

# Local Traffic Crash Report

Local Report Number

17-128739

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 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	Day	Time	AM PM
Crash Occurred On				Within The Intersection Of			
SCENIC DR.				N/A			
If Not in Intersection (List Nearest intersecting Street, Milepost, House No.)							
Miles _____ Feet _____ W _____ E _____ OF _____ N/A							
Unit No.	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		
A	1	0			GOOD TO GO INS.		
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)			
N/A							
Phone No.	Birth Date	Age	Sex	State	Driver's License No.	Occupation	
Owner (If Same As Driver, Write Same)				Address			
ARGUE, BOBBY JR.				2755 SR132 Lot 130 New Richmond			
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service
2015	NISSAN	ALTIMA	BLACK	4D	OH	HEA 8433	N/A
Circle Damage Areas		9 Top 10 Undercar 11 Lead 12 Trailer		Damage Severity		Damage Scale	
				<input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		<input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input 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	
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		
B	2	0					
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)			
UNKNOWN							
Phone No.	Birth Date	Age	Sex	State	Driver's License No.	Occupation	
Owner (If Same As Driver, Write Same)				Address			
UNKNOWN							
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service
Circle Damage Areas		9 Top 10 Undercar 11 Lead 12 Trailer		Damage Severity		Damage Scale	
				<input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		<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	

Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
						<b>PEDESTRIAN</b>					
From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Restraints					
						A	B	C	D	E	F
						1 Not Used 2 None Available 3 Lap Belt Used 4 Exp/Shoulder Belt Used 5 Shoulder Belt Used 6 Child Safety Seat 7 Air Bag Used 8 User Not Reported					
From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Ejection					
						A	B	C	D	E	F
						1 Not Ejected 2 Partial 3 Total 4 Trapped inside Vehicle					

Date Report Filed  
M 12 D 23 Y 17

Desk Officer's Name & Badge #  
SUMMERS

Local Report Number: \_\_\_\_\_ Describe What Happened Refer To Units By Number

UNIT #1 WAS PARKED ON SCENIC DR. WHEN HE CAME OUT TO GET IN THE VEHICLE HE FOUND THAT SOMEONE SIDE SWIPED HIS VEHICLE.

<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/Gravel 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> Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Skidwipe Meeting 5 Skidwipe 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	<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</b> 130 SCENIC DR. N 2
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<b>Type of Unit</b> # 1 3 # 2	<b>Pre-Crash Actions</b> A 9 B	<b>Contributing Factor</b> A 1 B
<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/Trailer 30 Animal W/Doggy 31 Bicycle 32 All Others P = Pedestrian	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AQDA 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>Speed</b> Unit Estimated Legal A B B	<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>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>Motorcycle Helmet Use</b> Unit Driver Pass A B	<b>Traffic Control</b> A 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 Signs 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other	<b>Vehicle Defects</b> 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 Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
<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>Fixed Object Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Scaffolding 15 Fire Hydrant 16 Other Object	<b>Truck Axles</b> A B Tractor Trailer Rigs