

# Local Traffic Crash Report

Local Report Number 2015-26274

|  |  |  |  |  |
|--|--|--|--|--|
| Report Taken                               | <input checked="" type="checkbox"/> On Scene<br><input type="checkbox"/> Headquarters<br><input type="checkbox"/> Substation       | Total Number of Vehicles and Pedestrians Involved<br><u>2 VEHICLES</u>   | Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)<br><input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150   |  |
| In County Of                               | <u>CLERMONT</u>  | • Within corporate limits of:<br>(if not, file with correct agency)  | Date of Crash<br><u>M 03 022 Y 15</u> Day <u>SUNDAY</u> Time <u>1850</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>  |  |
| Crash Occurred On                          | <u>76 Wcy CREEK</u> Within The Intersection Of <u>Wcy Run ROAD</u>   |  |  |  |
| If Not In Intersection                     | (List Nearest Intersecting Street, Milepost, House No.)<br>Miles <u>300</u> Feet <u>W</u> <u>S</u> <u>E</u> Of <u>76 Wcy CREEK</u> |  |  |  |
| <b>A</b> Unit No.                          | <u>1</u>   | No. Of Occupants<br><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<br><u>PROGRESSIVE BFM INS.</u> <u>513-732-2600</u>   |  |
| Driver - Pedestrian Name (Last, First, MI) | <u>GAMBREL, LORENA G</u> Address (No., Street, State, Zip Code)<br><u>1560 BETHEL NEW RICHMOND #69 NEW RICHMOND OH 45157</u>       |  |  |  |
| Phone No.                                  | Birth Date<br><u>M 09 014 Y 61</u>   | Age<br><u>53</u>   | Sex<br><u>F</u> State<br><u>OH</u> Drivers License No.<br><u>RU171509</u> Occupation   |  |
| Owner (If Same As Driver, Write Same)      | <u>SAME</u> Address Phone  |  |  |  |
| Veh. Year                                  | Make   | Model  | Color  |  |
| <u>2012</u>                                | <u>FORD</u>  | <u>FOCUS</u>   | <u>SILVER</u>  |  |
| Style                                      | State  | License Plate No.  | Towing Service   |  |
| <u>HB</u>                                  | <u>OH</u>  | <u>GCZ4864</u>   |  |  |
| Circle Damage Areas                        | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer  | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input checked="" type="checkbox"/> Functional<br><input type="checkbox"/> Disabling | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy  |  |
|  |  |  | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed   |  |
|  |  |  | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire   |  |
| <b>B</b> Unit No.                          | <u>1</u>   | No. Of Occupants<br><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<br><u>FARMERS DANIEL BRINCIC</u> <u>513-752-0900</u> |  |
| Driver - Pedestrian Name (Last, First, MI) | <u>MCDONALD, TARA R.</u> Address (No., Street, State, Zip Code)<br><u>43 AMELIA OLIVE BRANCH AMELIA, OH 45702</u>                  |  |  |  |
| Phone No.                                  | Birth Date<br><u>M 09 006 Y 81</u>   | Age<br><u>33</u>   | Sex<br><u>F</u> State<br><u>OH</u> Drivers License No.<br><u>RY525339</u> Occupation   |  |
| Owner (If Same As Driver, Write Same)      | <u>SAME</u> Address Phone  |  |  |  |
| Veh. Year                                  | Make   | Model  | Color  |  |
| <u>1999</u>                                | <u>CHRYSLER</u>  | <u>NEON</u>  | <u>PURPLE</u>  |  |
| Style                                      | State  | License Plate No.  | Towing Service   |  |
| <u>4S</u>                                  | <u>OH</u>  | <u>GFD5440</u>   |  |  |
| Circle Damage Areas                        | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer  | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input checked="" type="checkbox"/> Functional<br><input type="checkbox"/> Disabling | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy  |  |
|  |  |  | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed   |  |
|  |  |  | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire   |  |
| <b>C</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  | Position<br>A B C D E F  |
|  | Address  | Phone  | Sex  |  |
| <b>D</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  |  |
|  | Address  | Phone  | Sex  |  |
| <b>E</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  |  |
|  | Address  | Phone  | Sex  |  |
| <b>F</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  | Restraints<br>A B C D E F  |
|  | Address  | Phone  | Sex  | 1 Not Used<br>2 None Available<br>3 Lap Belt Used<br>4 Lap/Shoulder Belt Used<br>5 Shoulder Belt Used<br>6 Child Safety Seat<br>7 Air Bag Used<br>8 Use Not Reported |
| <b>G</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  | Ejection<br>A B C D E F  |
|  | Address  | Phone  | Sex  |  |
| <b>H</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  | 1 Not Ejected<br>2 Partial<br>3 Total<br>4 Trapped Inside Vehicle  |
|  | Address  | Phone  | Sex  |  |
| <b>I</b> From Unit No.                     | Name (Last, First, MI)   | Birth Date<br>M D Y  | Age  |  |
|  | Address  | Phone  | Sex  |  |
| Date Report Filed                          | Desk Officer's Name & Badge #  |  |  |  |
| <u>M 03 022 Y 15</u>                       | <u>DEPUTY SCHUBERT #10021</u>  |  |  |  |

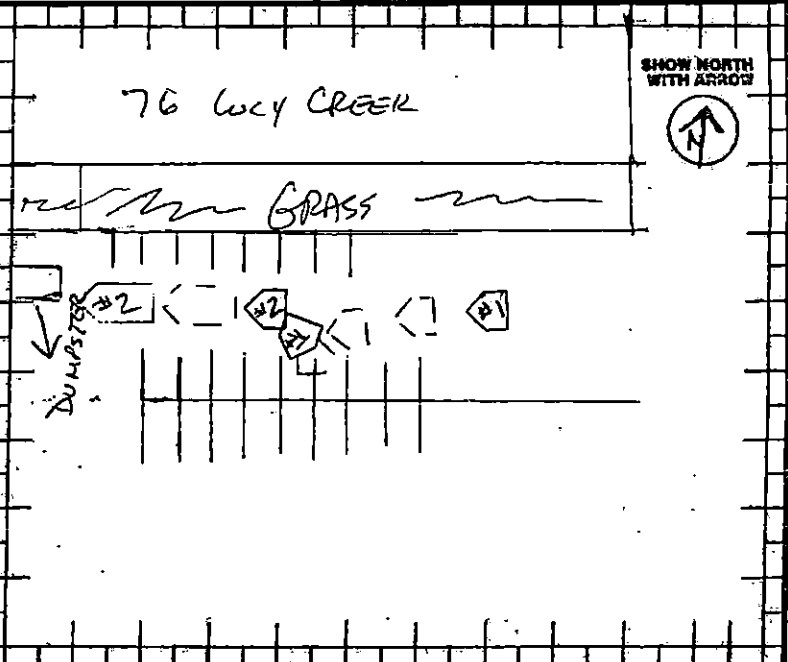
Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 2015-26274  
 Describe What Happened Refer To Units By Number: UNIT #1 WAS ATTEMPTING TO BACK INTO A DESIGNATED PARKING SPOT. UNIT #2 WAS ATTEMPTING TO BACK AWAY FROM THE DUMPSTER LOCATED IN THE SAME AREA. UNIT #1 AND UNIT #2 BACKED INTO EACH OTHER. CAUSING MINOR DAMAGE.

|   |   |
|---|---|
| <b>Weather Conditions</b>                             |   |
| 1 No Adverse Weather<br>2 Rain<br>3 Snow              | 4 Fog<br>5 High Wind<br>6 Other                           |
| <b>Road Conditions</b>                                |   |
| 1 Dry<br>2 Wet<br>3 Snow                              | 4 Ice<br>5 Dirt/Sand<br>6 Other                           |
| <b>Light</b>  |   |
| 1 Daylight<br>2 Dawn<br>3 Dusk                        | 4 Dark No Lights<br>5 Dark Lighted<br>6 Other             |
| <b>Road Contour</b>                                   |   |
| 1 Straight Level<br>2 Straight Grade                  | 3 Curve Level<br>4 Curve Grade                            |
| <b>Occurrence</b>                                     |   |
| 1 On Roadway<br>2 Off Left Side                       | 3 Off Right Side<br>4 On Opposing Lane of Divided Highway |
| <b>Special Area</b>                                   |   |
| 1 Road Construction/Maintenance Area<br>2 School Zone |   |

|   |
|---|
| <b>First Harmful Event</b>  |
| <b>Two MV In Transport</b>  |
| 1 Head On<br>2 Rear-End<br>3 Backing<br>4 Sideswipe Meeting<br>5 Sideswipe Passing<br>6 Angle   |
| <b>One MV In Transport (Collision)</b>  |
| 7 Parked<br>8 Pedestrian<br>9 Animal<br>10 Trail<br>11 Pedal Cycle<br>12 Other Non-MV<br>13 Fixed Object<br>14 Other Object   |
| <b>Non-Collision</b>  |
| 15 Fall From or In MV<br>16 Overtaking<br>17 Other Non-Collision  |
| <b>Location</b>   |
| 1 Intersection<br>2 Intersection-Related<br>3 Driveway Access<br>4 Railroad Crossing<br>5 Bridge/Passing Over<br>6 Bridge/Passing Under<br>7 Non-Intersection<br>8 Private Property |



|  |                  |  |
|--|------------------|--|
| Type of Unit   | A                | B                                      |
| 1<br>2<br>3<br>4   | 1                | 2                                      |
| <b>Car</b>   |                  |  |
| 1 Sub-Compact<br>2 Compact<br>3 Mid-Size<br>4 Full-Size  |                  |  |
| <b>Truck</b>   |                  |  |
| 5 Pickup<br>6 Panel/Van<br>7 Straight Truck<br>8 Straight Truck & Trailer<br>9 Truck/Tractor<br>10 Tractor & Semi-Trailer<br>11 Tractor & Double Trailer   |                  |  |
| <b>Motorcycle</b>  |                  |  |
| 12 MC up to 250cc<br>13 MC up to 750cc<br>14 MC over 750cc<br>15 Motorized Bicycle   |                  |  |
| <b>Bus</b>   |                  |  |
| 16 School Bus<br>17 Charter<br>18 Public   |                  |  |
| <b>Emergency</b>   |                  |  |
| 19 Police Vehicle<br>20 Fire Truck<br>21 Ambulance/Rescue  |                  |  |
| <b>Other</b>   |                  |  |
| 22 Taxi<br>23 Motor Home<br>24 Train<br>25 Farm Vehicle<br>26 Farm Equipment<br>27 Streetcar<br>28 Construction Equip.<br>29 Animal W/Bidder<br>30 Animal W/Buggy<br>31 Bicycle<br>32 All Others |                  |  |
| P = Pedestrian   |                  |  |
| <b>Speed</b>   |                  |  |
| Unit Estimated Legal   | Unit Driver Pass |  |
| A 05   | A                |  |
| B 05   | B                |  |
| 1 No Helmet<br>3 Full Facial Guard   |                  | 2 Full Coverage<br>4 Other Type Helmet |

|  |   |   |
|--|---|---|
| Pre-Crash Actions  | A | B |
| 10 10  |   |   |
| <b>Driver Actions</b>  |   |   |
| 1 Going Straight<br>2 Turning Right<br>3 Turning Left<br>4 Turning on Red Light<br>5 L Turn<br>6 Slipped To Turn<br>7 Stopped In Traffic<br>8 Parking/Unparking<br>9 Parked<br>10 Backing<br>11 Passing<br>12 Changing Lanes<br>13 Merging/Exiting Ramp<br>14 Out of Control<br>15 Swerving<br>16 Driveway Vehicle<br>17 Other Driver Action |   |   |
| <b>Pedestrian Actions</b>  |   |   |
| 18 Crossing In X-Walk<br>19 Crossing Other than X-Walk<br>20 Walking In Road (With Traffic)<br>21 Walking In Road (Against Traffic)<br>22 Flying In Road<br>23 Working On Road<br>24 Entering or Leaving Vehicle<br>25 Pushing/Working on Vehicle In Road<br>26 Other In Road<br>27 On Sidewalk or Shoulder                                  |   |   |
| <b>Traffic Control</b>   | A | B |
| 1 No Control<br>2 Stop Sign<br>3 Yield Sign<br>4 Trip Sign<br>5 Traffic Flashers<br>6 School Zone<br>7 Railroad Crossbucks<br>8 Railroad Flatiron<br>9 Railroad Gates<br>10 Construction Barricades<br>11 Police Officer<br>12 Pavement Markings<br>13 Other   | 1 | 1 |
| <b>Fixed Object</b>  | A | B |
| 1 None<br>2 Utility Pole<br>3 Traffic Sign<br>4 Bridge/Culvert<br>5 Guard Rail<br>6 Fence<br>7 Tree<br>8 Scrubbery<br>9 Cart<br>10 Deck<br>11 Encumbrance<br>12 Building<br>13 Mail Box<br>14 Construction Barricade<br>15 Free Standing<br>16 Other Object  | 1 | 1 |
| <b>Driver</b>  |   |   |
| 1 No Control<br>2 Stop Sign<br>3 Yield Sign<br>4 Trip Sign<br>5 Traffic Flashers<br>6 School Zone<br>7 Railroad Crossbucks<br>8 Railroad Flatiron<br>9 Railroad Gates<br>10 Construction Barricades<br>11 Police Officer<br>12 Pavement Markings<br>13 Other   |   |   |
| <b>Pedestrian</b>  |   |   |
| 14 No Control<br>15 Crosswalk Lines<br>16 Walk Don't Walk Device   |   |   |

|  |   |   |
|--|---|---|
| Contributing Factor  | A | B |
| 10 10  |   |   |
| <b>Driver Error</b>  |   |   |
| 1 None<br>2 Failure to Yield<br>3 Unsafe Speed<br>4 Following Too Closely or ACCA<br>5 Ran Red Light<br>6 Ran Stop or Yield Sign<br>7 Improper Turn<br>8 Improper Passing<br>9 Improper Lane Change<br>10 Improper Backing<br>11 Improper Start from Parked Position<br>12 Stopped or Parked Illegally<br>13 Left of Center<br>14 Failure to Control<br>15 Driver Inattention<br>16 Drove Off Road Reason Unknown<br>17 Other Driver Error |   |   |
| <b>Non-Driver Factor</b>   |   |   |
| 18 Vehicle Defects<br>19 Load Shifting, Falling, Spilling<br>20 Pavement Defect<br>21 Shoulder Defect<br>22 Debris on Road<br>23 Downed Traffic Sign/Device<br>24 Vision Obstruction<br>25 Animal Actions<br>26 Pedestrian Actions   |   |   |
| <b>Vehicle Defects</b>   |   |   |
| Code of Contributing Factor's 18   |   |   |
| <b>Primary</b>   | A | B |
| <b>Secondary</b>   | A | B |
| <b>Truck Load</b>  | A | B |
| 1 Empty<br>2 Perishable Goods<br>3 General Freight<br>4 Mobile Heavy Machinery<br>5 Hazardous Gas<br>6 Hazardous Liquid<br>7 Hazardous Solid<br>8 Radioactive Material   |   |   |
| <b>Truck Axles</b>   | A | B |
| 1 Turn Signals<br>2 Head Lamps<br>3 Tail Lamps<br>4 Brakes<br>5 Steering<br>6 Tire Blowout<br>7 Worn or Slack Tires<br>8 Trailer Equipment Defective<br>9 Motor Trouble<br>10 Disabled from Prior Accident<br>11 Other Defects   |   |   |