

# Local Traffic Crash Report

Local Report Number 000180050071

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>2</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)	Date of Crash <b>M 12 D 17 Y 2018</b>	Day <b>Monday</b>	Time <b>1313</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <b>Parking lot of 4470 State Route 222 Batavia, OH 45103</b>	Within The Intersection Of
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If Not In Intersection Miles <u>10.6</u> feet <u>W</u> <u>N</u> <u>E</u> of <b>SR 222 BATAVIA OH 45103</b>	(List Nearest Intersection Street, Milepost, House No.)
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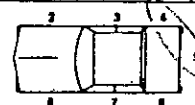
<b>A</b> Unit No. <u>1</u> No. Of Occupants <u>1</u> Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>Grange Indemnity Insurance Co</b>	PA 34354738
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Driver - Pedestrian Name (Last, First, MI) <b>Connelly, Alexis Kayla</b>	Address (No., Street, State, Zip Code) <b>289 W Vine Street OH 45215</b>
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Phone No.	Birth Date <b>M 02 D 10 Y 1993</b>	Age <b>25</b>	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>TX 062982</b>	Occupation <b>Pharmacy tech</b>
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Owner (If Same As Driver, Write Same) <b>Connelly, Cody Susan</b>	Address <b>229 W vine st Cincinnati, OH 45215</b>	Phone
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Veh. Year <b>2010</b>	Make <b>Volk</b>	Model <b>GTI</b>	Color <b>Grey</b>	Style <b>4S</b>	State <b>OH</b>	License Plate No. <b>6ZF8001</b>	Towing Service	Veh/Ped Dir <b>From NE To S</b>
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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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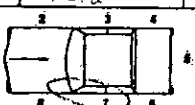
<b>B</b> Unit No. <u>2</u> No. Of Occupants <u>1</u> Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>All State</b>	992746949
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Driver - Pedestrian Name (Last, First, MI) <b>Wood, Lawrence, J</b>	Address (No., Street, State, Zip Code) <b>5946 Woodspoint Dr</b>
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Phone No.	Birth Date <b>M 9 D 30 Y 1977</b>	Age <b>41</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>RC779699</b>	Occupation <b>Self employed</b>
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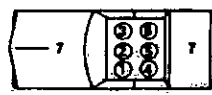
Owner (If Same As Driver, Write Same) <b>Same</b>	Address	Phone
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Veh. Year <b>2008</b>	Make <b>Ford</b>	Model <b>F350</b>	Color <b>White</b>	Style <b>TR</b>	State <b>OH</b>	License Plate No. <b>103YKN</b>	Towing Service	Veh/Ped Dir <b>From NW To NE</b>
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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 type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input 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
<b>C</b>											
<b>D</b>											
<b>E</b>											
<b>F</b>											
<b>G</b>											
<b>H</b>											
<b>I</b>											



**P-PEDESTRIAN**



**Restraints**

A	B	C	D	E	F
4	4				

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	1				

1 Not Ejected  
2 Partial  
3 Total  
4 Trapped Inside Vehicle

Occupant Section

Date Report Filed <b>M 12 D 17 Y 2018</b>	Desk Officer's Name & Badge # <b>Deputy Rasfeld #12182</b>
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Local Report Number  
000180050071

Describe What Happened  
Refer To Units  
By Number

While backing out of a parking space, unit 1 struck unit 2

<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 <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> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		<b>One MV In Transport (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 Overtaking 17 Other Non-Collision	
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade		<b>Location</b> 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> 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> # 2 A B		<b>Pre-Crash Actions</b> A 10 B 3		<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 (With Traffic) 20 Walking In Road (Against Traffic) 21 Walking In Road (With 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 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>Vehicle Defects</b> Code if Contributing Factor is 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table>		Primary	A	B	Secondary	A	B														
Primary	A	B																							
Secondary	A	B																							
<b>Truck Load</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 Tractor Trailer/Flgs		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																					
<b>Speed</b> <table border="1"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> </tr> <tr> <td>A</td> <td>1</td> <td></td> </tr> <tr> <td>B</td> <td>5</td> <td></td> </tr> </table>		Unit	Estimated	Legal	A	1		B	5		<b>Motorcycle Helmet Use</b> <table border="1"> <tr> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> </tr> </table>		Unit	Driver	Pass	A			B			<b>Driver</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> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	
Unit	Estimated	Legal																							
A	1																								
B	5																								
Unit	Driver	Pass																							
A																									
B																									
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<b>Pedestrian</b> 14 No Controls 15 Crossover Lines 16 Walk Don't Walk Device																					