

# Local Traffic Crash Report

Local Report Number 0001800 29409

|              |   |   |  |
|--------------|---|---|--|
| Report Taken | <input checked="" type="checkbox"/> Headquarters<br><input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved<br><u>Two</u> | Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)<br><input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150 |
|--------------|---|---|--|

|                                 |   |  |                      |   |
|---------------------------------|---|--|----------------------|---|
| In County Of<br><u>Clermont</u> | • Within corporate limits of:<br>(If not, file with correct agency) | Date of Crash<br><u>M 07 D 22 Y 2018</u> | Day<br><u>Sunday</u> | Time<br><u>0434</u> <span style="float:right">PM</span> |
|---------------------------------|---|--|----------------------|---|

Crash Occurred On 1000 Locust St, Batavia OH Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ Of \_\_\_\_\_

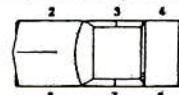
|                     |                           |  |  |
|---------------------|---------------------------|--|--|
| Unit No. <u>A 1</u> | No. Of Occupants <u>1</u> | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent<br><u>Geico</u> |
|---------------------|---------------------------|--|--|

|  |  |
|--|--|
| Driver - Pedestrian Name (Last, First, MI)<br><u>Williams, Michael T</u> | Address (No., Street, State, Zip Code)<br><u>1079 Hamburg Rd, Lancaster, 43130</u> |
|--|--|

|           |                                       |                  |                 |                    |  |            |
|-----------|---------------------------------------|------------------|-----------------|--------------------|--|------------|
| Phone No. | Birth Date<br><u>M 06 D 11 Y 1967</u> | Age<br><u>51</u> | Sex<br><u>M</u> | State<br><u>OH</u> | Drivers License No.<br><u>RF284962</u> | Occupation |
|-----------|---------------------------------------|------------------|-----------------|--------------------|--|------------|

|  |         |       |
|--|---------|-------|
| Owner (If Same As Driver, Write Same)<br><u>Same</u> | Address | Phone |
|--|---------|-------|

|                          |                      |                      |                     |                    |                    |                                     |                              |                                    |
|--------------------------|----------------------|----------------------|---------------------|--------------------|--------------------|-------------------------------------|------------------------------|------------------------------------|
| Veh. Year<br><u>2005</u> | Make<br><u>Chevy</u> | Model<br><u>TRIC</u> | Color<br><u>Red</u> | Style<br><u>PC</u> | State<br><u>OH</u> | License Plate No.<br><u>DF45407</u> | Towing Service<br><u>N/A</u> | Veh/Ped Dir<br>From _____ To _____ |
|--------------------------|----------------------|----------------------|---------------------|--------------------|--------------------|-------------------------------------|------------------------------|------------------------------------|

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Circle Damage Areas<br> | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input checked="" type="checkbox"/> Functional<br><input type="checkbox"/> Disabling | Damage Scale<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire |
|--|---|--|---|--|--|

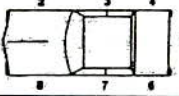
|                     |                           |  |   |
|---------------------|---------------------------|--|---|
| Unit No. <u>B 2</u> | No. Of Occupants <u>4</u> | Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent<br><u>American</u> |
|---------------------|---------------------------|--|---|

|  |  |
|--|--|
| Driver - Pedestrian Name (Last, First, MI)<br><u>Boson, Adam</u> | Address (No., Street, State, Zip Code)<br><u>5757 Hutchinson Rd, OH, 45103</u> |
|--|--|

|           |                                       |                  |                 |                    |  |            |
|-----------|---------------------------------------|------------------|-----------------|--------------------|--|------------|
| Phone No. | Birth Date<br><u>M 12 D 08 Y 1978</u> | Age<br><u>39</u> | Sex<br><u>M</u> | State<br><u>OH</u> | Drivers License No.<br><u>21C55995</u> | Occupation |
|-----------|---------------------------------------|------------------|-----------------|--------------------|--|------------|

|  |         |       |
|--|---------|-------|
| Owner (If Same As Driver, Write Same)<br><u>Same</u> | Address | Phone |
|--|---------|-------|

|                          |                            |                        |                       |                    |                    |                                     |                              |                                    |
|--------------------------|----------------------------|------------------------|-----------------------|--------------------|--------------------|-------------------------------------|------------------------------|------------------------------------|
| Veh. Year<br><u>2005</u> | Make<br><u>Monte Carlo</u> | Model<br><u>Couper</u> | Color<br><u>White</u> | Style<br><u>PC</u> | State<br><u>OH</u> | License Plate No.<br><u>SXW7524</u> | Towing Service<br><u>N/A</u> | Veh/Ped Dir<br>From _____ To _____ |
|--------------------------|----------------------------|------------------------|-----------------------|--------------------|--------------------|-------------------------------------|------------------------------|------------------------------------|

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| Circle Damage Areas<br> | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input checked="" type="checkbox"/> Functional<br><input type="checkbox"/> Disabling | Damage Scale<br><input type="checkbox"/> None<br><input type="checkbox"/> Light<br><input checked="" type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy | Vehicle Disposition<br><input type="checkbox"/> Driven Away<br><input checked="" type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed | Fire<br><input type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire |
|--|---|--|---|--|---|

|                        |   |                                       |     |                 |                         |
|------------------------|---|---------------------------------------|-----|-----------------|-------------------------|
| From Unit No. <u>C</u> | Name (Last, First, MI)<br><u>Boson, Stacy</u> | Birth Date<br><u>M 06 D 26 Y 1981</u> | Age | Sex<br><u>F</u> | Position<br>A B C D E F |
|------------------------|---|---------------------------------------|-----|-----------------|-------------------------|

|                        |  |                                       |                  |     |   |
|------------------------|--|---------------------------------------|------------------|-----|---|
| From Unit No. <u>D</u> | Name (Last, First, MI)<br><u>Boson, Alex</u> | Birth Date<br><u>M 08 D 19 Y 2006</u> | Age<br><u>11</u> | Sex |  |
|------------------------|--|---------------------------------------|------------------|-----|---|

|                        |   |                                       |                 |     |   |
|------------------------|---|---------------------------------------|-----------------|-----|---|
| From Unit No. <u>E</u> | Name (Last, First, MI)<br><u>Boson, Kylie</u> | Birth Date<br><u>M 02 D 07 Y 2011</u> | Age<br><u>7</u> | Sex |  |
|------------------------|---|---------------------------------------|-----------------|-----|---|

|                        |                        |                     |     |     |                           |
|------------------------|------------------------|---------------------|-----|-----|---------------------------|
| From Unit No. <u>F</u> | Name (Last, First, MI) | Birth Date<br>M D Y | Age | Sex | Restraints<br>A B C D E F |
|------------------------|------------------------|---------------------|-----|-----|---------------------------|

|                        |                        |                     |     |     |  |
|------------------------|------------------------|---------------------|-----|-----|--|
| From Unit No. <u>G</u> | Name (Last, First, MI) | Birth Date<br>M D Y | Age | Sex | <ul style="list-style-type: none"> <li>1 Not Used</li> <li>2 None Available</li> <li>3 Lap Belt Used</li> <li>4 Lap/Shoulder Belt Used</li> <li>5 Shoulder Belt Used</li> <li>6 Child Safety Seat</li> <li>7 Air Bag Used</li> <li>8 Use Not Reported</li> </ul> |
|------------------------|------------------------|---------------------|-----|-----|--|

|                        |                        |                     |     |     |   |
|------------------------|------------------------|---------------------|-----|-----|---|
| From Unit No. <u>H</u> | Name (Last, First, MI) | Birth Date<br>M D Y | Age | Sex | <ul style="list-style-type: none"> <li>1 Not Ejected</li> <li>2 Partial</li> <li>3 Total</li> <li>4 Trapped Inside Vehicle</li> </ul> |
|------------------------|------------------------|---------------------|-----|-----|---|

|                        |                        |                     |     |     |                         |
|------------------------|------------------------|---------------------|-----|-----|-------------------------|
| From Unit No. <u>I</u> | Name (Last, First, MI) | Birth Date<br>M D Y | Age | Sex | Ejection<br>A B C D E F |
|------------------------|------------------------|---------------------|-----|-----|-------------------------|

|  |   |
|--|---|
| Date Report Filed<br><u>M 07 D 22 Y 18</u> | Deck Officer's Name & Badge #<br><u>Det. A. G. #45738</u> |
|--|---|

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 0001800 29409

Describe What Happened: Refer To Units By Number

Unit 1 was transporting a camper and struck the side of Unit 2 which was repaired camper

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Weather Conditions</b><br>1 No Adverse Weather<br>2 Rain<br>3 Snow<br>4 Fog<br>5 High Wind<br>6 Other          | 2 | <b>First Harmful Event</b><br>5  | <b>Two MV In Transport</b><br>1 Head On<br>2 Rear-End<br>3 Backing<br>4 Sideswipe Meeting<br>5 Sideswipe Passing<br>6 Angle |  |
| <b>Road Conditions</b><br>1 Dry<br>2 Wet<br>3 Snow<br>4 Ice<br>5 Dirt/Sand<br>6 Other                             | 2 | <b>One MV In Transport (Collision)</b><br>7 Parked<br>8 Pedestrian<br>9 Animal<br>10 Train<br>11 Pedal Cycle<br>12 Other Non-MV<br>13 Fixed Object<br>14 Other Object                                  | <b>Non-Collision</b><br>15 Fall From or In MV<br>16 Overturning<br>17 Other Non-Collision                                   |  |
| <b>Light</b><br>1 Daylight<br>2 Dawn<br>3 Dusk<br>4 Dark No Lights<br>5 Dark Lighted<br>6 Other                   | 5 | <b>Location</b><br>1 Intersection<br>2 Intersection-Related<br>3 Driveway Access<br>4 Railroad Crossing<br>5 Bridge-Passing Over<br>6 Bridge-Passing Under<br>7 Non-Intersection<br>8 Private Property | 8   |  |
| <b>Road Contour</b><br>1 Straight Level<br>2 Straight Grade<br>3 Curve Level<br>4 Curve Grade                     | 1 |  |   |  |
| <b>Occurrence</b><br>1 On Roadway<br>2 Off Left Side<br>3 Off Right Side<br>4 On Opposing Lane of Divided Highway | 1 |  |   |  |
| <b>Special Area</b><br>1 Road Construction/Maintenance Area<br>2 School Zone                                      |   |  |   |  |

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>Type of Unit</b><br># 5   | A 1   | B 2  | <b>Pre-Crash Actions</b><br>A 8<br>B 9  | <b>Contributing Factor</b><br>A 24<br>B 1   |   |
| <b>Car</b><br>1 Sub Compact<br>2 Compact<br>3 Mid-Size<br>4 Full Size<br><br><b>Truck</b><br>5 Pickup<br>6 Panel/Van<br>7 Straight Truck<br>8 Straight Truck & Trailer<br>9 Truck Tractor<br>10 Tractor & Semi-Trailer<br>11 Tractor & Double Trailer<br><br><b>Motorcycle</b><br>12 MC up to 350cc<br>13 MC up to 750cc<br>14 MC over 750cc<br>15 Motorized Bicycle | <b>Bus</b><br>16 School Bus<br>17 Church<br>18 Public<br><br><b>Emergency</b><br>19 Police Vehicle<br>20 Fire Truck<br>21 Ambulance/Rescue<br><br><b>Other</b><br>22 Taxi<br>23 Motor-Home<br>24 Train<br>25 Farm Vehicle<br>26 Farm Equipment<br>27 Snowmobile<br>28 Construction Equip.<br>29 Animal W/Bldg<br>30 Animal W/Buggy<br>31 Bicycle<br>32 All Others<br><br>P = Pedestrian | <b>Driver Actions</b><br>1 Going Straight<br>2 Turning Right<br>3 Turning Left<br>4 Turning on Red Light<br>5 U-Turn<br>6 Stopped To Turn<br>7 Stopped in Traffic<br>8 Parking/Unparking<br>9 Parked<br>10 Backing<br>11 Passing<br>12 Changing Lanes<br>13 Merging/Exiting Ramp<br>14 Out of Control<br>15 Swerving<br>16 Driverless Vehicle<br>17 Other Driver Action<br><br><b>Traffic Control</b><br>A 1<br>B 1<br><br><b>Driver</b><br>1 No Controls<br>2 Stop Sign<br>3 Yield Sign<br>4 Traffic Signal<br>5 Traffic Flashers<br>6 School Zone<br>7 Railroad Crossbucks<br>8 Railroad Flashers<br>9 Railroad Gates<br>10 Construction Barricades<br>11 Police Officer<br>12 Pavement Markings<br>13 Other<br><br><b>Pedestrian</b><br>14 No Controls<br>15 Crosswalk Lines<br>16 Walk Don't Walk Device | <b>Pedestrian Actions</b><br>18 Crossing in X-Walk<br>19 Crossing Other than X-Walk<br>20 Walking in Road (With Traffic)<br>21 Walking in Road (Against Traffic)<br>22 Playing in Road<br>23 Working On Road<br>24 Entering or Leaving Vehicle<br>25 Pushing/Working on Vehicle in Road<br>26 Other in Road<br>27 On Sidewalk or Shoulder<br><br><b>Fixed Object Struck</b><br>A 1<br>B 1<br><br><b>Truck Load</b><br>A 1<br>B 1<br><br><b>Truck Axles</b><br>A 1<br>B 1<br><br><b>Tractor Trailer Flgs</b> | <b>Driver Error</b><br>1 None<br>2 Failure to Yield<br>3 Unsafe Speed<br>4 Following Too Closely or ACDA<br>5 Ran Red Light<br>6 Ran Stop or Yield Sign<br>7 Improper Turn<br>8 Improper Passing<br>9 Improper Lane Change<br>10 Improper Backing<br>11 Improper Start from Parked Position<br>12 Stopped or Parked Illegally<br>13 Left of Center<br>14 Failure to Control<br>15 Driver Inattention<br>16 Drove Off Road Reason Unknown<br>17 Other Driver Error<br><br><b>Truck Load</b><br>A 1<br>B 1<br><br><b>Truck Axles</b><br>A 1<br>B 1<br><br><b>Tractor Trailer Flgs</b> | <b>Non-Driver Factor</b><br>18 Vehicle Defects<br>19 Load Shifting, Falling, Spilling<br>20 Pavement Defect<br>21 Shoulder Defect<br>22 Debris on Road<br>23 Downed Traffic Sign/Device<br>24 Vision Obstruction<br>25 Animal Actions<br>26 Pedestrian Actions<br><br><b>Vehicle Defects</b><br>Code if Contributing Factor is 18<br><br><b>Primary</b><br>A B<br><br><b>Secondary</b><br>A B<br><br><b>Truck Load</b><br>1 Empty<br>2 Perishable Goods<br>3 General Freight<br>4 Metal/Heavy Machinery<br>5 Hazardous Gas<br>6 Hazardous Liquid<br>7 Hazardous Solid<br>8 Radioactive Material<br><br><b>Truck Axles</b><br>1 Turn Signals<br>2 Head Lamps<br>3 Tail Lamps<br>4 Brakes<br>5 Steering<br>6 Tire Blowout<br>7 Worn or Slick Tires<br>8 Trailer Equipment Defective<br>9 Motor Trouble<br>10 Disabled from Prior Accident<br>11 Other Defects |
| <b>Speed</b><br>Unit Estimated Legal<br>A B<br>B B   |   | <b>Motorcycle Helmet Use</b><br>Unit Driver Pass<br>A A Pass<br>B B Pass<br><br>1 No Helmet<br>2 Full Coverage<br>3 Full Facial Cover<br>4 Other Type Helmet   |   |   |   |