

# Local Traffic Crash Report

Local Report Number 201500060507

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 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>29</u> Y <u>15</u>
Crash Occurred On <u>Ohio Ave. Betzel, OH 45106</u>	Day <u>Monday</u>	Time <u>1030</u> <input checked="" type="radio"/> AM <input type="radio"/> PM
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>3316</u>		

Unit No. <u>01</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>
Driver - Pedestrian Name (Last, First, MI) <u>Cliff Cole</u>		Address (No., Street, State, Zip Code) <u>422 W South St - Betzel, OH 45106</u>	
Phone No.	Birth Date M <u>11</u> D <u>4</u> Y <u>1961</u>	Age <u>18</u>	Sex <u>M</u>
State <u>OH</u>	Drivers License No. <u>UF530304</u>	Occupation	
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address	
Veh. Year <u>2007</u>	Make <u>Chevrolet</u>	Model <u>Silverado</u>	Color <u>White</u>
Style <u>ZDR</u>	State <u>OH</u>	License Plate No. <u>AT56039</u>	Towing Service
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 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

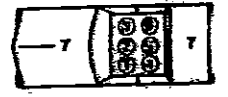
Unit No. <u>02</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>State Farm</u>
Driver - Pedestrian Name (Last, First, MI) <u>Randi Weesner</u>		Address (No., Street, State, Zip Code) <u>3316 Ohio Ave. Betzel, OH 45106</u>	
Phone No.	Birth Date	Age	Sex
State <u>OH</u>	Drivers License No. <u>RANDILN</u>	Occupation	
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address	
Veh. Year <u>2011</u>	Make <u>Chevrolet</u>	Model <u>Camaro</u>	Color <u>White</u>
Style <u>ZDR</u>	State <u>OH</u>	License Plate No. <u>RANDILN</u>	Towing Service
Circle Damage Areas 	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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire

From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
C											
D											
E											
F											
G											
H											
I											

Date Report Filed 10/29/15 Desk Officer's Name & Badge # Richard #10728

Driver - Pedestrian - Vehicle Section

Occupant Section



- 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

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

Local Report Number: 201500040507  
 Describe What Happened: Unit #01 Struck unit #02 in the back end of the vehicle. No damage was reported to unit #01. Unit #02 received several scratches to the rear bumper.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	<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	<p>3316 Ohio Ave.</p>
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	<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>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	4	<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	<b>Location</b> 8 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>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>	#01	A	5	#02	B	3	<b>Pre-Crash Actions</b>	A	1	B	9	<b>Contributing Factor</b>	A	1	B	7
<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>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<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	<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>Traffic Control</b> A 1 B 1	<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>Fixed Object Struck</b> A 1 B 1	<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>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A B Secondary A B	<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>Truck Axles</b> 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>Speed</b>	Unit	Estimated	Legal	Unit	Driver	Pass	<b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	<b>Tractor Trailer Rigs</b>								