

Local Traffic Crash Report

Local Report Number 18-16744

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	
In County Of <u>Clermont</u>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash <u>M 4 D 28 Y 18</u>	Day <u>Saturday</u> Time <u>1030</u>
Crash Occurred On <u>1600 Back</u>		Within The Intersection Of <u>BACK STREET</u>	

If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ N _____ E _____ S _____ Of _____

A Unit No. <u>1</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input checked="" type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>All State</u>
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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 _____ Phone _____

Veh. Year <u>1997</u>	Make <u>Honda</u>	Model <u>Civic</u>	Color <u>White</u>	Style <u>4 Door</u>	State <u>OH</u>	License Plate No. <u>60H-4825</u>	Towing Service _____	Veh/Ped Dir From <u>E</u> To <u>W</u>
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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 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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B Unit No. <u>2</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>NABUwide</u>
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Driver - Pedestrian Name (Last, First, MI) Spores Lena M Address (No., Street, State, Zip Code) 1213 Rolling Meadows Moscow, OH 45153

Phone No. <u>513.553.2301</u>	Birth Date <u>M 07 D 06 Y 31</u>	Age <u>86</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>RH866325</u>	Occupation <u>Retired</u>
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Owner (if Same As Driver, Write Same) SAMC Address _____ Phone _____

Veh. Year <u>2015</u>	Make <u>Subaru</u>	Model <u>Outback</u>	Color <u>Blk</u>	Style <u>SUV</u>	State <u>OH</u>	License Plate No. <u>DQH-4496</u>	Towing Service _____	Veh/Ped Dir From <u>E</u> To <u>W</u>
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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 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

C From Unit No. <u>2</u>	Name (Last, First, MI) <u>Chamberland</u>	Birth Date <u>M 11 D 14 Y 67</u>	Age <u>50</u>	Position <u>A B C D E F</u>
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Address 1213 Rolling Meadows Moscow, OH

D From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	
Address _____	Phone _____	Sex _____	Age _____	

E From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	
Address _____	Phone _____	Sex _____	Age _____	

F From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	
Address _____	Phone _____	Sex _____	Age _____	

G From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Restraints A B C D E F <u>1 4 4</u>
Address _____	Phone _____	Sex _____	Age _____	

H From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	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
Address _____	Phone _____	Sex _____	Age _____	

I From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Ejection A B C D E F <u>1 1 1</u>
Address _____	Phone _____	Sex _____	Age _____	

J From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
Address _____	Phone _____	Sex _____	Age _____	

Date Report Filed M 04 D 28 Y 18 Desk Officer's Name & Badge # Lindsey Frank 1768

Occupant Section

Local Report Number _____ Describe What Happened Refer To Units By Number

Unit 1 was parked and unoccupied and was struck by Unit 2 as Unit 2 rolled out of the parking lot

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		First Harmful Event 5 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 S.E. 232 1600 BANK STREET
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other			
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade			
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway			

Type of Unit # 1 2 # 2 4		Pre-Crash Actions A 9 B 2		Contributing Factor A 1 B 15			
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		Pedestrian Actions 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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	
Speed Unit Estimated Legal A 0 B 1		Motorcycle Helmet Use Unit Driver Pass A B		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 Reason Unknown 17 Other Driver Error			
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		Vehicle Defects Code if Contributing Factor is 15 Primary A B Secondary A B		Tractor Trailer Rigs A B			
Truck Axles A B		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			
Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device		Tractor Trailer Rigs 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					