

Local Traffic Crash Report

Local Report Number 18-009339

Driver - Pedestrian - Vehicle Section

Occupant Section

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 3	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	Day	Time
			<u>M 3 D 5 Y 18</u>	<u>Monday</u>	<u>11:32</u> AM PM
Crash Occurred On		Within The Intersection Of			
<u>2129 Ohio Pike Amelia, OH 45102</u>					
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)					
Miles _____ Feet _____ W _____ N _____ E _____ S _____ Of _____					
A Unit No.	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 <u>Greenwich Insurance</u>		
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
<u>Geier, Kirby L</u>		<u>1558 Apple Tree Dr, OH, 45102</u>			
Phone No.	Birth Date	Age	Sex	State	Drivers License No.
	<u>M 1 D 3 Y 46</u>	<u>72</u>	<u>M</u>	<u>OH</u>	<u>RU247381</u>
Owner (If Same As Driver, Write Same)		Address			
<u>Lease Plan USA LT</u>		<u>1165 Sanctuary Parkway Alpharetta GA</u>			
Veh. Year	Make	Model	Color	Style	State
<u>2017</u>	<u>Chevy</u>	<u>Colorado</u>	<u>Black</u>	<u>Truck</u>	<u>OH</u>
License Plate No.		Towing Service	Veh/Ped Dir		
<u>NJW 9355</u>		<u>N/A</u>	From <u>E</u> To <u>W</u>		
Circle Damage Areas		Damage Severity	Damage Scale	Vehicle Disposition	
		<input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<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	
B Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input checked="" type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Geico</u>		
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
Phone No.	Birth Date	Age	Sex	State	Drivers License No.
	<u>M D Y</u>				
Owner (If Same As Driver, Write Same)		Address			
<u>Erick Anibal Rodriguez Torres</u>		<u>694 Bang Salt ^{Run} Rd Cincinnati, OH 45244</u>			
Veh. Year	Make	Model	Color	Style	State
<u>1985</u>	<u>Mazda</u>	<u>Rx7</u>	<u>Blue</u>	<u>2-Door</u>	<u>OH</u>
License Plate No.		Towing Service	Veh/Ped Dir		
<u>HBR3164</u>		<u>N/A</u>	From _____ To _____		
Circle Damage Areas		Damage Severity	Damage Scale	Vehicle Disposition	
		<input checked="" 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	<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	
C From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
D From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
E From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
F From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
G From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
H From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
I From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position	
		<u>M D Y</u>		A B C D E F	
	Address	Phone	Sex		
Date Report Filed		Desk Officer's Name & Badge #			
<u>M 3 D 5 Y 18</u>		<u>Deputy Spears #10639</u>			
		Restraints		Ejection	
		A B C D E F		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		1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	

Local Report Number: 18-009339
 Describe What Happened: Unit #1 was backing straight and hit Unit #12. Unit #2 was parked in a parking spot

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Harmful Event 7	Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe 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	SHOW NORTH WITH ARROW Not drawn to scale 	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	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			8
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1				
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1				
Occurrence 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 # 5 A # 1 B	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 Traffic Control A 1 B 1 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	Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With Traffic) 22 Playing in Road 23 Working on Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder Fixed Object Struck A 1 B 1 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 Barricade 15 Fire Hydrant 16 Other Object	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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 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 Truck Axles A B Tractor Trailer Rigs	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 Vehicle Defects 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects