 Feet Of Roadway (Within Trafficway) 13 Outside Trafficway 14 Shared Use Paths Or Trails 15 Unknown	Most Damaged Area 	Contributing Circumstances 	Direction From To From To 	01 No controls 02 Stop Sign 03 Yield Sign 04 Traffic Signal 05 Traffic Flashers 06 School Zone 07 Railroad Crossbucks 08 Railroad Flashers 09 Railroad Gates 10 Construction Barricade 11 Police Officer 12 Pavement Markings 13 Crosswalk Lines 14 Walk/Don't Walk Signal 15 Traffic Control Device Inoperative, Missing, Obscured 16 Other	Drug Test 1&2 Result
Type Of Unit 		Motorist 01 Sub-Compact 02 Compact 03 Mid Size 04 Full Size 05 Minivan 06 Sport Utility Vehicle 07 Pickup 08 Panel/Van 09 Single Unit Truck; 2 Axles, 6 Tires 10 Single Unit Truck; 3+ Axles 11 Truck/Trailer 12 Truck Tractor (Bobtail) 13 Tractor/Semi-Trailer 14 Tractor/Double Short 15 Tractor/Double Long 16 Fifth Wheel Or Converter Dolly 17 Tractor/Triples 18 Motorcycle 19 Motorized Bicycle 20 School Bus 21 Church Bus 22 Public Bus 23 Other Bus 24 Police Vehicle 25 Fire Truck 26 Ambulance/Rescue 27 Taxi 28 Motor Home 29 Train 30 Farm Vehicle 31 Farm Equipment 32 Snowmobile 33 Construction Equipment 34 All Others Non-Motorist 35 Animal W/Rider 36 Animal W/Buggy 37 Bicycle 38 Pedestrian 39 Pedalcyclist 40 Skater 41 Other-Non Motorist 42 Unknown	Collisions w/ Person, Vehicle, Or Object Not Fixed 14 Pedestrian 15 Pedalcycle 16 Railway Vehicle 17 Animal - Farm 18 Animal - Deer 19 Animal - Other 20 Motor Vehicle In Transport 21 Parked Motor Vehicle 22 Work Zone Maintenance Equipment 23 Other Movable Object 24 Unknown Movable Object Collision with Fixed Object 25 Impact Attenuator/Crash Cushion 26 Bridge Overhead Structure 27 Bridge Pier Or Abutment 28 Bridge Parapet 29 Bridge Rail 30 Guardrail Face 31 Guardrail End 32 Median Barrier 33 Highway Traffic Sign Post 34 Overhead Sign Post 35 Light/Luminaries Support 36 Utility Pole 37 Other Post, Pole Or Support 38 Culvert 39 Curb 40 Ditch 41 Embankment 42 Fence 43 Mailbox 44 Tree 45 Other Fixed Object 46 Work Zone Maintenance Equipment 47 Unknown Fixed Object 48 Other 49 Unknown	Condition 	01 None 02 Marijuana 03 Cocaine 04 Opiates 05 Amphetamines 06 PCP 07 Other 08 Unknown at Time Of Reporting
Point Of Impact 	01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load / Trailer 13 Total (All Areas) 14 Other 15 Unknown	Motorist 01 None 02 Failure To Yield 03 Ran Red Light, Or Stop Sign 04 Exceeded Speed Limit 05 Unsafe Speed 06 Improper Turn 07 Left of Center 08 Followed Too Closely/ACDA 09 Improper Lane Change/ Drove Off Road/ Improper Passing 10 Improper Backing 11 Improper Start From Parked Position 12 Stopped or Parked Illegally 13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner 14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc) 15 Failure To Control 16 Vision Obstruction 17 Driver Inattention 18 Fatigue/Asleep 19 Operating Defective Equipment 20 Load Shifting/Falling/Spilling 21 Other Improper Action 22 Unknown Non-Motorist 23 None 24 Improper Crossing 25 Darting 26 Lying And/Or Illegally In Roadway 27 Failure To Yield Right Of Way 28 Not Visible (Dark Clothing) 29 Inattentive 30 Failure to Obey Traffic Signs, Signals, Or Officer 31 Wrong Side Of The Road 32 Other 33 Unknown	First Harmful Event 	Alcohol/Drug Suspected 	Type Of Intersection
Action 	01 None 02 Center Front 03 Right Front 04 Right Side 05 Right Rear 06 Rear Center 07 Left Rear 08 Left Side 09 Left Front 10 Top And Windows 11 Undercarriage 12 Load/Trailer 13 Total (All Areas) 14 Other 15 Unknown	Vehicle Defect Code Only If '19' Selected Above 	Most Harmful Event 	Alcohol Test Status 	Occurrence
In Emergency Response 	Striking Vehicle: Override/ Underride 	01 Turn Signals 02 Head Lamps 03 Tail Lamps 04 Brakes 05 Steering 06 Tire Blowout 07 Worn Or Slick Tires 08 Trailer Equipment Defective 09 Motor Trouble 10 Disabled From Prior Crash 11 Other Defects	Speed Detected 	01 Apparently Normal 02 Physical Impairment 03 Emotional 04 Illness 05 Fell Asleep, Fainted, Fatigued, Etc. 06 Under The Influence Of Medications/Drugs/Alcohol 07 Other 08 Unknown	Road Contour
Damage Scale 	01 No Underride Or Override 02 Underride, Compartment Intrusion 03 Underride, No Compartment Intrusion 04 Underride, Compartment Intrusion Unknown 05 Override, Motor Vehicle In Transport 06 Override, Other Vehicle 07 Unknown	Speed 	Alcohol Test Type 	Alcohol Test Result 	Road Conditions Primary Secondary
01 No 02 Yes 03 Unknown			Of the Sequence of Events - Which one is the First Harmful Event (1-4) Non-Motorist 23 None 24 Improper Crossing 25 Darting 26 Lying And/Or Illegally In Roadway 27 Failure To Yield Right Of Way 28 Not Visible (Dark Clothing) 29 Inattentive 30 Failure to Obey Traffic Signs, Signals, Or Officer 31 Wrong Side Of The Road 32 Other 33 Unknown	01 None 02 Test Refused 03 Test Given, Contaminated Sample/Unusable 04 Test Given, Results Known 05 Test Given, Results Unknown 06 Unknown	01 Dry 02 Wet 03 Snow 04 Ice 05 Sand, Mud, Dirt, Oil, Gravel 06 Water (Standing, Moving) 07 Slush 08 Debris** 09 Rut, Holes, Bumps, Uneven Pavement ** 10 Other 11 Unknown ** Secondary Road Conditions ONLY
Damage Scale 01 None 02 Non-Functional Damage 03 Functional Damage 04 Disabling Damage 05 Severe 06 Unknown			Speed 	Alcohol Test Result 	

Narrative

Unit 1 struck Unit 2 as it was parked in front of 814 Victoria Drive. Unit 1 fled the scene. There are no suspects for Unit 1. Owner of Unit 2 advised he found the damage after he returned home from work.

Manner Of Collision or Impact <input type="checkbox"/> 1 Not Collision Between Two Vehicles In Transport 2 Rear-end 3 Head-on 4 Rear-To-Rear 5 Backing 6 Angle 7 Sideswipe, Same Direction 8 Sideswipe, Opposite Direction 9 Unknown	School Bus Related <input checked="" type="checkbox"/> 1 No 2 Yes, Directly Involved 3 Yes, Indirectly Involved 4 Unknown	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.	
Weather <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 01 Clear 02 Cloudy 03 Fog, Smog, Smoke 04 Rain 05 Sleet, Hail (Freezing Rain Drizzle) 06 Snow 07 Severe Crosswinds 08 Blowing Sand, Soil, Dirt, Snow 09 Other 10 Unknown	Work Zone Related <input checked="" type="checkbox"/> 1 No 2 Yes 3 Unknown			
Light Conditions Primary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> 1 Daylight 2 Dawn 3 Dusk 4 Dark - Lighted Roadway 5 Dark - Not Lighted 6 Dark - Unknown Lighting 7 Glare 8 Other 9 Unknown	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work On Shoulder Or Median 4 Intermittent/Moving Work 5 Other			
	Location Of Crash In <input type="checkbox"/> 1 Before First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area			
	Workers Present <input type="checkbox"/> 1 No 2 Yes 3 Unknown			

Truck/Bus Unit # <input type="text"/>	The Crash INVOLVED one or more of the following: A truck (motor vehicle) with a GVWR more than 10,000 pounds; or A truck (motor vehicle) with a hazardous materials placard; or A bus designed for at least 8 persons, including driver.	A N D The crash RESULTED in one or more of the following: A fatality; or An injury requiring transportation for immediate medical treatment; or At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.
Company (From Shipping Papers) <input type="text"/>		Company Phone <input type="text"/>
Address (Street, City, St, Zip Code) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	Trailer LP St. <input type="text"/>	Trailer LP Year <input type="text"/>	Trailer LP # <input type="text"/>	Placard # <input type="text"/>	# Dia. <input type="text"/>
Cargo Body Type	01 Not Applicable	05 Pole	09 Concrete Mixer	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Material Released
<input type="checkbox"/>	02 Bus (9-15) Including Driver	06 Cargo Tan	10 Auto Transporter	<input type="checkbox"/>	1 Class A	<input type="checkbox"/>	<input type="checkbox"/>
	03 Van/Enclosed Box	07 Flatbed	11 Garbage/Refuse	1 Less/Equal 10,000	2 Class B	1 No	1 No
	04 Grain/Chips/Gravel	08 Dump	12 Other	2 10,001 - 26,000	3 Class C	2 Yes	2 Yes
			13 Unknown	3 More Than 26,000	4 Class M	3 Unknown	3 Not Applicable
					5 Class D		4 Unknown

Police Action							
Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes	
10282011	1614	1619	1630	1636	0	17	
Officer's Name *	Badge # *	Checked By	Date Report Filed *				
COLVIN, JORDAN	F49	Diekman, Edward	10282011				
Report Taken By <input type="checkbox"/>	Report Taken At <input type="checkbox"/>	Supplement * <input type="checkbox"/>	Local Report # *				
1 Police Agency 2 Motorist	1 Scene 2 Station 3 Other	X' if Yes	11-371				