

# Local Traffic Crash Report

Local Report Number **2015-29740**

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>3</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 M <b>4</b> D <b>1</b> Y <b>15</b> Day <b>Wed</b>	Time <b>1608</b> <input type="radio"/> AM <input checked="" type="radio"/> PM
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Crash Occurred On <b>SR 132</b>	Within The Intersection Of
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ S _____ N _____ Of <b>3424</b>	

Unit No. <b>1</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>American Family Ins. Policy # 23164-3528-01</b>
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Driver - Pedestrian Name (Last, First, MI) <b>Smith, Natasha M.</b>	Address (No., Street, State, Zip Code) <b>2730 SR 222 Lot 86 Bethel OH 45106</b>
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Phone No. <b>767-7315</b>	Birth Date <b>4/30/83</b>	Age <b>31</b>	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>K271927D</b>	Occupation
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Owner (If Same As Driver, Write Same) <b>Smith, Steven</b>	Address <b>2730 SR 222 Lot 86 Bethel OH 45106</b>	Phone <b>767-7315</b>
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Veh. Year <b>1998</b>	Make <b>Chevy</b>	Model <b>K1500</b>	Color <b>Green</b>	Style <b>TR</b>	State <b>OH</b>	License Plate No. <b>FUF 2073</b>	Towing Service	Veh/Ped Dir From <b>S</b> To <b>N</b>
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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 checked="" type="checkbox"/> None <input 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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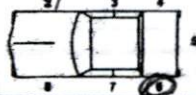
Unit No. <b>2</b>	No. Of Occupants <b>0</b>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>Farmer's Ins. Policy # 186835032</b>
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Driver - Pedestrian Name (Last, First, MI) <b>Amundson, Joseph</b>	Address (No., Street, State, Zip Code) <b>3424 SR 132 #8 Amelia OH 45102</b>
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Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) <b>Amundson, Joseph</b>	Address <b>3424 SR 132 #8 Amelia OH 45102</b>	Phone <b>340-6083</b>
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Veh. Year <b>2012</b>	Make <b>Hyundai</b>	Model <b>Accent</b>	Color <b>Grey</b>	Style <b>4DR</b>	State <b>OH</b>	License Plate No. <b>FIL 2927</b>	Towing Service	Veh/Ped Dir From <b>S</b> To <b>N</b>
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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 checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input type="checkbox"/> No Fire <input checked="" type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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Driver - Pedestrian - Vehicle Section

Occupant Section

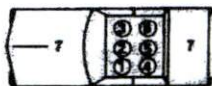
C	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position					
					A	B	C	D	E	F

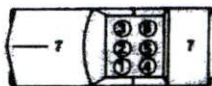
D	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Phone	Diagram 
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E	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Phone	Diagram 
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F	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Phone	Diagram 
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G	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Phone	Diagram 
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H	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Phone	Diagram 
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I	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Phone	Diagram 
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Restraints							
<b>4</b>							

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
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Ejection							
<b>1</b>							

1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
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Date Report Filed M <b>4</b> D <b>1</b> Y <b>15</b>	Desk Officer's Name & Badge # <b>Dep. W. BREWER # 2055</b>
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Local Report Number  
2015-29740

Describe What Happened  
Refer To Units  
By Number

Unit #1 was backing out of a parking spot. Unit #1 struck Unit #2 in the rear driverside door. Unit #2 was parked in front of 3424 SR132.

**Weather Conditions** 1

1 No Adverse Weather  
2 Rain  
3 Snow  
4 Fog  
5 High Wind  
6 Other

**Road Conditions** 1

1 Dry  
2 Wet  
3 Snow  
4 Ice  
5 Dirt/Sand  
6 Other

**Light** 1

1 Daylight  
2 Dawn  
3 Dusk  
4 Dark No Lights  
5 Dark Lighted  
6 Other

**Road Contour** 1

1 Straight Level  
2 Straight Grade  
3 Curve Level  
4 Curve Grade

**Occurrence**

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** 7

**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)**

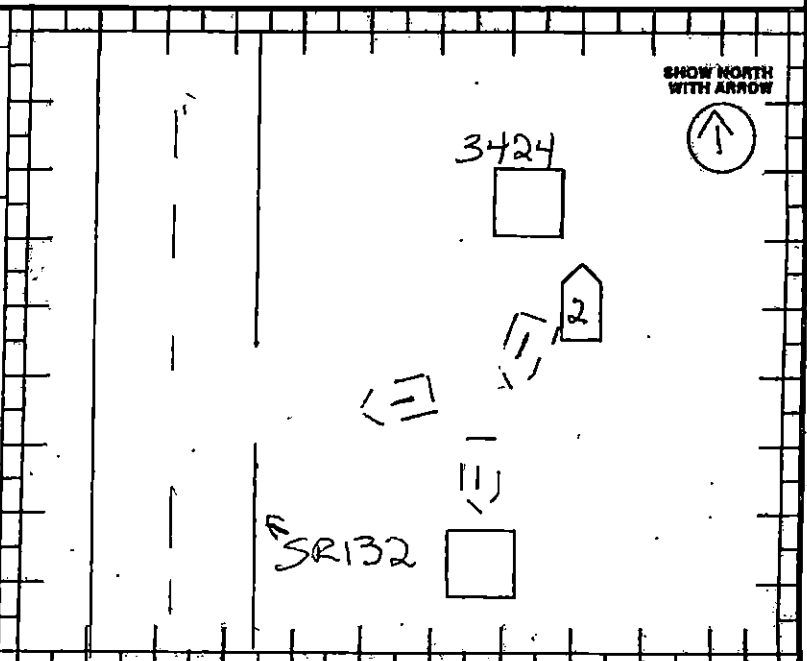
7 Parked  
8 Pedestrian  
9 Animal  
10 Train  
11 Pedal Cycle  
12 Other Non-MV  
13 Fixed Object  
14 Other Object

**Non-Collision**

15 Fall From or in MV  
16 Overtaking  
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



**Type of Unit**

5 1 2 2

**Pre-Crash Actions**

10

**Contributing Factor**

15

**Car**

1 Sub Compact  
2 Compact  
3 Mid-Size  
4 Full Size

**Bus**

16 School Bus  
17 Church  
18 Public

**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

**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 Distracted Vehicle  
17 Other Driver Action

**Pedestrian Actions**

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

**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 Y Contributing Factor is 15

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 Slack Tires  
8 Trailer Equipment Defective  
9 Motor Trouble  
10 Disabled from Prior Accident  
11 Other Defects

**Traffic Control**

A	B
1	

**Fixed Object Struck**

A	B

**Driver**

1 No Controls  
2 Stop Sign  
3 Yield Sign  
4 Traffic Signal  
5 Traffic Flashers  
6 School Zone  
7 Railroad Crossbucks  
8 Railroad Flatcars  
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

**Speed**

Unit	Estimated	Legal
A	35	
B	0	

**Motorcycle Helmet Use**

Unit	Driver	Pass
A		
B		

1 No Helmet  
3 Full Facial Cover  
2 Full Coverage  
4 Other Type Helmet

**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 Reactive Material

**Truck Axles**

A	B

Tractor Trailer Rig