

# Local Traffic Crash Report

Local Report Number 2017-124831

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
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In County Of <u>Clermont</u>	• Within corporate limits of: (If not, file with correct agency)	Date of Crash <u>11 07 2017</u>	Day <u>Sunday</u>	Time <u>1330</u>	AM <input checked="" type="checkbox"/>
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Crash Occurred On <u>Private</u>	Within The Intersection Of
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If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.)  
 Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ N \_\_\_\_\_ E \_\_\_\_\_ S \_\_\_\_\_ OF 2191 SR 125 Lot 53 Amelia OH 45102

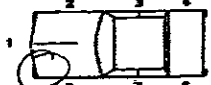
A	Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI) <u>Jones Julia</u>	Address (No., Street, State, Zip Code) <u>2191 SR 125 Lot 49 Amelia OH</u>
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Phone No.	Birth Date <u>11 03 72</u>	Age <u>44</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>RT175164</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Same</u>	Address	Phone
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Veh. Year <u>2014</u>	Make <u>Niss</u>	Model <u>Rogue</u>	Color <u>Red</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>HCR2056</u>	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas: 	9 Top 10 Undercar 11 Hood 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input 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 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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B	Unit No. <u>2</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI) <u>Adams, Kevin</u>	Address (No., Street, State, Zip Code) <u>3843 SR 132 Batavia OH</u>
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Phone No.	Birth Date <u>8 21 87</u>	Age <u>30</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>SQ943650</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Same</u>	Address	Phone
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Veh. Year <u>94</u>	Make <u>Chev</u>	Model <u>Trk</u>	Color <u>Brown</u>	Style <u>Truck</u>	State <u>OH</u>	License Plate No. <u>H664073</u>	Towing Service	Veh/Ped Dir From _____ To _____
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C	From Unit No. <u>2</u>	Name (Last, First, MI) <u>Anderson, Jamie</u>	Birth Date <u>7 07 81</u>	Age <u>36</u>	Position A B C D E F <u>3</u>
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D	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position A B C D E F
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E	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position A B C D E F
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F	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position A B C D E F
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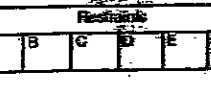
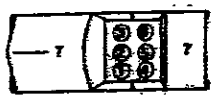
G	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position A B C D E F
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H	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position A B C D E F
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Date Report Filed <u>11-26-17</u>	Desk Officer's Name & Badge # <u>Dep Dyer 3030</u>	Local Report Number <u>2017-124831</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section



- 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



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

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Describe What Happened:  
 By Number: Unit 1 advised unit 2 backed out in front of her causing her to strike the rear bumper of the vehicle

Unit 2 advised unit 1 was speeding and driving recklessly

<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> 3 <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	
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<b>Type of Unit</b> # 4 A # 5 B	<b>Pre-Crash Actions</b> A 1 B 10	<b>Contributing Factor</b> A 3 B 10	
<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 750cc 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/Rider 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 Backing/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 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 <b>Traffic Control</b> A 1 B 1 <b>Fixed Object Struck</b> A 1 B 1 <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 Rear Fied Light 6 Plan 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 17 Reason Unintentional 17 Other Driver Error <b>Truck Load</b> 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 <b>Truck Axes</b> A B Tractor Trailer Rigs	<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 B <b>Secondary</b> 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

<b>Speed</b>	<b>Motorcycle Helmet Use</b>																						
<table border="1"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td>10</td> <td></td> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td>3</td> <td></td> <td>B</td> <td></td> <td></td> </tr> </table>	Unit	Estimated	Legal	Unit	Driver	Pass	A	10		A			B	3		B			<table border="1"> <tr> <td>1 No Helmet</td> <td>2 Full Coverage</td> </tr> <tr> <td>3 Full Facial Cover</td> <td>4 Other Type Helmet</td> </tr> </table>	1 No Helmet	2 Full Coverage	3 Full Facial Cover	4 Other Type Helmet
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