

Local Traffic Crash Report

Local Report Number 000180051982

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 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>12-31-18</u>	Day <u>Mon</u>	Time <u>1823</u>	AM PM
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Crash Occurred On <u>SR 125</u>	Within The Intersection Of
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If Not In Intersection	N	W	E	S	O	(List Nearest Intersecting Street, Milepost, House No.) <u>1340</u>
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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>-</u>
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Driver - Pedestrian Name (Last, First, MI) <u>METCALFE, PAUL</u>	Address (No., Street, State, Zip Code) <u>3882 WOLF CREEK LANE UNIT 45102</u>
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Phone No.	Birth Date <u>M 2-9-78</u>	Age	Sex <u>M</u>	State <u>FL</u>	Driver's License No. <u>-</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>JONES, JEFF</u>	Address <u>1245 TEN MILE NEW RICHMOND 45107</u>	Phone
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Veh. Year <u>96</u>	Make <u>OLDS</u>	Model <u>BREV</u>	Color <u>GRN</u>	Style <u>UPR</u>	State <u>OH</u>	License Plate No. <u>FPS 8589</u>	Towing Service <u>NA</u>	Veh/Ped Dir From <u>E</u> To <u>W</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 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>2</u>	No. Of Occupants <u>0</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>MULL, RICHARD</u>	Address (No., Street, State, Zip Code) <u>3476 BARNES RD GEORGETOWN 45121</u>
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Phone No.	Birth Date <u>M 4-13-67</u>	Age	Sex <u>M</u>	State <u>OH</u>	Driver's License No. <u>125323645</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>14</u>	Make <u>CHEV</u>	Model <u>SUV</u>	Color <u>BLU</u>	Style <u>UPR</u>	State <u>OH</u>	License Plate No. <u>CHR 5501</u>	Towing Service <u>NA</u>	Veh/Ped Dir From <u>E</u> To <u>W</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 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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Driver - Pedestrian - Vehicle Section

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

P-PEDESTRIAN

Restraints

A	B	C	D	E	F
4					

Ejection

A	B	C	D	E	F
1					

1 Not Ejected
2 Partial
3 Total
4 Trapped Inside Vehicle

Occupant Section

Date Report Filed <u>M 12-31-18</u>	Desk Officer's Name & Badge # <u>DEP M. ROSS 2064</u>
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Local Report Number **18-51982** Describe What Happened
 Refer To Units By Number
unit 1 struck unit 2 (PARKED) with backhine. PHOTOGRAPHS TAKEN. NO INJURIES.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	2	First Harmful Event 3 Two MV In Trasport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	<p>* NOT TO SCALE</p> <p>SHOW NORTH WITH ARROW</p>
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	2	One MV In Trasport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	5	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	Location 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	
Occurence 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			

Type of Unit # 1 4 2 5	Pre-Crash Actions A 10 B 9	Contributing Factor A 1 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 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle	Bus 16 School Bus 17 Charter 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Showmobile 28 Construction Equip. 29 Animal W/Driver 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 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless 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 In Road 25 Pushing/Working on Vehicle In Road 26 Other In Road 27 On Sidewalk or Shoulder Driver Error 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 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 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																		
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<table border="1"> <tr> <th colspan="3">Speed</th> <th colspan="3">Motorcycle Helmet Use</th> </tr> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td>5</td> <td>-</td> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td>0</td> <td>-</td> <td>B</td> <td></td> <td></td> </tr> </table>	Speed			Motorcycle Helmet Use			Unit	Estimated	Legal	Unit	Driver	Pass	A	5	-	A			B	0	-	B			Traffic Control A 1 B 2 Fixed Object Struck A 1 B 1 Driver 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk Don't Walk Device	Truck Load 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 Truck Axles A B Tractor Trailer Flgs
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