

Local Traffic Crash Report

Local Report Number 201700121575

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 type="checkbox"/> Over \$150 <input 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>11</u> D <u>3</u> Y <u>17</u>	Day <u>Fri</u>	Time <u>1030</u>	AM <input checked="" type="checkbox"/> PM
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Crash Occurred On <u>2454 straight st</u>	Within The Intersection Of <u>Private</u>
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ E _____ S _____ Of _____

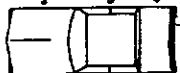
A Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Cincinnati Insurance</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Morihiko Sano</u>	Address (No., Street, State, Zip Code) <u>2454 straight st #8 Batavia OH 45103</u>
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Phone No.	Birth Date M <u>9</u> D <u>28</u> Y <u>62</u>	Age	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>TP 757289</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Midwest Mold and Texture</u>	Address <u>4870 Armstrong Blv Batavia OH 45103</u>
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Veh. Year <u>2009</u>	Make <u>Subaru</u>	Model <u>Forester</u>	Color <u>Silver</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>EUS 6351</u>	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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 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 checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Progressive</u>
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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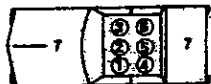

Phone No.	Birth Date M _____ D _____ Y _____	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) <u>Davis, Michael</u>	Address <u>2454 straight st #5 Batavia OH 45103</u>
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Veh. Year <u>2001</u>	Make <u>Suzuki</u>	Model <u>Intender</u>	Color <u>Blu</u>	Style <u>MC</u>	State <u>OH</u>	License Plate No. <u>Bix 43</u>	Towing Service	Veh/Ped Dir From _____ To _____
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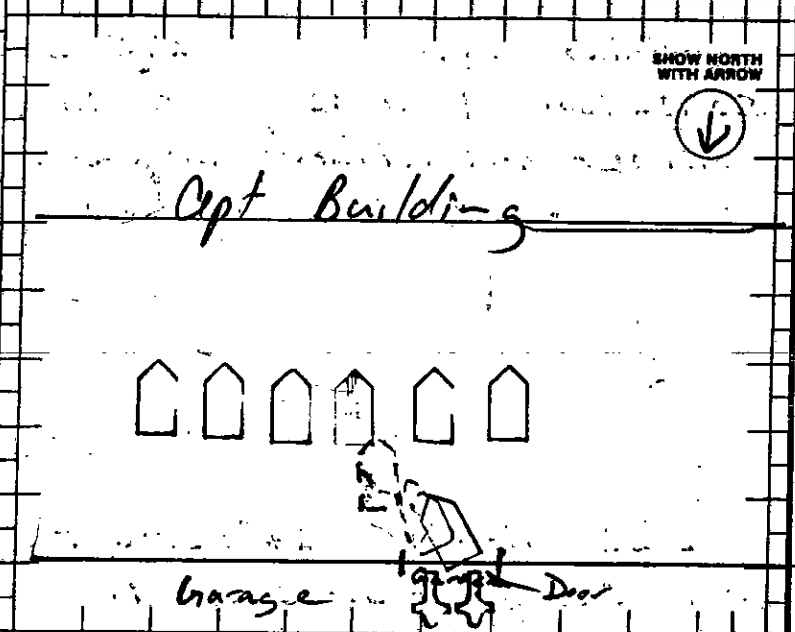
Driver - Pedestrian - Vehicle Section

C	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F
D							  P-PEDESTRIAN					
E												
F							Restraints					
G							A	B	C	D	E	F
H							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					
I							Ejection					
							A	B	C	D	E	F
							1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					

Occupant Section

Date Report Filed M <u>11</u> D <u>3</u> Y <u>17</u>	Desk Officer's Name & Badge # <u>Det Donovan</u>
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Local Report Number: _____ Describe What Happened: **Unit 1 Backed into the garage door**
 Refer To Units By Number: _____ **causing Damage to the garage door and two motorcycles in the garage.**

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Road-Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	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	First Harmful Event 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 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	SHOW NORTH WITH ARROW 
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Type of Unit	Pre-Crash Actions	Contributing Factor																				
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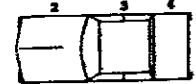
Local Traffic Crash Report

Local Report Number 201700121515

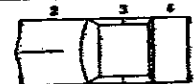
Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
In County Of	* Within corporate limits of (if not, file with correct agency)	Date of Crash M D Y
Crash Occurred On		Day Time AM PM

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____

Unit No. A	No. Of Occupants	Operating <input 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)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date M D Y	Age Sex 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 From To
Circle Damage Areas			9 Top 10 Undercar 11 Load 12 Trailer	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	

Unit No. 3	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent Progressive
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date M D Y	Age Sex State	Drivers License No. Occupation
Owner (if Same As Driver, Write Same)		Address Phone	

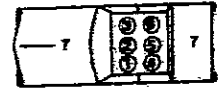
Veh. Year 2018	Make Honda	Model PCX 150	Color white	Style MC	State OK	License Plate No. BTT 20	Towing Service	Veh/Ped Dir From To
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Driver - Pedestrian - Vehicle Section

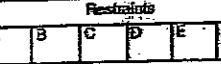
From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position					
				A	B	C	D	E	F
C	Name (Last, First, MI) Address Phone	M D Y	Age						
D	Name (Last, First, MI) Address Phone	M D Y	Age						
E	Name (Last, First, MI) Address Phone	M D Y	Age						
F	Name (Last, First, MI) Address Phone	M D Y	Age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

Date Report Filed	Desk Officer's Name & Badge #	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
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Occupant Section



P-PEDESTRIAN



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

Local Report Number	Describe What Happened Refer To Units By Number

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	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	First Harmful Event 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 Overturning 17 Other Non-Collision	Location 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	<div style="text-align: center;"> <p><i>Apt Building</i></p> </div>
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Type of Unit	#	A	B	Pre-Crash Actions	A	B	Contributing Factor	A	B
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 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	3	12		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	9		Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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		
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