

# Local Traffic Crash Report

Local Report Number 000180029296

Report Taken	<input checked="" type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>1</u>	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150
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In County Of <u>Clermont</u>	Date of Crash M <u>7</u> D <u>21</u> Y <u>18</u>	Day	Time <u>0805</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Crash Occurred On Private / Soo University LN Within The Intersection Of \_\_\_\_\_

If Not in Intersection (List Nearest intersecting Street, Milepost, House No.)  
Miles 000 Feet W S E OF Building 500

Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>State Farm # 983-30 E-17</u>
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Driver - Pedestrian Name (Last, First, MI) <u>DEITSCH, Taylor, Layne</u>	Address (No., Street, State, Zip Code) <u>4386 EICK LN Batavia OH 45103</u>
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Phone No.	Birth Date M <u>9</u> D <u>22</u> Y <u>99</u>	Age <u>18</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>00295167</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Brianna Oconnor</u>		Address <u>1257 Birch View LN 45102</u>		Phone
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Veh. Year <u>2001</u>	Make <u>Ford</u>	Model <u>Mustang</u>	Color <u>White</u>	Style <u>25</u>	State <u>OH</u>	License Plate No. <u>4MR 8776</u>	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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
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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 _____ D _____ Y _____	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)		Address		Phone
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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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C	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex	Position					
			M	D	Y			A	B	C	D	E	F
D	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex						
			M	D	Y								
E	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex						
			M	D	Y								
F	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex	Restraints A B C D E F					
			M	D	Y								
G	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex	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					
			M	D	Y								
H	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex	Ejection A B C D E F					
			M	D	Y								
I	From Unit No.	Name (Last, First, MI)	Birth Date			Age	Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
			M	D	Y								

Date Report Filed M <u>7</u> D <u>21</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Det. [Signature] # 11799</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number \_\_\_\_\_ Describe What Happened  
 Refer To Units  
 By Number

Unit 1 advised Brake failure causing it to roll into  
 the grass.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</b> 17 <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <b>One MV in Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or in MV 16 Overturning 17 Other Non-Collision	<b>Location</b> 8 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	
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<b>Type of Unit</b> # 2	<b>Pre-Crash Actions</b> A 2 B 14	<b>Contributing Factor</b> A 18 B	
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size  <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer  <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<b>Driver Actions</b> 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 Backing/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  <b>Traffic Control</b> A 13 B <b>Driver</b> 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  <b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AGDA 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  <b>Truck Load</b> 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  <b>Truck Axles</b> A B Tractor Trailer Rigs	<b>Non-Driver Factor</b> 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  <b>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A B  <b>Secondary</b> 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
<b>Speed</b> Unit Estimated Legal A 10 B  <b>Motorcycle Helmet Use</b> Unit Driver Pass A B	<b>Bus</b> 16 School Bus 17 Church 18 Public  <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue  <b>Other</b> 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		