

# Local Traffic Crash Report

Local Report Number 2015-58989

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</u>	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 <u>Clermont</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash <u>Mar 05 2015</u>	Day <u>Monday</u>	Time <u>1100</u>	(AM) PM
---------------------------------	---	-------------------------------------	----------------------	---------------------	------------

Crash Occurred On <u>2400 Clermont Center Dr</u>	Within The Intersection Of <u>Parking Lot</u>
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ N _____ S _____ Of _____	

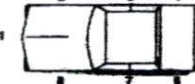
Unit No. <u>1</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Alfa Vision Ins</u>
-------------------	------------------	--	--

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) <u>Joseph Aohcraft</u>	Address <u>794 S Broadway, Bladchester OH 45107</u>
---	--

Veh. Year <u>1998</u>	Make <u>Dodge</u>	Model <u>Delta</u>	Color <u>Green</u>	Style <u>PLU</u>	State <u>OH</u>	License Plate No. <u>GKK8103</u>	Towing Service	Veh/Ped Dir From <u>N</u> To <u>S</u>
--------------------------	----------------------	-----------------------	-----------------------	---------------------	--------------------	-------------------------------------	----------------	--

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 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
--	---	--	---	--	--

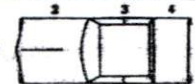
Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
----------	------------------	---	------------------------

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)	Address
---------------------------------------	---------

Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To
-----------	------	-------	-------	-------	-------	-------------------	----------------	------------------------

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 type="checkbox"/> None <input 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 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	Sex	Position					
						A	B	C	D	E	F
		Address	Phone								

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

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

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

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

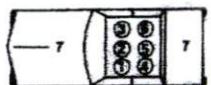
H	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
		Address	Phone								

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

Date Report Filed <u>Mar 05 2015</u>	Desk Officer's Name & Badge # <u>Dep Serg 2038</u>
---	---

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints

- 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

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle



Local Report Number: [ ] Describe What Happened: **Unit 1 WAS parked in a parked area for the Child Support case of Oarment City of OH. Unit 1 owner parked vehicle at 10:00 am and at 11:00 am when he walked out to his vehicle he noticed unknown vehicle had hit the left side of his vehicle and left.**

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Harmful Event</b> <b>Two MV In Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <b>One MV In Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<b>Location</b> 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	<b>Diagram Area</b> SHOW NORTH WITH ARROW 
--	---	---	---	---	--	---	--	--

<b>Type of Unit</b> # <u>5</u> A <u>1</u> B <u>1</u>	<b>Pre-Crash Actions</b> A <u>9</u> B <u>1</u>	<b>Contributing Factor</b> A <u>1</u> B <u>1</u>
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle <b>Bus</b> 16 School Bus 17 Church 18 Public <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Other</b> 22 Taxi 23 Motor Home 24 train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Fider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	<b>Driver Actions</b> 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 <b>Pedestrian Actions</b> 18 Crossing In X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road 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 <b>Traffic Control</b> A <u>10</u> B <u>1</u> <b>Driver</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 <b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	<b>Driver Error</b> 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 <b>Non-Driver Factor</b> 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 <b>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A <u>  </u> B <u>  </u> <b>Secondary</b> 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 <b>Truck Load</b> 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 <b>Truck Axles</b> A <u>  </u> B <u>  </u> Tractor Trailer Rigs