

Local Traffic Crash Report

Local Report Number 000180005180

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>1 vehicle</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
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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>20</u> D <u>4</u> Y <u>18</u>	Day <u>Sunday</u>	Time <u>10:15</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <u>private</u>	Within The Intersection Of <u>2730 SR 222 Lot 7786</u>
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles 0 Feet 0 W S E 0 Of Lot 7786

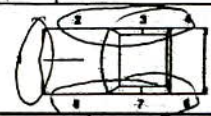
A Unit No.	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>NA</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Daffell Moore, Darrell H</u>	Address (No., Street, State, Zip Code) <u>2730 SR 222 Lot #33, Bethel, OH 45106</u>
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Phone No.	Birth Date M <u>7</u> D <u>24</u> Y <u>75</u>	Age <u>42</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RM038216</u>	Occupation <u>NA</u>
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Owner (If Same As Driver, Write Same) <u>Catherine S. Simon</u>	Address <u>402 Caroline St., New Richmond, OH</u>
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Veh. Year <u>2004</u>	Make <u>Ford</u>	Model <u>Escape</u>	Color <u>Blue</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>HLAK3154</u>	Towing Service <u>Burns</u>	Veh/Ped Dir From <u>S</u> To <u>N</u>
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input checked="" 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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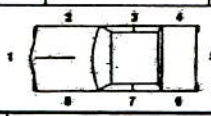
B Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	Address
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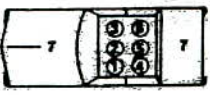
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input 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
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Driver - Pedestrian - Vehicle Section

Occupant Section

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



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					
A	B	C	D	E	F

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

Date Report Filed M <u>2</u> D <u>4</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Dep. Ruck #11208</u>
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Local Report Number
000150005180

Describe What Happened
Refer To Units
By Number Unit 1 was attempting to maneuver a turn in front of Lot #786 when vehicle back end spun out resulting in the vehicle going off the road & striking 2 mailboxes.

Weather Conditions 3

1 No Adverse Weather
2 Rain
3 Snow
4 Fog
5 High Wind
6 Other

Road Conditions 3

1 Dry
2 Wet
3 Snow
4 Ice
5 Dirt/Sand
6 Other

Light 5

1 Daylight
2 Dawn
3 Dusk
4 Dark No Lights
5 Dark Lighted
6 Other

Road Contour 3

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 13

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)

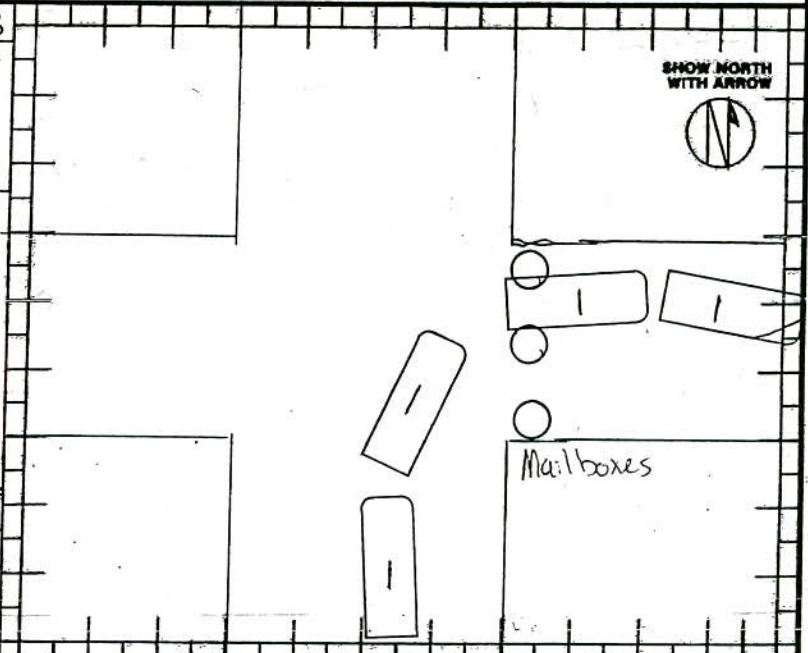
7 Parked
8 Pedestrian
9 Animal
10 Train
11 Pedal Cycle
12 Other Non-MV
13 Fixed Object
14 Other Object

Non-Collision

15 Fall From or In MV
16 Overtaking
17 Other Non-Collision

Location 18

1 Intersection
2 Intersection-Related
3 Driveway Access
4 Railroad Crossing
5 Bridge-Passing Over
6 Bridge-Passing Under
7 Not Intersection
8 Private Property



Type of Unit

A 1 B 4

Pre-Crash Actions

A 14 B

Contributing Factor

A 14 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

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/ Rider
30 Animal W/ Buggy
31 Bicycle
32 All Others

P = Pedestrian

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 Flood (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
28 On Sidewalk or Shoulder

Driver Error

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

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 Flgs

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

Unit Estimated Legal

A 25 25

B

Motorcycle Helmet Use

Unit Driver Pass

A

B

1 No Helmet
2 Full Coverage
3 Full Facial Cover
4 Other Type Helmet

Traffic Control

A 1 B

Fixed Object Struck

A 13 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

Truck Load

A B

Truck Axles

A B

Tractor Trailer Flgs

1 None
2 Utility Pole
3 Traffic Sign
4 Bridge/Culvert
5 Guard Rail
6 Fence
7 Tree
8 Scrubbery
9 Car
10 Ditch
11 Embankment
12 Building
13 Mail Box
14 Construction Barricade
15 Fire Hydrant
16 Other Object