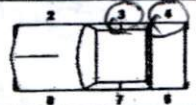
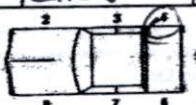
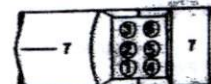



# Local Traffic Crash Report

CONTINUOUS

Local Report Number 2015-95030

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved		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 10 D 08 Y 15	Day <u>THURSDAY</u> Time <u>1718</u> AM <input type="checkbox"/> PM <input type="checkbox"/>	
Crash Occurred On			Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ N _____ E _____ S _____ OF _____						
Unit No. <u>3</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 <u>NATION WIDE</u>		
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)			
Phone No.	Birth Date <u>M 07 D 28 Y 60</u>	Age <u>55</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RS377276</u> Occupation _____	
Owner (If Same As Driver, Write Same) <u>DE ROSSETTI, DONALD</u>			Address <u>136 SWEET BRIAR BATHA, OH 45103</u>		Phone <u>513-732-0436</u>	
Veh. Year <u>2008</u>	Make <u>FORD</u>	Model <u>CROWN VIC</u>	Color <u>BLACK</u>	Style <u>4S</u>	State <u>OH</u> License Plate No. <u>GN876Z</u> Towing Service _____ Veh/Ped Dir From <u>N</u> To <u>S</u>	
Circle Damage Areas 		9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Load <input type="checkbox"/> 12 Trailer <input type="checkbox"/>	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling <input type="checkbox"/>	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy	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 <input type="checkbox"/>
Unit No. <u>#4</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 <u>NATION WIDE</u>		
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)			
Phone No.	Birth Date <u>M 07 D 28 Y 60</u>	Age <u>55</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RS377276</u> Occupation _____	
Owner (If Same As Driver, Write Same) <u>DE ROSSETTI, DONALD</u>			Address <u>136 SWEET BRIAR BATHA, OH 45103</u>		Phone <u>513-732-0436</u>	
Veh. Year <u>2000</u>	Make <u>CHEV</u>	Model <u>CAVALIER</u>	Color <u>BLUE</u>	Style <u>2S</u>	State <u>OH</u> License Plate No. <u>FRV349Z</u> Towing Service _____ Veh/Ped Dir From <u>N</u> To <u>S</u>	
Circle Damage Areas 		9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Load <input type="checkbox"/> 12 Trailer <input type="checkbox"/>	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling <input type="checkbox"/>	Damage Scale <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" 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 <input type="checkbox"/>
Occupant Section	<b>C</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
	Address		Phone		Sex	
	<b>D</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
	Address		Phone		Sex	
	<b>E</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
	Address		Phone		Sex	
	<b>F</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Restraints A B C D E F
Address		Phone		Sex		
<b>G</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	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	
Address		Phone		Sex		
<b>H</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Ejection A B C D E F	
Address		Phone		Sex		
<b>I</b> From Unit No. _____	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	
Address		Phone		Sex		
Date Report Filed M D Y		Desk Officer's Name & Badge #				

Driver - Pedestrian - Vehicle Section

Occupant Section



CONTINUED

Local Report Number 2015-95030 Describe What Happened Refer To Units By Number UNIT #1 DRIVER FELL TO THE PAVEMENT AND ROLLED SEVERAL TIMES CAUSING ROAD ABRASIONS ON RIGHT ARM/CROW/HAND. UNIT #1 CONTINUED DRIVELESS AND STRUCK UNIT #2 WHICH WAS PARKED. UNIT #2 WAS PUSHED INTO UNIT #3 CAUSING UNIT #3 TO BE PUSHED INTO UNIT #4. UNIT #1 MAY HAVE HAD MULTIPLE DEFECTS CAUSING THE UNIT #1 TO GAIN MOMENTUM BEFORE STRIKING UNIT #2. UNIT #2 WAS MOVED 4'11" TOTAL

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

<b>Type of Unit</b> # 3 4 4 2		<b>Pre-Crash Actions</b> A 9 B 9		<b>Contributing Factor</b> A 1 B 1					
<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 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 (With Traffic) 20 Walking in Road (Against Traffic) 21 Playing in Road 22 Working On Road 23 Entering or Leaving Vehicle 24 Pushing/Working on Vehicle in Road 25 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>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	
<b>Speed</b> Unit Estimated Legal A B <b>Motorcycle Helmet Use</b> Unit Driver Pass A B		<b>Traffic Control</b> A B <b>Driver</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>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 Shrubbery 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 <b>Tractor Trailer Rigs</b>		<b>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A B <b>Secondary</b> A B 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	