

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-373	3 1 Fatal 3 PDO 2 Injury 4 Unknown	X If Yes	1 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	10312011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1704	MON	X			Franklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location I-75	Type Loc 3 1 Named Street 3 Numbered Route 2 Numbered Street	ST RT 73
AT / REFERENCE	Reference Point Used	04 House Number 08 Place Name W/O Reference 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
Dist Reference DR Prefix Reference ST RT 73	Ref Point 02	

Motorist / Non-Motorist	Unit #	# of Occ.	Name (Last, First, Middle)
A	01	01	CHAPMAN JONATHAN W
Address (Street, City, State, Zip Code) 25 HEMLOCK ST FRANKLIN OH 45005			
Social Security Number	Date of Birth	Age	Sex
	02011963	48	M
Home Phone #	Work Phone #		
(937) 718-4762			
DL State DL #	LP State LP #	Injured Taken By	Transported By
OH RM129129	OH EMG8342	1 1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)		
CHAPMAN JONATHAN W	25 HEMLOCK ST FRANKLIN OH 45005		
Year	Make	Model	Color
2003	GMC	GMC	BLK
Insurance Company	Towing Service	Owner Phone #	
Geico Insurance 4178206		(937) 718-4762	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
333.03A	Assured Clear Distance Ahead	00084	X

Motorist / Non-Motorist	Unit #	# of Occ.	Name (Last, First, Middle)
B	02	02	KIESSLING KOSS KAREN B
Address (Street, City, State, Zip Code) 5027 GARETH LN SHARONVILLE OH 45241			
Social Security Number	Date of Birth	Age	Sex
	09081956	55	F
Home Phone #	Work Phone #		
(513) 479-9474			
DL State DL #	LP State LP #	Injured Taken By	Transported By
OH RG524262	OH DIU3903	1 1 None 4 Other 2 EMS 5 Unknown 3 Police	
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)		
KIESSLING KOSS KAREN B	5027 GARETH LN SHARONVILLE OH 45241		
Year	Make	Model	Color
2007	HOND		TAN
Insurance Company	Towing Service	Owner Phone #	
Safeco Insurance K12218		(513) 479-9474	
Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Occupant	Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C	02	KOLDE STEVEN J	(513) 403-1630	05211965	46	M
Address (Street, City, State, Zip Code) 12191 MILL RD CINCINNATI OH 45240						
				Injured Taken By	Transported By	Injured Taken To
				1 1 None 4 Other 2 EMS 5 Unknown 3 Police		
D						

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

Unit Numbers

Non-Motorist Location

 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

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

In Emergency Response

 1 No
 2 Yes
 3 Unknown

Damage Scale

 1 None
 2 Non-Functional Damage
 3 Functional Damage
 4 Disabling Damage
 5 Severe
 6 Unknown

Damage Area

Most Damaged Area

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

Action

 1 Non-Contact
 2 Non-Collision
 3 Striking
 4 Struck
 5 Both Striking And Struck
 6 Unknown

Striking Vehicle: Override/ Underride

 1 No Underride Or Override
 2 Underride, Compartment Intrusion
 3 Underride, No Compartment Intrusion
 4 Underride, Compartment Intrusion Unknown
 5 Override, Motor Vehicle In Transport
 6 Override, Other Vehicle
 7 Unknown

Vehicle Defect Code Only If '19' Selected Above

 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

Pre-Crash Actions

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

Contributing Circumstances

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

Sequence Of Events

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
 13 Unknown 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

Posted Speed

Traffic Control

 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

Direction
 From To From To

 1 North
 2 South
 3 East
 4 West
 5 Northeast
 6 Northwest
 7 Southeast
 8 Southwest
 9 Unknown

Condition

 1 Apparently Normal
 2 Physical Impairment
 3 Emotional
 4 Illness
 5 Fell Asleep, Fainted, Fatigued, Etc.
 6 Under The Influence Of Medications/Drugs/Alcohol
 7 Other
 8 Unknown

Alcohol/Drug Suspected

 1 None
 2 Yes-Alcohol Suspected
 3 Yes-HBD Not Impaired
 4 Yes-Drugs Suspected
 5 Yes-Alcohol / Drugs Suspected
 6 Unknown

Alcohol Test Status

 1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown

Alcohol Test Type

 1 None
 2 Blood
 3 Urine
 4 Breath
 5 Other

Alcohol Test Result

 1 Stated
 2 Estimated Speed
Speed

Drug Test Status

 1 None
 2 Test Refused
 3 Test Given, Contaminated Sample/Unusable
 4 Test Given, Results Known
 5 Test Given, Results Unknown
 6 Unknown

Drug Test Type

 1 None
 2 Blood
 3 Urine
 4 Other

Drug Test 1&2 Result

 1 None
 2 Marijuana
 3 Cocaine
 4 Opiates
 5 Amphetamines
 6 PCP
 7 Other
 8 Unknown at Time Of Reporting

Type of Intersection

 01 Not An Intersection
 02 Four-Way Intersection
 03 T-Intersection
 04 Y-Intersection
 05 Traffic Circle/Roundabout
 06 Five-Point, Or More
 07 On Ramp
 08 Off Ramp
 09 Crossover
 10 Driveway/Access
 11 Railway Grade Crossing
 12 Shared-Use Paths Or Trails
 13 Unknown

Occurrence

 1 On Roadway
 2 On Shoulder
 3 In Median
 4 On Roadside
 5 On Gore
 6 Outside Trafficway
 7 Unknown

Road Contour

 1 Straight Level
 2 Straight Grade
 3 Curve Level
 4 Curve Grade

Road Conditions
 Primary Secondary

 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

Supplement * 'X' if Yes Local Report #*

Narrative

Unit 2 was stopped awaiting traffic at the traffic light westbound on State Route 73/Second Street. Unit 1 was traveling westbound behind Unit 2 and failed to allow for enough distance to come to a complete stop, causing Unit 1 to rear-ended Unit 2.

Manner Of Collision or Impact

2

- 1 Not Collision Between
- 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

1

- 1 No
- 2 Yes, Directly Involved
- 3 Yes, Indirectly Involved
- 4 Unknown

Work Zone Related

1

- 1 No
- 2 Yes
- 3 Unknown

Type of Work Zone

1

- 1 Lane Closure
- 2 Lane Shift/Crossover
- 3 Work On Shoulder Or Median
- 4 Intermittent/Moving Work
- 5 Other

Location Of Crash In

1

- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Weather

01

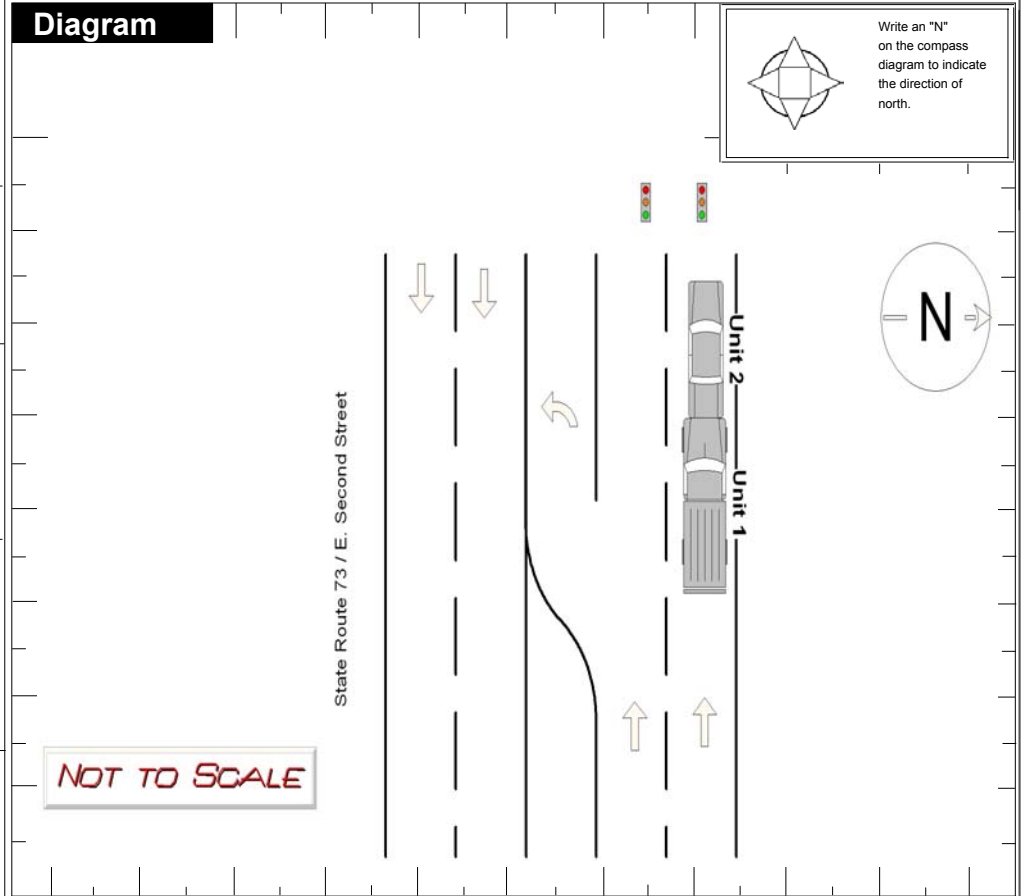
- 01 Clear
- 02 Cloudy
- 03 Fog, Smog, Smoke
- 04 Rain
- 05 Sleet, Hail (Freezing Rain Drizzle)
- 06 Snow
- 07 Severe Crosswinds
- 08 Blowing Sand, Soil, Dirt, Snow
- 09 Other
- 10 Unknown

Light Conditions

Primary **1** Secondary **1**

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Lighted Roadway
- 5 Dark - Not Lighted
- 6 Dark - Unknown Lighting
- 7 Glare
- 8 Other
- 9 Unknown

Diagram



Truck/Bus

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.

Unit #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT ICC MC PUCO Trailer LP St. Trailer LP Year Trailer LP # Placard # # Dia.

Cargo Body Type

- 01 Not Applicable
- 02 Bus (9-15) Including Driver
- 03 Van/Enclosed Box
- 04 Grain/Chips/Gravel
- 05 Pole
- 06 Cargo Tan
- 07 Flatbed
- 08 Dump
- 09 Concrete Mixer
- 10 Auto Transporter
- 11 Garbage/Refuse
- 12 Other
- 13 Unknown

Weight (GVWR)

- 1 Less/Equal 10,000
- 2 10,001 - 26,000
- 3 More Than 26,000

CDL Class

- 1 Class A
- 2 Class B
- 3 Class C
- 4 Class M
- 5 Class D

Hazardous Materials Placard

- 1 No
- 2 Yes
- 3 Unknown

Hazardous Material Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

Police Action

Date Crash Reported: **10312011** Time Rec Call: **1704** Dispatch: **1706** Arrived: **1713** Cleared: **1731** Other: **60** Total Minutes: **85**

Officer's Name: **CRAIG, AMANDA** Badge #: **02101** Checked By: **Diekman, Edward** Date Report Filed: **10312011**

Report Taken By: **1** 1 Police Agency 2 Motorist Report Taken At: **1** 1 Scene 2 Station 3 Other Supplement: 'X' if Yes Local Report #: **11-373**