

Local Traffic Crash Report

Local Report Number 2017-125745

Report Taken	<input checked="" 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	<u>Clermont</u>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash M <u>12</u> D <u>02</u> Y <u>17</u> Day <u>Sat</u> Time <u>0826</u> AM PM
Crash Occurred On		Within The Intersection Of	
<u>Drive way of 2713 Chestnut Ln</u>			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)			
Miles _____ Feet _____ W _____ E _____ S _____ O _____			
A 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>Unknown</u>		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex
M _____ D _____ Y _____			
Owner (If Same As Driver, Write Same)		Address	
<u>Unknown</u>			
Veh. Year	Make	Model	Color
	<u>Ford</u>	<u>Truck</u>	<u>Blk</u>
Circle Damage Areas	Damage Severity	Damage Scale	Vehicle Disposition
	<input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed
9 Top 10 Undercar 11 Head 12 Trailer			Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
B 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>Meekin, Daniel</u>		Address (No., Street, State, Zip Code) <u>2713 Chestnut Ln</u>	
Phone No.	Birth Date	Age	Sex
M <u>9</u> D <u>20</u> Y <u>62</u>			<u>m</u>
Owner (If Same As Driver, Write Same)		Address	
<u>OH RR453309</u>			
Veh. Year	Make	Model	Color
Circle Damage Areas	Damage Severity	Damage Scale	Vehicle Disposition
	<input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed
9 Top 10 Undercar 11 Head 12 Trailer			Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
C From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
D From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
E From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
F From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
G From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
H From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
I From Unit No.	Name (Last, First, MI)	Birth Date	Age
		M D Y	
	Address	Phone	Sex
Date Report Filed: M <u>12</u> D <u>03</u> Y <u>17</u>			
Desk Officer's Name & Badge # <u>[Signature]</u> <u>2322</u>			

Driver - Pedestrian - Vehicle Section

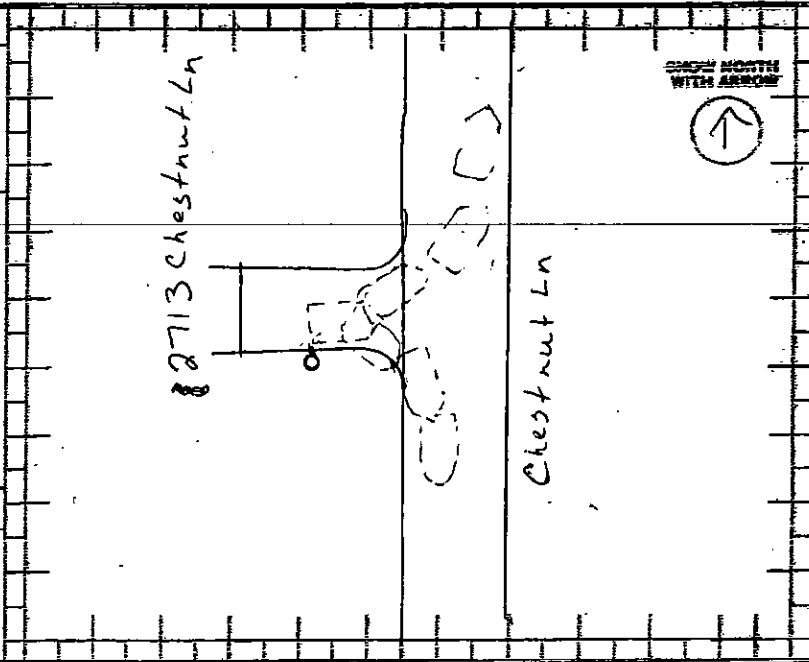
Occupant Section

Position					
A	B	C	D	E	F
P-PEDESTRIAN					
Restraints					
A	B	C	D	E	F
<ul style="list-style-type: none"> 1 Not Used 2 None Available 3 Lap Belt Used 4 Esp/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 					

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 Describes What Happened: Unit 1 Backed into the driveway of 2713 Chestnut Ln Home of Unit 2 and struck his Post and Key pad for automatic gate. Unit 1 Left with out giving in funds

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	3
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	3
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 Pedestrian 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	3
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	# 1	A 5	B
Car	1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	Bus	16 School Bus 17 Church 18 Public
Truck	5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Back Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	Emergency	19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue
Motorcycle	12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 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/Hider 30 Animal W/Buggy 31 Bicycle 32 All Others
Speed		Motorcycle Helmet Use	
Unit	Estimated	Legal	Unit
A			A
B			B
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet	

Pre-Crash Actions	A 10	B
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
Traffic Control	A 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	Fixed Object/Struck
Pedestrian	14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder

Contributing Factor	A 15	B
Driver Error	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 17 Other Driver Error	Non-Driver Factor
Truck Load	A	B
Truck Axles	A	B
Tractor Trailer Rigs	A	B
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		