

Local Traffic Crash Report

Local Report Number 18-20869

Report Taken <input type="checkbox"/> Headquarters <input checked="" 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: (If not, file with correct agency)	Date of Crash M <u>5</u> D <u>23</u> Y <u>18</u> Day <u>Wednesday</u> Time <u>1900</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Crash Occurred On <u>Private - 2929 Lindale Mt Holly Rd (Baseball Fields)</u>		Within The Intersection Of
If Not In Intersection N Miles _____ Feet _____ W S E OF (List Nearest Intersecting Street, Milepost, House No.)		

A Unit No. <u>1</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>All-STATE 992 067</u>
Driver - Pedestrian Name (Last, First, MI) <u>HURT, CASSY</u>		Address (No., Street, State, Zip Code) <u>3139 Lucas Rd. Hamersville OH 45186</u>	
Phone No.	Birth Date M <u>9</u> D <u>1</u> Y <u>89</u>	Age <u>28</u>	Sex <u>F</u> State <u>OH</u> Drivers License No. <u>TA 000840</u> Occupation
Owner (If Same As Driver, Write Same) <u>HURT, DEVIN</u>		Address <u>3139 Lucas Rd</u>	
Veh. Year <u>2016</u>	Make <u>Dodge</u>	Model <u>CRAVEN</u>	Color <u>Grey</u> Style <u>Van</u> State <u>OH</u> License Plate No. <u>6JNL 2010</u> Towing Service
Veh/Ped Dir From _____ To _____	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
Circle Damage Areas 	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. <u>2</u>	No. Of Occupants <u>1</u>	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)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date M _____ D _____ Y _____	Age	Sex State Drivers License No. Occupation
Owner (If Same As Driver, Write Same)		Address Phone	
Veh. Year	Make	Model	Color Style State License Plate No. Towing Service Veh/Ped Dir
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Occupant Section	C From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	<table border="1"> <tr> <th colspan="6">Position</th> </tr> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> </tr> <tr> <td colspan="6"></td> </tr> <tr> <th colspan="6">Restraints</th> </tr> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> </tr> <tr> <td colspan="6"> 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 </td> </tr> </table>	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					
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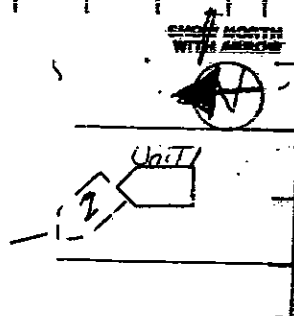
Date Report Filed 5-24-18 Desk Officer's Name & Badge DUPUY Pocher #1105

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 208-20869
 Describe What Happened Refer To Units By Number: UNIT 1 ADVISED that WHILE SK WAS PARKED AT the Baseball Fields Someone Backed into the front Driver Side of the Vehicle. Unit 1 ADVISED that a Bracket Appeared to be Broken on possible Damage to Fog Light. Unit 1 stated that it appeared to be a grey SUV that struck per unit.

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 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle 7 Perked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	Location 1 Intersection 2 Intersection-Related (Against Traffic) 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property
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Type of Unit # 1 6 2 4	Pre-Crash Actions A 9 B 10	Contributing Factor A 1 B 10			
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/ 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 Traffic Control A 1 B 1 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	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 Fixed Object Struck A 1 B 1 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Sarcinoge 15 Fire Hydrant 16 Other Object	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 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	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 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