

Local Traffic Crash Report

Local Report Number 2015-67367

Report Taken Headquarters Substation

Total Number of Vehicles and Pedestrians Involved: 1

Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged): Over \$150 Under \$150

In County Of: CLERMONT

• Within corporate limits of: (if not, file with correct agency):

Date of Crash: MO 07 D 20 Y 15 Day: Monday Time: 0550 AM/PM

Crash Occurred On: _____ Within The Intersection Of: _____

If Not In Intersection: _____ (List Nearest Intersecting Street, Milepost, House No.)

Miles _____ Feet _____ W _____ S _____ E _____ OF _____

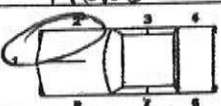
A Unit No. 01 No. Of Occupants _____ Operating Parked Driverless Non-Contact Insurance Co. Or Agent: NATIONWIDE

Driver - Pedestrian Name (Last, First, MI): Unknown Address (No., Street, State, Zip Code): _____

Phone No. _____ Birth Date _____ Age _____ Sex _____ State _____ Drivers License No. _____ Occupation _____

Owner (If Same As Driver, Write Same): KOCH, GEORGE T. Address: 3293 PINEY DR. AMELIA OHIO 45102 Phone: _____

Veh. Year: 2012 Make: FORD Model: FOCUS Color: Silver Style: 4S State: OH License Plate No.: DQH5941 Towing Service: _____ Veh/Ped Dir: From S To N

Circle Damage Areas:  9 Top, 10 Undercar, 11 Load, 12 Trailer

Damage Severity: Non-Functional, Functional, Disabling, Heavy

Damage Scale: None, Light, Moderate, Heavy

Vehicle Disposition: Driven Away, Remained At Scene, Towed

Fire: No Fire, Fire Due To Crash, Other Fire

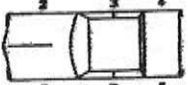
B Unit No. _____ No. Of Occupants _____ Operating Parked Driverless Non-Contact Insurance Co. Or Agent: _____

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): _____ Address: _____ Phone: _____

Veh. Year _____ Make _____ Model _____ Color _____ Style _____ State _____ License Plate No. _____ Towing Service _____ Veh/Ped Dir: From _____ To _____

Circle Damage Areas:  9 Top, 10 Undercar, 11 Load, 12 Trailer

Damage Severity: Non-Functional, Functional, Disabling


Damage Scale: None, Light, Moderate, Heavy


Vehicle Disposition: Driven Away, Remained At Scene, Towed

Fire: No Fire, Fire Due To Crash, Other Fire

C From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y Age _____ Sex _____ Position:

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

E From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y Age _____ Sex _____ Position: 

F From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y Age _____ Sex _____ Position:

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

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

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

A	B	C	D	E	F
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P-PEDESTRIAN

Restraints:

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

Date Report Filed: _____ Desk Officer's Name & Badge #: Det. D. Scott R52

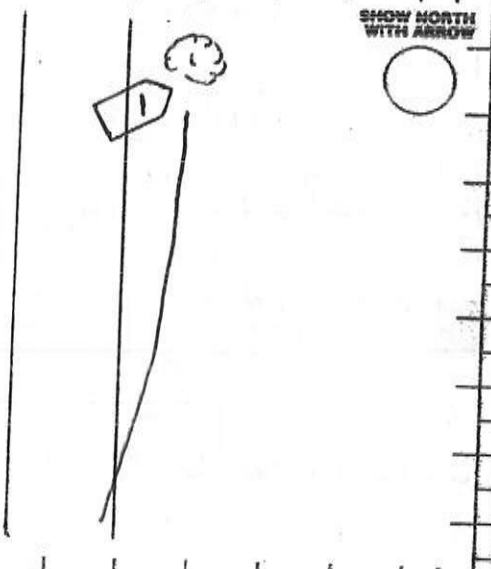
Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number
2015-67367

Describe What Happened
Refer To Units
By Number

THE OPERATOR OF UNIT #1 WAS NORTH ON BERRY PARK
WHEN THEY RAN OFF THE RIGHT SIDE OF THE ROADWAY &
STRUCK A TREE. THE DRIVER FLED THE SCENE.

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

Type of Unit # 1 3	Pre-Crash Actions A 1 B	Contributing Factor A 14 B		
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 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	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 Traffic Control A 1 B Driver 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	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 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 Fixed Object Struck A 7 B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	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 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 Truck Axles A B Tractor Trailer Rigs	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 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects