

Local Traffic Crash Report

Local Report Number 18-34432

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	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>8</u> D <u>26</u> Y <u>18</u>	Day <u>Sunday</u>	Time <u>1808</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
------------------------------	--	---	----------------------	---------------------	--

Crash Occurred On <u>US 50</u>	Within The Intersection Of
--------------------------------	----------------------------

If Not In Intersection	Miles <u>0</u> Feet <u>3809</u>	(List Nearest Intersecting Street, Milepost, House No.)
------------------------	---------------------------------	---

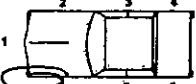
Unit No. <u>A 1</u>	No. Of Occupants <u>3</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
---------------------	---------------------------	--	------------------------

Driver - Pedestrian Name (Last, First, MI) <u>Tyler S. Buchanan</u>	Address (No., Street, State, Zip Code) <u>19447 Woodward Dr, Fayetteville, OH 45118</u>
--	--

Phone No.	Birth Date M <u>12</u> D <u>03</u> Y <u>1988</u>	Age <u>29</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>SV885273</u>	Occupation <u>Waitress</u>
-----------	---	------------------	-----------------	--------------------	--	-------------------------------

Owner (If Same As Driver, Write Same) <u>Felicia E. Young</u>	Address <u>19447 Woodward Dr</u>
--	-------------------------------------

Veh. Year <u>2012</u>	Make <u>Chery</u>	Model <u>Traverse</u>	Color <u>Dark Blue</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>AIN 3173</u>	Towing Service	Veh/Ped Dir From <u>E</u> To <u>W</u>
--------------------------	----------------------	--------------------------	---------------------------	--------------------	--------------------	--------------------------------------	----------------	--

Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input checked="" 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 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
--	---	--	---	--	--

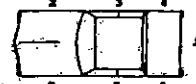
Unit No. <u>B 2</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>None</u>
---------------------	------------------	--	---------------------------------------

Driver - Pedestrian Name (Last, First, MI) <u>Mullins Robert</u>	Address (No., Street, State, Zip Code) <u>1112 Courtland Dr</u>
---	--

Phone No.	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex	State	Drivers License No.	Occupation
-----------	---	-----	-----	-------	---------------------	------------

Owner (If Same As Driver, Write Same) <u>Mullins Robert</u>	Address <u>1112 Courtland Dr</u>
--	-------------------------------------

Veh. Year <u>2001</u>	Make <u>Kauf</u>	Model	Color <u>Black</u>	Style <u>TL</u>	State <u>OH</u>	License Plate No. <u>TPV 7772</u>	Towing Service	Veh/Ped Dir From <u> </u> To <u> </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 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 checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
--	---	--	--	--	--

From Unit No. <u>C</u>	Name (Last, First, MI) <u>Young, Zachary</u>	Birth Date M <u>12</u> D <u>08</u> Y <u>13</u>	Age <u>4</u>	Sex <u>M</u>	Position A B C D E F <u>7</u>
------------------------	---	---	-----------------	-----------------	-------------------------------------

From Unit No.	Name (Last, First, MI) <u>Young, Alexis</u>	Birth Date M <u>12</u> D <u>029</u> Y <u>11</u>	Age <u>6</u>	Sex <u>F</u>	Position A B C D E F
---------------	--	--	-----------------	-----------------	-------------------------

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

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

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

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

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

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

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

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

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

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

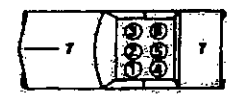
From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex	Position A B C D E F
---------------	------------------------	---	-----	-----	-------------------------

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

Date Report Filed M <u>8</u> D <u>27</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Deputy Appelmann #12024</u>
---	---

Driver - Pedestrian - Vehicle Section

Occupant Section



- P-PEDESTRIAN**
- Restraints
- | | | | | | |
|----------|---|----------|----------|---|---|
| A | B | C | D | E | F |
| <u>4</u> | | <u>7</u> | <u>6</u> | | |
- 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

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

Unit 1 turned into the gravel lot of 3809 US 50 and struck unit 2, parked trailer.

Weather Conditions		1	First Harmful Event 13	
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other		Two MV In Trasport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions		1	One MV In Trasport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light		1	Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	
Road Contour		1	Location 8	
Occurence		3	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	
Special Area				
1 Road Construction/Maintenance Area 2 School Zone				

Type of Unit	1	4	2	8	Pre-Crash Actions	1	Contributing Factor	15	
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	Bus 18 School Bus 17 Church 16 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 750cc 15 Motorized Blyode	Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Bldgr 30 Animal W/Buggy 31 Bicycle 32 All Others P = 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 Offroad 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 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	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					Motorcycle Helmet Use				
Unit	Estimated	Legal	Unit	Driver	Pass				
A	3-6 MPH		A						
B			B						
1 No Helmet 3 Full Face Cover		2 Full Coverage 4 Other Type Helmet							
Traffic Control					Fixed Object Struck				
1 None 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Flashed Flashers 9 Flashed Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other					1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Sign/Berry 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object				
Truck Load					Truck Axles				
1 Empty 2 Perishable Goods 3 General Freight 4 Motor/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material					1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Sign/Berry 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object				
Vehicle Defects Code if Contributing Factor is 18					Tractor Trailer Pigs				
Primary					Secondary				
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									