

Local Traffic Crash Report

Local Report Number 001800012596

Report Taken <input type="checkbox"/> Headquarters <input 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>	Date of Crash <u>M 03 D 29 Y 18</u>	Day <u>Thursday</u>	Time <u>1844</u>
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Crash Occurred On Bauer Road Within The Intersection Of _____

If Not In Intersection _____ (List Nearest Intersecting Street, Milepost, House No.)

Miles _____ Feet _____ W _____ E _____ OF 2234

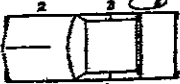
Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Geico # 4454497027</u>
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Driver - Pedestrian Name (Last, First, MI) Mitchell, Timothy L. Address (No., Street, State, Zip Code) 2 Rockwood DR. Amelia, Oh. 45102

Phone No. _____	Birth Date <u>M 12 D 30 Y 77</u>	Age <u>40</u>	Sex <u>M</u>	State <u>Oh.</u>	Drivers License No. <u>RP752480</u>	Occupation _____
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Owner (If Same As Driver, Write Same) Mudd, Kristy M. Address 2 Rockwood DR. Amelia, Oh. 45102

Veh. Year <u>2002</u>	Make <u>Dodge</u>	Model <u>Ram</u>	Color <u>Red</u>	Style <u>TK</u>	State <u>Oh.</u>	License Plate No. <u>6ZV7541</u>	Towing Service _____	Veh/Ped Dir From <u>W</u> To <u>E</u>
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Circle Damage Areas 	8 Top 10 Undercar 11 Lead 12 Trailer	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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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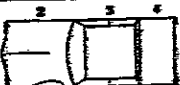
Unit No. <u>2</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Allstate # 980437441</u>
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Driver - Pedestrian Name (Last, First, MI) Richmond, Heather D. Address (No., Street, State, Zip Code) 2690 Swing CR PT Isabel Rd Bethel, Oh. 45106

Phone No. _____	Birth Date <u>M 02 D 05 Y 74</u>	Age <u>44</u>	Sex <u>F</u>	State <u>Oh.</u>	Drivers License No. <u>RT519256</u>	Occupation _____
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Owner (If Same As Driver, Write Same) Richmond, James A Address 2690 Swing CR PT Isabel Road Bethel, Oh. 45106

Veh. Year <u>1999</u>	Make <u>Leos</u>	Model <u>4dr</u>	Color <u>white</u>	Style <u>4dr</u>	State <u>Oh.</u>	License Plate No. <u>GVU3269</u>	Towing Service _____	Veh/Ped Dir From <u>N</u> To <u>S</u>
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Circle Damage Areas 	9 Top 10 Undercar 11 Lead 12 Trailer	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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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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
<u>1</u>	<u>Mudd, Kristy M.</u>	<u>2 Rockwood DR. Amelia, Oh. 45102</u>	<u>M 06 D 24 Y 78</u>	<u>39</u>	<u>F</u>						



P-PEDESTRIAN

Restraints					
A	B	C	D	E	F
<u>4</u>	<u>4</u>	<u>4</u>			

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

Occupant Section

Date Report Filed M 03 D 29 Y 18 Desk Officer's Name & Badge # [Signature]

Local Report Number: 0018-00012596

Describe What Happened: Unit #1 was pulling into the parking and turned the corner to short and struck the front DRIVER side of unit #2. Both DRIVERS advised that they were not injured. Photos were taken and Both vehicles were able to be driven away.

Weather Conditions		2	First Harmful Event		5
Road Conditions		2	Two MV in Transport		
Light		1	One MV in Transport		
Road Contour		1	Location		8
Occurrence					
Special Area					

Diagram Description: A schematic diagram of the accident scene. A vertical road labeled "Bower Rd" runs on the right. A horizontal road labeled "2234" runs on the left. A large rectangular area represents a parking lot. Unit #1 is shown as a diamond-shaped vehicle entering the parking lot from the top. Unit #2 is shown as a diamond-shaped vehicle parked in the lot. A third diamond-shaped vehicle is shown in the middle of the lot. A north arrow is present in the upper right corner of the diagram area, with the text "SHOW NORTH WITH ARROW" and "NOT TO SCALE".

Type of Unit				Pre-Crash Actions				Contributing Factor															
# 1 A 5 B 3 # 2 B 3				A 2 B 8				A 15 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 750cc 15 Motorized Bicycle				Bus 16 School Bus 17 Charter 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/Pider 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 (With Traffic) 20 Walking in Road (Against Traffic) 21 Working in Road 22 Entering or Leaving Vehicle 23 Pushing/Working on Vehicle in Road 24 Other in Road 25 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 17 Other Driver Error				Non-Driver Factor 16 Vehicle Defects 17 Load Shifting, Falling, Spilling 18 Pavement Defect 19 Shoulder Defect 20 Debris on Road 21 Downed Traffic Sign/Device 22 Vision Obstruction 23 Animal Actions 24 Pedestrian Actions			
Speed Unit Estimated Legal A 3 B 0				Motorcycle Helmet Use Unit Driver Pass A B				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				Fixed Object Struck 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 Barricade 15 Fire Hydrant 16 Other Object				Truck Load A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metall-heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material				Vehicle Defects Code if Contributing Factor is 16 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 Sack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects			
Truck Axles A B 1 No Controls 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet				Tractor Trailer Hqs																			