

Local Traffic Crash Report

Local Report Number 0018-00038190

Report Taken <input type="checkbox"/> Headquarters <input 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 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 <u>M 09 D 21 Y 18</u>	Day <u>Friday</u>
Crash Occurred On <u>state Route 185</u>		Time <u>0947</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ S _____ OF <u>2801</u>			

A Unit No. <u>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 <u>US Government</u>
Driver - Pedestrian Name (Last, First, MI) <u>Griffis, Jason A</u>		Address (No., Street, State, Zip Code) <u>3079 Angel DR. Bethel, Oh. 45106</u>	
Phone No.	Birth Date <u>M 11 D 26 Y 70</u>	Age <u>47</u>	Sex <u>M</u>
	State <u>Oh.</u>	Drivers License No. <u>RG449733</u>	Occupation <u>USDA</u>
Owner (If Same As Driver, Write Same) <u>USDA 3079 Angel DR. Bethel, Oh. 45106</u>		Address <u>3079 Angel DR. Bethel, Oh. 45106</u>	
Veh. Year <u>2016</u>	Make <u>Chev.</u>	Model <u>Colorado</u>	Color <u>Brown</u>
Style <u>TK</u>	State <u>Oh.</u>	License Plate No. <u>11815</u>	Towing Service
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" 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	

B Unit No. <u>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
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex
	M D Y		State
Owner (If Same As Driver, Write Same) <u>Ohio Pike Farms LLC</u>		Address <u>2801 SR185 Bethel, Oh. 45106</u>	
Veh. Year	Make <u>Case</u>	Model <u>Bean</u>	Color <u>Blk/Red</u>
Style <u>PICKER</u>	State	License Plate No.	Towing Service
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" 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 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	

C	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
		Address	Phone	Sex	
D	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	 P-PEDESTRIAN Restraints A B C D E F
		Address	Phone	Sex	
E	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	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
		Address	Phone	Sex	
F	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Ejection A B C D E F
		Address	Phone	Sex	
G	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
		Address	Phone	Sex	

Driver - Pedestrian - Vehicle Section

Occupant Section

Date Report Filed <u>M 09 D 21 Y 18</u>	Desk Officer's Name & Badge # <u>Tapscott #3052</u>
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Local Report Number
0018-00038190

Describe What Happened
Refer To Units By Number
Unit #1 was backing up and struck the corner of a
Beam Picker that was sitting on a Trailer.

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 Straight Grade
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 Traspport

1 Head On
2 Rear-End
3 Backing
4 Sideswipe Meeting
5 Sideswipe Passing
6 Angle

One MV in Traspport (Collision)

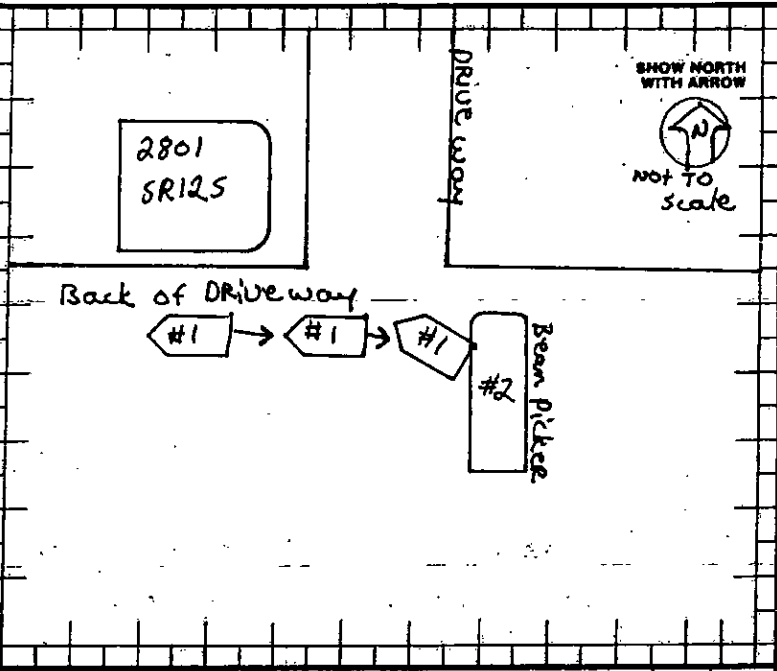
7 Parked
8 Pedestrian
9 Animal
10 Train
11 Pedal Cycle
12 Other Non-MV
13 Fixed Object
14 Other Object

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 A 5 # 2 B 26

Pre-Crash Actions

A 10 B 9

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 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 (With Traffic)
21 Walking In Road (Against Traffic)
22 Playing in Road
23 Working On Road
24 Entering or Leaving Vehicle in Road
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

Vehicle Defects

Code of Contributing Factor's 18

Primary

A	B
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Secondary

A	B
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Traffic Control

A	B
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Fixed Object Struck

A	B
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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

Pedestrian

14 No Controls
15 Crosswalk Lines
16 Other Object

Truck Load

A	B
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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
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Tractor, Trailer, Rig

Speed

Unit	Estimated	Legal
A	5	Ø
B		

Motorcycle Helmet Use

Unit	Driver	Pass
A	A	
B	B	

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