

Local Traffic Crash Report

Local Report Number 2017-122493

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 type="checkbox"/> Over \$150 <input checked="" 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>11</u> D <u>9</u> Y <u>2017</u> Day <u>Thursday</u> Time <u>1639</u> <u>AM</u> <u>PM</u>
Crash Occurred On <u>274 Sherwood CT</u> (Private)		Within The Intersection Of <u>274 Block</u>
If Not In Intersection N Miles _____ Feet _____ W S E OF (List Nearest Intersecting Street, Milepost, House No.)		

Unit No. <u>1</u>	No. Of Occupants	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>Douglas Cornett</u>		Address (No., Street, State, Zip Code) <u>288 Sherwood CT Betavia OH 4510</u>	
Phone No.	Birth Date <u>M 4 D 12 Y 42</u>	Age <u>75</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>K0527618</u> Occupation
Owner (If Same As Driver, Write Same) <u>Same</u>		Address	

Veh. Year <u>2001</u>	Make <u>Chevy</u>	Model <u>S-10</u>	Color <u>Black</u>	Style <u>Truck</u>	State <u>OH</u>	License Plate No. <u>6006724</u>	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 checked="" 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			

Unit No. <u>2</u>	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) <u>Myers, Trey</u>		Address (No., Street, State, Zip Code) <u>274 Sherwood CT Betavia OH 45103</u>	
Phone No.	Birth Date <u>M 5 D 26 Y 11</u>	Age <u>16</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>-</u> Occupation
Owner (If Same As Driver, Write Same)		Address	

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			

From Unit No.	Name (Last, First, MI)	Address	Phone	Sex	Age	Position						
						A	B	C	D	E	F	
<u>C</u>												
<u>D</u>												
<u>E</u>												
<u>F</u>												
<u>G</u>												
<u>H</u>												
<u>I</u>												

RESTRAINTS

From Unit No.	Name (Last, First, MI)	Address	Phone	Sex	Age	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

From Unit No.	Name (Last, First, MI)	Address	Phone	Sex	Age	Ejection					
						A	B	C	D	E	F

1 Not Ejected
2 Partial
3 Total
4 Trapped Inside Vehicle

Driver - Pedestrian - Vehicle Section

Occupant Section

Date Report Filed 11-9-17 Desk Officer's Name & Badge # ROHAM #11105

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 Describe What Happened: UNIT 1 WAS TRAVELING North on Sherwood Court. While Unit 1 WAS TRAVELING Down the Road Unit 2 CAME RUNNING OUT from behind a Vehicle into the Roadway Striking UNIT 1 By the Rear Tire. Unit 2 Right Leg WAS RAN over By UNIT 1. (Parent of Trey - Rachel Myer 9546800)

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 19

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)

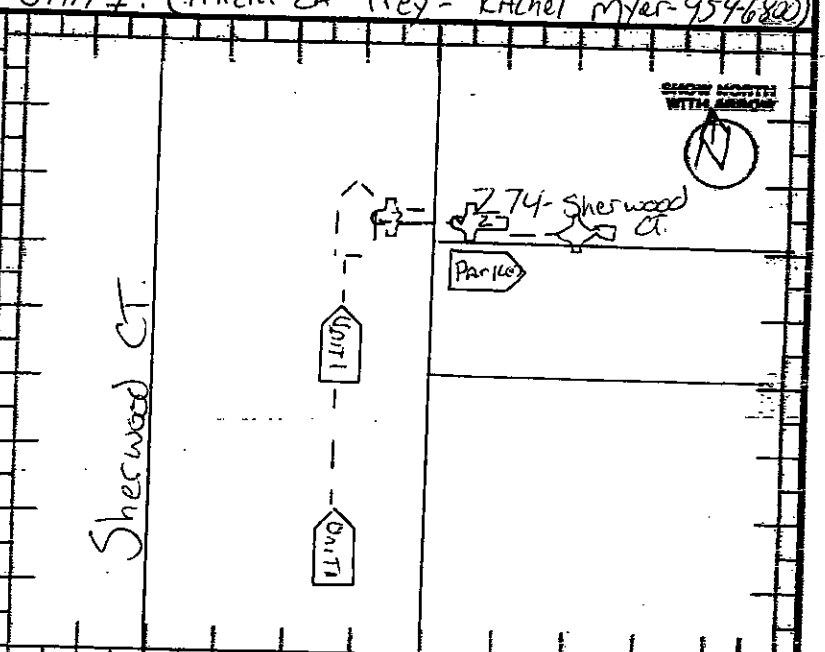
7 Parked
 8 Pedestrian
 9 Animal
 10 Train
 11 Pedal Cycle
 12 Other Non-MV
 13 Fixed Object
 14 Other Object

Non-Collision

15 Fall From or in MV
 16 Overturning
 17 Other Non-Collision

Location 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



Type of Unit

5 (Car) | # P (Pedestrian)

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

Bus

16 School Bus
 17 Church
 18 Public

Emergency

19 Police Vehicle
 20 Fire Truck
 21 Ambulance/Rescue

Other

22 Taxi
 23 Motor Home
 24 Train
 25 Farm Vehicle
 26 Farm Equipment
 27 Snowmobile
 28 Construction Equip.
 29 Animal W/Trailer
 30 Animal W/Buggy
 31 Bicycle
 32 All Others

P = Pedestrian

Speed

Unit	Estimated	Legal
A	10	10
B	0	0

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

1 No Helmet
 3 Full Facial Cover

2 Full Coverage
 4 Other Types Helmet

Pre-Crash Actions

A | B | 26

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

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 in Road
 24 Entering or Leaving Vehicle
 25 Pushing/Working on Vehicle in Road
 26 Other in Road
 27 On Sidewalk or Shoulder

Traffic Control

A	B
1	4

Fixed Object Struck

A	B
1	1

Driver

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

Pedestrian

14 No Controls
 15 Crosswalk Lines
 16 Walk/Don't Walk Device

Contributing Factor

A | B | 26

Driver Error

1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or AGDA
 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

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

Truck Load

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

Truck Axles

A	B

Tractor Trailer Rigs

Vehicle Defects

Code if Contributing Factor is 18

Primary

A	B

Secondary

A	B

1 Turn Signals
 2 Head Lamps
 3 Tail Lamps
 4 Brakes
 5 Steering
 6 Tire Blowout
 7 Worn or Slick Tires
 8 Trailer Equipment Defective
 9 Motor Trouble
 10 Disabled from Prior Accident
 11 Other Defects