

Local Traffic Crash Report

Local Report Number 2015-80161

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>1</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
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In County Of <u>Clermont</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash M <u>08</u> D <u>25</u> Y <u>2015</u>	Day <u>Tuesday</u>	Time <u>0135</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On Private Property Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ S _____ E _____ N _____ OK 9.6 Shady Ln

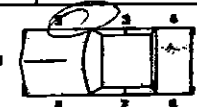
A Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>ALFA Insurance (677) 384-7466 Kenay Parsons</u>
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Driver - Pedestrian Name (Last, First, MI) Spradlin, Kevin K Address (No., Street, State, Zip Code) 92 Shady Ln, Amelia OH 45102

Phone No. 513-941-7789 Birth Date M 12 D 08 Y 91 Age 23 Sex M State OH Drivers License No. TT141617 Occupation _____

Owner (If Same As Driver, Write Same) Tia Spradlin Address 92 Shady Ln Amelia OH 45102 Phone 513 383-2487

Veh. Year <u>2002</u>	Make <u>Chrysler</u>	Model <u>SW</u>	Color <u>Blue</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>FUE-932</u>	Towing Service <u>N/A</u>	Veh/Ped Dir. <u>From Wife</u>
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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
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B Unit No. <u>2</u>	No. Of Occupants _____	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent _____
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Driver - Pedestrian Name (Last, First, MI) Christopher Balkema Address (No., Street, State, Zip Code) 96 Shady Ln Amelia OH 45102

Phone No. 513 314-3670 Birth Date M 03 D 13 Y 13 Age 2 Sex M 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. _____
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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
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From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F

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

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

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

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

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

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

Date Report Filed M 08 D 25 Y 15 Dept. Officer's Name & Badge # Deputy T. Goffus 11151

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: 2015-80161 Describe What Happened Refer To Units By Number

Unit 1 was traveling EAST on Shady Ln when Unit 2 ran into the side of Unit 1. Unit 2 fell to the ground and unit 1 ran over Unit 2 leg.

Weather Conditions 1

1 No Adverse Weather
2 Rain
3 Snow
4 Fog
5 High Wind
6 Other

Road Conditions 1

1 Dry
2 Wet
3 Snow
4 Ice
5 Dirt/Sand
6 Other

Light 5

1 Daylight
2 Dawn
3 Dusk
4 Dark No Lights
5 Dark Lighted
6 Other

Road Contour 1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Occurrence 1

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 8

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)

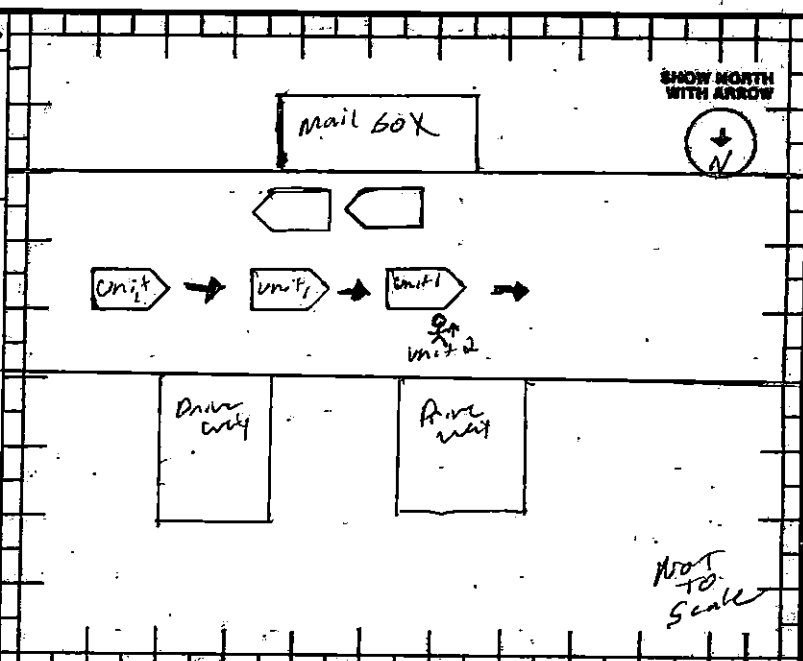
7 Parked
8 Pedestrian
9 Animal
10 Train
11 Pedal Cycle
12 Other Non-MV
13 Fixed Object
14 Other Object

Non-Collision

15 Fall From or In MV
16 Overtaking
17 Other Non-Collision

Location 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



Type of Unit L C d P

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 Truck & 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	9	15
B		

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

1 No Helmet
2 Full Facial Cover
3 Full Facial Cover
4 Other Type Helmet

Pre-Crash Actions A 1 B 20

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
25 Pushing/Working on Vehicle in Road
26 Other in Road
27 On Sidewalk or Shoulder

Traffic Control A 1 B 14

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

Fixed Object A 1 B 1

Struck

1 None
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 7 B 26

Driver Error

1 None
2 Failure to Yield
3 Unsafe Speed
4 Following Too Closely or ACDA
5 Red Flag 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 Defects on Road
23 Downed Traffic Sign/Device
24 Vision Obstruction
25 Animal Actions
26 Pedestrian Actions

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

Vehicle Defects Code of 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