

# OHIO TRAFFIC CRASH REPORT

|                  |  |                  |  |                 |                                       |            |          |           |
|------------------|--|------------------|--|-----------------|---------------------------------------|------------|----------|-----------|
| Local Report # * | Crash Severity                           | Private Property | Hit / Skip                                 | Photos Taken    | OH-2                                  | OH-3       | OH-1P    | OTHER     |
| 11-319           | 3<br>1 Fatal 3 PDO<br>2 Injury 4 Unknown | 'X'<br>If Yes    | 1 Not Hit / Skip<br>2 Solved<br>3 Unsolved | 'X'<br>If Yes   |                                       |            |          |           |
| N.C.I.C. # *     | Reporting Agency *                       | # Units          | Unit Error                                 | Date of Crash * |                                       |            |          |           |
| 08301            | Franklin Police Department               | 02               | 01<br>98 = Animal<br>99 = Unknown          | 09232011        |                                       |            |          |           |
| Time of Crash    | Day of Week                              | City *           | Village *                                  | TWP *           | Name (Of City, Village or Township) * | County # * | Latitude | Longitude |
| 1325             | FRI                                      |                  |  |                 | Franklin                              | 83         |          |           |

|                          |                |                                 |  |                          |   |
|--------------------------|----------------|---------------------------------|--|--------------------------|---|
| <b>CRASH OCCURRED ON</b> |                | <b>Type Location Point Used</b> |  | <b>LOCAL INFORMATION</b> |   |
| Prefix                   | Crash Location | Type Loc                        | 1 Named Street 3 Numbered Route<br>2 Numbered Street | 6810.00 N ST.RT.123      |   |
| N                        | St. Rt.123     | 3                               |  |                          |   |
| <b>AT / REFERENCE</b>    |                |                                 | <b>Reference Point Used</b>                          |                          |   |
| Dist Reference           | DR             | Prefix                          | Reference  | Ref Point                | 04 House Number 08 Place Name W/O Reference<br>01 State Line 05 Township Boundary 09 Driveway<br>02 Intersection 2 Streets 06 Mile Post 10 Street or Route W/O Reference<br>03 County Line 07 Corporation Limit |
|                          |                |                                 | 6810   | 04                       |   |

|   |                     |               |   |                   |   |                        |                  |
|---|---------------------|---------------|---|-------------------|---|------------------------|------------------|
| <b>A</b>                                | Unit #              | # of Occ.     | Name (Last, First, Middle)              |                   |   |                        |                  |
|   | 01                  | 01            | BARKER JAIMEE                           |                   |   |                        |                  |
| Address (Street, City, State, Zip Code) |                     |               |   |                   |   |                        |                  |
| 5966 N ST RT 123                        |                     |               |   |                   |   |                        |                  |
| Social Security Number                  |                     | Date of Birth | Age                                     | Sex               | Home Phone #                                  | Work Phone #           |                  |
|   |                     | 12101991      | 19                                      | F                 |   |                        |                  |
| DL State                                | DL #                | LP State      | LP #                                    | Injured Taken By  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police | Transported By         | Injured Taken To |
| OH                                      | TJ718148            | OH            | FFB9675                                 | 1                 |   |                        |                  |
| Owner Name (if same, write "SAME")      |                     |               | Address (Street, City, State, Zip Code) |                   |   |                        |                  |
| BARKER JAIMEE                           |                     |               | 5966 N ST RT 123                        |                   |   |                        |                  |
| Year                                    | Make                | Model         | Color                                   | Insurance Company | Towing Service                                | Owner Phone #          |                  |
| 2004                                    | CHEV                | MOC           | BLK                                     |                   |   |                        |                  |
| Offense Charged                         | Offense Description |               |   |                   | Citation #                                    | Local Code? 'X' If Yes |                  |
|   |                     |               |   |                   |   |                        |                  |

Motorist / Non-Motorist

|   |                     |               |   |                   |   |                        |                  |
|---|---------------------|---------------|---|-------------------|---|------------------------|------------------|
| <b>B</b>                                | Unit #              | # of Occ.     | Name (Last, First, Middle)              |                   |   |                        |                  |
|   | 02                  | 01            | SOMORI JONATHAN R                       |                   |   |                        |                  |
| Address (Street, City, State, Zip Code) |                     |               |   |                   |   |                        |                  |
| 5188 RED CLOUD CT OXFORD OH 45056       |                     |               |   |                   |   |                        |                  |
| Social Security Number                  |                     | Date of Birth | Age                                     | Sex               | Home Phone #                                  | Work Phone #           |                  |
|   |                     | 04271982      | 29                                      |                   |   |                        |                  |
| DL State                                | DL #                | LP State      | LP #                                    | Injured Taken By  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police | Transported By         | Injured Taken To |
| OH                                      | TS152622            | OH            | EDJ5772                                 | 1                 |   |                        |                  |
| Owner Name (if same, write "SAME")      |                     |               | Address (Street, City, State, Zip Code) |                   |   |                        |                  |
| EAN HOLDINGS                            |                     |               | 3700 PARK 42 DR Cincinnati OH 45241     |                   |   |                        |                  |
| Year                                    | Make                | Model         | Color                                   | Insurance Company | Towing Service                                | Owner Phone #          |                  |
| 2011                                    | CHEV                | HHR           | RED                                     |                   |   | (513) 771-7100         |                  |
| Offense Charged                         | Offense Description |               |   |                   | Citation #                                    | Local Code? 'X' If Yes |                  |
|   |                     |               |   |                   |   |                        |                  |

Occupant

|   |        |                            |  |   |                |                  |     |
|---|--------|----------------------------|--|---|----------------|------------------|-----|
| <b>C</b>                                | 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<br>2 EMS 5 Unknown<br>3 Police |                |                  |     |
| <b>D</b>                                | 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<br>2 EMS 5 Unknown<br>3 Police |                |                  |     |

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

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>Unit Numbers</b><br>   | <b>Damage Area</b><br>  | <b>Pre-Crash Actions</b><br>  | <b>Sequence Of Events</b><br>   | <b>Posted Speed</b><br>  | <b>Drug Test Status</b><br>   |
| <b>Non-Motorist Location</b><br><p>01 Marked Crosswalk At Intersection<br/> 02 Intersection/ No Crosswalk<br/> 03 Non-Intersection Crosswalk<br/> 04 Driveway Access Crosswalk<br/> 05 In Roadway<br/> 06 Not In Roadway<br/> 07 Median (But Not Shoulder)<br/> 08 Island<br/> 09 Shoulder<br/> 10 Sidewalk<br/> 11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)<br/> 12 Beyond 10 Feet Of Roadway (Within Trafficway)<br/> 13 Outside Trafficway<br/> 14 Shared Use Paths Or Trails<br/> 15 Unknown</p>  | <b>Most Damaged Area</b><br><p>01 None<br/> 02 Center Front<br/> 03 Right Front<br/> 04 Right Side<br/> 05 Right Rear<br/> 06 Rear Center<br/> 07 Left Rear<br/> 08 Left Side<br/> 09 Left Front<br/> 10 Top And Windows<br/> 11 Undercarriage<br/> 12 Load / Trailer<br/> 13 Total (All Areas)<br/> 14 Other<br/> 15 Unknown</p> | <b>Motorist</b><br>01 Movements Essentially Straight Ahead<br>02 Backing<br>03 Changing Lanes<br>04 Overtaking/Passing<br>05 Turning Right<br>06 Turning Left<br>07 Making U-Turn<br>08 Entering Traffic Lane<br>09 Leaving Traffic Lane<br>10 Parked<br>11 Slowing/Stopped In Traffic<br>12 Driverless<br>13 Other<br>14 Unknown<br><b>Non-Motorist</b><br>15 Entering/Crossing In Specified Location<br>16 Walking, Running, Jogging, Playing, Cycling<br>17 Working<br>18 Pushing Vehicle<br>19 Approaching/Leaving Vehicle<br>20 Playing/Working On Vehicle<br>21 Standing<br>22 Other<br>23 Unknown  | <b>Non-Collision</b><br>01 Overtun/Rollover<br>02 Fire/Explosion<br>03 Immersion<br>04 Jackknife<br>05 Cargo/Equipment Loss/Shift<br>06 Equipment Failure<br>07 Separation Of Units<br>08 Ran Off Road Right<br>09 Ran Off Road Left<br>10 Cross Median/Centerline<br>11 Downhill Runaway<br>12 Other Non-Collision<br>13 Unknown Non-Collision<br><b>Collision w/ Person, Vehicle, Or Object Not Fixed</b><br>14 Pedestrian<br>15 Pedalcycle<br>16 Railway Vehicle<br>17 Animal - Farm<br>18 Animal - Deer<br>19 Animal - Other<br>20 Motor Vehicle In Transport<br>21 Parked Motor Vehicle<br>22 Work Zone Maintenance Equipment<br>23 Other Movable Object<br>24 Unknown Movable Object<br><b>Collision with Fixed Object</b><br>25 Impact Attenuator/Crash Cushion<br>26 Bridge Overhead Structure<br>27 Bridge Pier Or Abutment<br>28 Bridge Parapet<br>29 Bridge Rail<br>30 Guardrail Face<br>31 Guardrail End<br>32 Median Barrier<br>33 Highway Traffic Sign Post<br>34 Overhead Sign Post<br>35 Light/Luminaries Support<br>36 Utility Pole<br>37 Other Post, Pole Or Support<br>38 Culvert<br>39 Curb<br>40 Ditch<br>41 Embankment<br>42 Fence<br>43 Mailbox<br>44 Tree<br>45 Other Fixed Object<br>46 Work Zone Maintenance Equipment<br>47 Unknown Fixed Object<br>48 Other<br>49 Unknown | <b>Traffic Control</b><br><p>01 No controls<br/> 02 Stop Sign<br/> 03 Yield Sign<br/> 04 Traffic Signal<br/> 05 Traffic Flashers<br/> 06 School Zone<br/> 07 Railroad Crossbucks<br/> 08 Railroad Flashers<br/> 09 Railroad Gates<br/> 10 Construction Barricade<br/> 11 Police Officer<br/> 12 Pavement Markings<br/> 13 Crosswalk Lines<br/> 14 Walk/Don't Walk Signal<br/> 15 Traffic Control Device Inoperative, Missing, Obscured<br/> 16 Other</p> | <b>Drug Test Type</b><br><p>1 None<br/> 2 Test Refused<br/> 3 Test Given, Contaminated Sample/Unusable<br/> 4 Test Given, Results Known<br/> 5 Test Given, Results Unknown<br/> 6 Unknown</p>   |
| <b>Type Of Unit</b><br><p><b>Motorist</b><br/> 01 Sub-Compact<br/> 02 Compact<br/> 03 Mid Size<br/> 04 Full Size<br/> 05 Minivan<br/> 06 Sport Utility Vehicle<br/> 07 Pickup<br/> 08 Panel/Van<br/> 09 Single Unit Truck; 2 Axles, 6 Tires<br/> 10 Single Unit Truck; 3+ Axles<br/> 11 Truck/Trailer<br/> 12 Truck Tractor (Bobtail)<br/> 13 Tractor/Semi-Trailer<br/> 14 Tractor/Double Short<br/> 15 Tractor/Double Long<br/> 16 Fifth Wheel Or Converter Dolly<br/> 17 Tractor/Triples<br/> 18 Motorcycle<br/> 19 Motorized Bicycle<br/> 20 School Bus<br/> 21 Church Bus<br/> 22 Public Bus<br/> 23 Other Bus<br/> 24 Police Vehicle<br/> 25 Fire Truck<br/> 26 Ambulance/Rescue<br/> 27 Taxi<br/> 28 Motor Home<br/> 29 Train<br/> 30 Farm Vehicle<br/> 31 Farm Equipment<br/> 32 Snowmobile<br/> 33 Construction Equipment<br/> 34 All Others<br/> <b>Non-Motorist</b><br/> 35 Animal W/Rider<br/> 36 Animal W/Buggy<br/> 37 Bicycle<br/> 38 Pedestrian<br/> 39 Pedalcyclist<br/> 40 Skater<br/> 41 Other-Non Motorist<br/> 42 Unknown</p> | <b>Point Of Impact</b><br><p>01 None<br/> 02 Center Front<br/> 03 Right Front<br/> 04 Right Side<br/> 05 Right Rear<br/> 06 Rear Center<br/> 07 Left Rear<br/> 08 Left Side<br/> 09 Left Front<br/> 10 Top And Windows<br/> 11 Undercarriage<br/> 12 Load/Trailer<br/> 13 Total (All Areas)<br/> 14 Other<br/> 15 Unknown</p>     | <b>Contributing Circumstances</b><br><p><b>Motorist</b><br/> 01 None<br/> 02 Failure To Yield<br/> 03 Ran Red Light, Or Stop Sign<br/> 04 Exceeded Speed Limit<br/> 05 Unsafe Speed<br/> 06 Improper Turn<br/> 07 Left of Center<br/> 08 Followed Too Closely/ACDA<br/> 09 Improper Lane Change/ Drove Off Road/ Improper Passing<br/> 10 Improper Backing<br/> 11 Improper Start From Parked Position<br/> 12 Stopped or Parked Illegally<br/> 13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner<br/> 14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)<br/> 15 Failure To Control<br/> 16 Vision Obstruction<br/> 17 Driver Inattention<br/> 18 Fatigue/Asleep<br/> 19 Operating Defective Equipment<br/> 20 Load Shifting/Falling/Spilling<br/> 21 Other Improper Action<br/> 22 Unknown<br/> <b>Non-Motorist</b><br/> 23 None<br/> 24 Improper Crossing<br/> 25 Darting<br/> 26 Lying And/Or Illegally In Roadway<br/> 27 Failure To Yield Right Of Way<br/> 28 Not Visible (Dark Clothing)<br/> 29 Inattentive<br/> 30 Failure to Obey Traffic Signs, Signals, Or Officer<br/> 31 Wrong Side Of The Road<br/> 32 Other<br/> 33 Unknown</p> | <b>Direction</b><br>From To From To<br><p>1 North<br/> 2 South<br/> 3 East<br/> 4 West<br/> 5 Northeast<br/> 6 Northwest<br/> 7 Southeast<br/> 8 Southwest<br/> 9 Unknown</p>   | <b>Condition</b><br><p>1 Apparently Normal<br/> 2 Physical Impairment<br/> 3 Emotional<br/> 4 Illness<br/> 5 Fell Asleep, Fainted, Fatigued, Etc.<br/> 6 Under The Influence Of Medications/Drugs/Alcohol<br/> 7 Other<br/> 8 Unknown</p>  | <b>Drug Test 1&amp;2 Result</b><br><p>1 None<br/> 2 Marijuana<br/> 3 Cocaine<br/> 4 Opiates<br/> 5 Amphetamines<br/> 6 PCP<br/> 7 Other<br/> 8 Unknown at Time Of Reporting</p>   |
| <b>In Emergency Response</b><br><p>1 No<br/> 2 Yes<br/> 3 Unknown</p>   | <b>Action</b><br><p>1 Non-Contact<br/> 2 Non-Collision<br/> 3 Striking<br/> 4 Struck<br/> 5 Both Striking And Struck<br/> 6 Unknown</p>   | <b>Vehicle Defect Code Only If '19' Selected Above</b><br><p>01 Turn Signals<br/> 02 Head Lamps<br/> 03 Tail Lamps<br/> 04 Brakes<br/> 05 Steering<br/> 06 Tire Blowout<br/> 07 Worn Or Slick Tires<br/> 08 Trailer Equipment Defective<br/> 09 Motor Trouble<br/> 10 Disabled From Prior Crash<br/> 11 Other Defects</p>   | <b>First Harmful Event</b><br><p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>   | <b>Alcohol/Drug Suspected</b><br><p>1 None<br/> 2 Yes-Alcohol Suspected<br/> 3 Yes-HBD Not Impaired<br/> 4 Yes-Drugs Suspected<br/> 5 Yes-Alcohol / Drugs Suspected<br/> 6 Unknown</p>   | <b>Occurrence</b><br><p>1 On Roadway<br/> 2 On Shoulder<br/> 3 In Median<br/> 4 On Roadside<br/> 5 On Gore<br/> 6 Outside Trafficway<br/> 7 Unknown</p>   |
| <b>Damage Scale</b><br><p>1 None<br/> 2 Non-Functional Damage<br/> 3 Functional Damage<br/> 4 Disabling Damage<br/> 5 Severe<br/> 6 Unknown</p>   | <b>Striking Vehicle: Override/ Underride</b><br><p>1 No Underride Or Override<br/> 2 Underride, Compartment Intrusion<br/> 3 Underride, No Compartment Intrusion<br/> 4 Underride, Compartment Intrusion Unknown<br/> 5 Underride, Motor Vehicle In Transport<br/> 6 Override , Other Vehicle<br/> 7 Unknown</p>                  | <b>Most Harmful Event</b><br><p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>   | <b>Speed Detected</b><br><p>1 Stated<br/> 2 Estimated Speed</p>   | <b>Alcohol Test Status</b><br><p>1 None<br/> 2 Test Refused<br/> 3 Test Given, Contaminated Sample/Unusable<br/> 4 Test Given, Results Known<br/> 5 Test Given, Results Unknown<br/> 6 Unknown</p>   | <b>Road Contour</b><br><p>1 Straight Level<br/> 2 Straight Grade<br/> 3 Curve Level<br/> 4 Curve Grade</p>  |
|   |   |   | <b>Speed</b><br>  | <b>Alcohol Test Type</b><br><p>1 None<br/> 2 Blood<br/> 3 Urine<br/> 4 Breath<br/> 5 Other</p>   | <b>Road Conditions</b><br>Primary Secondary<br><p>01 Dry<br/> 02 Wet<br/> 03 Snow<br/> 04 Ice<br/> 05 Sand, Mud, Dirt, Oil, Gravel<br/> 06 Water (Standing, Moving)<br/> 07 Slush<br/> 08 Debris**<br/> 09 Rut, Holes, Bumps, Uneven Pavement **<br/> 10 Other<br/> 11 Unknown<br/> ** Secondary Road Conditions ONLY</p> |
|   |   |   |   | <b>Alcohol Test Result</b><br>   | <b>Supplement * 'X' if Yes</b><br>Local Report # *<br>  |

# Narrative

Unit #1 was traveling South bound on St.Rt.123 and was attempting to make a left hand turn into 6810 ST. RT. 123 (McDonalds) And pulled into the path of Unit#2 who was traveling Northbound on St. Rt.123. Causing Damage to both Vehicles.

## Manner Of Collision or Impact



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

## Work Zone Related



- 1 No
- 2 Yes
- 3 Unknown

## Type of Work Zone



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

## Location Of Crash In



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

## Workers Present



- 1 No
- 2 Yes
- 3 Unknown

## Weather



- 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

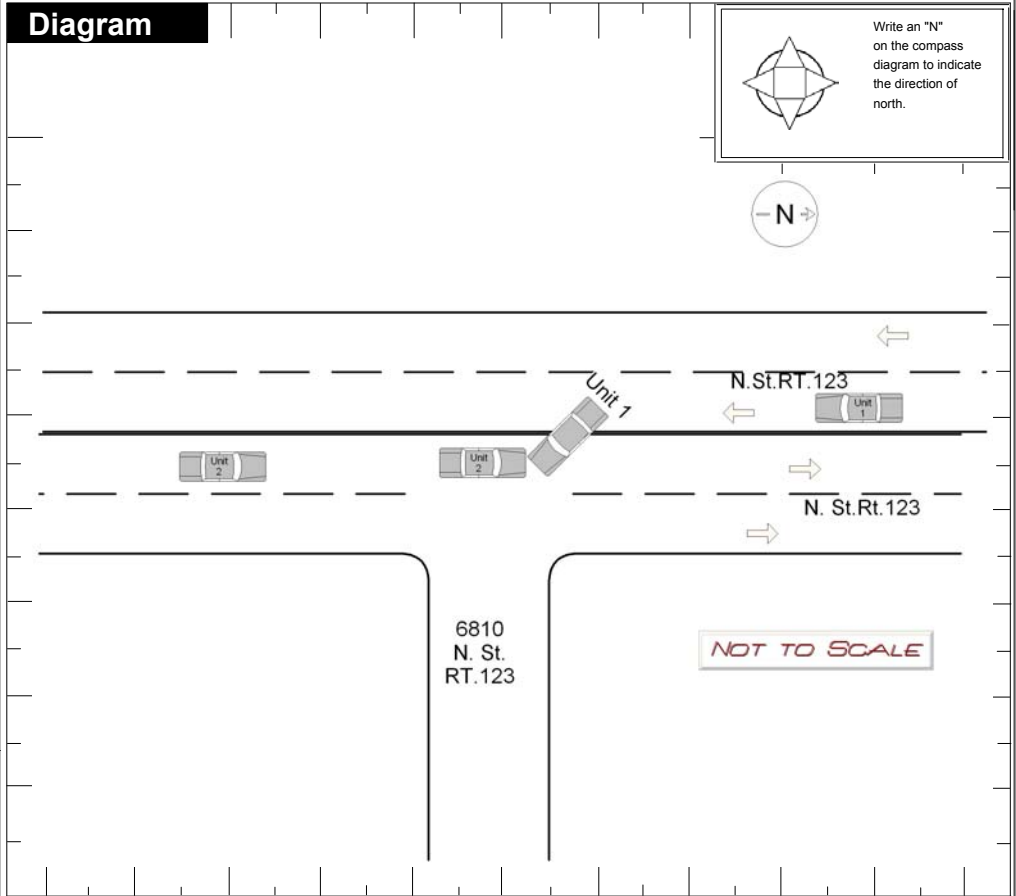
## Light Conditions

Primary Secondary



- 1 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: 09232011 Time Rec Call: 1325 Dispatch: 1325 Arrived: 1334 Cleared: 1342 Other: 45 Total Minutes: 62

Officer's Name: Back, Michael Badge #: 1F35 Checked By: Diekman, Edward Date Report Filed: 09272011

Report Taken By: 1 (Police Agency) Report Taken At: 1 (Scene) Supplement: X (if Yes) Local Report #: 11-319