

OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-307	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	09162011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1901	FRI	X			Ffranklin	83		

CRASH OCCURRED ON	Type Location Point Used	LOCAL INFORMATION
Prefix Crash Location W ST RT 73	Type Loc 1 Named Street 3 Numbered Route 2 Numbered Street	
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 Dixie Highway	Ref Point 02	

Motorist / Non-Motorist	Unit #	# of Occ.	Name (Last, First, Middle)
A	01	02	HATFIELD CYNTHIA M
Address (Street, City, State, Zip Code) 2149 SYDNEYWOOD RD WEST CARROLTON OH 45449			
Social Security Number	Date of Birth	Age	Sex
	07031989	22	F
Home Phone #	Work Phone #		
(937) 608-5388			
DL State	DL #	LP State	LP #
OH	SY232931	OH	EHU7642
Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
1			
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)		
HATFIELD CYNTHIA M	2149 SYDNEYWOOD RD WEST CARROLTON OH 45449		
Year	Make	Model	Color
2008	CHEV	CAV	BLU
Insurance Company	Towing Service	Owner Phone #	
ESurance 800-378-7262		(937) 608-5388	
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes
333.03A	Assured Clear Distance Ahead	00035	X

Motorist / Non-Motorist	Unit #	# of Occ.	Name (Last, First, Middle)
B	02	02	LANGDON WILLIAM O
Address (Street, City, State, Zip Code) 3613 FIESTA WY MIDDLETOWN OH 45044			
Social Security Number	Date of Birth	Age	Sex
	03271957	54	M
Home Phone #	Work Phone #		
(513) 424-1579			
DL State	DL #	LP State	LP #
OH	RU239868	OH	DZN5808
Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
1			
Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)		
LANGDON THERESA R	3613 FIESTA WY MIDDLETOWN OH 45044		
Year	Make	Model	Color
2011	CHEV		SIL
Insurance Company	Towing Service	Owner Phone #	
Erie Insurance 513-422-45		(513) 424-1579	
Offense Charged	Offense Description	Citation #	Local Code? 'X' If Yes

Occupant	Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
C	01	BATES SHAWN T	(937) 672-3522	06281982	29	M
Address (Street, City, State, Zip Code) 3502 JEWELL ST MIDDLETOWN OH 45042						
Injured Taken By	Transported By	Injured Taken To				
1 1 None 4 Other 2 EMS 5 Unknown 3 Police						
Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex	
D	02	LANGDON THERESA R	(513) 424-1579	11071957	53	F
Address (Street, City, State, Zip Code) 3613 FIESTA WY MIDDLETOWN OH 45044						
Injured Taken By	Transported By	Injured Taken To				
1 1 None 4 Other 2 EMS 5 Unknown 3 Police						

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	1 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	1 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	1 4 Incapacitating
05 05 Second - Middle	04 05 Child Safety Seat	1 5 Not Applicable		1 5 Unknown		1 5 Fatal Injury
06 06 Second - Right	04 06 MC Helmet Used					1 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 	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 	Drug Test 1&2 Result
Type Of Unit 				1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown	1 None 2 Marijuana 3 Cocaine 4 Opiates 5 Amphetamines 6 PCP 7 Other 8 Unknown at Time Of Reporting
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		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		Condition 	Type of Intersection
Point Of Impact 				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	Occurrence
Action 			First Harmful Event 	Alcohol/Drug Suspected 	Road Contour
In Emergency Response 	Striking Vehicle: Override/ Underride 	Vehicle Defect Code Only If '19' Selected Above 	Most Harmful Event 	Alcohol Test Status 	Road Conditions Primary Secondary
Damage Scale 			Speed Detected 	Alcohol Test Type 	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 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown			Speed 	Alcohol Test Result 	
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown				Alcohol Test Result 	
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown				Alcohol Test Result 	
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown				Alcohol Test Result 	
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown				Alcohol Test Result 	
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown				Alcohol Test Result 	
Damage Scale 1 None 2 Non-Functional Damage 3 Functional Damage 4 Disabling Damage 5 Severe 6 Unknown				Alcohol Test Result 	Supplement * 'X' if Yes Local Report #*

Narrative

Unit 2 was stopped in left turn lane waiting for traffic to turn at intersection. Unit 1 saw the light turn green and proceeded to begin moving forward, not allowing the vehicle(s) in front of it time to begin moving at well. Unit 1 was cited for ACDA.

Manner Of Collision or Impact

2

- 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

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

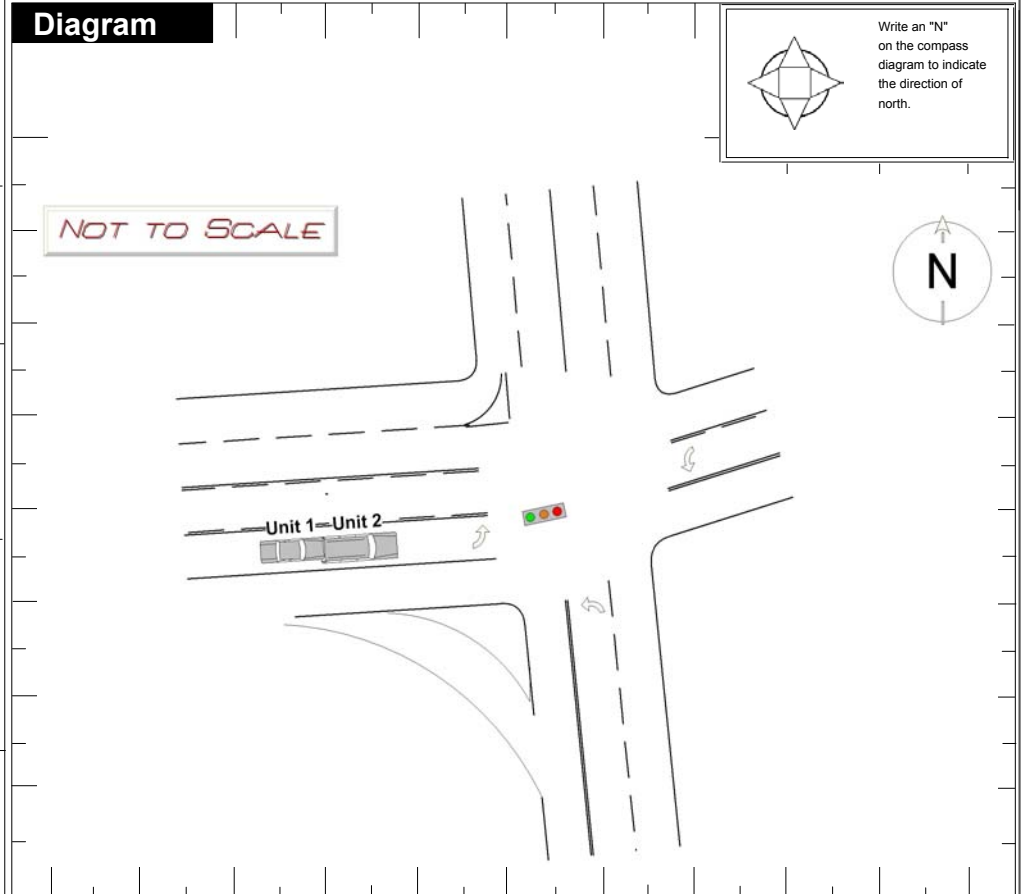
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

Diagram



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 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

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: 09162011 Time Rec Call: 1901 Dispatch: 1905 Arrived: 1908 Cleared: 1931 Other: 60 Total Minutes: 86

Officer's Name: CRAIG, AMANDA Badge #: 02101 Checked By: Smith, Terry Date Report Filed: 09162011

Report Taken By: 1 Police Agency 2 Motorist Report Taken At: 1 Scene 2 Station 3 Other Supplement: X if Yes Local Report #: 11-307