

Local Traffic Crash Report

Local Report Number 201700116519

Report Taken <input 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) <u>BATAVIA TWP</u>	Date of Crash M <u>9</u> D <u>29</u> Y <u>17</u>	Day <u>FRI</u> Time <u>1739</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Crash Occurred On <u>PINE VIEW DR.</u>		Within The Intersection Of	
If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>20</u> Feet <u>W</u> <u>E</u> of <u>2 PINE VIEW</u>			
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>nationwide</u>
Driver - Pedestrian Name (Last, First, MI) <u>MULLEN, RACHEL L.</u>		Address (No., Street, State, Zip Code) <u>7414 Wynn Run #4 AMELIA OH 45102</u>	
Phone No.	Birth Date <u>10-3-80</u>	Age <u>37</u>	Sex <u>F</u> State <u>OH</u> Drivers License No. <u>RR440221</u> Occupation
Owner (if Same As Driver, Write Same) <u>SAME</u>		Address	
Veh. Year <u>11</u>	Make <u>CHEV</u>	Model <u>MA11B</u>	Color <u>SLV</u> Style <u>4DR</u> State <u>OH</u> License Plate No. <u>46245C</u> Towing Service <u>NO</u> Veh/Ped Dir From <u>E</u> To <u>W</u>
Circle Damage Areas	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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	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>BEALLE, JUSTICE N</u>		Address (No., Street, State, Zip Code) <u>10 PINEVIEW #1 AMELIA OH 45102</u>	
Phone No.	Birth Date <u>5-6-94</u>	Age <u>23</u>	Sex <u>F</u> State <u>OH</u> Drivers License No. <u>UN065087</u> Occupation
Owner (if Same As Driver, Write Same) <u>SAME</u>		Address	
Veh. Year <u>08</u>	Make <u>Hyund</u>	Model <u>TIBUR</u>	Color <u>BLK</u> Style <u>4DR</u> State <u>OH</u> License Plate No. <u>GKN9103</u> Towing Service <u>NO</u> Veh/Ped Dir From <u>N</u> To <u>S</u>
Circle Damage Areas	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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	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			
From Unit No. <u>G</u>	Name (Last, First, MI) <u>WILHELM, AARON</u>	Birth Date <u>8-18-94</u>	Age <u>23</u> Position <u>A</u>
Address <u>10 PINEVIEW #1 AMELIA OH 45102</u>	Sex <u>M</u>	Restraints <u>1 2 3 4 5 6 7 8</u>	
From Unit No. <u>D</u>	Name (Last, First, MI)	Birth Date	Age
Address	Sex	Ejection <u>1 2 3 4 5 6</u>	
From Unit No. <u>E</u>	Name (Last, First, MI)	Birth Date	Age
Address	Sex	Ejection <u>1 2 3 4 5 6</u>	
From Unit No. <u>F</u>	Name (Last, First, MI)	Birth Date	Age
Address	Sex	Ejection <u>1 2 3 4 5 6</u>	
From Unit No. <u>G</u>	Name (Last, First, MI)	Birth Date	Age
Address	Sex	Ejection <u>1 2 3 4 5 6</u>	
From Unit No. <u>H</u>	Name (Last, First, MI)	Birth Date	Age
Address	Sex	Ejection <u>1 2 3 4 5 6</u>	
From Unit No. <u>I</u>	Name (Last, First, MI)	Birth Date	Age
Address	Sex	Ejection <u>1 2 3 4 5 6</u>	
Date Report Filed <u>9-29-17</u>	Desk Officer's Name & Badge # <u>DET. M. ROSS #2064</u>		

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints

- 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

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

Local Report Number

20170010851

Describe What Happened

Refer To Units
By Number

unit 1 struck unit 2 while BACKING OUT
of a PARKING spot.

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

Type of Unit	# 1	A	# 2	B	Pre-Crash Actions	A 10	B 1	Contributing Factor	A 24	B 1
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size					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			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 17 Reason Unknown 17 Other Driver Error		
Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	Bus 16 School Bus 17 Church 18 Public	Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue	Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	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	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 1 No Controls 2 Slip 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 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 Sarcage 15 Fire Hydrant 16 Other Object	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 If Contributing Factor is 18 Primary A B Secondary A B	
Speed Unit Estimated Legal	A 2 -		B 10 -		Tractor Trailer Rigs					
Motorcycle Helmet Use Unit Driver Pass	A A		B B							
1 No Helmet 3 Full Facial Cover			2 Full Coverage 4 Other Type Helmet							