

# Local Traffic Crash Report

Local Report Number 001800042018

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
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In County Of <u>CLERMONT</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash <u>M 10 D 16 Y 18</u>	Day <u>Tuesday / Thursday</u>	Time <u>UNKNOWN</u> AM PM
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Crash Occurred On <u>UNKNOWN</u>	Within The Intersection Of
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If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ OF <u>UNKNOWN</u> (List Nearest Intersecting Street, Milepost, House No.)
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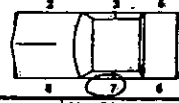
Unit No. <u>A 1</u>	No. Of Occupants <u>1</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Travelers # 9957674752031</u>
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Driver - Pedestrian Name (Last, First, MI) <u>LOPETRONE, PRESTON L.</u>	Address (No., Street, State, Zip Code) <u>351 PORTLAND DR. VERMILION, OH. 44089</u>
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Phone No.	Birth Date <u>M 12 D 15 Y 62</u>	Age <u>55</u>	Sex <u>M</u>	State <u>OH.</u>	Drivers License No. <u>RQ378998</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>ERN Holdings LLC 14002 621st. Ste 1500 Tulsa OK 74134-1424</u>	Address <u>ERNA HOLDINGS LLC 14002 621ST. STE 1500 TULSA OK 74134-1424</u>	Phone
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Veh. Year <u>2018</u>	Make <u>CHEV</u>	Model <u>1500</u>	Color <u>BLACK</u>	Style <u>PK</u>	State <u>FL</u>	License Plate No. <u>EUK A05</u>	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	8 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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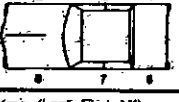
Unit No. <u>B</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	Address	Phone
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Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From _____ To _____
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From Unit No. <u>C</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No. <u>D</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No. <u>E</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No. <u>F</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No. <u>G</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No. <u>H</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No. <u>I</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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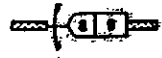
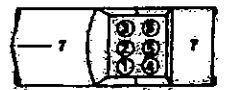
From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
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Date Report Filed <u>M 10 D 18 Y 18</u>	Desk Officer's Name & Badge # <u>TREPPE, RUDOL #3052</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints

A	B	C	D	E	F
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- 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
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- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number: 001800042018  
 Describe What Happened: DRIVER of unit #1 advised that while at work he noticed that the Rental Truck that he has been driving had been struck near the DRIVERS door. DRIVER of unit #1 advised he is not sure if the crash occurred at the plant he is working at or if it happened at the Holiday Inn in Eastgate where he is staying at.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</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>First Harmful Event</b> <b>Two MV In Trasport</b> 1 Head On 2 Rear-End 3 Backing 4 Skidswipe Meeting 5 Skidswipe Passing 6 Angle <b>One MV In Trasport</b> (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	<b>Location</b> 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	SHOW NORTH WITH ARROW  <p>unknown where the crash occurred</p>
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<b>Type of Unit</b> # 1 5	<b>Pre-Crash Actions</b> A B	<b>Contributing Factor</b> A B		
<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 750cc 15 Motorized Bicycle	<b>Bus</b> 16 School Bus 17 Church 18 Public <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Other</b> 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Trailer 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	<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 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 <b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk 20 Walking in Flood (With Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working on Road 24 Entering or Leaving Vehicle in Road 25 Parking/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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 Reason Unknown 15 Driver Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error	<b>Non-Driver Factor</b> 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 <b>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A B Secondary A B
<b>Speed</b> Unit Estimated Legal A B <b>Motorcycle Helmet Use</b> Unit Driver Pass A B	<b>Traffic Control</b> A B <b>Fixed Object Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Barb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<b>Truck Load</b> A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material <b>Truck Axles</b> A B 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		
1 No Helmet 3 Full Face Cover 2 Full Coverage 4 Other Type Helmet	<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 Warning/Marking Device	<b>Tractor Trailer Pigs</b>		