

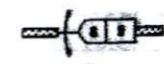
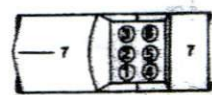
# Local Traffic Crash Report

Local Report Number 2015-4609B

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 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 05 D 19 Y 15</u>
Crash Occurred On	<u>SOUTH MEADOW LN</u>		
Within The Intersection Of			
If Not In Intersection	(List Nearest Intersecting Street, Milepost, House No.) Miles <u>0</u> Feet <u>W</u> <u>S</u> <u>E</u> Of <u>147</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>MONC</u>
Driver - Pedestrian Name (Last, First, MI) <u>THIES, EUGENE</u>		Address (No., Street, State, Zip Code) <u>147 SOUTH MEADOW LN BATAVIA OH 45103</u>	
Phone No.	Birth Date <u>10 M 12 D 04 Y 76</u>	Age <u>39</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>00884A043</u> Occupation
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address <u>SAME</u> Phone	
Veh. Year <u>2004</u>	Make <u>TOY</u>	Model <u>TUND</u>	Color <u>WHITE</u> Style <u>TRK</u> State <u>OH</u> License Plate No. <u>BT11002</u> Towing Service <u>N/A</u> Veh/Ped Dir From <u>W</u> To <u>VE</u>
Circle Damage Areas		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" type="checkbox"/> None <input 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 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) <u>WELKER, KRISTAN</u>		Address (No., Street, State, Zip Code) <u>141 WOODEN MEADOW BATAVIA OH 45107</u>	
Phone No.	Birth Date <u>10 M 05 D 30 Y 02</u>	Age <u>12</u>	Sex <u>M</u> State <u>OH</u> 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
Circle Damage Areas		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire	
C From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age Position A B C D E F
Date Report Filed <u>M 05 D 19 Y 15</u>		Desk Officer's Name & Badge # <u>Dep Jellison</u>	

Driver - Pedestrian - Vehicle Section

Occupant Section



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

Local Report Number

2045-46098

Describe What Happened

Refer To Units  
By Number

UNIT 1 WAS BACKING INTO HIS DRIVEWAY, WHEN UNIT 2 RODE HIS BIKE THROUGH HIS DRIVEWAY. AS UNIT 2 WAS PASSING THROUGH, UNIT 1 DID NOT SEE UNIT 2 BACKING INTO HIM. UNIT 2 SUFFERED MAJOR INJURIES, WAS TAKEN TO URGENT CARE IN KANSAS CITY BY MOTOR.

<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 <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>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			

Type of Unit	# 5	A	P	B	Pre-Crash Actions	A	B	Contributing Factor	A	B
--------------	-----	---	---	---	-------------------	---	---	---------------------	---	---

<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 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>Speed</b> Unit Estimated Legal A 5 10 B 1 10		<b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B		<b>Traffic Control</b> A B 1 1A		<b>Fixed Object Struck</b> A B 1 1		<b>Truck Load</b> 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		<b>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A B N/A N/A Secondary A B N/A N/A	
<b>Truck Axles</b> 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		<b>Tractor Trailer Rigs</b> A B		<b>Tractor Trailer Rigs</b> A B		<b>Tractor Trailer Rigs</b> A B		<b>Tractor Trailer Rigs</b> A B		<b>Tractor Trailer Rigs</b> A B	