

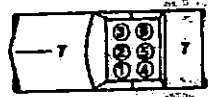
Local Traffic Crash Report

Local Report Number 2015-45894

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
In County Of	<u>CLERMONT</u>	• Within Corporate Limits of (If not, file with correct agency)	Date of Crash M <u>05</u> D <u>19</u> Y <u>15</u>
Crash Occurred On <u>209 PRATHER RD.</u>		Day <u>TUESDAY</u> Time <u>1218</u> <input checked="" type="radio"/> AM <input type="radio"/> PM	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>112</u> Feet <u>W</u> <input checked="" type="radio"/> <u>N</u> <input type="radio"/> <u>S</u> <input type="radio"/> <u>E</u> of <u>PRATHER RD.</u>			
A Unit No.	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>POLICY # 5329277690</u> <u>MOTORISTS MUTUAL</u>
Driver - Pedestrian Name (Last, First, MI) <u>LYNCH GREGORY D</u>		Address (No., Street, State, Zip Code) <u>4044 MCFARRAN AVE. CINCINNATI OH 45211</u>	
Phone No.	Birth Date M <u>6</u> D <u>4</u> Y <u>55</u>	Age <u>59</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>RR519237</u> Occupation <u>DRIVER</u>
Owner (If Same As Driver, Write Same) <u>MILLENNIUM BUSINESS SYSTEMS 11085 MONTGOMERY RD.</u>			
Veh. Year <u>2015</u>	Make <u>GMC</u>	Model <u>SAVANNAH</u>	Color <u>WHITE</u> Style <u>VN</u> State <u>OH</u> License Plate No. <u>PIX 5353</u> Towing Service Veh/Ped Dir. From To
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	
B Unit No.	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex State Drivers License No. Occupation
Owner (If Same As Driver, Write Same) Address Phone			
Veh. Year	Make	Model	Color Style State License Plate No. Towing Service Veh/Ped Dir. From To
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C From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
D From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
E From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
F From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
G From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
H From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
I From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age Sex
Date Report Filed M <u>05</u> D <u>19</u> Y <u>15</u>		Desk Officer's Name & Badge # <u>DEP: SWALLIER #1152</u>	

Driver - Pedestrian - Vehicle Section

Occupant Section



Restraints					
A	B	C	D	E	F
8	8				

- 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

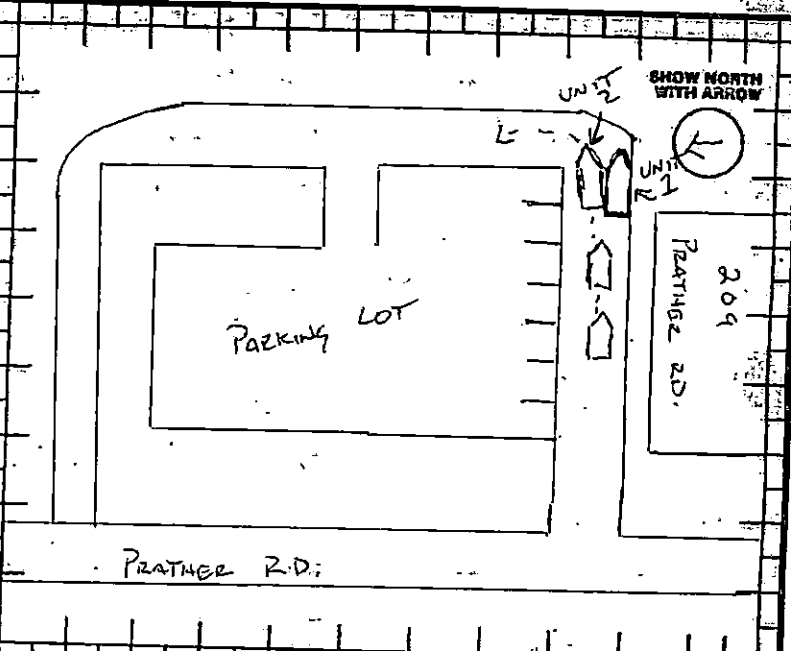
- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number
2015-45894

Describe What Happened
Refer To Units
By Number UNIT 1 WAS PARKED ALONG CURB MAKING A

BUSINESS DELIVERY AT ADDRESS 209 PEATHER RD. UNIT 2 WAS IN
OPERATION AND STRUCK UNIT 1'S DRIVER SIDE MIRROR AND UNIT 2'S
PASSENGER SIDE MIRROR. UNIT 2 THEN FLEW THE SCENE.

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



Type of Unit		Pre-Crash Actions		Contributing Factor	
# 6	A 1	# 6	B 2	A 9	B 1
Car		Driver Actions		Driver Error	
1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	Bus 16 School Bus 17 Church 18 Public	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	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, Fading, 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
Truck		Pedestrian Actions		Vehicle Defects	
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	18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road 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	Code # Contributing Factor is 18		
Motorcycle		Fixed Object Struck		Primary	
12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	Other 22 Taxi 23 Motor Home 24 train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Slider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Baricage 15 Fire Hydrant 16 Other Object	A B		
Speed		Truck Load		Secondary	
Unit Estimated Legal	Unit Driver Pass	A B	A B	A B	
A 0 N/A	A	3 1	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	
B 5 N/A	B	Truck Axles			
1 No Helmet 3 Full Facial Cover		A B			
2 Full Coverage 4 Other Type Helmet		Tractor Trailer Rigs			
		1 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device			