

Local Traffic Crash Report

Local Report Number 201500029028

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 checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
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In County Of <u>Clermont</u>	Date of Crash M <u>3</u> D <u>30</u> Y <u>15</u>	Day <u>MONDAY</u>	Time <u>1920</u>	AM PM <input checked="" type="radio"/>
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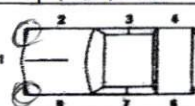
Crash Occurred On 1111 SR 133 LOT 36 DRIVEWAY Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ N _____ S _____ E _____ Of DRIVEWAY OF LOT 36

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>
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Driver - Pedestrian Name (Last, First, MI) <u>McKinnon, LARRY D</u>		Address (No., Street, State, Zip Code) <u>1111 SR 133 LOT 36</u>		
Phone No. <u>00937 515</u>	Birth Date <u>0498</u>	Age <u>10</u>	Sex <u>M</u>	State <u>OH</u>
Owner (If Same As Driver, Write Same) <u>SAME</u>		Drivers License No. <u>RU298218</u>		Occupation <u>N/A</u>

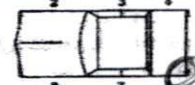
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address		Phone
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Veh. Year <u>96</u>	Make <u>FORD</u>	Model <u>TK</u>	Color <u>white</u>	Style <u>2 door</u>	State <u>OH</u>	License Plate No. <u>ERU4131</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From _____ To _____	
Circle Damage Areas 			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

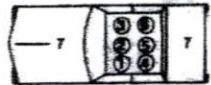
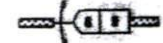
Unit No. <u>2</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>SAME</u>
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Driver - Pedestrian Name (Last, First, MI) <u>SAME/PARKED</u>		Address (No., Street, State, Zip Code) <u>SAME</u>		
Phone No. <u>SAME</u>	Birth Date <u>11</u>	Age <u>11</u>	Sex <u>11</u>	State <u>11</u>
Owner (If Same As Driver, Write Same) <u>SAME</u>		Drivers License No. <u>11</u>		Occupation <u>11</u>

Owner (If Same As Driver, Write Same) <u>SAME</u>		Address		Phone
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Veh. Year <u>98</u>	Make <u>PON</u>	Model <u>GRANAM</u>	Color <u>White</u>	Style <u>2D</u>	State <u>OH</u>	License Plate No. <u>EME2958</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From _____ To _____	
Circle Damage Areas 			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

Driver - Pedestrian - Vehicle Section

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position					
				A	B	C	D	E	F
									
									
				P-PEDESTRIAN 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					
				Ejection 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					

Occupant Section

Date Report Filed M <u>03</u> D <u>30</u> Y <u>15</u>	Desk Officer's Name & Badge # <u>Deputy Heaven 11207</u>
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Local Report Number: 201500029028
 Describe What Happened Refer To Units By Number: UNIT 1 ATTEMPTED TO PULL INTO HIS DRIVEWAY hit UNIT 2. PULLED OUT TRIED TO PARK AGAIN OVER CORRECTED and hit the trailer # 35 next door.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other		Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade		Occurrence 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 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 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		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		1000' MARKS WITH ARROW 	
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Type of Unit	1	5	2	3	Pre-Crash Actions	8	9	Contributing Factor	1	1
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Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size				Bus 16 School Bus 17 Church 18 Public				Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer				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/Flider 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 (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With 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 ACCOA 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				Vehicle Defects Code if Contributing Factor is 16 Primary <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>/</td> <td>/</td> </tr> </table> Secondary <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>/</td> <td>/</td> </tr> </table>				A	B	/	/	A	B	/	/
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Speed Unit Estimated Legal				Motorcycle Helmet Use Unit Driver Pass				Traffic Control 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 Truck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Overpass 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object				Truck Load 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 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				14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device				1 Tractor Trailer Rigs																																			