

Local Traffic Crash Report

Local Report Number 2015-50601

SCENE

Report Taken <input 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 type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150	
In County Of CLERMONT	• Within corporate limits of: (if not, file with correct agency)	Date of Crash M 06 D 01 Y 15	Day MONDAY Time 0852 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Crash Occurred On Private Property		Within The Intersection Of	

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
 _____ Miles _____ Feet ^W ^N ^E ^S OF **1788 SR 125**

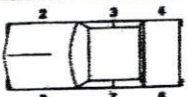
Unit No. A 01	No. Of Occupants 02	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent THE GENERAL
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Driver - Pedestrian Name (Last, First, MI) FRAZIER, SANDRA	Address (No., Street, State, Zip Code) 133 HUNTERS CT. AMELIA, OHIO 45102
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Phone No.	Birth Date M 12 D 17 Y 78	Age 36	Sex F	State OH	Drivers License No. RR522140	Occupation
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Owner (If Same As Driver, Write Same) SAME	Address	Phone
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Veh. Year 2014	Make CHEVY	Model CRUZE	Color SILVER	Style 4S	State OH	License Plate No. GFW4442	Towing Service	Veh/Ped Dir From N To S
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input 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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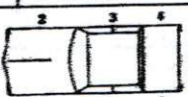
Unit No. B 02	No. Of Occupants 01	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent GEICO
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Driver - Pedestrian Name (Last, First, MI) CARNATHAN, CATHERINE	Address (No., Street, State, Zip Code) 2741 MOORE RD. BETHEL OHIO 45106
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Phone No.	Birth Date M 02 D 04 Y 92	Age 23	Sex F	State OH	Drivers License No. TK289516	Occupation
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Owner (If Same As Driver, Write Same) SAME	Address	Phone
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Veh. Year 2014	Make HONDA	Model CIVIC	Color BLUE	Style 4S	State OH	License Plate No. GLJ7902	Towing Service	Veh/Ped Dir From S To N
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input 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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From Unit No. C 01	Name (Last, First, MI) HOETER, JAYDON	Birth Date M 02 D 04 Y 04	Age 11	Sex M	Position A B C D E F
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Address 1508 Stonelick Woods Dr. Batavia OH 45103	Phone
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
Address	Phone				

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
Address	Phone				

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

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	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
Address	Phone				

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

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped inside Vehicle
Address	Phone				

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
Address	Phone			

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
Address	Phone			

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
Address	Phone			

Date Report Filed 06 01 15	Desk Officer's Name & Badge # Det. D. Scott 6R52
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number
2015-50601

Describe What Happened
Refer To Units
By Number

BOTH UNITS #1 & UNIT #2 WERE IN A

PARKING LOT & BACKED INTO EACH OTHER. UNIT #2 HAD BACKED FROM
HER PARKING SPOT & WAS MANEUVERING HER CAR. UNIT #1 WAS BACKING
FROM HER SPOT. THE VEHICLES TOUCHED BUMPERS. THERE WAS NO VISIBLE
DAMAGE TO EITHER CAR. I COULD NOT EVEN TELL WHERE THE
VEHICLES TOUCHED.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		First Harmful Event Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other		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	
Road Contour 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			

Type of Unit # 1 <u>3</u> # 2 <u>3</u>		Pre-Crash Actions A <u>10</u> B <u>10</u>		Contributing Factor A <u>15</u> B <u>15</u>			
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 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 <u>2</u> <u> </u> <u> </u> B <u>2</u> <u> </u> <u> </u>		Motorcycle Helmet Use Unit Driver Pass A <u> </u> <u> </u> <u> </u> B <u> </u> <u> </u> <u> </u>		Traffic Control A <u>0</u> B <u>0</u> Fixed Object Struck A <u>1</u> B <u>1</u> 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 <u> </u> B <u> </u> 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 <u> </u> B <u> </u> Tractor Trailer Rigs	
Vehicle Defects Code If Contributing Factor is 15 Primary A <u> </u> B <u> </u> Secondary A <u> </u> B <u> </u> 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							