

Local Traffic Crash Report

Local Report Number 00180005217

R RESIDENCE

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 M 02 D 05 Y 18		Day Monday		Time 0930 AM PM									
Crash Occurred On Sweetbriar				Within The Intersection Of													
If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ OF ZAGAR RD.				(List Nearest Intersecting Street, Milepost, House No.)													
Unit No. 01		No. Of Occupants		Operating <input checked="" 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								Phone					
Veh. Year		Make		Model		Color		Style		State		License Plate No.		Towing Service		Veh/Ped Dir From W To E	
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					
Unit No. 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									
Driver - Pedestrian Name (Last, First, MI) STRONG, TERESA LYNN				Address (No., Street, State, Zip Code) 456 SHANNON CT. BATAVIA, OH 45103													
Phone No.		Birth Date M D Y		Age		Sex		State		Drivers License No.		Occupation					
Owner (If Same As Driver, Write Same) CARTER, ALIEM				Address 1500 ROYAL OAK CT. LOVELAND, OH. 45140								Phone					
Veh. Year 2014		Make FORD		Model ESCAPE		Color SILVER		Style 4S		State OH		License Plate No. HFH3443		Towing Service		Veh/Ped Dir From E To W	
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					

Driver - Pedestrian - Vehicle Section

Occupant Section

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

Restraints

A	B	C	D	E	F

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

A	B	C	D	E	F

1 Not Ejected
2 Partial
3 Total
4 Trapped Inside Vehicle

Date Report Filed **M 02 D 05 Y 18** Desk Officer's Name & Badge # **Dep. D. Scott**

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 Describe What Happened: THE OPERATOR OF UNIT #2 STATED SHE HAD TURNED ONTO SWEETBRIAR DR. FROM ZAGAR RD. WHEN THE OPERATOR OF UNIT #1 WAS APPROACHING HER, SLIDING OUT OF CONTROL & STRUCK HER. THE OPERATOR OF UNIT #1 THEN LEFT THE SCENE. THE OPERATOR OF UNIT #2 DROVE TO AFE RESIDENCE TO REPORT. THERE IS VISIBL DAMAGE - PAINT (YELLOW) TRANSFER L.F. & CRACKED BUMPER. UNIT #2 DRIVER IS DUS.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Harmful Event Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	SHOW NORTH WITH ARROW 
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	3	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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	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	1	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	
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	1		
Special Area 1 Road Construction/Maintenance Area 2 School Zone			

Type of Unit	# 1	A	# 2	B	Pre-Crash Actions	A	B	Contributing Factor	A	B
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size					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			Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Flan Red Light 6 Flan 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 Unknown 17 Other Driver Error		
Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer					Traffic Control 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			Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal-heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material		
Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle					Driver 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device			Truck Axles Tractor Trailer Rigs		
Bus 16 School Bus 17 Church 18 Public					Pedestrian 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object			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		
Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue								Vehicle Defects Code if Contributing Factor is 18		
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								Primary A B		
Speed Unit Estimated Legal								Secondary A B		
Motorcycle Helmet Use Unit Driver Pass										
1 No Helmet 3 Full Facial Cover			2 Full Coverage 4 Other Type Helmet							