

Local Traffic Crash Report

Local Report Number **2015-59785**

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 1 VEHICLE	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 CLERMONT	• Within corporate limits of (if not, file with correct agency)	Date of Crash M 6 D 28 Y 2015 Day SUNDAY Time 100 AM
Crash Occurred On SPRAGUE RD.		Within The Intersection Of NIA
If Not In Intersection Miles _____ Feet _____ W _____ S _____ E _____ Of ON 2599 SPRAGUE RD.		
A Unit No. 1	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> Insurance Co. Or Agent UNKNOWN / NOT SHOWN
Driver - Pedestrian Name (Last, First, MI) SONS, JUSTIN A.		Address (No., Street, State, Zip Code) 189 DOE RUN CT. BATAVIA, OH 45103
Phone No.	Birth Date M 10 D 10 Y 1991	Age 23 Sex M State OHIO Drivers License No. TS674914 Occupation UNKNOWN
Owner (If Same As Driver, Write Same) POLSTON, JACQUELINE R.		Address 30 SIOUX CT. BATAVIA, OH 45103
Veh. Year 1994	Make FORD	Model MUSTANG Color RED Style _____ State OHIO License Plate No. GFD 6218 Towing Service NICHOLSVILLE Veh/Ped Dir From S To N
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 checked="" 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 checked="" 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)		Address (No., Street, State, Zip Code)
Phone No.	Birth Date M _____ D _____ Y _____	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
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 _____ Sex _____
Address		Phone
D From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____ Age _____ Sex _____
Address		Phone
E From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____ Age _____ Sex _____
Address		Phone
F From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____ Age _____ Sex _____
Address		Phone
G From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____ Age _____ Sex _____
Address		Phone
H From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____ Age _____ Sex _____
Address		Phone
I From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____ Age _____ Sex _____
Address		Phone
Date Report Filed M 6 D 28 Y 2015		Desk Officer's Name & Badge # Sgt B. Boeyer # 2729

Driver - Pedestrian - Vehicle Section

Occupant Section

Position

A	B	C	D	E	F
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P-PEDESTRIAN

Restraints

8	A	B	C	D	E	F
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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

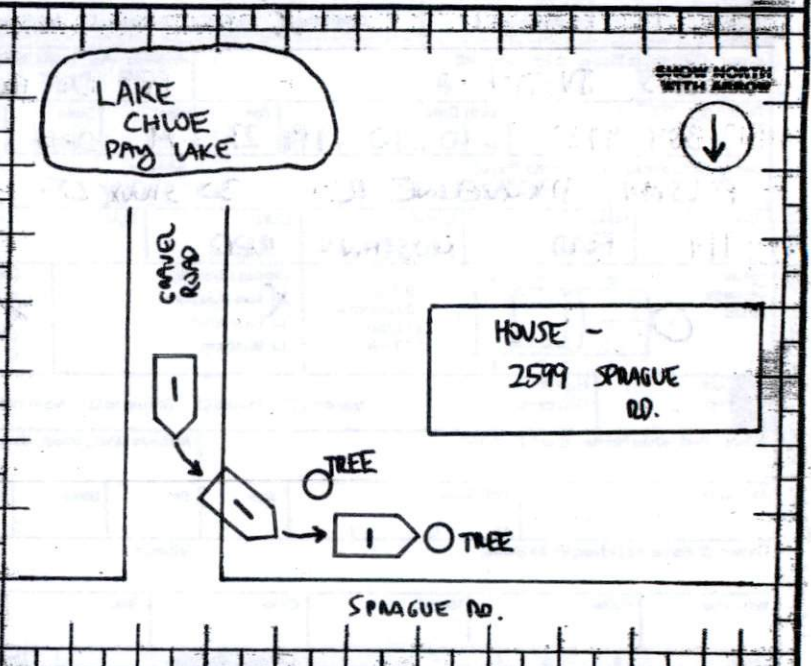
Ejection

A	B	C	D	E	F
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1 Not Ejected
2 Partial
3 Total
4 Trapped Inside Vehicle

Local Report Number: 2015-59785
 Describe What Happened: JUSTIN SONS ADVISED HE WAS OPERATING UNIT #1 AT APPROX 30 MPH ON A CANAL LN. WHEN HE LOST CONTROL OF THE VEHICLE, WENT INTO A YARD (LEFT SIDE OF ROAD) AND STUCK A TREE HEAD ON. HE THEN ATTEMPTED TO BACK THE VEHICLE UP AND GOT STUCK ON LARGE ROCKS POSITIONED IN THE YARD OF 2599 SPRAGUE RD. M/L SONS WAS CHARGED WITH OVI AND TESTED .139 BAC. CITATION # 101470

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



Type of Unit # 1 3	Pre-Crash Actions A 1 B	Contributing Factor A 4 B
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	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	Driver Error 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
Truck 5 Pickup 6 Panel Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	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 Working On Road 23 Entering or Leaving Vehicle in Road 24 Pushing/Working on Vehicle in Road 25 Other in Road 27 On Sidewalk or Shoulder	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
Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	Traffic Control A 1 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	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Speed Unit Estimated Legal A 30 2	Motorcycle Helmet Use Unit Driver Pass A B	Truck Load 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
Speed 1 No Helmet 3 Full Facial Cover	Motorcycle Helmet Use 2 Full Coverage 4 Other Type Helmet	Truck Axles A B Tractor Trailer Rigs