

OHIO TRAFFIC CRASH REPORT

Local Report # * 11-326	Crash Severity 3 1 Fatal 3 PDO 2 Injury 4 Unknown	Private Property X If Yes	Hit / Skip 1 Not Hit / Skip 2 Solved 3 Unsolved	Photos Taken X If Yes	OH-2	OH-3	OH-1P	OTHER
N.C.I.C. # * 08301	Reporting Agency * Franklin Police Department	# Units 02	Unit Error 01 98 = Animal 99 = Unknown	Date of Crash * 09292011				
Time of Crash 1645	Day of Week THU	City * X	Village *	TWP *	Name (Of City, Village or Township) * Franklin	County # * 83	Latitude	Longitude

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

Unit # A 01	# of Occ. 01	Name (Last, First, Middle) SIERRA KEITH E
Address (Street, City, State, Zip Code) 8968 S MAIN ST GERMANTOWN OH 45327		

Social Security Number	Date of Birth 01301959	Age 52	Sex M	Home Phone # (937) 855-3051	Work Phone #	
DL State OH	DL # RR480548	LP State OH	LP # FJB3192	Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
Owner Name (if same, write "SAME") SIERRA KEITH E			Address (Street, City, State, Zip Code) 8968 S MAIN ST GERMANTOWN OH 45327			
Year 1994	Make BUIC	Model LES	Color BLU	Insurance Company Personal Service Insurance	Towing Service	Owner Phone # (937) 855-3051

Offense Charged 331.34	Offense Description Failure To Maintain Control	Citation # 00019	Local Code? 'X' if Yes X
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Unit # B 02	# of Occ.	Name (Last, First, Middle)
Address (Street, City, State, Zip Code)		

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #	
DL State OH	DL #	LP State OH	LP # FFB9364	Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To
Owner Name (if same, write "SAME") GILLESPIE WARNIE J			Address (Street, City, State, Zip Code) 5334 STEWART RD Franklin OH 45005-0000			
Year 2006	Make DODG	Model DUR	Color WHT	Insurance Company Pekin Insurance	Towing Service	Owner Phone # (937) 944-1041

Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
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Unit # C	# of Occ.	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
Address (Street, City, State, Zip Code)			Injured Taken By 1 None 4 Other 2 EMS 5 Unknown 3 Police	Transported By	Injured Taken To	

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

01 Seating Position 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	04 Safety Equipment Motorist 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 Non-Motorist 08 Non Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown	1 Air Bag 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown	4 Air Bag Switch 1 Not Present 2 In On Position 3 In Off Position 4 Unknown	1 Ejection 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown	1 Trapped 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed BY Non-Mechanical Means 4 Unknown	1 Injuries 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown	Supplement * 'X' if Yes
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Motorist / Non-Motorist

Occupant

Narrative

On 9-29-2011 at 1653 hours, I responded to Sycamore Ave near Park Ave in reference to an auto crash. Upon arrival, I made contact with the driver of Unit 1, Keith Sierra. Sierra advised that he got distracted and struck a parked vehicle, Unit 2. Sierra was traveling southbound on Sycamore when he struck the parked vehicle.

I cited Sierra for Failure To Maintain Control and summoned him to court on 10-07-2011 at 1300 hours at Franklin Municipal Court.

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

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

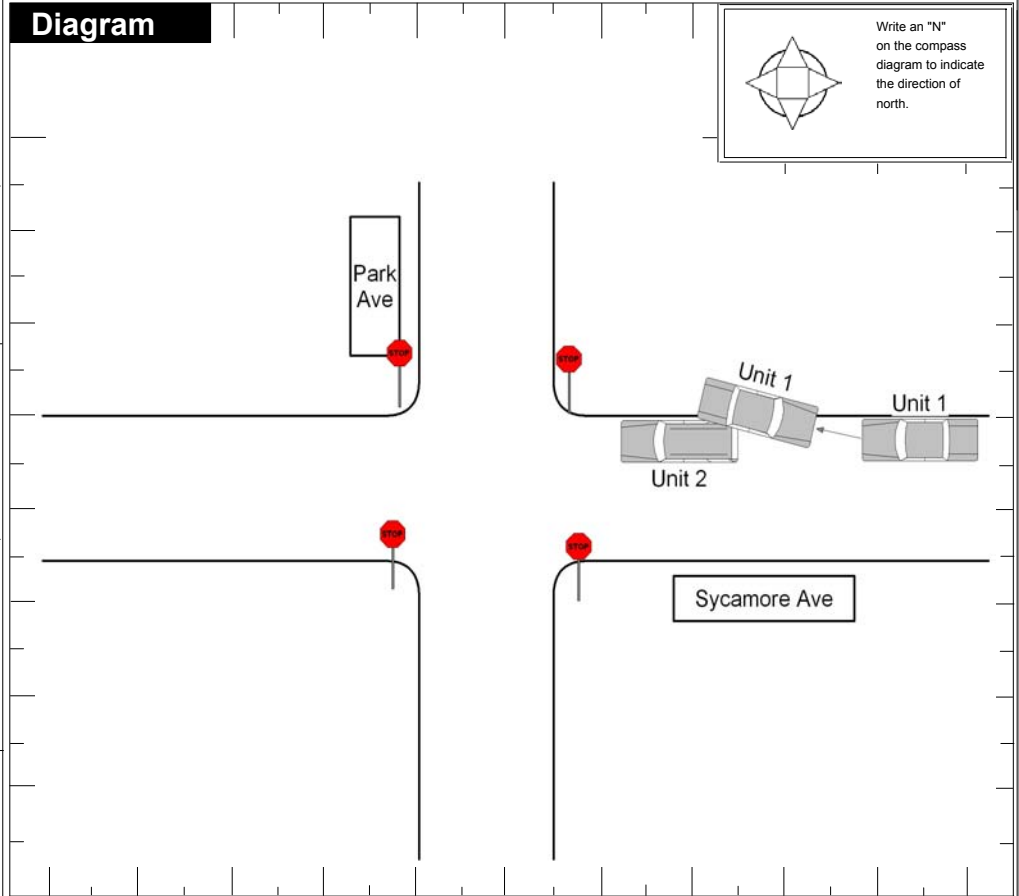
Location Of Crash In

- 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

Diagram



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"/>	
Address (Street, City, St, Zip Code) <input type="text"/>		

US DOT	ICC MC	PUCO	Trailer LP St.	Trailer LP Year	Trailer LP #	Placard #	# Dia.
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Cargo Body Type	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Material Released
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 1 Less/Equal 10,000 2 10,001 - 26,000 3 More Than 26,000 	<ul style="list-style-type: none"> 1 Class A 2 Class B 3 Class C 4 Class M 5 Class D 	<ul style="list-style-type: none"> 1 No 2 Yes 3 Unknown 	<ul style="list-style-type: none"> 1 No 2 Yes 3 Not Applicable 4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
09292011	1645	1646	1653	1722	20	56
Officer's Name *	Badge # *	Checked By	Date Report Filed *			
COLVIN, JORDAN	F49	Smith, Terry	09292011			
Report Taken By	Report Taken At	Supplement *	Local Report # *			
1 1 Police Agency 2 Motorist	1 1 Scene 2 Station 3 Other	X if Yes	11-326			