

# Local Traffic Crash Report

Local Report Number 00418-0050283

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 12 D 18 Y 18</u>	Day <u>Tuesday</u>	Time <u>1617</u>	AM PM <input checked="" type="checkbox"/>
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Crash Occurred On Bauer Road Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ Of 2230

A Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Allstate # 980 307 764</u>
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Driver - Pedestrian Name (Last, First, MI) Fite, Griffin Kyle Address (No., Street, State, Zip Code) 221 Wayne Ave Hamersville, Oh. 45130

Phone No.	Birth Date <u>M 06 D 19 Y 01</u>	Age <u>17</u>	Sex <u>M</u>	State <u>Oh.</u>	Drivers License No. <u>US434233</u>	Occupation
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Owner (If Same As Driver, Write Same) Fite, Heather J. Address 221 Wayne Ave Hamersville, Oh. 45130 Phone \_\_\_\_\_

Veh. Year <u>2001</u>	Make <u>ISUZU</u>	Model <u>TRUCKER</u>	Color <u>Maroon</u>	Style <u>SCV</u>	State <u>Oh.</u>	License Plate No. <u>HFF1951</u>	Towing Service <u>AAA</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 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 checked="" 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.	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) \_\_\_\_\_

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) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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C From Unit No. <u>1</u>	Name (Last, First, MI) <u>Asbury, Cassidy Taylor</u>	Birth Date <u>M 09 D 17 Y 00</u>	Age <u>18</u>	Position A   B   C   D   E   F <u>3   3</u>
	Address <u>3358 old state Rd Mt. Orab, Oh. 45154</u>	Phone	Sex <u>F</u>	

D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
	Address	Phone	Sex	

E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
	Address	Phone	Sex	

F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Restraints A   B   C   D   E   F <u>4   4   4</u>
	Address	Phone	Sex	

G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	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
	Address	Phone	Sex	

H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Ejection A   B   C   D   E   F <u>1   1   1</u>
	Address	Phone	Sex	

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
	Address	Phone	Sex	

Date Report Filed M 12 D 18 Y 18 Desk Officer's Name & Badge # [Signature]

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 00018-0050283  
 Describe What Happened: Unit #1 was pulling into a parking spot when his brakes went out. Unit #1 went over the curb and ran into the building causing damage. vehicle was Towed by AAA. at owners Request.

<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> 1 <b>Two MV In Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <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>Non-Collision</b> 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 Non-Intersection 8 Private Property	<b>Diagram</b> 2230 Bower Curb #1 #1 #1 SHOW NORTH WITH ARROW
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<b>Type of Unit</b> # 1	<b>Pre-Crash Actions</b> A 8 B	<b>Contributing Factor</b> A 18 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>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>Traffic Control</b> A 12 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>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk-Over/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 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material  <b>Truck Axles</b> A B Tractor Trailer Flgs	<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>Speed</b> Unit Estimated Legal A S 0 B  <b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B  1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet									