

# Local Traffic Crash Report

Local Report Number 201500058732

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>3</b>	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>6</u> D <u>24</u> Y <u>15</u>	Day <u>Wed</u>	Time <u>1610</u>	<input checked="" type="radio"/> AM <input type="radio"/> PM
------------------------------	---	---	----------------	------------------	--

Crash Occurred On <u>Picketside DR</u>	Within The Intersection Of
--	----------------------------

If Not in Intersection	Miles	Feet	W	N	E	S	O	(List Nearest Intersecting Street, Milepost, House No.) <u>2125</u>
------------------------	-------	------	---	---	---	---	---	--

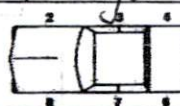
Unit No. <u>1</u>	No. of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Selective Ins Company 52168257</u>
-------------------	------------------	--	--

Driver - Pedestrian Name (Last, First, MI) <u>Morrow Terry L</u>	Address (No., Street, State, Zip Code) <u>6418 Sherman Terrace DR Mason OH 45040</u>
---	---

Phone No.	Birth Date M <u>6</u> D <u>25</u> Y <u>59</u>	Age <u>56</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RK300223</u>	Occupation
-----------	--	------------------	-----------------	--------------------	--	------------

Owner (If Same As Driver, Write Same) <u>Reading Equipment LLC</u>	Address <u>11575 Reading Rd Cin OH 45241</u>
---	---

Veh. Year <u>2014</u>	Make <u>Dodge</u>	Model <u>Ram</u>	Color <u>S. Ivor</u>	Style <u>TK</u>	State <u>OH</u>	License Plate No. <u>PIM3815</u>	Towing Service	Veh/Ped Dir From <u>S</u> To <u>E</u>
--------------------------	----------------------	---------------------	-------------------------	--------------------	--------------------	-------------------------------------	----------------	--

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 checked="" type="checkbox"/> None <input 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 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>Hastings Mutual Ins. APV138-0074</u>
-------------------	---------------------------	--	--

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) <u>McKee, Becky Ann</u>	Address <u>2125 Picketside DR Bat OH 45103</u>
--	---

Veh. Year <u>2005</u>	Make <u>Hyundai</u>	Model <u>Santa</u>	Color <u>Grey</u>	Style <u>4DR</u>	State <u>OH</u>	License Plate No. <u>6BE2202</u>	Towing Service	Veh/Ped Dir From <u>E</u> To <u>W</u>
--------------------------	------------------------	-----------------------	----------------------	---------------------	--------------------	-------------------------------------	----------------	--

Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" 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 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)	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>											
<b>J</b>											

**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**

Ejection					
A	B	C	D	E	F

1 Not Ejected  
2 Partial  
3 Total  
4 Trapped Inside Veh

Occupant Section

Date Report Filed M <u>6</u> D <u>24</u> Y <u>15</u>	Desk Officer's Name & Badge # <u>Dep. W BREWER # 2055</u>
---	--



Local Report Number: 2015-58732 Describe What Happened: Refer To Units By Number

Unit # 2 was parked on the street near 2125 Picketside Dr. Unit # 2 driverside mirror was knocked off by unknown make and model truck per a witness.

Unit # 1 was contact the next day. I spoke w/ the owner of the truck. He gave me all information for the report.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<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>First Harmful Event</b> 7 <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 Overtaking 17 Other Non-Collision	<b>Location</b> 8 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Backroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property	
--	---	---	---	---	--	--	--	--

<b>Type of Unit</b>	A	B	<b>Pre-Crash Actions</b>	A	B	<b>Contributing Factor</b>	A	B
# 1		2		3	9		15	1

<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	<b>Bus</b> 16 School Bus 17 Church 18 Public	<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>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 in Road 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 AGOA 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>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A B <b>Secondary</b> A B
<b>Speed</b>	<b>Motorcycle Helmet Use</b>	<b>Traffic Control</b>	<b>Fixed Object Struck</b>	<b>Truck Load</b>	<b>Truck Axles</b>	<b>Tractor Trailer Pigs</b>			
Unit Estimated Legal	Unit Driver Pass	A B	1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	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			
A unk	A	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	14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	A B				