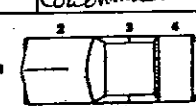
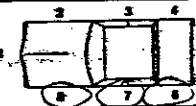


Local Traffic Crash Report

Local Report Number 000180023491

| | | | | | | | |
|--|--|--|---|--|---|---|--|
| Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation | | Total Number of Vehicles and Pedestrians Involved <u>2 Vehicles</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>6</u> D <u>11</u> Y <u>18</u> | Day <u>Monday</u> | Time <u>8:54</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | |
| Crash Occurred On <u>1015 Hilltop Ln., Felicity, OH 45120</u> | | | | Within The Intersection Of | | | |
| If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>0</u> Feet <u>W</u> <u>S</u> <u>E</u> <u>N</u> <u>O</u> F | | | | | | | |
| A Unit No. <u>1</u> | No. Of Occupants <u>1</u> | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | | Insurance Co. Or Agent <u>Progressive - 40717030</u> | | | |
| Driver - Pedestrian Name (Last, First, MI) <u>Price, Douglas W</u> | | Address (No., Street, State, Zip Code) <u>1015 Hilltop Ln., Felicity, OH 45120</u> | | | | | |
| Phone No. | Birth Date M <u>7</u> D <u>14</u> Y <u>55</u> | Age <u>62</u> | Sex <u>M</u> | State <u>OH</u> | Driver's License No. <u>RN65221</u> | Occupation | |
| Owner (If Same As Driver, Write Same) <u>Same</u> | | | | | | | |
| Veh. Year <u>2007</u> | Make <u>Coachman RV</u> | Model <u>Freelander</u> | Color <u>White</u> | Style <u>RV</u> | State <u>OH</u> | License Plate No. <u>RGS 5B</u> | |
| Circle Damage Areas  | | 9 Top 10 Undercar 11 Load 12 Trailer | Damage Severity <input checked="" type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling | Damage Scale <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy | Vehicle Disposition <input checked="" type="checkbox"/> Driven Away <input checked="" 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 | | Towing Service <u>NA</u> | | | | | |
| From <u>E</u> To <u>W</u> | | | | | | | |
| B Unit No. <u>2</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>Progressive - 901103997</u> | | | |
| Driver - Pedestrian Name (Last, First, MI) | | Address (No., Street, State, Zip Code) | | | | | |
| Phone No. | Birth Date M <u></u> D <u></u> Y <u></u> | Age | Sex | State | Driver's License No. | Occupation | |
| Owner (If Same As Driver, Write Same) <u>Price, Alexander W - 4006 Gleneste Withersville Rd., Cincinnati, OH</u> | | | | | | | |
| Veh. Year <u>2004</u> | Make <u>Saturn</u> | Model <u>SUV</u> | Color <u>Black</u> | Style <u>4S</u> | State <u>OH</u> | License Plate No. <u>FNW</u> | |
| 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 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 type="checkbox"/> Towed | | |
| Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire | | Towing Service <u>NA</u> | | | | | |
| From <u></u> To <u></u> | | | | | | | |
| Occupant Section | | | | | | | |
| C From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | Position A B C D E F | | | |
| D From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | Restrains A B C D E F | | | |
| E From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | 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 | | | |
| F From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | Ejection A B C D E F | | | |
| G From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle | | | |
| H From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | | | | |
| I From Unit No. | Name (Last, First, MI) | Birth Date M <u></u> D <u></u> Y <u></u> | Age | | | | |
| Date Report Filed M <u>6</u> D <u>11</u> Y <u>18</u> | | Desk Officer's Name & Badge # <u>Det. Ruck #11208</u> | | | | | |

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number
000180023491

Describe What Happened Refer To Units By Number
Unit 1 was backing up while unit 2, which was unoccupied was parked. Unit 1 turned his wheel + misjudged how much back of RV turns + scrapped down passenger side of vehicle.

| | | | |
|--|--|---|--|
| 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 | |
| Road Conditions | | 1 Head On 2 Rear-End 3 Backing 4 Sideways Meeting 5 Sideways Passing 6 Angle | |
| 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other | | One MV in Transport (Collision) | |
| Light | | 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object | |
| 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other | | Non-Collision | |
| Road Contour | | 15 Fall From or In MV 16 Overturning 17 Other Non-Collision | |
| 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade | | Location 8 | |
| Occurrence | | 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 | |
| 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 23 # 2 4 A B A B | | 10 9 A B A B | | 10 1 A B A 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 | | 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 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 | | Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCOA 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 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 | | Traffic Control A B 1 Fixed Object Struck A B 1 1 1 | | 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 | | | |
| Speed Unit Estimated Legal A 3 0 B 0 0 | | Motorcycle Helmet Use Unit Driver Pass A A B B | | Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B | | | |
| 1 No Helmet 3 Full Facial Cover | | 2 Full Coverage 4 Other Type Helmet | | 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 | | | |
| 1 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device | | Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device | | Truck Axles A B Tractor Trailer Rigs | | | |