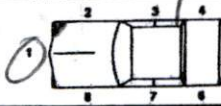
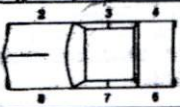
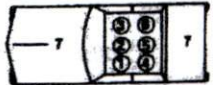



Local Traffic Crash Report

Local Report Number 2015-79014

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 checked="" 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>8</u> D <u>22</u> Y <u>15</u>	Day <u>SATURDAY</u>	Time <u>1633</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Crash Occurred On <u>SR131</u>		Within The Intersection Of <u>N/A</u>			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>0</u> Feet <u>0</u> W <u>0</u> S <u>0</u> E <u>0</u> Of <u>2023</u>					
A Unit No. <u>1</u>	No. Of Occupants <u>3</u>	Operating <input checked="" type="checkbox"/> Parked <input 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>PROFFITT, JASON</u>		Address (No., Street, State, Zip Code) <u>2443 E. HIGH WOODS DR. FAIRFIELD, OH</u>			
Phone No. <u>513-479-7191</u>	Birth Date M <u>10</u> D <u>4</u> Y <u>76</u>	Age <u>38</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RT203241</u>
Occupation <u>N/A</u>		Owner (If Same As Driver, Write Same) <u>JOYCE PROFFITT 1697 GWISE CT CINTI, OH</u>			
Phone <u>479-7191</u>	Address <u>1697 GWISE CT CINTI, OH</u>				Veh/Ped Dir <u>From N To S</u>
Veh. Year <u>2010</u>	Make <u>CHEVY</u>	Model <u>IMPALA</u>	Color <u>SILVER</u>	Style <u>4D</u>	State <u>OH</u>
License Plate No. <u>FYW2343</u>	Towing Service <u>---</u>	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	
Circle Damage Areas 		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 Unit No. <u>2</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>ENCOMPASS</u>	
Driver - Pedestrian Name (Last, First, MI) <u>LINZ, MATTHEW</u>		Address (No., Street, State, Zip Code) <u>1229 Church Hill Farm Batavia OH 45103</u>			
Phone No. <u>513-255-1958</u>	Birth Date M <u>1</u> D <u>11</u> Y <u>78</u>	Age <u>37</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RE078483</u>
Occupation <u>N/A</u>		Owner (If Same As Driver, Write Same) <u>SAME</u>			
Veh. Year <u>2006</u>	Make <u>FORD</u>	Model <u>F-150</u>	Color <u>BLACK</u>	Style <u>TR</u>	State <u>OH</u>
License Plate No. <u>DZ21840</u>	Towing Service <u>---</u>	Damage Severity <input 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	
Circle Damage Areas 		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	
C From Unit No. <u>1</u>	Name (Last, First, MI) <u>PROFFITT, JOYCE</u>	Birth Date M <u>8</u> D <u>4</u> Y <u>42</u>	Age <u>73</u>	Position A <u>1</u> B <u>3</u> C <u>4</u> D <u>3</u> E <u>3</u> F <u>3</u>	
Address <u>1697 GWISE CT CINTI OH</u>	Phone <u>479-7191</u>	Sex <u>F</u>			
D From Unit No. <u>1</u>	Name (Last, First, MI) <u>PROFFITT, JOYCE</u>	Birth Date M <u>8</u> D <u>4</u> Y <u>42</u>	Age <u>73</u>	Sex <u>F</u>	
Address <u>2443 E. HIGH WOODS DR. FAIRFIELD</u>	Phone <u>479-7191</u>	Sex <u>M</u>			
E From Unit No. <u>1</u>	Name (Last, First, MI) <u>LINZ, MATTHEW</u>	Birth Date M <u>1</u> D <u>11</u> Y <u>78</u>	Age <u>37</u>	Sex <u>M</u>	
Address <u>1229 Church Hill Farm Batavia, OH</u>	Phone <u>255-1958</u>	Sex <u>F</u>	P-PEDESTRIAN		
F From Unit No. <u>1</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Restraints A <u> </u> B <u> </u> C <u> </u> D <u> </u> E <u> </u> F <u> </u>	
Address	Phone	Sex	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		
G From Unit No. <u>1</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Ejection A <u> </u> B <u> </u> C <u> </u> D <u> </u> E <u> </u> F <u> </u>	
Address	Phone	Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle		
H From Unit No. <u>1</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age		
Address	Phone	Sex			
I From Unit No. <u>1</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age		
Address	Phone	Sex			
Date Report Filed M <u>08</u> D <u>22</u> Y <u>2015</u>	Desk Officer's Name & Badge # <u>Dep. Summers</u>				

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: Describe What Happened Refer To Units By Number

UNIT # 1 & 2 WERE SITTING ON THE lot OF UDF.
 UNIT #2 BACKED UP & STRUCK #1.

Weather Conditions

1 No Adverse Weather
 2 Rain
 3 Snow

4 Fog
 5 High Wind
 6 Other

Road Conditions

1 Dry
 2 Wet
 3 Snow

4 Ice
 5 Dirt/Sand
 6 Other

Light

1 Daylight
 2 Dawn
 3 Dusk

4 Dark No Lights
 5 Dark Lighted
 6 Other

Road Contour

1 Straight Level
 2 Straight Grade

3 Curve Level
 4 Curve Grade

Occurrence

1 On Roadway
 2 Off Left Side

3 Off Right Side
 4 On Opposing Lane of Divided Highway

Special Area

1 Road Construction/Maintenance Area
 2 School Zone

First Harmful Event 3

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)

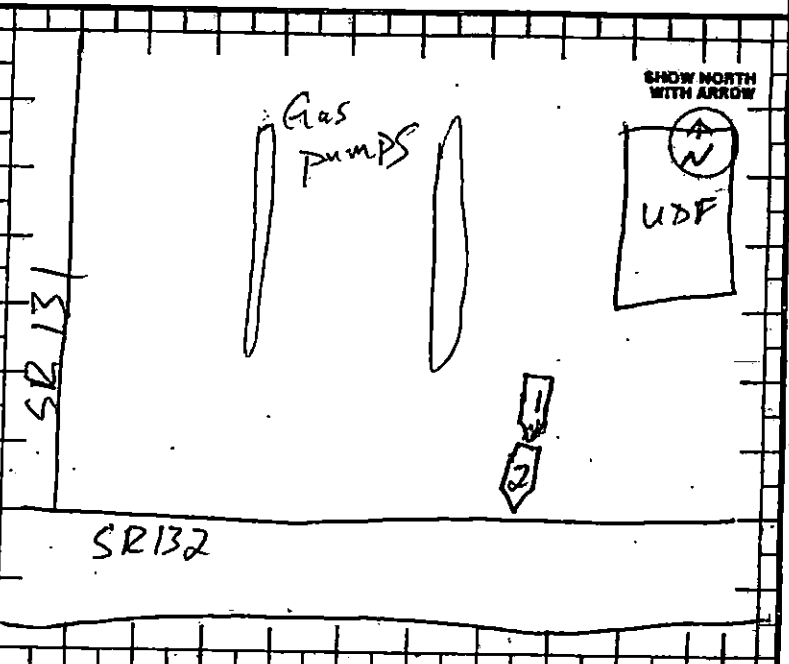
7 Parked
 8 Pedestrian
 9 Animal
 10 Train
 11 Pedal Cycle
 12 Other Non-MV
 13 Fixed Object
 14 Other Object

Non-Collision

15 Fall From or In MV
 16 Overturning
 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



Type of Unit

A: 1, 3
 B: 2, 5

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

Speed

Unit	Estimated	Legal
A	0	
B	5	

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

1 No Helmet
 3 Full Facial Cover

2 Full Coverage
 4 Other Type Helmet

Pre-Crash Actions

A: 7
 B: 10

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

Pedestrian Actions

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

Traffic Control

Driver	A	B
1 No Controls	1	1
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		

Fixed Object Struck

Driver	A	B
1 None	1	1
2 Utility Pole		
3 Traffic Sign		
4 Bridge/Culvert		
5 Guard Rail		
6 Fence		
7 Tree		
8 Scrubbery		
9 Curb		
10 Ditch		
11 Embankment		
12 Building		
13 Mail Box		
14 Construction Barricade		
15 Fire Hydrant		
16 Other Object		

Pedestrian

14 No Controls
 15 Crosswalk Lines
 16 Walk/Don't-Walk Device

Contributing Factor

A: 1
 B: 10

Driver Error

1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or AQDA
 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

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 of Contributing Factor is 18

Primary	A	B
Secondary	A	B

Truck Load

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

Truck Axles	A	B

Tractor Trailer Rigs

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