

# Local Traffic Crash Report

Local Report Number 18-13183

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>3</b>	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 <b>Clermont</b>	• Within corporate limits of (if not, file with correct agency)	Date of Crash M <b>4</b> D <b>2</b> Y <b>18</b> Day <b>Monday</b>	Time <b>1200-1930</b> <input checked="" type="radio"/> AM <input type="radio"/> PM
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Crash Occurred On **Driftwood CT** Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ E \_\_\_\_\_ OF **1566**

Unit No. <b>A</b>	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
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Driver - Pedestrian Name (Last, First, MI) \_\_\_\_\_ Address (No., Street, State, Zip Code) \_\_\_\_\_

Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) \_\_\_\_\_ Address **Unknown** Phone \_\_\_\_\_

Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir
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Circle Damage Areas		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
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Unit No. <b>B</b>	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 <b>State Farm 287-2895 B17350</b>
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Driver - Pedestrian Name (Last, First, MI) \_\_\_\_\_ Address (No., Street, State, Zip Code) \_\_\_\_\_

Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) \_\_\_\_\_ Address **Bishop Delta 1565 Driftwood Ct Amelia OH 45102** Phone \_\_\_\_\_

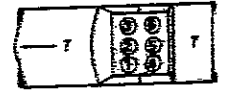
Veh. Year <b>2006</b>	Make <b>Honda</b>	Model <b>Civic</b>	Color <b>Blue</b>	Style <b>2DR</b>	State <b>OH</b>	License Plate No. <b>6Q37992</b>	Towing Service	Veh/Ped Dir
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Circle Damage Areas		Damage Severity <input type="checkbox"/> Non-Functional <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 type="checkbox"/> Driven Away <input checked="" 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

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>C</b>											
<b>D</b>											
<b>E</b>											
<b>F</b>											
<b>G</b>											
<b>H</b>											
<b>I</b>											



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 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 4 D 2 Y 18** Desk Officer's Name & Badge # **Dep. W BREWER # 2055**

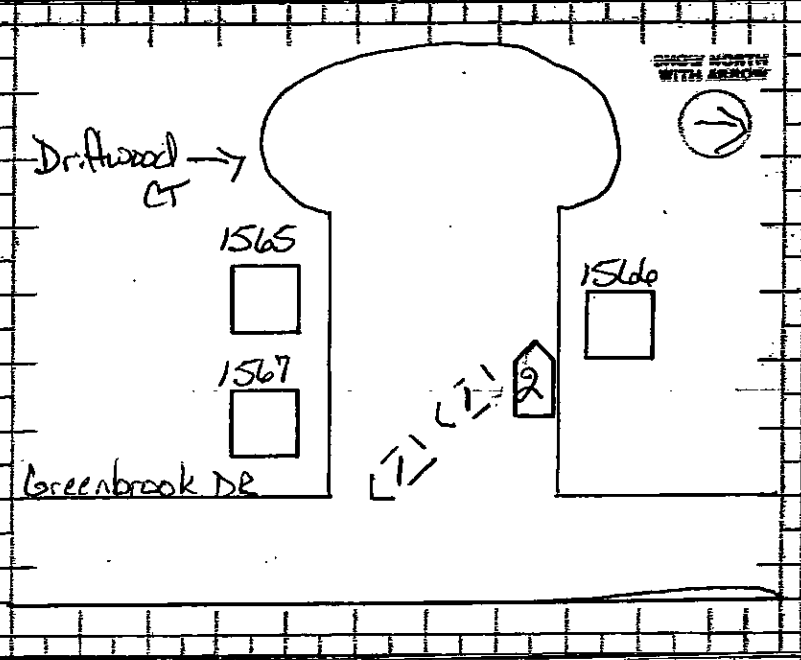
Local Report Number  
**18-13183**

Describe What Happened  
 Date: To Units  
 By: Number

Unit #2 was parked on the street in front of 1566  
 Driftwood Ct. Unit #2 was struck by Unit #1. At this time  
 Unit #1 is unknown type vehicle. Unit #2 was struck in the  
 driverside door.

<b>Weather Conditions</b>		<b>1</b>
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	
<b>Road Conditions</b>		<b>1</b>
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	
<b>Light</b>		<b>1</b>
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	
<b>Road Contour</b>		<b>1</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> <b>7</b>
<b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Side/Swipe Meeting 5 Side/Swipe Passing 6 Angle
<b>One MV in Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object
<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision
<b>Location</b> <b>8</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>Type of Unit</b>	<b>A</b>	<b>B</b>
# 1		# 2 2
<b>Car</b>		<b>Bus</b>
1 Sub Compact 2 Compact 3 Mid Size 4 Full Size		16 School Bus 17 Church 18 Public
<b>Truck</b>		<b>Emergency</b>
5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer		19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue
<b>Motorcycle</b>		<b>Other</b>
12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle		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/Buggy 31 Bicycle 32 All Others
P = Pedestrian		
<b>Speed</b>	<b>Motorcycle Helmet Use</b>	
Unit Estimated Legal	Unit Driver Pass	
A 35 mph	A	
B 0	B	
1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet	

<b>Pre-Crash Actions</b>	<b>A</b>	<b>B</b>
		9
<b>Driver Actions</b>		<b>Pedestrian 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		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 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder
<b>Traffic Control</b>	<b>A</b>	<b>B</b>
	1	1
<b>Driver</b>		<b>Fixed Object Struck</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 Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other		1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Trees 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object
<b>Pedestrian</b>		
14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device		

<b>Contributing Factor</b>	<b>A</b>	<b>B</b>
		15 1
<b>Driver Error</b>		<b>Non-Driver Factor</b>
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 Reason Unknown 17 Other Driver Error		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>Truck Load</b>	<b>A</b>	<b>B</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>Truck Axles</b>	<b>A</b>	<b>B</b>
<b>Tractor Trailer Rigs</b>		
		<b>Vehicle Defects</b>
		Code of Contributing Factor is 18
	<b>Primary</b>	<b>A</b> <b>B</b>
	<b>Secondary</b>	<b>A</b> <b>B</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