

Local Traffic Crash Report

Local Report Number 2017-7356

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2	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 Cleemont	• Within corporate limits of (if not, file with correct agency)	Date of Crash M 12 D 14 Y 17
Crash Occurred On 4430 SR 222 Betavia, OH. 45103	Day Thursday	Time 12:12

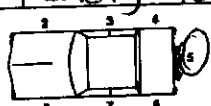
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ S _____ E _____ OF _____

A Unit No. 1	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent State farm
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Driver - Pedestrian Name (Last, First, MI) **Waters, Bryan J** Address (No., Street, State, Zip Code) **3500 Graham Rd Fayetteville OH 45118**

Phone No. _____ Birth Date **M 1 D 28 Y 89** Age **28** Sex **M** State **OH** Drivers License No. **SZ 142790** Occupation _____

Owner (if Same As Driver, Write Same) **Waters, Kimberly** Address **Same**

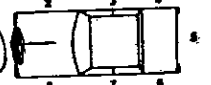
Veh. Year 2005	Make Chevy	Model Cobalt	Color Red	Style 4dr	State OH	License Plate No. HEK1498	Towing Service _____	Veh/Ped Dir From N To S
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <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			

B Unit No. 2	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
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Driver - Pedestrian Name (Last, First, MI) _____ Address (No., Street, State, Zip Code) _____

Phone No. _____ Birth Date _____ Age _____ Sex _____ State _____ Drivers License No. _____ Occupation _____

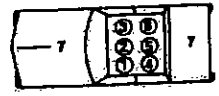
Owner (if Same As Driver, Write Same) **Crousey, Joshua** Address _____

Veh. Year 2017	Make Jaguar	Model F-Pace	Color Black	Style 4dr	State OH	License Plate No. NOJ111	Towing Service _____	Veh/Ped Dir From S To N
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			

Driver - Pedestrian - Vehicle Section

Occupant Section

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



P-PEDESTRIAN

Restraints					
A	B	C	D	E	F
4					

- 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
1					

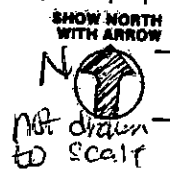
- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Date Report Filed **M 12 D 12 Y 17** Desk Officer's Name & Badge # **Deputy J McCloskey #3796**

Local Report Number: _____ Describe What Happened: **unit #1 was backing out of a parking space when it struck unit #2 which was parked**

Refer To Units: _____ BY Number: _____

Weather Conditions		First Harmful Event 3
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	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.
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		



Type of Unit		Pre-Crash Actions		Contributing Factor			
# 1	A 1 B 4	A 10 B 9	A 1 B 7	A 1 B 7	A 1 B 7		
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		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 (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With 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		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 Reason Unknown 17 Other Driver Error	
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 Trail 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		Traffic Control A 1 B 1 Fixed Object Struck A 1 B 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		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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects			
Speed		Motorcycle Helmet Use					
Unit	Estimated	Legal	Unit	Driver	Pass		
A	2		A				
B			B				
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet					