

Local Traffic Crash Report

Local Report Number 001800035899

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
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In County Of CLERMONT	Date of Crash MO 9 05 Y 18	Day Wed.	Time 229	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On **University Lane** Within The Intersection Of _____

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ E _____ S _____ OF _____ **200**

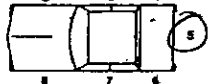
Unit No. 1	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent ERIC INS. # 0097508594
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Driver - Pedestrian Name (Last, First, MI) **HENDERSON, Janelle J.** Address (No., Street, State, Zip Code) **200 UNIVERSITY LN. Apt. 106 BODAVIA, OH. 45103**

Phone No.	Birth Date MO 2 02 Y 89	Age 29	Sex F	State OH.	Drivers License No. SU983883	Occupation
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Owner (If Same As Driver, Write Same) Address _____ Phone _____

Veh. Year 2014	Make Ford	Model Focus	Color Grey	Style SW	State OH.	License Plate No. 6TW4060	Towing Service	Veh/Ped Dir From S To N
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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. 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 AMERICAN INS # 410195607356
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Driver - Pedestrian Name (Last, First, MI) **CROWE, Gary W.** Address (No., Street, State, Zip Code) **2616 LAUREL LINDALE RD NEW RICHMOND, OH. 45157**

Phone No.	Birth Date MO 12 11 Y 68	Age 49	Sex M	State OH.	Drivers License No. RQ600170	Occupation
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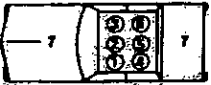

Owner (If Same As Driver, Write Same) Address _____ Phone _____

Veh. Year 2005	Make Suba.	Model Legacy	Color Black	Style 4dr	State OH.	License Plate No. 6705332	Towing Service	Veh/Ped Dir From W To E
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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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Driver - Pedestrian - Vehicle Section

Occupant Section

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



- 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 MO 9 05 Y 18	Desk Officer's Name & Badge # Tap [unclear] #3052
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Local Report Number: 001800035899
 Describe What Happened: Refer To Units By Number Unit #1 was backing out of parking spot and was not paying attention and backed into the passenger door of unit #2

Weather Conditions 1
 1 No Adverse Weather 4 Fog
 2 Rain 5 High Wind
 3 Snow 6 Other

Road Conditions 1
 1 Dry 4 Ice
 2 Wet 5 Dirt/Sand
 3 Snow 6 Other

Light 1
 1 Daylight 4 Dark-No Lights
 2 Dawn 5 Dark Lighted
 3 Dusk 6 Other

Road Contour 1
 1 Straight Level 3 Curve Level
 2 Straight Grade 4 Curve Grade

Occurrence
 1 On Roadway 3 Off Right Side
 2 Off Left Side 4 On Opposing Lane of Divided Highway

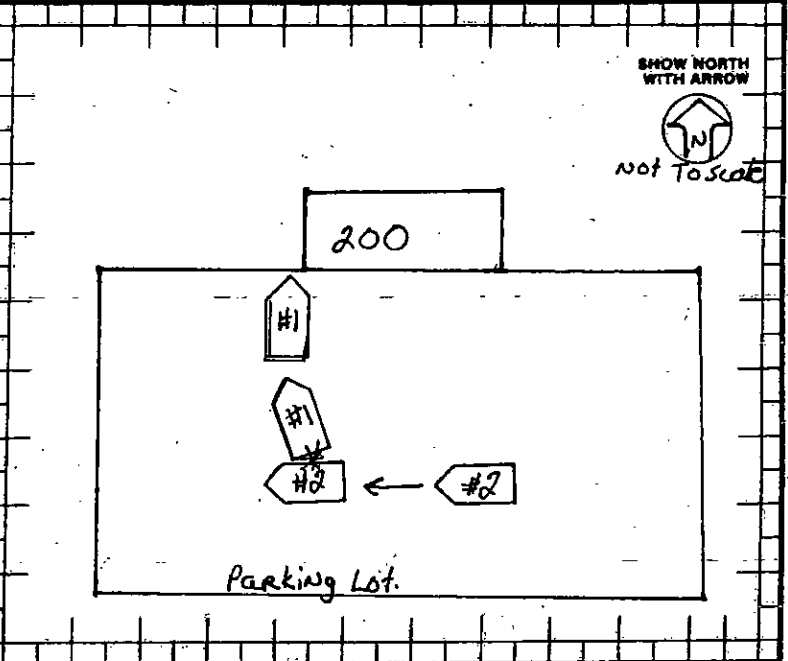
Special Area
 1 Road Construction/Maintenance Area
 2 School Zone

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 Overturning
 17 Other Non-Collision

Location 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



Type of Unit # 1 2 2 2
 A B

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 751cc
 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/Halter
 30 Animal W/Sugsy
 31 Bicycle
 32 All Others
 P = Pedestrian

Speed
 Unit Estimated Legal
 A 5
 B 5

Motorcycle Helmet Use
 Unit Driver Pass
 A X
 B B

1 No Helmet
 3 Full Facial Cover
 2 Full Coverage
 4 Other Type Helmet

Pre-Crash Actions A 10 B 1

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 Waiting 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 Side-walk or Shoulder

Traffic Control A 1 B 1
 1 No Control
 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/Culvert
 5 Guard Rail
 6 Fence
 7 Tree
 8 Schnitzbery
 9 Cord
 10 Ditch
 11 Embankment
 12 Building
 13 Mail Box
 14 Construction Barricade
 15 Fire Hydrant
 16 Other Object

Driver
 1 No Control
 2 Stop Sign
 3 Yield Sign
 4 Traffic Signal
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 8 Railroad Flashers
 9 Railroad Gates
 10 Construction Barricades
 11 Police Officer
 12 Pavement Markings
 13 Other

Pedestrian
 14 No Control
 15 Crosswalk Lines
 16 Other Object

Contributing Factor A 15 B 1

Driver Error
 1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or ACCOA
 5 Ran Red Light
 6 Ran Stopper-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 Artificial Actions
 26 Pedestrian Actions

Vehicle Defects
 Code if Contributing Factor is 18
 Primary A B
 Secondary A B

Truck Load A B
 1 Empty
 2 Perishable Goods
 3 General Freight
 4 Mobile Heavy Machinery
 5 Flammable Gas
 6 Hazardous Liquid
 7 Hazardous Solid
 8 Radioactive Material

Truck Axles A B
 Traction Trailer Rigs

1 Turn Signals
 2 Head Lamps
 3 Tail Lamps
 4 Brakes
 5 Steering
 6 Tire Blowout
 7 Worn or Slack Tires
 8 Trailer Equipment Defective
 9 Motor Trouble
 10 Disabled from Prior Accident
 11 Other Defects