

# Local Traffic Crash Report

Local Report Number: 000180047518

Report Taken <input checked="" 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>11</u> D <u>29</u> Y <u>18</u>	Day <u>Thursday</u>	Time <u>2006</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Crash Occurred On <u>2322 Hillcrest DR</u>	Within The Intersection Of
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If Not In Intersection	(List Nearest Intersecting Street, Milepost, Route No.)
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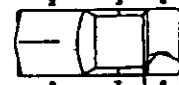
A Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Orange (PA34031087)</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Jeffrey Curtis</u>	Address (No., Street, State, Zip Code) <u>2347 Hillcrest DR Amelia OH 45021</u>
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Phone No. <u>---</u>	Birth Date M <u>8</u> D <u>20</u> Y <u>19</u>	Age <u>49</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>LV136338</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>2004</u>	Make <u>Ford</u>	Model <u>TK</u>	Color <u>White</u>	Style <u>TK</u>	State <u>OH</u>	License Plate No. <u>GLJ-4217</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>S</u> To <u>N</u>
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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 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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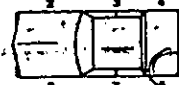
B Unit No. <u>2</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Progressive (90539964)</u>
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No. <u>---</u>	Birth Date M <u>9</u> D <u>14</u> Y <u>19</u>	Age <u>57</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RT-104494</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Eugene B. Colvin</u>	Address <u>2991 S. 133rd, Berlin OH 45106</u>	Phone
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Veh. Year <u>2016</u>	Make <u>Honda</u>	Model <u>HS</u>	Color <u>Red</u>	Style <u>4s</u>	State <u>OH</u>	License Plate No. <u>FPS-8033</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>---</u> To <u>---</u>
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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 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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Driver - Pedestrian - Vehicle Section

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

Date Report Filed M <u>11</u> D <u>29</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Det J. Loid #1118</u>
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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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Occupant Section

Local Report Number  
18-47518

Describe What Happened  
Refer To Units  
By Number

Unit 1 was backing down driveway and  
struck unit 2. Unit 2 was parked

<b>Weather Conditions</b>		1	<b>First Harmful Event</b> 3	
1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other			<b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Road Conditions</b>		2	<b>One MV in Transport</b> (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
<b>Light</b>		5	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Road Contour</b>		1	<b>Location</b> 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	
<b>Occurrence</b>		<input checked="" type="checkbox"/>		
1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway				
<b>Special Area</b>		<input checked="" type="checkbox"/>		
1 Road Construction/Maintenance Area 2 School Zone				

<b>Type of Unit</b>	# 1	A 5	B 2	B 3	<b>Pre-Crash Actions</b>	A 10	B 9	<b>Contributing Factor</b>	A 10	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>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/Rider 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 Road (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		<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>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>Speed</b> Unit   Estimated   Legal A       B		<b>Motorcycle Helmet Use</b> Unit   Driver   Pass A       B		<b>Traffic Control</b> A   B 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		<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 Shrubby 9 Curb 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects	
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<b>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A B Secondary A B							