

OHIO

TRAFFIC CRASH REPORT

LOCAL REPORT #

0 1 0 8 0 0 6 4 5 0

CRASH SEVERITY

3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWNPRIVATE
PROPERTYX
IF YES

HIT/SKIP

3 1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKENX
IF YES

OH-2

OH-3

OH-1P

OTHER

N.C.I.C. #

0 2 5 0 3

REPORTING AGENCY *

DUBLIN DIVISION OF POLICE

UNITS

0 2

UNIT ERROR

0 1 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *

0 9 2 9 2 0 0 8

TIME OF CRASH

0 7 1 0

DAY OF WEEK

M o n

CITY *

X

VILLAGE *

TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

DUBLIN

COUNTY # *

2 5

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

COFFMAN RD

TYPE LOC

1

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE

2 NUMBERED STREET

LOCAL INFORMATION

D4

AT / REFERENCE

DIST REFERENCE

DR

PREFIX REFERENCE

6780

REF POINT

REFERENCE POINT USED

01 STATE LINE

02 INTERSECTION 2 STREETS

03 COUNTY LINE

04 HOUSE NUMBER 05 PLACE NAME W/O REFERENCE

05 TOWNSHIP BOUNDARY 09 DRIVEWAY

06 MILE POST 10 STREET OR ROUTE W/O

07 CORPORATION LIMIT REFERENCE

UNIT #

A 0 1

OF OCC.

0 1

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 #

INJURED
TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

RED/RED

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL
CODE?X
IF YES

UNIT #

B 0 2

OF OCC.

0 0

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 #

BG92

INJURED
TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Sander, Amy K.

4215 McNamara PL Lewis Center, OH 43035

YEAR

MAKE

HONDA

MODEL

ODESSEY

COLOR

BLU/BLU

INSURANCE COMPANY

TOWING SERVICE

N/A

OWNER PHONE #

(740) 548-7008

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL
CODE?X
IF YES

UNIT #

C

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

UNIT #

D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

(MC PASSENGER/SIDE CAR)

08 THIRD - MIDDLE

09 THIRD - RIGHT

10 SLEEPER SECTION OF CAB

11 ENCLOSED CARGO AREA

12 UNENCLOSED CARGO AREA

13 TRAILER UNIT

14 EXTERIOR

15 OTHER

16 NON-MOTORIST

17 UNKNOWN

SAFETY EQUIPMENT

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 NONE USED

09 HELMET USED

10 PROTECTIVE PADS

11 REFLECTIVE CLOTHING

12 LIGHTING

13 OTHER

14 UNKNOWN

AIR BAG

1 NOT-DEPLOYED

2 DEPLOYED-FRONT

3 DEPLOYED-SIDE

4 DEPLOYED BOTH

5 NOT APPLICABLE

6 UNKNOWN

AIR BAG SWITCH

1 NOT PRESENT

2 IN ON POSITION

3 IN OFF POSITION

4 UNKNOWN

EJECTED

1 NOT EJECTED

2 TOTALLY EJECTED

3 PARTIALLY EJECTED

4 NOT APPLICABLE

5 UNKNOWN

TRAPPED

1 NOT TRAPPED

2 EXTRICATED BY

MECHANICAL

3 FREED BY

NON-MECHANICAL

4 UNKNOWN

INJURIES

1 NO INJURY

2 POSSIBLE

3 NON-

INCAPACITATING

4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

SUPPLEMENT
X IF YES

UNIT NUMBERS 0 1 A 0 2 B 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	DAMAGE AREA MOST DAMAGED AREA 0 8 B 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	PRE-CRASH ACTIONS 0 2 A 1 0 B 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	SEQUENCE OF EVENTS A 2 1 B 2 0 A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A B A
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Narrative

Unit #2 was parked in a marked parking spot in the south parking area of Coffman High School. Unit #1 was southbound in an aisle of the lot heading the wrong direction. The driver of Unit #1 attempted to turn around by backing into an empty parking space. In doing so, he hit Unit #2 in the drivers door with his back end. Unit #1 then left the parking lot via the north exit and went south on Coffman Road.

The witness (Shayne Bauer-teacher at Dublin Coffman HS 937-644-8208) described the truck as a red, full-sized truck that possibly had something in the bed. She described the driver as a younger white male. No additional on the truck or driver.

The damaged appears limited to a plastic transfer smudge on the drivers door. There did not appear to be any metal deformity.

Diagram

MANNER OF COLLISION OR IMPACT		SCHOOL BUS RELATED	
5		1	
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		1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	
WEATHER		WORK ZONE RELATED	
0 2		1	
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		1 NO 2 YES 3 UNKNOWN	
LIGHT CONDITIONS		TYPE OF WORK ZONE	
PRIMARY 2 SECONDARY 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN		1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER	
		LOCATION OF CRASH IN WORK ZONE	
		1	
		WORKERS PRESENT	
		1 NO 2 YES 3 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 HAZARD MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.		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
CARGO BODY TYPE		WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIAL PLACARD
01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN		1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 NO 2 YES 3 UNKNOWN
				HAZARDOUS MATERIAL RELEASED
				1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED		TIME REC CALL		DISPATCH		ARRIVED		CLEARED		OTHER		TOTAL MINUTES	
0 9 2 9 2 0 0 8		0 7 2 0		0 7 2 0		0 7 2 0		0 8 3 0		2 0		9 0	
OFFICER'S NAME				BADGE #		CHECKED BY				DATE REPORT FILED			
PO HALL, JEFFREY R				[] [] [] []		SGT BARNES, RODNEY				0 9 3 0 2 0 0 8			
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT 'X' IF YES		LOCAL REPORT #							
1 1 POLICE AGENCY 2 MOTORIST		1 1 SCENE 2 STATION 3 OTHER		[]		0 1 0 8 0 0 6 4 5 0							