

Local Traffic Crash Report

Local Report Number **2015-30899**

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved 3		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 4 D 05 Y 15		Day Sunday	Time 6:15 AM PM
Crash Occurred On PINEVIEW DR				Within The Intersection Of NOT IN AN INTERSECTION			
If Not In Intersection Miles 10 Feet W ^N ^E or Apartment Building 4 (List Nearest Intersecting Street, Milepost, House No.)							
A Unit No. 1		No. Of Occupants		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent Progressive	
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		Owner (If Same As Driver, Write Same) CLAUDIA ROBERTS 3965 FORT LEE PARKWAY CINCINNATI OH					
Veh. Year 1993	Make Chevy	Model BLAZER	Color MAROON	Style SUV	State OH	License Plate No. GJB1893	Towing Service GRAYS
Veh/Ped Dir From S To N		Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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		Insurance Co. Or Agent JOHNNY PARSONS INS.			
B Unit No. 2		No. Of Occupants 0		Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent JOHNNY PARSONS INS.	
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		Owner (If Same As Driver, Write Same) APRIL DEMINT 4 PINEVIEW DR. APT #1 AMELIA OHIO 45102					
Veh. Year 1997	Make NISSAN	Model SENTRA	Color BLACK	Style 4DOOR	State OH	License Plate No. GGN1241	Towing Service NA
Veh/Ped Dir From W To E		Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy	
Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" 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		Insurance Co. Or Agent JOHNNY PARSONS INS.			

Occupant Section	C From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F					
		Address	Phone	Sex	 P-PEDESTRIAN Restraints A 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					
	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	Ejection A B C D E F 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle						
	Address	Phone	Sex							


Date Report Filed M 4 D 05 Y 15	Desk Officer's Name & Badge # Deputy Bergin #2732
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 2015-30999
 Describe What Happened: Refer To Units By Number Unit #1 WAS OUT OF CONTROL LEFT RIGHT SIDE OF ROADWAY

Overcorrected leaving left side of ROADWAY. Unit #1 struck A Stationary Large Rock then Struck Unit #2 in the Drivers side Rear. This Action Caused Unit #2 to strike Parked Unit #3. Unit #1 then left the Scene and Struck a hand:apped Sign. The Vehicle (Unit #1) was left at the Scene and the Driver was not located.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Harmful Event 5	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 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	SHOW NORTH WITH ARROW  * SEE ATTACHED DRAWING *
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1			
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	2			
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	3			
Occurence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	2			
Special Area 1 Road Construction/Maintenance Area 2 School Zone				

Type of Unit	# 2	A 3	# 2	B 2	Pre-Crash Actions	A 14	B 9	Contributing Factor	A 14	B 1
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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/ Suggy 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			
Speed Unit Estimated Legal A 40 NP B \emptyset		Motorcycle Helmet Use Unit Driver Pass A A B B		Traffic Control A 1 B 1	Fixed Object Struck A 1 B 1	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 Traction Trailer Rigs	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
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		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		