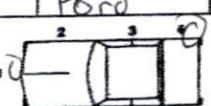



# Local Traffic Crash Report

Local Report Number 2015-90343

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 checked="" 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>9</u> D <u>24</u> Y <u>2015</u> Day <u>Thursday</u> Time <u>1939</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Crash Occurred On <u>1560 Bethel New Richmond Rd Lot 82</u>		
If Not In Intersection (List Nearest intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ S _____ OF _____		

Unit No. <u>1</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) <u>Michael Catron</u>		Address (No., Street, State, Zip Code) <u>1560 Bethel New Richmond Rd Lot 82</u>	
Phone No.	Birth Date M <u>  </u> D <u>  </u> Y <u>  </u>	Age	Sex
State	Drivers License No.	Occupation	
Owner (If Same As Driver, Write Same) <u>Michael Catron</u>		Address <u>1560 Bethel New Richmond Rd Lot 82</u>	
Phone No. <u>513-553-01</u>	State <u>OH</u>		License Plate No. <u>FPD 9980</u>
Towing Service <u>N/A</u>	Veh/Ped Dir From _____ To _____		
Veh. Year <u>1996</u>	Make <u>Ford</u>	Model <u>TK</u>	Color <u>Green</u>
Style <u>Ranger</u>	State <u>OH</u>	License Plate No. <u>FPD 9980</u>	Towing Service <u>N/A</u>
Veh/Ped Dir From _____ To _____	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" 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>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
Driver - Pedestrian Name (Last, First, MI) <u>Kelton, Robert</u>		Address (No., Street, State, Zip Code) <u>1560 Bethel New Richmond Rd Lot 84 <sup>New</sup> Richmond, OH 4515</u>	
Phone No. <u>513-491-5850</u>	Birth Date M <u>2</u> D <u>21</u> Y <u>1964</u>	Age <u>51</u>	Sex <u>Male</u>
State <u>OH</u>	Drivers License No. <u>RE 939140</u>	Occupation	
Owner (If Same As Driver, Write Same) <u>Kelton, Robert</u>		Address <u>1560 Bethel New Richmond Rd Lot 84 <sup>New</sup> Richmond, OH 4515</u>	
Phone No.	State <u>OH</u>		License Plate No.
Towing Service	Veh/Ped Dir From _____ To _____		
Veh. Year	Make	Model	Color
Style	State	License Plate No.	Towing Service
Veh/Ped Dir From _____ To _____	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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			

From Unit No. <u>2</u>	Name (Last, First, MI) <u>Mr. Murray, Richard</u>	Birth Date M <u>1</u> D <u>20</u> Y <u>1965</u>	Age	Position A B C D E F					
	Address <u>69 Shady Ln, Amelia, OH 45102</u>	Phone <u>513-734-0281</u>	Sex						
From Unit No.	Name (Last, First, MI)	Birth Date	Age	Restraints A B C D E F					
From Unit No.	Name (Last, First, MI)	Birth Date	Age	Ejection A B C D E F					
From Unit No.	Name (Last, First, MI)	Birth Date	Age	1 Not Ejected 2 Partial 3 Total 4 Trapped inside Vehicle					

Driver - Pedestrian - Vehicle Section

Occupant Section



Local Report Number  
2015-90343

Describe What Happened  
Refer To Units  
By Number

Unit 1 was parked. Unit 2 was backing out of Drive way and struck unit 1. Unit 2 fled the scene.

<b>Weather Conditions</b>		<b>First Harmful Event</b>		
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	<b>Two MV In Transport</b>		
<b>Road Conditions</b>		1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle		
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	<b>One MV In Transport (Collision)</b>		
<b>Light</b>		7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object		
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	<b>Non-Collision</b>		
<b>Road Contour</b>		15 Fall From or In MV 16 Overturning 17 Other Non-Collision		
1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade	<b>Location</b>		
<b>Occurrence</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		
1 On Roadway 2 Off Left Side	3 Off Right Side 4 On Opposing Lane of Divided Highway	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		
<b>Special Area</b>		1 2		
1 Road Construction/Maintenance Area 2 School Zone		1 2		

<b>Type of Unit</b>		<b>Pre-Crash Actions</b>		<b>Contributing Factor</b>			
# 5	A 1	# 5	B 2	A 9	B 10		
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size  <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>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle		<b>Bus</b> 16 School Bus 17 Church 18 Public  <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue  <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 Waiting 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>Speed</b> Unit Estimated Legal A B		<b>Motorcycle Helmet Use</b> Unit Driver Pass A B		<b>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A B <b>Secondary</b> A 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>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device		<b>Traffic Control</b> A B <b>Fixed Object Struck</b> A 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		<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 Tractor Trailer Rigs			
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<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			