

# Local Traffic Crash Report

Local Report Number **0001800 41395**

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>2 VEH</b>	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 <b>CLERMONT</b>	• Within corporate limits of: (If not, file with correct agency) <b>BATAVIA TWP</b>	Date of Crash M <b>10</b> D <b>13</b> Y <b>18</b>	Day <b>SAT</b>	Time <b>1:52</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <b>2305 OLD 32</b>	Within The Intersection Of
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ N \_\_\_\_\_ E \_\_\_\_\_ S \_\_\_\_\_ Of \_\_\_\_\_

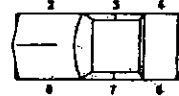
Unit No. <b>1</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>PROGRESSIVE 915620697</b>
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Driver - Pedestrian Name (Last, First, MI) <b>WOOTEN, DEANDRE</b>	Address (No., Street, State, Zip Code) <b>5 SPENCER DR AMELIA OH 45102</b>
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Phone No.	Birth Date M <b>4</b> D <b>1</b> Y <b>97</b>	Age <b>21</b>	Sex <b>M</b>	State	Drivers License No. <b>WY280294</b>	Occupation <b>MULTI COLOR</b>
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Owner (If Same As Driver, Write Same) <b>ROSEBORO, CHRIS AN TITIAN</b>	Address <b>5 SPENCER DR AMELIA</b>	Phone
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Veh. Year <b>99</b>	Make <b>BULL</b>	Model <b>CENT</b>	Color <b>GRN</b>	Style <b>PC</b>	State <b>OH</b>	License Plate No. <b>HOB8965</b>	Towing Service <b>NO</b>	Veh/Ped Dir From <b>E</b> To <b>S</b>
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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. <b>2</b>	No. Of Occupants <b>0</b>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>ALLSTATE</b>
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation <b>MULTI COLOR</b>
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Owner (If Same As Driver, Write Same) <b>HURT, MELVA</b>	Address <b>2305 OLD 32 #C BATAVIA OH 45103</b>	Phone
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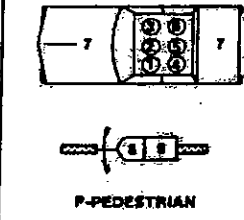
Veh. Year <b>07</b>	Make <b>DODGE</b>	Model <b>CALIB</b>	Color <b>ORA</b>	Style	State <b>OH</b>	License Plate No. <b>GH61203</b>	Towing Service <b>NO</b>	Veh/Ped Dir From <b>N</b> To <b>N</b>
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Circle Damage Areas 	Damage Severity <input type="checkbox"/> 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 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
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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
<b>C</b>					
<b>D</b>					
<b>E</b>					
<b>F</b>					
<b>G</b>					
<b>H</b>					
<b>I</b>					



- P-PEDESTRIAN**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 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

Date Report Filed <b>10 13 18</b>	Desk Officer's Name & Badge # <b>DEP. M. ROSS 2064</b>
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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 of unit 2 only.  
 unit 1 unavailable  
 no injuries

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

<b>Type of Unit</b> # 1 2 2 4	<b>Pre-Crash Actions</b> A 10 B 9	<b>Contributing Factor</b> A 15 B 1	
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size  <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer  <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<b>Driver Actions</b> 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 Backing/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Diverging Vehicle 17 Other Driver Action  <b>Traffic Control</b> A 1 B 1  <b>Driver</b> 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  <b>Pedestrian</b> 14 No Control 15 Crosswalk Lines 16 Walk/Don't Walk Device	<b>Driver Error</b> 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  <b>Truck Load</b> A B 1 Empty 2 Perishable Goods 3 General Freight 4 Motor Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material  <b>Truck Axles</b> A B Tractor Trailer Rig	<b>Non-Driver Factor</b> 18 Vehicle Defect 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  <b>Vehicle Defects</b> Code if Contributing Factor's 18  <b>Primary</b> A B  <b>Secondary</b> A B  <b>1 Turn Signals</b> <b>2 Head Lamps</b> <b>3 Tail Lamps</b> <b>4 Brakes</b> <b>5 Steering</b> <b>6 Tire Blowout</b> <b>7 Worn or Slick Tires</b> <b>8 Trailer Equipment Defective</b> <b>9 Motor Trouble</b> <b>10 Disabled from Prior Accident</b> <b>11 Other Defects</b>
<b>Speed</b> Unit Estimated Legal A 5 - B 0 -  <b>Motorcycle Helmet Use</b> Unit Driver Pass A X B B	<b>1 No Helmet</b> <b>3 Full Facial Cover</b> <b>2 Full Coverage</b> <b>4 Other Type Helmet</b>		