

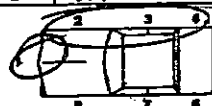
# Local Traffic Crash Report

Local Report Number **2015-60861**

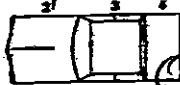
Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
In County Of <b>COLUMBIA</b>	Within Corporate Limits of (If not, file with correct agency)	Date of Crash <b>M 07 D 01 Y 15 WEDNESDAY</b> Time <b>10:30</b>
Crash Occurred On <b>PARKING LOT</b>		Within The Intersection Of <b>300 UNIVERSITY LANE</b>

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ OF \_\_\_\_\_

<b>A</b> Unit No. <b>1</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>PROGRESSIVE (57788223)</b>
Driver - Pedestrian Name (Last, First, MI) <b>HITEMAN, ZACHARY</b>		Address (No., Street, State, Zip Code) <b>4632 EDDY DR. CINCINNATI, OHIO 45244</b>	
Phone No. <b>(513) 801-9339</b>	Birth Date <b>M 07 D 21 Y 95</b>	Age <b>19</b>	Sex <b>M</b> State <b>OH</b> Drivers License No. <b>TZ028480</b> Occupation _____
Owner (If Same As Driver, Write Same) <b>- SAME -</b>		Address <b>635 FERN CT. CINCINNATI, OH 45244</b> Phone _____	

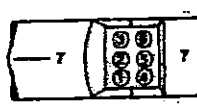

Veh. Year <b>2005</b>	Make <b>NISSAN</b>	Model <b>ALTIMA</b>	Color <b>DR RED</b>	Style <b>4 DR</b>	State <b>OH</b>	License Plate No. <b>6FW4852</b>	Towing Service _____	Veh/Ped Dir From <b>W</b> To <b>E</b>
Circle Damage Areas 	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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				

<b>B</b> Unit No. <b>2</b>	No. Of Occupants <b>0</b>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>FARMERS</b>
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex State Drivers License No. Occupation

Owner (If Same As Driver, Write Same) <b>SAMUEL BLANEY</b>		Address <b>300 UNIVERSITY LN #217 BOVAVER, OH 45703</b> Phone <b>513-259-8296</b>	
Veh. Year <b>1999</b>	Make <b>MERCURY</b>	Model <b>MOUNTAINEER</b>	Color <b>MARSH</b> Style <b>SUV</b> State <b>OH</b> License Plate No. <b>ENH3201</b> Towing Service _____ Veh/Ped Dir From _____ To _____
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 checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed

Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Birth Date (M D Y)	Age	Sex	Position
<b>C</b>					A   B   C   D   E   F
<b>D</b>					
<b>E</b>					
<b>F</b>					
<b>G</b>					
<b>H</b>					<b>P-PEDESTRIAN</b> <input type="checkbox"/> Not Used <input type="checkbox"/> None Available <input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Lap/Shoulder Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Air Bag Used <input type="checkbox"/> Use Not Reported
<b>I</b>					

Date Report Filed <b>M 07 D 01 Y 15</b>	Desk Officer's Name & Badge # <b>DEPUTY M. MINTZ (JAZ) #4595</b>
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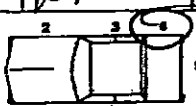
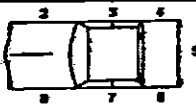
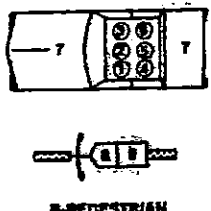
Local Report Number: 2015-60861  
 Describe What Happened Refer To Units By Number: UNIT #1 BACKED OUT OF A PARKING SPOT AND, AFTER BEGINNING TO PULL FORWARD, STRUCK 2 PARKED VEHICLES. DRIVER ADVISES THE VEHICLE MOVED FORWARD ON ITS OWN, BUT HIS BOSS CHECKED AND FOUND ALL FUNCTIONING NORMAN (DID SAY THAT FLOOR MAT WAS "HALF WAY UNDER THE DASHBOARD", SO MAY HAVE BEEN FORDING THE GAS PEDAL)

<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 Overturning 17 Other Non-Collision	<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	
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<b>Type of Unit</b>	# 1	A 2	B 2	3	<b>Pre-Crash Actions</b>	A 1	B 9	<b>Contributing Factor</b>	A 14	B
<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 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>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 Rigs</b>				
Unit Estimated Legal	Unit Driver Pass	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	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	1 No Controls 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 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				
1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet									

# Local Traffic Crash Report


Local Report Number 2015-60861

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved			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		Within Corporate Limits of (If not, file with correct agency)		Date of Crash M D Y		Day	Time AM PM		
Crash Occurred On				Within The Intersection Of					
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W N E S OF									
<b>A</b>	Unit No. <u>3</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			
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				
<u>STANLEY SCHAEFER</u>		<u>300 UNIVERSITY #318 BOLOVEN, OH 45103</u>			<u>513-735-2461</u>				
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service		
<u>2002</u>	<u>TOYOTA</u>	<u>CAMRY</u>	<u>WHITE</u>	<u>4 DR</u>	<u>OH</u>	<u>OH 66LA</u>			
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 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		
<b>B</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		
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		
<b>C</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
<b>D</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
<b>E</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
<b>F</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
<b>G</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
<b>H</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
<b>I</b>	From Unit No.	Name (Last, First, MI)			Birth Date M D Y	Age	Position A B C D E F		
		Address			Phone	Sex			
Date Report Filed M <u>07</u> D <u>01</u> Y <u>15</u>		Desk Officer Name & Badge # <u>D.P. WINTER, #4595</u>						 <b>F-PEDESTRIAN</b> 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	

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number	Describe What Happened Refer To Units By Number
(SEE PAGE 1)	

<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>Occurence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Spacial Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</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>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>SHOW NORTH WITH ARROW</b> 
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<b>Type of Unit</b> # <u>3</u> <sup>A</sup> <u>3</u> <sup>B</sup>	<b>Pre-Crash Actions</b> <sup>A</sup> <u>9</u> <sup>B</sup>	<b>Contributing Factor</b> <sup>A</sup> <u> </u> <sup>B</sup>																					
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