

Local Traffic Crash Report

Local Report Number **8-28371**

Report Taken <input 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 checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
--	--	---

In County Of CLERMONT	• Within corporate limits of: (If not, file with correct agency)	Date of Crash M 07 D 14 Y 18	Day SATURDAY	Time 1700	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
------------------------------	--	-------------------------------------	---------------------	------------------	--

Crash Occurred On S.R. 125	Within The Intersection Of
-----------------------------------	----------------------------

If Not In Intersection	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> (List Nearest Intersecting Street, Milepost, House No.)
0 Miles 0 Feet	2141

Unit No. 1	No. Of Occupants 0	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent STATE FARM
-------------------	---------------------------	--	--

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)	Address	Phone
Reynolds, Willie	P.O. Box 923 SAMESBORO, KENTUCKY	519 377-2545

Veh. Year 2010	Make TOYOTA	Model COROLLA	Color BLACK	Style 4DR	State KY	License Plate No. 933 R22	Towing Service	Veh/Ped Dir From E to W
-----------------------	--------------------	----------------------	--------------------	------------------	-----------------	----------------------------------	----------------	--------------------------------

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
---------------------	---	--	---	--	--

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 PROGRESSIVE
-------------------	---------------------------	--	---

Driver - Pedestrian Name: (Last, First, MI)	Address (No., Street, State, Zip Code)
Shepherd, Darlene	2219 W. GARDNER LANE ANDOVER, OHIO 45002

Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation
	M 04 D 26 Y 52	66	F	OH	RK179478	Retired

Owner (If Same As Driver, Write Same)	Address	Phone
SAMU		512 927-4222

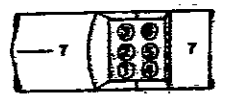
Veh. Year 2007	Make FORD	Model FOCUS	Color SILVER	Style 4DR	State OH	License Plate No. APR 478D	Towing Service	Veh/Ped Dir From N to S
-----------------------	------------------	--------------------	---------------------	------------------	-----------------	-----------------------------------	----------------	--------------------------------

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
---------------------	---	--	---	--	--

Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Address	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

- 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	Desk Officer's Name & Badge # Dep. Lindsay
-------------------	---

Local Report Number: Describe What Happened Refer To Units By Number

Unit 2 Was Backing Up And Struck Unit 1 Causing Damage To The Left Rear Passenger Side Doors

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 Hazard Event 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 Overturning 17 Other Non-Collision	Location 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	Diagram Area * UNIT TO SCALE SHOW NORTH WITH ARROW [Diagram showing vehicle positions 1 and 2 with arrows indicating movement]
--	---	---	---	---	--	--	--	--

Type of Unit	# 1	A 2	B 2	Pre-Crash Actions	A 9	B 10	Contributing Factor	A 1	B 15					
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 Truck 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 751cc 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 F = 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 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 ACDA 5 Rear Fled 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					
Speed				Fixed Object				Vehicle Defects						
Unit	Estimated	Legal	Unit	Driver	Pass	A	B	Code F Contributing Factor is 18						
A	0	N.R.	A			1	1	Primary						
B	2	N.R.	B					Secondary						
Motorcycle Helmet Use				Truck Load				Truck Axles						
Unit	Driver	Pass	1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object				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 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			
1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet				14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device				Tractor Trailer Pigs						