

Local Traffic Crash Report

Local Report Number 2015-27596

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <u>2 vehicles</u>		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>Clermont</u>		• Within corporate limits of: (If not, file with correct agency)		Date of Crash <u>M 03 D 26 Y 15</u>		Day <u>THURSDAY</u>	Time <u>1620</u>
Crash Occurred On <u>Private</u>		Within The Intersection Of <u>N/A</u>					
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) <u>600 University Ln Batavia OH</u>							
Unit No. <u>A 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. <u>Nationwide</u> Or Agent <u>9234 P 358403</u>		
Driver - Pedestrian Name (Last, First, MI) <u>Marsh, Noah</u>				Address (No., Street, State, Zip Code) <u>87 Birney Ln New Richmond OH</u>			
Phone No.	Birth Date <u>M 4 D 23 Y 15</u>	Age <u>19</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>VE129188</u>	Occupation	
Owner (If Same As Driver, Write Same) <u>Pitzer, Dakota</u> Address <u>600 University Ln APT 112</u>							
Veh. Year <u>04</u>	Make <u>Mazda</u>	Model <u>SVR</u>	Color <u>DR</u>	Style <u>DR</u>	State <u>OH</u>	License Plate No. <u>6K43173</u>	Towing Service
Circle Damage Areas			Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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
Unit No. <u>B 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. <u>600-6064315-p2</u> Or Agent <u>Bristol West Casualty</u>		
Driver - Pedestrian Name (Last, First, MI) <u>Coffey, Nina</u>				Address (No., Street, State, Zip Code) <u>812 Diane Dr</u>			
Phone No.	Birth Date <u>M 10 D 06 Y 68</u>	Age <u>46</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>RP138811</u>	Occupation	
Owner (If Same As Driver, Write Same) <u>SAME</u> Address _____ Phone _____							
Veh. Year <u>10</u>	Make <u>Chev</u>	Model <u>Malibu</u>	Color <u>Tan</u>	Style <u>DR</u>	State <u>OH</u>	License Plate No. <u>GJN6107</u>	Towing Service
Circle Damage Areas			Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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
From Unit No. <u>C</u>	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F	
	Address			Phone	Sex		
From Unit No. <u>D</u>	Name (Last, First, MI)			Birth Date M D Y	Age		
	Address			Phone	Sex		
From Unit No. <u>E</u>	Name (Last, First, MI)			Birth Date M D Y	Age		
	Address			Phone	Sex		
From Unit No. <u>F</u>	Name (Last, First, MI)			Birth Date M D Y	Age		
	Address			Phone	Sex		
From Unit No. <u>G</u>	Name (Last, First, MI)			Birth Date M D Y	Age		
	Address			Phone	Sex		
From Unit No. <u>H</u>	Name (Last, First, MI)			Birth Date M D Y	Age		
	Address			Phone	Sex		
From Unit No. <u>I</u>	Name (Last, First, MI)			Birth Date M D Y	Age		
	Address			Phone	Sex		
Date Report Filed <u>M 3 D 26 Y 15</u>		Desk Officer's Name & Badge # <u>Dep Dyer 3039</u>					

Driver - Pedestrian - Vehicle Section

Occupant Section

- 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

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

unit 1 advised he was backing out of a parking space and stuck unit 2.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	2	First Harmful Event 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	3	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	2	One MV in Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision		
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	Location 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	8	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1			
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	1			
Special Area 1 Road Construction/Maintenance Area 2 School Zone				

Type of Unit # 2	A	# 2	B	Pre-Crash Actions A 10 B 1	Contributing Factor A 10 B 1		
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/Buggy 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 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	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 Inattention 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		Motorcycle Helmet Use Unit Driver Pass		Traffic Control A 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	Fixed Object Struck A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Trees 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	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	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A 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
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Truck Axles A B Tractor Trailer Rigs		