

Local Traffic Crash Report

Local Report Number 2017-126224

Report Taken <input type="checkbox"/> Headquarters <input checked="" 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
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In County Of <u>Clermont</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash <u>11/20/17</u> Day <u>Wednesday</u> Time <u>1400</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Crash Occurred On 3434- SR 132- Amelia Ohio (Route) Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ E _____ S _____ O _____

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 <u>Geico (449301-7513)</u>
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Driver - Pedestrian Name (Last, First, MI) GARCIA, Toni Address (No., Street, State, Zip Code) 941 4-mile Road Cincinnati, OH, 45230

Birth Date 11/05/74 Age 43 Sex F State OH Drivers License No. RP153284 Occupation _____

Owner (If Same As Driver, Write Same) Miguel MARCIAL Address 941 four mile Rd Cincinnati OH

Veh. Year <u>2016</u>	Make <u>Hyun</u>	Model <u>Santa FE</u>	Color <u>White</u>	Style <u>SUV</u>	State <u>OH</u>	License Plate No. <u>HDJ 9216</u>	Towing Service _____	Veh/Ped Dir From _____ To _____
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Circle Damage Areas	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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
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B Unit No. <u>2</u>	No. Of Occupants <u>1</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>SAFE AUTO (OH 60716025A)</u>
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Driver - Pedestrian Name (Last, First, MI) LEWIS, Anna Address (No., Street, State, Zip Code) 76 CUTTY SARK DR Amelia OH

Phone No. _____ Birth Date 8/13/64 Age 53 Sex F State OH Drivers License No. QF-461999 Occupation _____

Owner (If Same As Driver, Write Same) SAME Address _____ Phone _____

Veh. Year <u>1994</u>	Make <u>Chevy</u>	Model <u>CAVALIER</u>	Color <u>BLUE</u>	Style <u>4-door</u>	State <u>OH</u>	License Plate No. <u>EUB 2486</u>	Towing Service _____	Veh/Ped Dir From _____ To _____
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Circle Damage Areas	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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Driver - Pedestrian - Vehicle Section

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

From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Restraints					
						1	2	3	4	5	6

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

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

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

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

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

Date Report Filed M 12 0 6 v 17 Desk Officer's Name & Badge # Deputy Rph #11105

1 Not Used
2 Partial
3 Total
4 Trapped Inside Vehicle

Occupant Section

Local Report Number: 2017-126224
 Describe What Happened: UNIT 1 WAS BACKING OUT OF her PARKING Spot when UNIT #1 BACKED into unit #2. Unit 2 WAS PARKED AT the time of the incident.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		First Harmful Event 3 Two MV in Trasport 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 Trasport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other		Non-Collision 15 Fall From or in MV 16 Overturning 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade		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	
Occurance 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 4 2 2		Pre-Crash Actions A 10 B 9		Contributing Factor A 10 B 1							
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 2 5 B 0 0		Motorcycle Helmet Use Unit Driver Pass A A B B		Traffic Control A B 1 1		Fixed Object Struck A B 1 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		Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B	
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		Truck Axles A B Tractor Trailer Rigs		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	