

Local Traffic Crash Report

Local Report Number 2015-29659

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2	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
In County Of CLERMONT	Within Corporate Limits of (If not, file with correct agency)	Date of Crash M 04 D 01 Y 15 Day WEDNESDAY Time 1130 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Crash Occurred On 1324 SR 125		Within The Intersection Of BRISTOL LAKE DR. WHITE OAK RD.
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ N _____ E _____ S _____ of _____		
A Unit No. 1 No. Of Occupants 1	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. OHIO AUTO INSURANCE Or Agent # 48-986-664 00
Driver - Pedestrian Name (Last, First, MI) MILLER DONALD J.		Address (No., Street, State, Zip Code) 1381 SR 125 ARTZC AMELIA, OH 45102
Phone No. 513-752-5103	Birth Date M 02 D 11 Y 49 Age 66 Sex M State OH	Drivers License No. 23274816 Occupation RETIRED
Owner (If Same As Driver, Write Same) SAME		Address _____ Phone _____
Veh. Year 2014 Make CHEVY Model TRAVESSIE Color GREY Style SW State OH License Plate No. FMN 2229	Towing Service _____	Veh/Ped Dir. From _____ To _____
Circle Damage Areas	9 Top Undercar 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 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
B Unit No. 2 No. Of Occupants UNK	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. UNKNOWN Or Agent UNKNOWN
Driver - Pedestrian Name (Last, First, MI) UNKNOWN		Address (No., Street, State, Zip Code) UNKNOWN
Phone No. UNKNOWN	Birth Date UNKNOWN Age UNK Sex UNK State UNK	Drivers License No. UNKNOWN Occupation UNKNOWN
Owner (If Same As Driver, Write Same) UNKNOWN		Address _____ Phone UNKNOWN
Veh. Year UNK Make UNK Model UNK Color YELLOW Style UNK State UNK License Plate No. UNK	Towing Service _____	Veh/Ped Dir. From _____ To _____
Circle Damage Areas	9 Top Undercar 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 type="checkbox"/> Towed
		Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
C From Unit No. _____	Name (Last, First, MI) _____	Birth Date M _____ D _____ Y _____ Age _____
	Address _____	Phone _____ Sex _____
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 _____
	Address _____	Phone _____ Sex _____
G From Unit No. _____	Name (Last, First, MI) _____	Birth Date M _____ D _____ Y _____ Age _____
	Address _____	Phone _____ Sex _____
H From Unit No. _____	Name (Last, First, MI) _____	Birth Date M _____ D _____ Y _____ Age _____
	Address _____	Phone _____ Sex _____
I From Unit No. _____	Name (Last, First, MI) _____	Birth Date M _____ D _____ Y _____ Age _____
	Address _____	Phone _____ Sex _____
Date Report Filed M 04 D 01 Y 15	Desk Officer's Name & Badge # SWALLEN #11152	Position A _____ B _____ C _____ D _____ E _____ F _____
		Restraints A 8 B _____ C _____ D _____ E _____ F _____
		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 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 2015-29659
 Describe What Happened: UNIT 1 STATES WUILE PARKED AND NOT IN VEHICLE
 A YELLOW VEHICLE UNIT 2 UNKNOWN ON TYPE OR STYLE MAKE OR
 MODEL BACK AT OF A PARKING SPOT NEXT TO UNIT 1 STRICKING UNIT
 1 IN PASSENGER SIDE CAUSING LIGHT DAMAGE. UNIT 2 FLED THE
 SCENE. UNIT 1 DROVE AWAY FROM SCENE TO RESIDENCE WHERE
 THE REPORT WAS FILED.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No. Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	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	First Harmful Event 3 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle One MV in Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	Location 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	Diagram PARKING LOT 1 UNIT 1 UNIT 2 ENTRANCE SR 125 WHITE OAK RD SHOW NORTH WITH ARROW
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Type of Unit # 4 A 1 UNK B 2	Pre-Crash Actions A 9 B 10	Contributing Factor A 1 B 10
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 751cc 15 Motorized Bicycle	Bus 16 School Bus 17 Church 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 Snowmobile 28 Construction Equip. 29 Animal W/Rider 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 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, Failing, 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 Primary A B Secondary 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
Speed Unit Estimated Legal A 0 UNK B 2 UNK	Motorcycle Helmet Use Unit Driver Pass A A B B	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 1 Tractor Trailer Rigs
Traffic Control 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	Fixed Object Struck A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Baricage 15 Fire Hydrant 16 Other Object	Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device