

# Local Traffic Crash Report

Local Report Number 2015-93292

Report Taken <input 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 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>10</u> D <u>3</u> Y <u>15</u> Day <u>Sat</u> Time <u>1015</u> <span style="float:right;">AM <input type="checkbox"/> PM <input checked="" type="checkbox"/></span>
Crash Occurred On <u>Millboro Springs Dr</u>		Within The Intersection Of

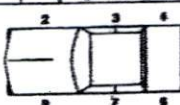
If Not In Intersection (List Nearest intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet W E of \_\_\_\_\_ 418

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>None</u>
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Driver - Pedestrian Name (Last, First, MI) <u>THIES Caleb</u>	Address (No., Street, State, Zip Code) <u>147 South Meadow Dr Batavia OH</u>
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Phone No. _____	Birth Date M <u>12</u> D <u>4</u> Y <u>76</u>	Age <u>40</u>	Sex <u>M</u>	State <u>LA</u>	Drivers License No. <u>08844043</u>	Occupation _____
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Owner (If Same As Driver, Write Same) <u>Denise Craver</u>	Address <u>47 South Meadow Dr Batavia OH</u>	Phone <u>277-9287</u>
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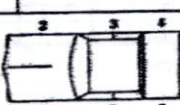
Veh. Year <u>04</u>	Make <u>Ford</u>	Model <u>SW</u>	Color <u>RED</u>	Style <u>4DR</u>	State <u>OH</u>	License Plate No. <u>FAR 8573</u>	Towing Service _____	Veh/Ped Dir From _____ To _____	
Circle Damage Areas 			Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		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. _____	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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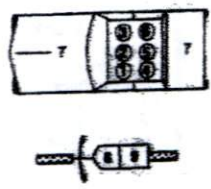
Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No. _____	Birth Date M _____ D _____ Y _____	Age _____	Sex _____	State _____	Drivers License No. _____	Occupation _____
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Owner (If Same As Driver, Write Same)	Address	Phone _____
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Veh. Year _____	Make _____	Model _____	Color _____	Style _____	State _____	License Plate No. _____	Towing Service _____	Veh/Ped Dir From _____ To _____	
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

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



**P-PEDESTRIAN**

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

Ejection					
A	B	C	D	E	F

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped inside Vehicle

Date Report Filed _____	Desk Officer's Name & Badge # _____
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number \_\_\_\_\_ Describe What Happened  
 Refer To Units By Number

Unit 1 advised he was not paying attention and ran off of the left side of the road striking an electric box.

<b>Weather Conditions</b>		<b>First Harmful Event</b>	
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Road Conditions</b>		<b>One MV in Transport (Collision)</b>	
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
<b>Light</b>		<b>Non-Collision</b>	
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	
<b>Road Contour</b>		<b>Location</b>	
1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade	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>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>Type of Unit</b>		<b>Pre-Crash Actions</b>		<b>Contributing Factor</b>																						
# 3				14																						
<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>Driver Actions</b> 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Slipped 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>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>Traffic Control</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/Out Walk Device		<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> <table border="1"> <tr><th>Unit</th><th>Estimated</th><th>Legal</th></tr> <tr><td>A</td><td>10</td><td>25</td></tr> <tr><td>B</td><td></td><td></td></tr> </table>		Unit	Estimated	Legal	A	10	25	B			<b>Fixed Object Struck</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>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													
Unit	Estimated	Legal																								
A	10	25																								
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<b>Motorcycle Helmet Use</b> <table border="1"> <tr><th>Unit</th><th>Driver</th><th>Pass</th></tr> <tr><td>A</td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td></tr> </table>		Unit	Driver	Pass	A			B			<b>Truck Load</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>Vehicle Defects</b> Code if Contributing Factor is 18 <table border="1"> <tr><th>Primary</th><th>A</th><th>B</th></tr> <tr><td></td><td></td><td></td></tr> <tr><th>Secondary</th><th>A</th><th>B</th></tr> <tr><td></td><td></td><td></td></tr> </table>		Primary	A	B				Secondary	A	B			
Unit	Driver	Pass																								
A																										
B																										
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1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<b>Truck Axles</b> <table border="1"> <tr><th>A</th><th>B</th></tr> <tr><td></td><td></td></tr> </table>		A	B																			
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