

# Local Traffic Crash Report

Local Report Number 180043722

SLANE

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</u>	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input 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 M <u>10</u> D <u>31</u> Y <u>18</u>	Day <u>WED.</u>	Time <u>1330</u>	AM PM
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Crash Occurred On <u>HAIF ALKE RD.</u>	Within The Intersection Of
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If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ Of _____	(List Nearest Intersecting Street, Milepost, House No.) <u>4100 (PARKING LOT - 32 Q)</u>
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A Unit No. <u>01</u>	No. Of Occupants <u>01</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>CPP-UNITED OHIO</u>
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Driver - Pedestrian Name (Last, First, MI) <u>STALL, JAMES E.</u>	Address (No., Street, State, Zip Code) <u>4763 SHELTON RD. BATAVIA OHIO 45103</u>
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Phone No.	Birth Date M <u>01</u> D <u>28</u> Y <u>81</u>	Age <u>37</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RR445360</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>SAME</u>	Address	Phone
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Veh. Year <u>2008</u>	Make <u>FORD</u>	Model <u>F-550</u>	Color <u>BLUE</u>	Style <u>TK</u>	State <u>OH</u>	License Plate No. <u>PHB 2670</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>E</u> To <u>W</u>
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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 checked="" type="checkbox"/> None <input 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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B Unit No. <u>02</u>	No. Of Occupants <u>01</u>	Operating <input type="checkbox"/> Parked <input checked="" 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) <u>A</u>	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M _____ D _____ Y _____	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) <u>FEDERAL EXPRESS CORP.</u>	Address <u>124 COMMERCE DRIVE, LOVELAND OH. 45140</u>	Phone
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Veh. Year <u>2014</u>	Make <u>MERZ</u>	Model <u>VAN</u>	Color <u>WHITE</u>	Style <u>VAN</u>	State <u>OH</u>	License Plate No. <u>PIF 7288</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>E</u> To <u>W</u>
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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 type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input 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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C From Unit No.	Name (Last, First, MI) <u>HOWARD, THOMAS A.</u>	Birth Date M <u>02</u> D <u>14</u> Y <u>81</u>	Age <u>37</u>	Position A   B   <u>C</u>   D   E   F
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Address <u>5278 SALEM RD. MORROW, OHIO 45152</u>	Phone	Sex
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D From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	
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Address	Phone	Sex
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E From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	
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Address	Phone	Sex
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F From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	P-PEDESTRIAN
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Address	Phone	Sex
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G From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	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
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Address	Phone	Sex
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H From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	Ejection A   B   C   D   E   F
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Address	Phone	Sex
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I From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
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Date Report Filed M <u>10</u> D <u>31</u> Y <u>18</u>	Deck Officer's Name & Badge # <u>Dep. D. Scott</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number  
180043722

Describe What Happened  
Refer To Units  
By Number  
THE OPERATOR OF UNIT #1 BACKED INTO

PARKED UNIT #2. UNIT #2 WAS OCCUPIED BY MR. HOWARD WHO WAS SITTING IN THE FRONT PASS. SEAT EATING LUNCH.

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

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

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

**Road Contour** 1  
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

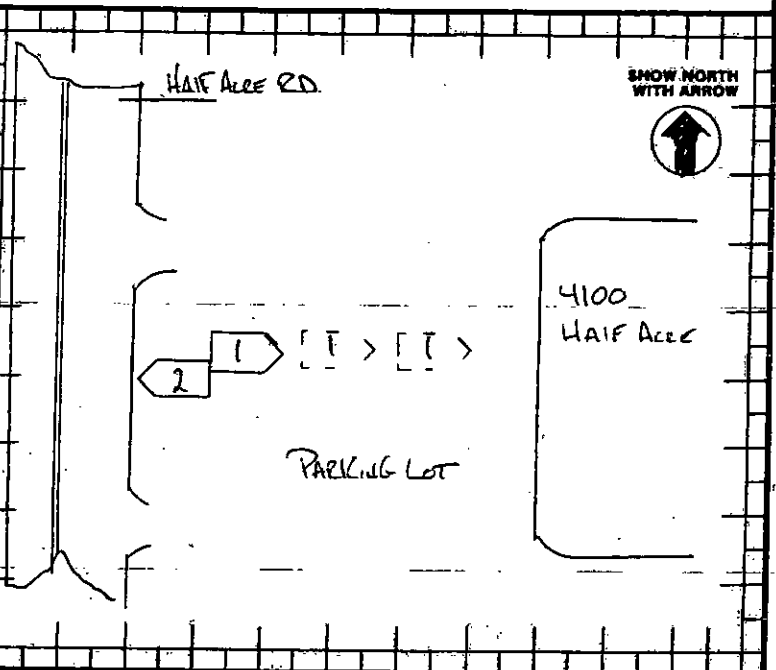
**First Harmful Event** 3

**Two MV In 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



**Types of Unit**  
A 1 S 2 B 6

**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 250cc  
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 Trailer  
25 Farm Vehicle  
26 Farm Equipment  
27 Snowmobile  
28 Construction Equip.  
29 Animal W/Blister  
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 Moving/Exiting Ramp  
14 Out of Control  
15 Swerving  
16 Driveway 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/Shoulder

- Traffic Control**  
A 1 B 1
- Driver**  
1 No Control  
2 Stop Sign  
3 Yield Sign  
4 Traffic Signal  
5 Traffic Flashers  
6 School Zone  
7 Railroad Crossbucks  
8 Railroad Flatbors  
9 Railroad Gates  
10 Construction Barricade  
11 Police Officer  
12 Pavement Markings  
13 Other
- Fixed Object Struck**  
A B  
1 None  
2 Utility Pole  
3 Traffic Sign  
4 Bridge/Coverlet  
5 Guard Rail  
6 Fence  
7 Tree  
8 Scrubbery  
9 Garb  
10 Ditch  
11 Embankment  
12 Building  
13 Mail Box  
14 Construction Barricade  
15 Fire Hydrant  
16 Other Object

- Driver Error**  
1 None  
2 Failure to Yield  
3 Unsafe Speed  
4 Following Too Closely or AQDA  
5 Run Red Light  
6 Run Stopor-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: Contributing Factor is 18

Primary	A	B
Secondary	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

**Speed**

Unit	Estimated	Legal
A	3	
B	0	

**Motorcycle Helmet Use**

Unit	Driver	Pass
A		
B		

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