

Local Traffic Crash Report

Local Report Number 201700123528

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: <u>Barvin Township</u> If not, be with correct agency.		Date of Crash <u>M 11 0 16</u>	Day <u>THUR</u>
Crash Occurred On <u>HOSPITAL DR.</u>		Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) <u>2001</u>					
Unit No. <u>A 1</u>		No. Of Occupants <u>2</u>		Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	
Driver - Pedestrian Name (Last, First, MI) <u>MURPHY, LARRY</u>		Address (No., Street, State, Zip Code) <u>287 PLUM ST OWENSVILLE OH 45160</u>			
Phone No.		Birth Date <u>M 4 29 63</u>		Age <u>54</u>	
Owner (If Same As Driver, Write Same) <u>SAME</u>		Sex <u>M</u>		State <u>OH</u>	
Veh. Year <u>16</u>		Make <u>LIAT</u>		Model <u>UNK</u>	
Color <u>WHT</u>		Style <u>WDR</u>		State <u>OH</u>	
License Plate No. <u>GSZ 7016</u>		Towing Service <u>N/A</u>		Veh/Ped Dir From <u>E</u> To <u>W</u>	
Circle Damage Areas		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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			
Unit No. <u>B</u>		No. Of Occupants		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
Phone No.		Birth Date		Age	
Owner (If Same As Driver, Write Same)		Sex		State	
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. <u>C 1</u>		Name (Last, First, MI) <u>MURPHY, JILL</u>		Birth Date <u>M 6 9 55</u>	
Address <u>287 PLUM ST OWENSVILLE OH 45160</u>		Age <u>57</u>		Sex <u>F</u>	
From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
Date Report Filed		Desk Officer's Name & Badge #			

Driver - Pedestrian - Vehicle Section

Occupant Section

Position					
A	B	C	D	E	F
Restraints					
A	B	C	D	E	F
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle 					

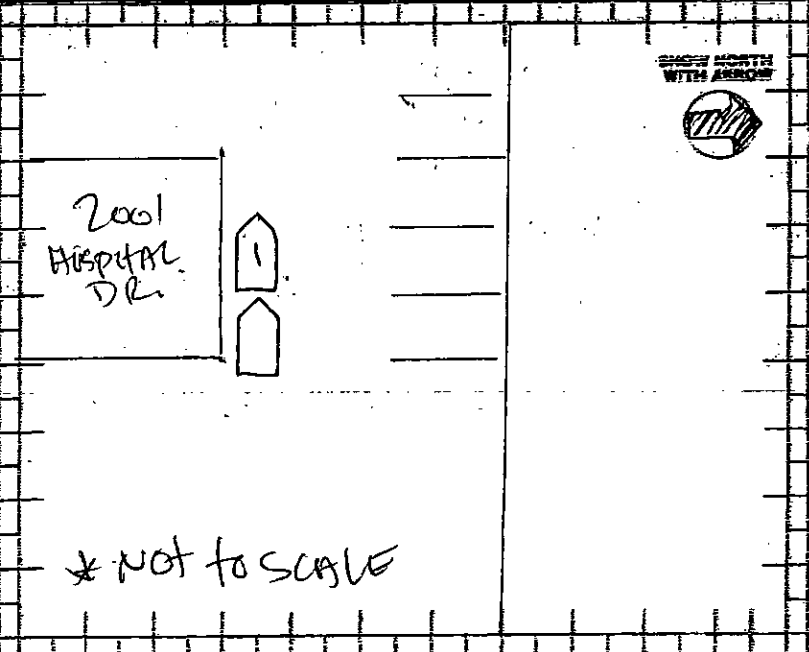
Local Report Number
20100173528

Describe What Happened
Refer To Units
By Number

UNIT 1 BELIEVES AN UNKNOWN VEHICLE
BUMPED THE REAR OF HIS VEHICLE WHILE
IN PARK AT MCDONALD'S DRIVE THRU
NO VIDEO AVAILABLE. PHOTOGRAPHS TAKEN

Weather Conditions		1
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	
Road Conditions		1
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	
Light		1
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	
Road Contour		1
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 2
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 Perked 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-Fielded 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property



Type of Unit	# 1	A	6	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 750cc 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/Feeder 30 Animal W/Buggy 31 Bicycle 32 All Others			
Speed	Unit: Estimated: Legal:			
A	0	-	A	
B			B	
Motorcycle Helmet Use	Unit: Driver: Pass:			
A				
B				
1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet			

Pre-Crash Actions	9	B
Driver Actions		
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/Entering 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 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	B
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		
Fixed Object Struck	1	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 Scaffolding 15 Fire Hydrant 16 Other Object		

Contributing Factor	1	B
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		
Vehicle Defects		
Code if Contributing Factor is 18		
Primary	A	B
Secondary	A	B
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
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		
Tractor Trailer Rigs		