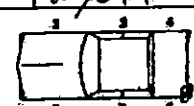
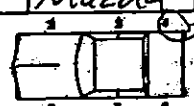




Local Traffic Crash Report

Local Report Number 2015-22089

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved 3		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150				
In County Of <u>Clement</u>		• Within corporate limits of (if not, file with correct agency)		Date of Crash M <u>3</u> D <u>10</u> Y <u>15</u>		Day <u>Tuesday</u>	Time <u>1841</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Crash Occurred On <u>Forest Meadow Dr</u>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>0</u> Feet <u>110</u> W S E of								
A Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>Progressive</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Schroth, Joshua, W</u>				Address (No., Street, State, Zip Code) <u>104 Forest Meadow Dr Batavia, OH 45106</u>				
Phone No.	Birth Date M <u>12</u> D <u>8</u> Y <u>80</u>	Age <u>34</u>	Sex <u>M</u>	State <u>OH</u>	Driver's License No. <u>RQ524929</u>	Occupation <u>IT Work</u>		
Owner (If Same As Driver, Write Same) <u>Same</u>				Address <u>Same</u>				
Veh. Year <u>2012</u>	Make <u>Toyota</u>	Model <u>Hiux</u>	Color <u>Silver</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>984YLG</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>N</u> To <u>S</u>
Circle Damage Areas 	8 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		Vehicle Disposition <input checked="" type="checkbox"/> Driven Away <input 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. <u>2</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>Progressive</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Eric R Smith</u>				Address (No., Street, State, Zip Code) <u>114 Bethel Park Dr Bethel, OH 45106</u>				
Phone No.	Birth Date M <u>10</u> D <u>24</u> Y <u>96</u>	Age <u>18</u>	Sex <u>M</u>	State <u>OH</u>	Driver's License No. <u>UK688199</u>	Occupation <u>Tek Lab</u>		
Owner (If Same As Driver, Write Same) <u>Eric R Smith</u>				Address <u>114 Bethel Park Dr Bethel, OH 45106</u>				
Veh. Year <u>2011</u>	Make <u>Mazda</u>	Model <u>2</u>	Color <u>Red</u>	Style <u>2d</u>	State <u>OH</u>	License Plate No. <u>A560493</u>	Towing Service	Veh/Ped Dir From <u>W</u> To <u>E</u>
Circle Damage Areas 	8 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input 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
C From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position A B C D E F		
D From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position 		
E From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position 		
F From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position A B C D E F		
G From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position Restraints 1 Not Used 2 None Available 3 Lap Belt Used 4 Lap/Shoulder Belt Used 5 Shoulder Belt Used 6 Child Safety Seat 7 Air Bag Used 8 Use Not Reported		
H From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position Ejection A B C D E F		
I From Unit No.	Name (Last, First, MI)		Birth Date M D Y		Age	Position Ejection 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle		
Date Report Filed M <u>3</u> D <u>10</u> Y <u>15</u>		Desk Officer's Name & Badge # <u>Dep. Feilhaus 16557</u>						

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number
2015-22089

Describe What Happened
 Refer To Units
 By Number

Unit 1 backed out of a driveway @ 104 Forest Meadow Dr and struck Unit 2 when it was parked. Unit 1 then drove away.

Weather Conditions 2

1 No Adverse Weather
 2 Rain
 3 Snow
 4 Fog
 5 High Wind
 6 Other

Road Conditions 2

1 Dry
 2 Wet
 3 Snow
 4 Ice
 5 Dirt/Sand
 6 Other

Light 1

1 Daylight
 2 Dawn
 3 Dusk
 4 Dark-No Lights
 5 Dark Lighted
 6 Other

Road Contour 1

1 Straight Level
 2 Straight Grade
 3 Curve Level
 4 Curve Grade

Occurrence 1

1 On Roadway
 2 Off Left Side
 3 Off Right Side
 4 On Opposing Lane of Divided Highway

Special Area

1 Road Construction/Maintenance Area
 2 School Zone

First Harmful Event 7

Two MV in Transport

1 Head On
 2 Rear-End
 3 Backing
 4 Sideswipe Meeting
 5 Sideswipe Passing
 6 Angle

One MV in Transport (Collision)

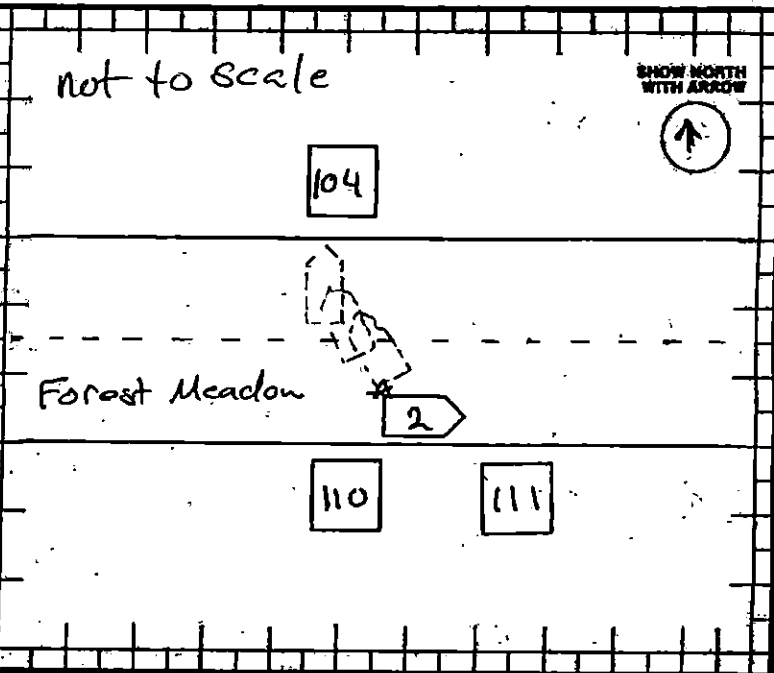
7 Parked
 8 Pedestrian
 9 Animal
 10 Trunk
 11 Pedal Cycle
 12 Other Non-MV
 13 Fixed Object
 14 Other Object

Non-Collision

15 Fell From or in MV
 16 Overtaking
 17 Other Non-Collision

Location 3

1 Intersection
 2 Intersection-Related
 3 Driveway Access
 4 Railroad Crossing
 5 Bridge/Passing Over
 6 Bridge/Passing Under
 7 Non-Intersection
 8 Private Property



Type of Unit

A 1 B 2

A 2 B 2

Pre-Crash Actions

A 10 B 9

Contributing Factor

A 10 B 7

Car

1 Sub Compact
 2 Compact
 3 Mid Size
 4 Full Size

Truck

5 Pickup
 6 Panel/Van
 7 Straight Truck
 8 Straight Truck & Trailer
 9 Truck/Tractor
 10 Tractor & Semi-Trailer
 11 Tractor & Double Trailer

Motorcycle

12 MC up to 350cc
 13 MC up to 750cc
 14 MC over 751cc
 15 Motorized Bicycle

Bus

16 School Bus
 17 Church
 18 Public

Emergency

19 Police Vehicle
 20 Fire Truck
 21 Ambulance/Rescue

Other

22 Taxi
 23 Motor Home
 24 Train
 25 Farm Vehicle
 26 Farm Equipment
 27 Snowmobile
 28 Construction Equip.
 29 Animal W/ Rider
 30 Animal W/ Sissy
 31 Bicycle
 32 All Others

P = Pedestrian

Driver Actions

1 Going Straight
 2 Turning Right
 3 Turning Left
 4 Turning on Red Light
 5 U-Turn
 6 Slipped To Turn
 7 Slipped in Traffic
 8 Parking/Unparking
 9 Parked
 10 Backing
 11 Passing
 12 Changing Lanes
 13 Manoeuvring/Exiting Ramp
 14 Out of Control
 15 Swerving
 16 Driverless Vehicle
 17 Other Driver Action

Pedestrian Actions

18 Crossing in X-Walk
 19 Crossing Other than X-Walk
 20 Walking in Road (With Traffic)
 21 Walking in Road (Against Traffic)
 22 Playing in Road
 23 Working on Road
 24 Entering or Leaving Vehicle in Road
 25 Pushing/Working on Vehicle in Road
 26 Other in Road
 27 On Sidewalk or Shoulder

Driver Error

1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or ACDA
 5 Ran Red Light
 6 Ran Stop or Yield Sign
 7 Improper Turn
 8 Improper Passing
 9 Improper Lane Change
 10 Improper Backing
 11 Improper Start from Parked Position
 12 Stopped or Parked Illegally
 13 Left of Center
 14 Failure to Control
 15 Driver Intention
 16 Drove Off Road Reason Unknown
 17 Other Driver Error

Non-Driver Factor

18 Vehicle Defects
 19 Load Shifting, Falling, Spilling
 20 Pavement Defect
 21 Shoulder Defect
 22 Debris on Road
 23 Downed Traffic Sign/Device
 24 Vision Obstruction
 25 Animal Actions
 26 Pedestrian Actions

Speed

Unit	Estimated	Legal
A	5	25
B	0	25

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

1 No Helmet
 2 Full Coverage
 3 Full Facial Cover
 4 Other Type Helmet

Traffic Control

A	B
1	1

Fixed Object Struck

A	B

Driver

1 No Controls
 2 Stop Sign
 3 Yield Sign
 4 Traffic Signal
 5 Traffic Flashers
 6 School Zone
 7 Railroad Crossbucks
 8 Railroad Flashers
 9 Railroad Gates
 10 Construction Barricades
 11 Police Officer
 12 Pavement Markings
 13 Other

Fixed Object

1 None
 2 Utility Pole
 3 Traffic Sign
 4 Bridge/Culvert
 5 Guard Rail
 6 Fence
 7 Tree
 8 Shrubbery
 9 Car
 10 Ditch
 11 Embankment
 12 Building
 13 Mail Box
 14 Construction Barricade
 15 Fire Hydrant
 16 Other Object

Pedestrian

14 No Controls
 15 Crosswalk Lines
 16 Walk/Don't Walk Device

Vehicle Defects

Code if Contributing Factor is 18

Primary	A	B
Secondary	A	B

Truck Load

A	B

1 Empty
 2 Perishable Goods
 3 General Freight
 4 Metal/Heavy Machinery
 5 Hazardous Gas
 6 Hazardous Liquid
 7 Hazardous Solid
 8 Radioactive Material

Truck Axles

A	B

1 Turn Signals
 2 Head Lamps
 3 Tail Lamps
 4 Brakes
 5 Steering
 6 Tire Blowout
 7 Worn or Slack Tires
 8 Traffic Equipment Defective
 9 Motor Trouble
 10 Disabled from Prior Accident
 11 Other Defects