

# Local Traffic Crash Report

Local Report Number 201500026258

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2 vehicles 6 people</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>3</u> D <u>22</u> Y <u>2015</u> Day <u>Sunday</u> Time <u>615</u> <input checked="" type="radio"/> AM <input type="radio"/> PM
Crash Occurred On <u>PARKING LOT AT 2192 Winemiller</u>		Within The Intersection Of
If Not In Intersection Miles <u>6.8</u> Feet <u>W</u> <input checked="" type="radio"/> <u>N</u> <input type="radio"/> <u>E</u> <input type="radio"/> <u>S</u> OF <u>Winemiller FRITCHES ENTRANCE</u>		

Unit No. <u>1</u>	No. Of Occupants <u>4</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 5782590</u>
Driver - Pedestrian Name (Last, First, MI) <u>METZ RICHARD C</u>		Address (No., Street, State, Zip Code) <u>1320 Rhine DE Fayetteville OH 45118</u>	
Phone No.	Birth Date M <u>2</u> D <u>2</u> Y <u>13</u>	Age <u>42</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>RU1160025</u> Occupation <u>Deke</u>
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address <u>SAME</u> Phone <u>SAME</u>	
Veh. Year <u>2015</u>	Make <u>KIA</u>	Model <u>HB</u>	Color <u>GREY</u> Style <u>HR</u> State <u>OH</u> License Plate No. <u>GAD6543</u> Towing Service <u>N/A</u> Veh/Ped Dir. From To
Circle Damage Areas 	9 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	

Unit No. <u>2</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 <u>GRANGE FA6099271</u>
Driver - Pedestrian Name (Last, First, MI) <u>Pritchard Donald E</u>		Address (No., Street, State, Zip Code) <u>1474 NEW Harmony</u>	
Phone No.	Birth Date M <u>9</u> D <u>12</u> Y <u>48</u>	Age <u>48</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>RP137918</u> Occupation <u>Retired</u>
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address <u>SAME</u> Phone <u>SAME</u>	
Veh. Year <u>FORD</u>	Make <u>FORD</u>	Model <u>FUSION</u>	Color <u>White</u> Style <u>4D</u> State <u>OH</u> License Plate No. <u>EWK 7712</u> Towing Service <u>N/A</u> Veh/Ped Dir. From To
Circle Damage Areas 	9 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	

From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
<b>C</b>											
<b>D</b>											
<b>E</b>											
<b>F</b>											
<b>G</b>											
<b>H</b>											
<b>I</b>											

**P-PEDESTRIAN**

**Restraints**

A	B	C	D	E	F

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

**Ejection**

A	B	C	D	E	F

1 Not Ejected  
2 Partial  
3 Total  
4 Trapped Inside Vehicle

Date Report Filed  
M 3 D 22 Y 15

Desk Officer's Name & Badge #  
HENSON

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: Describe What Happened Refer To Units By Number

UNIT 1 WAS ALREADY BACKED out of spot 2, began to put UNIT 1 in DRIVE TO PULL FORWARD when UNIT 2 began to back out of parking spot 1 and hit the right panel of unit 1 Unit 2 had a scuff mark Unit 1 had a dent in front right panel

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</b> <b>Two MV In Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <b>One MV In Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<b>Location</b> 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	
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<b>Type of Unit</b>	# 2	A	# 3	B	<b>Pre-Crash Actions</b>	A	B	10	10	<b>Contributing Factor</b>	A	B
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	<b>Bus</b> 16 School Bus 17 Church 18 Public	<b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	<b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue	<b>Other</b> 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/Buggy 31 Bicycle 32 All Others P = Pedestrian	<b>Driver Actions</b> 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action	<b>Pedestrian Actions</b> 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 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	<b>Driver Error</b> 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 Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error	<b>Non-Driver Factor</b> 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	<b>Vehicle Defects</b> Code if Contributing Factor is 18	<b>Primary</b>	A	B
<b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<b>Speed</b>	<b>Motorcycle Helmet Use</b>	<b>Traffic Control</b>	<b>Driver</b> 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	<b>Fixed Object Struck</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Schrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<b>Truck Load</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	<b>Truck Axles</b>	A	B	<b>Secondary</b>	A	B
<b>Motorcycle Helmet Use</b> 1 No Helmet 3 Full Facial Cover 2 Full Coverage 4 Other Type Helmet	<b>Truck Load</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	<b>Truck Axles</b>	<b>Tractor Trailer Rigs</b>	<b>Vehicle Defects</b> 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects								