

# Local Traffic Crash Report

Local Report Number 20150033350

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</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>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash <u>M 04 D 11 Y 15</u>	Day <u>Saturday</u>	Time <u>1111</u>	AM PM <input checked="" type="radio"/>
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Crash Occurred On	Within The Intersection Of
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
 Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ Of 250 Apples Way Batavia, Oh. 45103

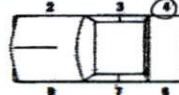
Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>PROGRESSIVE</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Hitch, Austin M.</u>	Address (No., Street, State, Zip Code) <u>2121 Cedarville Rd. Goshen, Oh. 45122</u>
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Phone No.	Birth Date <u>12 D 02 Y 96</u>	Age <u>18</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>UF068695</u>	Occupation <u>NIA</u>
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Owner (If Same As Driver, Write Same) <u>Lemon, Michael A.</u>	Address <u>2121 Cedarville Rd. Goshen, Oh. 45122</u>
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Veh. Year <u>2006</u>	Make <u>Dodge</u>	Model <u>Ram</u>	Color <u>Black</u>	Style <u>TK</u>	State <u>OH</u>	License Plate No. <u>DYR8309</u>	Towing Service <u>NIA</u>	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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 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
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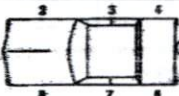
Unit No. <u>2</u>	No. Of Occupants <u>2</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>State Farm</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Lindsey, Brian W.</u>	Address (No., Street, State, Zip Code) <u>250 Apples Way Batavia, Oh. 45103</u>
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Phone No.	Birth Date <u>M 05 D 12 Y 63</u>	Age <u>51</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RK198345</u>	Occupation <u>NIA</u>
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Owner (If Same As Driver, Write Same) <u>Lindsey, Brian W.</u>	Address <u>250 Apples Way Batavia, Oh. 45103</u>
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Veh. Year <u>2013</u>	Make <u>Ford</u>	Model	Color <u>Maroon</u>	Style <u>HB</u>	State <u>OH</u>	License Plate No. <u>FXA6133</u>	Towing Service <u>NIA</u>	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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
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Driver - Pedestrian - Vehicle Section

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
<u>4</u>					

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
<u>1</u>					

1 Not Ejected  
2 Partial  
3 Total  
4 Trapped Inside Vehicle

Occupant Section

Date Report Filed <u>M 04 D 11 Y 15</u>	Desk Officer's Name & Badge # <u>Det J.S. Rudd #3052</u>
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Local Report Number  
201500033350

Describe What Happened  
Refer To Units  
By Number

units 1 was backing up when unit 1 struck the rear of unit 2. unit 2 was parked in the driveway and it was unoccupied.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		<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 BV 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 Overtaking 17 Other Non-Collision		
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		<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		
<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>Type of Unit</b> # 5 A 6 B 4 B		<b>Pre-Crash Actions</b> A 10 B 9		<b>Contributing Factor</b> A 10 B 1			
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size <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>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle <b>Bus</b> 16 School Bus 17 Church 18 Public <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 (With Traffic) 20 Walking in Road (Against 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>Speed</b> Unit Estimated Legal A 5 25 B		<b>Motorcycle Helmet Use</b> Unit Driver Pass A B		<b>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A B Secondary A B			
<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 Tractor Trailer Rigs		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			
<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>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device		<b>Fixed Object Struck</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 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					