

Local Traffic Crash Report

Local Report Number 0001800 29914

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2 VEH	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
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In County Of CLERMONT	* Within corporate limits of: BATAVIA TWP <small>(If not, file with correct agency)</small>	Date of Crash 7 25 18	Day WED	Time 2040	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On OLD SR 32	Within The Intersection Of
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If Not In Intersection Miles _____ Feet _____	(List Nearest Intersecting Street, Milepost, House No.) 2600
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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
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Driver - Pedestrian Name (Last, First, MI) ALISSA LYNETTA	Address (No., Street, State, Zip Code) 14 SULPHUR SPRINGS BATAVIA OH 45103
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Phone No.	Birth Date 7 27 64	Age 54	Sex F	State OH	Drivers License No. RG 561835	Occupation
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Owner (If Same As Driver, Write Same) SAME	Address	Phone
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Veh. Year 2000	Make DODGE	Model CARAV	Color TAN	Style PC	State OH	License Plate No. HTB37532	Towing Service NA	Veh/Ped Dir From N To S
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Circle Damage Areas 	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
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Unit No. 2	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 GETCO 4549644179
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Driver - Pedestrian Name (Last, First, MI) ANDERSON, NOAH	Address (No., Street, State, Zip Code) 4540 N 74th C211 Cincinnati OH 45244
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Phone No.	Birth Date 7 14 95	Age	Sex M	State OH	Drivers License No. WD 117801	Occupation
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Owner (If Same As Driver, Write Same) SAME	Address	Phone
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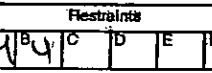
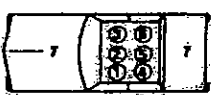
Veh. Year 2018	Make NISSAN	Model VERSA	Color SLV	Style PC	State OH	License Plate No. HTJ 2980J	Towing Service NA	Veh/Ped Dir From N To S
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Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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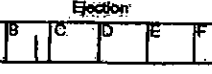
Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
C					
D					
E					
F					
G					
H					
I					



- Restraints
- 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

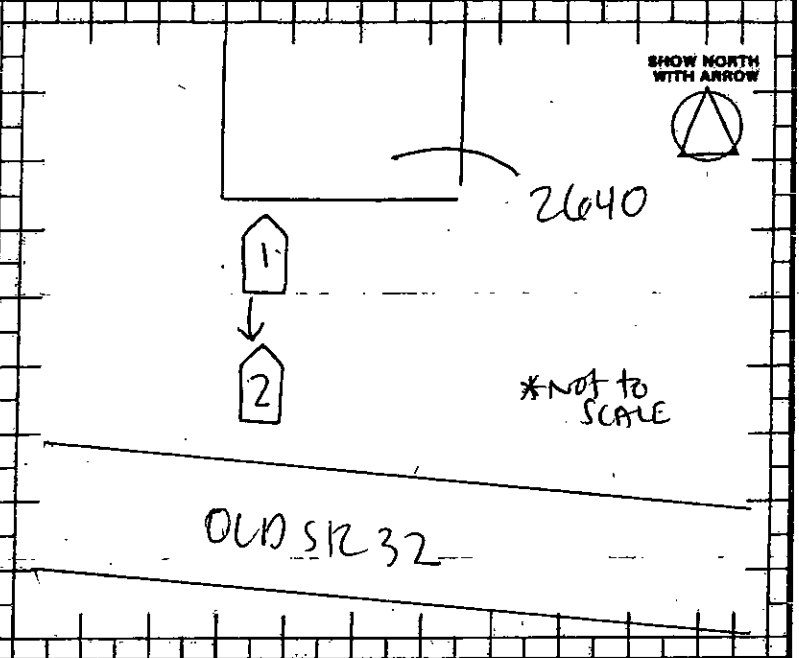


- Ejection
- 1 Not Ejected
 - 2 Partial
 - 3 Total
 - 4 Trapped Inside Vehicle

Date Report Filed 7 25 18	Desk Officer's Name & Badge # DEP M ROSS #2064
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Local Report Number _____ Describe What Happened Refer To Units By Number

UNIT 1 DID STRIKE UNIT 2 WHILE BACKING
 PHOTOGRAPHS TAKEN
 NO INJURIES

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 Off Left Side 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 3 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 Overtaking 17 Other Non-Collision	Location 2 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Not Intersection 8 Private Property	
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Type of Unit # 1 6 2 2	Pre-Crash Actions A 10 B 7	Contributing Factor A 15 B 1
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 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
Speed Unit Estimated Legal A 5 - B 0 -	Motorcycle Helmet Use Unit Driver Pass A B	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
Truck Load 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	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's 18 Primary A B Secondary A B	Tractor Trailer Rigs A B	Driver 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
Fixed Object Struck A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Overpass 5 Guard Rail 6 Fence 7 Tree 8 Scribbler 9 Carib 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	Pedestrian 14 No Controls 15 Crosswalk Lines 16 Headlight/Brake Device	Truck A B