

# OHIO TRAFFIC CRASH REPORT

Local Report # *	Crash Severity	Private Property	Hit / Skip	Photos Taken	OH-2	OH-3	OH-1P	OTHER
11-327	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	09292011				
Time of Crash	Day of Week	City *	Village *	TWP *	Name (Of City, Village or Township) *	County # *	Latitude	Longitude
1712	THU	X			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 2 Numbered Street	E 6TH ST	
SR	123	3			
<b>AT / REFERENCE</b>			<b>Reference Point Used</b>		
Dist Reference	DR	Prefix	Reference	Ref Point	Reference Point Used
			Anderson St	02	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

Unit #	# of Occ.	Name (Last, First, Middle)	
A 01	04	MCKENZIE CHRISTAL LEE	
Address (Street, City, State, Zip Code)			
260 ALLEN ST FRANKLIN OH 45005-0000			

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	08311979	32	F	(937) 829-0194	(937) 459-7955
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RU197569	OH	EWG1826		

Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)					
MCKENZIE CHRISTAL LEE	260 ALLEN ST FRANKLIN OH 45005-0000					
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2001	DODG	CARAV	RED	Progressive 800-274-4499		(937) 829-0194

Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
313.03C	Red Light Violation	01684	X

Unit #	# of Occ.	Name (Last, First, Middle)	
B 02	01	HADDIX JOSEPH K	
Address (Street, City, State, Zip Code)			
93 N HILLCREST DR GERMANTOWN OH 45327			

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	12301983	27	M	(937) 572-7234	
DL State	DL #	LP State	LP #	Injured Taken By	1 None 4 Other 2 EMS 5 Unknown 3 Police
OH	RZ777569	OH	EWG1975		

Owner Name (if same, write "SAME")	Address (Street, City, State, Zip Code)					
HADDIX JOSEPH K	93 N HILLCREST DR GERMANTOWN OH 45327					
Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2006	CHEV	TRAIL	BLU	State Farm 937-743-3818	Steve's Towing & R	(937) 572-7234

Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes

Unit #	# of Occ.	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
C 01		RIEGER JAMIE			03101997	14	F

Address (Street, City, State, Zip Code)	Injured Taken By	Transported By	Injured Taken To
260 ALLEN ST FRANKLIN OH 45005	1 None 4 Other 2 EMS 5 Unknown 3 Police		

Unit #	# of Occ.	Name (Last, First, Middle)		Home Phone #	Date of Birth	Age	Sex
D 01		JOHNSON LAUREN			04022002	09	F

Address (Street, City, State, Zip Code)	Injured Taken By	Transported By	Injured Taken To
	1 None 4 Other 2 EMS 5 Unknown 3 Police		

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

Motorist / Non-Motorist

Occupant

<b>Unit Numbers</b> 	<b>Damage Area</b> 	<b>Pre-Crash Actions</b> 	<b>Sequence Of Events</b> 	<b>Posted Speed</b> 	<b>Drug Test Status</b> 
<b>Non-Motorist Location</b> <p>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</p>	<b>Most Damaged Area</b> 	<b>Motorist</b> 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 <b>Non-Motorist</b> 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	<b>Non-Collision</b> 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 <b>Collision w/ Person, Vehicle, Or Object Not Fixed</b> 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 <b>Collision with Fixed Object</b> 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	<b>Traffic Control</b> <p>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</p>	<b>Drug Test Type</b> <p>1 None  2 Test Refused  3 Test Given, Contaminated Sample/Unusable  4 Test Given, Results Known  5 Test Given, Results Unknown  6 Unknown</p>
<b>Type Of Unit</b> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  35 Animal W/Rider  36 Animal W/Buggy  37 Bicycle  38 Pedestrian  39 Pedalcyclist  40 Skater  41 Other-Non Motorist  42 Unknown</p>	<p>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</p>	<b>Contributing Circumstances</b> <p><b>Motorist</b>  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  <b>Non-Motorist</b>  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</p>	<b>Direction</b> From To From To <p>1 North  2 South  3 East  4 West  5 Northeast  6 Northwest  7 Southeast  8 Southwest  9 Unknown</p>	<b>Condition</b> <p>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</p>	<b>Drug Test 1&amp;2 Result</b> <p>1 None  2 Marijuana  3 Cocaine  4 Opiates  5 Amphetamines  6 PCP  7 Other  8 Unknown at Time Of Reporting</p>
<b>In Emergency Response</b> <p>1 No  2 Yes  3 Unknown</p>	<b>Point Of Impact</b> <p>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</p>	<b>Vehicle Defect Code Only If '19' Selected Above</b> <p>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</p>	<b>First Harmful Event</b> <p>Of the Sequence of Events - Which one is the First Harmful Event (1-4)</p>	<b>Alcohol/Drug Suspected</b> <p>1 None  2 Yes-Alcohol Suspected  3 Yes-HBD Not Impaired  4 Yes-Drugs Suspected  5 Yes-Alcohol / Drugs Suspected  6 Unknown</p>	<b>Type Of Intersection</b> <p>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</p>
<b>Damage Scale</b> <p>1 None  2 Non-Functional Damage  3 Functional Damage  4 Disabling Damage  5 Severe  6 Unknown</p>	<b>Action</b> <p>1 Non-Contact  2 Non-Collision  3 Striking  4 Struck  5 Both Striking And Struck  6 Unknown</p>	<b>Striking Vehicle: Override/ Underride</b> <p>1 No Underride Or Override  2 Underride, Compartment Intrusion  3 Underride, No Compartment Intrusion  4 Underride, Compartment Intrusion Unknown  5 Underride, Motor Vehicle In Transport  6 Override , Other Vehicle  7 Unknown</p>	<b>Most Harmful Event</b> <p>Of the Sequence of Events - Which One is the Most Harmful event (1-4)</p>	<b>Alcohol Test Status</b> <p>1 None  2 Test Refused  3 Test Given, Contaminated Sample/Unusable  4 Test Given, Results Known  5 Test Given, Results Unknown  6 Unknown</p>	<b>Road Contour</b> <p>1 Straight Level  2 Straight Grade  3 Curve Level  4 Curve Grade</p>
<p style="text-align: center;">Top Copy - ODPS Bottom Copy - Agency</p>					

Supplement \* 'X' if Yes Local Report #\* **11-327**

# Narrative

The driver of Unit # 1 stated she was traveling north bound on Anderson St approaching the intersection of SR 123 ( 6th St ). The driver of Unit # 1 stated she got distracted by a passenger in her vehicle and ran the red light causing the crash.

The driver of Unit # 2 stated he was traveling west bound on SR 123 with the green light when Unit # 1 ran the red light at Anderson St. The driver of Unit # 2 stated he struck Unit # 1 in the passenger side door and front fender.

## Manner Of Collision or Impact

6

- 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

## 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

## 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

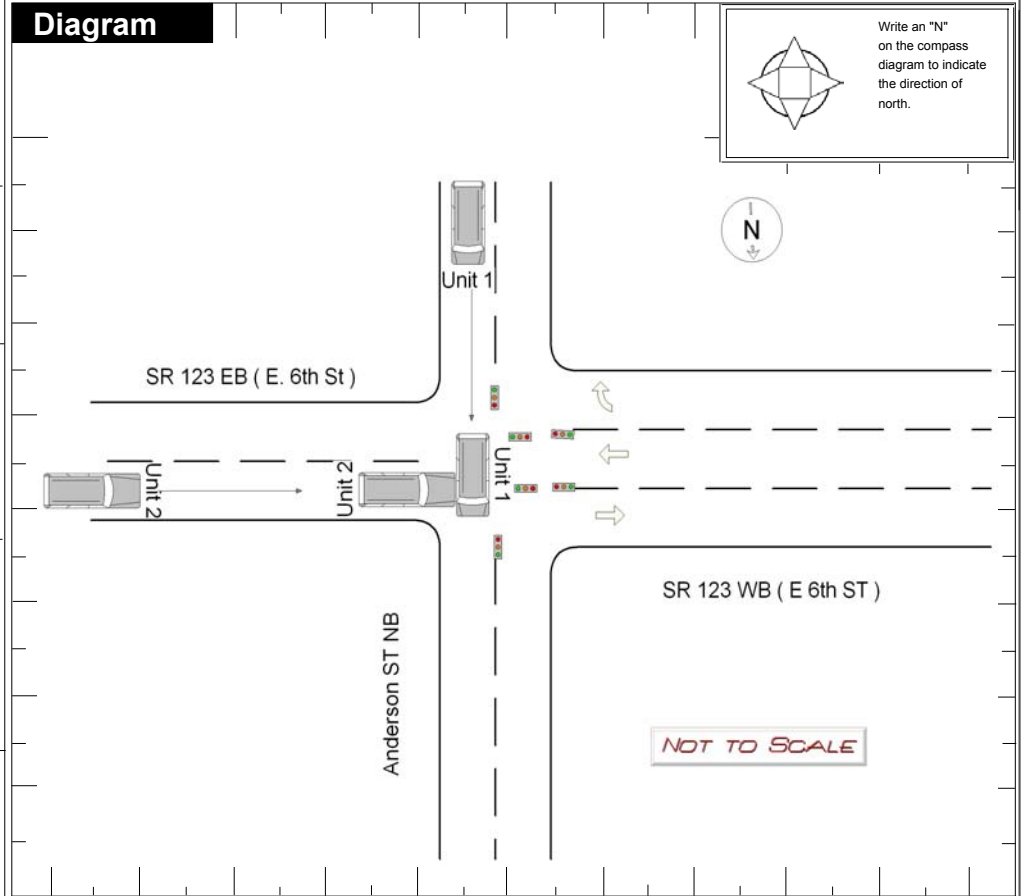
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



## Truck/Bus

Unit #  
[ ] [ ]

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)  
 Address (Street, City, St, Zip Code)

Company Phone

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: 09292011  
 Time Rec Call: 1712  
 Dispatch: 1713  
 Arrived: 1719  
 Cleared: 1753  
 Other: 40  
 Total Minutes: 80

Officer's Name: SHANNON, DENNIS  
 Badge #: 1F45  
 Checked By: Smith, Terry  
 Date Report Filed: 09292011

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 #: 11-327

# Traffic Crash Report - Occupant Addendum

OH-1-P (Rev. 11/99)

Local Report # \*

11-327

N.C.I.C. # \*

08301

Reporting Agency \*

Franklin Police Department

Date of Crash \*

09292011

<b>E</b> 01	Unit #	Name (Last, First, Middle)	Home Phone #	Date Of Birth	Age	Sex
		BRUCE BRADEN		02162004	07	M
Address (Street, City, State, Zip Code)			Injured Taken By	Transported By	Injured Taken To	
260 ALLEN ST Franklin OH 45005-0000			1 None 4 Other 2 EMS 5 Unknown 3 Police			

<b>F</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 2 EMS 5 Unknown 3 Police			

<b>G</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 2 EMS 5 Unknown 3 Police			

<b>H</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 2 EMS 5 Unknown 3 Police			

<b>I</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 2 EMS 5 Unknown 3 Police			

<b>J</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 2 EMS 5 Unknown 3 Police			

<b>K</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 2 EMS 5 Unknown 3 Police			

<b>06</b>	<b>Seating Position</b>
	01 Front - Left (MC Driver)
	02 Front - Middle
	03 Front - Right
	04 Second - Left (MC Pass)
F	05 Second - Middle
	06 Second - Right
	07 Third - Left (MC Passenger/Side Car)
G	08 Third - Middle
	09 Third - Right
	10 Sleeper Section Of Cab
H	11 Enclosed Cargo Area
	12 Unenclosed Cargo Area
	13 Trailing Unit
	14 Exterior
I	15 Other
	16 Non-Motorist
J	17 Unknown
	Blank for Witness
K	

<b>04</b>	<b>Safety Equipment Motorist</b>
	01 None used
	02 Shoulder Belt Only
	03 Lap Belt Only
F	04 Shoulder/Lap Belt
	05 Child Safety Seat
	06 MC Helmet Used
G	07 Use Unknown
	<b>Non-Motorist</b>
	08 None Used
	09 Helmet Used
	10 Protective Pads
H	11 Reflective Clothing
	12 Lighting
	13 Other
I	14 Unknown
J	
K	

<b>1</b>	<b>Air Bag</b>
	1 Not-Deployed
	2 Deployed-Front
	3 Deployed-Side
F	4 Deployed Both Front/Side
	5 Not Applicable
G	6 Unknown
H	
I	
J	
K	

<b>1</b>	<b>Air Bag Switch</b>
	1 Not Present
	2 In On Position
	3 In Off Position
F	4 Unknown
G	
H	
I	
J	
K	

<b>1</b>	<b>Ejection</b>
	1 Not Ejected
	2 Totally Ejected
	3 Partially Ejected
F	4 Not Applicable
G	5 Unknown
H	
I	
J	
K	

<b>1</b>	<b>Trapped</b>
	1 Not Trapped
	2 Extricated By Mechanical Means
F	3 Freed By Non-Mechanical Means
G	4 Unknown
H	
I	
J	
K	

<b>1</b>	<b>Injuries</b>
	1 No Injury
	2 Possible
	3 Non-Incapacitating
F	4 Incapacitating
G	5 Fatal Injury
H	6 Unknown
I	
J	
K	

<input type="checkbox"/>	Supplement 'X' if Yes
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