

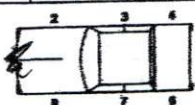
Local Traffic Crash Report

Local Report Number 2015-100367

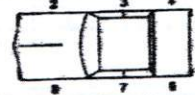
Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>One</u>	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
In County Of <u>Clermont</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash M <u>10</u> D <u>23</u> Y <u>15</u> Day <u>FRI</u> Time <u>9:00</u> <input checked="" type="radio"/> AM <input type="radio"/> PM
Crash Occurred On <u>2810 SR232</u>		Within The Intersection Of <u>2810 SR232</u>

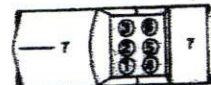

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ E _____ S _____ OF _____

A Unit No. <u>01</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
Driver - Pedestrian Name (Last, First, MI) <u>Johnson, Kyle J</u>		Address (No., Street, State, Zip Code) <u>3636 Legend Oaks Dr Amelia, OH 45102</u>	
Phone No. <u>513-673-2888</u>	Birth Date M <u>12</u> D <u>20</u> Y <u>95</u>	Age <u>19</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>TY075765</u> Occupation <u>Student</u>
Owner (If Same As Driver, Write Same) <u>Same</u>		Address Phone	

Veh. Year <u>2008</u>	Make <u>Honda</u>	Model <u>TRX400</u>	Color <u>White/Black</u>	Style <u>Quad</u>	State	License Plate No.	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire

B Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex State Drivers License No. Occupation
Owner (If Same As Driver, Write Same)		Address Phone	

Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire

Occupant Section	C From Unit No.	Name (Last, First, MI) <u>Thorpe, Emily, K</u>	Birth Date M <u>3</u> D <u>26</u> Y <u>96</u>	Age <u>19</u>	Sex <u>F</u>	Position A <u>8</u> B C D E F
	D From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	
	E From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	
	F From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	
	G From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	
	H From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	Restraints A <u>2</u> B C <u>2</u> D E F
	I From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	
	Date Report Filed					Desk Officer's Name & Badge # <u>Pl #2326</u>

1 Not Ejected
2 Partial
3 Total
4 Trapped Inside Vehicle

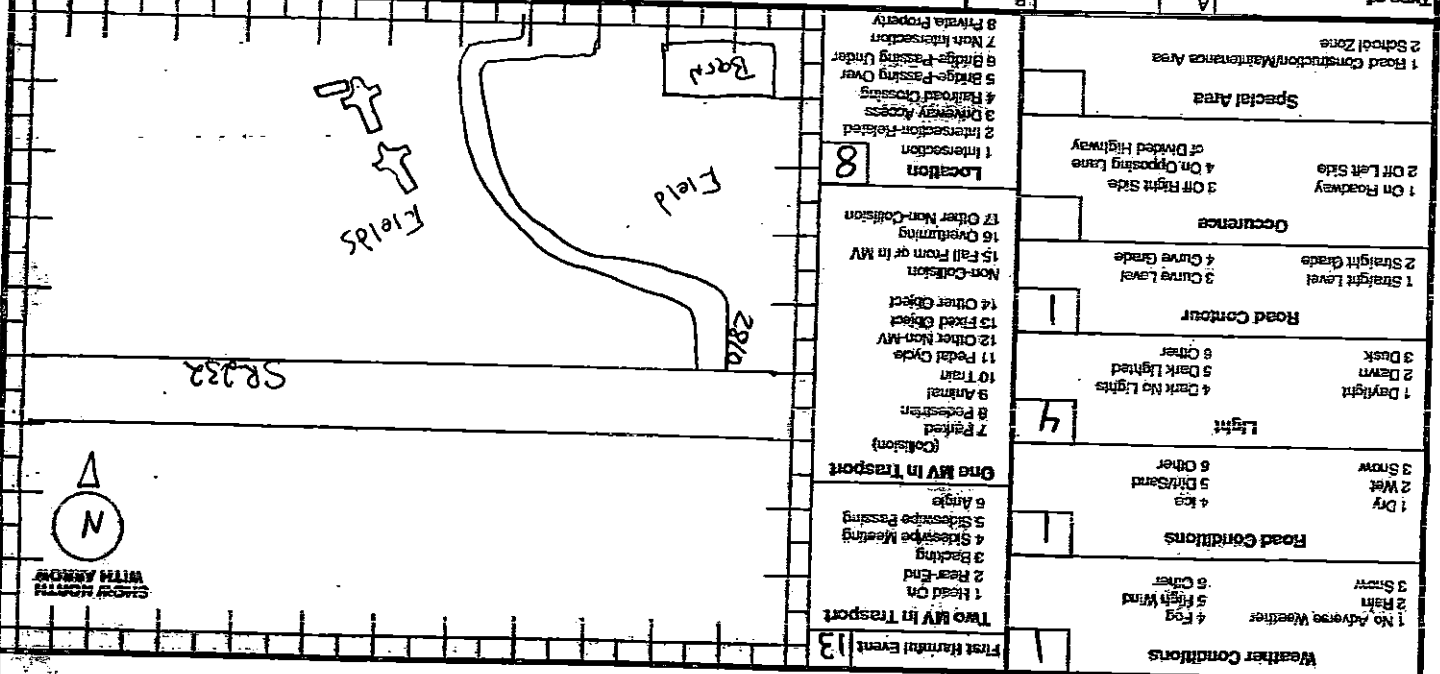
Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number
2015-100367

Describe What Happened
Refer To Units
BY Number

Unit #1 was being driven thru a field at night.
Unit #1 struck a piece of wood that was in the high grass,
and when it was struck both riders fell off.



Type of Unit # 1 A 32 B

Pre-Crash Actions A 1 B

Contributing Factor A 15 B

Driver Error A 1 B

Vehicle Defects A 1 B

Non-Driver Factor A 1 B

Primary A 1 B

Secondary A 1 B

Truck Load A 1 B

Tractor Trailer Rigs A 1 B

11 Other Defects

10 Disabled from Prior Accident

9 Motor Trouble

8 Trailer Equipment Defective

7 Worn or Sock Tires

6 Tire Blowout

5 Steering

4 Brakes

3 Tail Lamps

2 Head Lamps

1 Turn Signals

2 Parshable Goods

3 General Freight

4 Metal/Heavy Machinery

5 Hazardous Gas

6 Hazardous Liquid

7 Radioactive Material

8 Reflective Material

9 Other Object

15 Fire Hydrant

14 Construction Baricade

13 Mail Box

12 Building

11 Embankment

10 Ditch

9 Cutb

8 Schrubbery

7 Tree

6 Fence

5 Guard Rail

4 Bridge/Culvert

3 Traffic Sign

2 Utility Pole

1 None

18 Crossing in X-Walk

19 Crossing Other than X-Walk

20 Walking in Road

21 Walking in Road (With Traffic)

22 Playing in Road (Against Traffic)

23 Working on Road

24 Entering or Leaving Vehicle

25 Pushing/Working on Vehicle

26 Other in Road

27 On Sidewalk or Shoulder

13 Left of Center

12 Stopped or Parked

11 Improper Position

10 Improper Start from

9 Improper Lane Change

8 Improper Backing

7 Improper Turn

6 Rear Stop or Yield Sign

5 Rear Red Light

4 Following Too

3 Unsafe Speed

2 Failure to Yield

1 None

18 Vehicle Defects

19 Load Shifting, Falling, Spilling

20 Pavement Defect

21 Shoulder Defect

22 Debris on Road

23 Downed Traffic Sign/Devices

24 Vision Obstruction

25 Animal Actions

26 Pedestrian Actions

Code # Contributing Factors 18

15 Motorized Bicycle

14 MC up to 750cc

13 MC up to 500cc

12 MC up to 250cc

11 Tractor & Double Trailer

10 Tractor & Semi-Trailer

9 Truck Trailer

8 Straight Truck & Trailer

7 Straight Truck

6 Panel Van

5 Pickup

4 Full Size

3 Mid Size

2 Compact

1 Sub Compact

16 School Bus

17 Charter

18 Public

19 Police Vehicle

20 Fire Truck

21 Ambulance/Rescue

22 Taxi

23 Motor Home

24 Rear

25 Farm Vehicle

26 Farm Equipment

27 Snowmobile

28 Construction Equip.

29 Animal/W/Bug

30 Animal/W/Bug

31 Bicycle

32 All Others

1 No Control

2 Stop Sign

3 Traffic Sign

4 Yield Sign

5 Traffic Signal

6 School Zone

7 Railroad Crossbucks

8 Railroad Crossbucks

9 Railroad Gates

10 Construction Baricade

11 Police Officer

12 Pavement Markings

13 Other

14 No Control

15 Crosswalk Lines

16 Walk/Dort/Walk Device

1 No Control

2 Stop Sign

3 Traffic Sign

4 Bridge/Culvert

5 Guard Rail

6 Fence

7 Tree

8 Schrubbery

9 Cutb

10 Ditch

11 Embankment

12 Building

13 Mail Box

14 Construction Baricade

15 Fire Hydrant

16 Other Object

1 No Control

2 Stop Sign

3 Traffic Sign

4 Bridge/Culvert

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