

Local Traffic Crash Report

Local Report Number 00180025583

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 1/1	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) N/A <input 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 06 D 25 Y 2018 Day Monday Time AM <input type="checkbox"/> PM <input type="checkbox"/>
Crash Occurred On 3207 Jordan Road		Within The Intersection Of	
If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles 100 Feet W <input type="checkbox"/> E <input checked="" type="checkbox"/> OF 3207 Jordan Road			
A Unit No.	1	No. Of Occupants	1
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) Olivia M		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date M 12 D 31 Y 2006	Age	Sex F State OH Drivers License No. N/A Occupation Student
Owner (If Same As Driver, Write Same) GARY MARCUM		Address 3207 Jordan Road	
Veh. Year	unk	Make	Yamaha
Model	Yamaha	Color	Red
Style	Quad	State	OH
License Plate No.		Towing Service	
Circle Damage Areas		Damage Severity	Damage Scale
		<input 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
Vehicle Disposition		Fire	
<input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<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 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	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	
Circle Damage Areas		Damage Severity	Damage Scale
		<input 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
Vehicle Disposition		Fire	
<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<input 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 M D Y	Age
Address		Phone	Sex
D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
Date Report Filed M 06 D 25 Y 18 Desk Officer's Name & Badge # Deputy Boops			

Driver - Pedestrian - Vehicle Section

Occupant Section

Position					
A	B	C	D	E	F
P-PEDESTRIAN					
Restraints					
A	B	C	D	E	F
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle 					

Local Report Number: 0018-06025583
 Describe What Happened: Refer To Units By Number

Weather Conditions 1
 1 No Adverse Weather 4 Fog
 2 Rain 5 High Wind
 3 Snow 6 Other

Road Conditions 1
 1 Dry 4 Ice
 2 Wet 5 Dirt/Sand
 3 Snow 6 Other

Light 2
 1 Daylight 4 Dark No Lights
 2 Dawn 5 Dark Lighted
 3 Dusk 6 Other

Road Contour 2
 1 Straight Level 3 Curve Level
 2 Straight Grade 4 Curve Grade

Occurrence 3
 1 On Roadway 3 Off Right Side
 2 Off Left Side 4 On Opposing Lane of Divided Highway

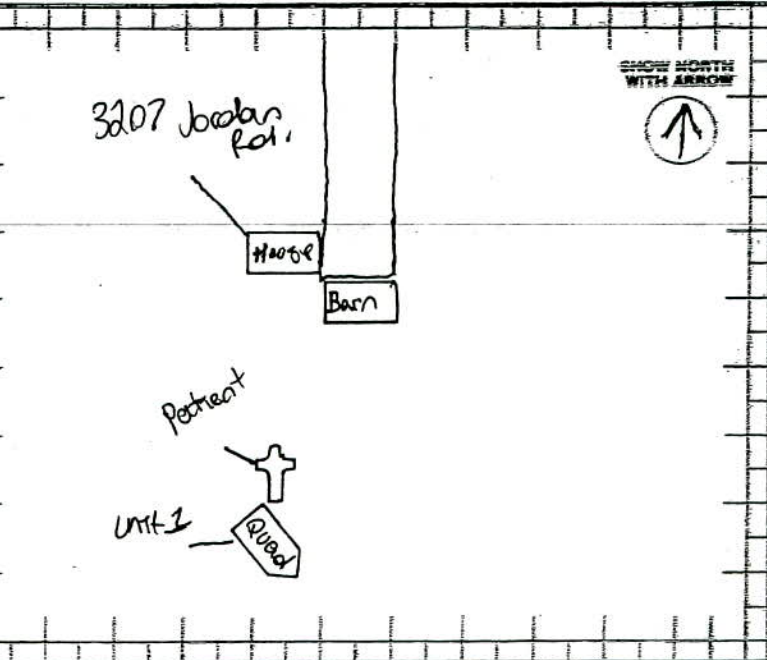
Special Area
 1 Road Construction/Maintenance Area
 2 School Zone

First Harmful Event 15
 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

Location 8
 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



Type of Unit # 32

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

Speed
 Unit Estimated Legal
 A 10
 B

Motorcycle Helmet Use
 Unit Driver Pass
 A
 B

1 No Helmet 2 Full Coverage
 3 Full Facial Cover 4 Other Type Helmet

Pre-Crash Actions 3

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
 25 Pushing/Working on Vehicle in Road
 26 Other in Road
 27 On Sidewalk or Shoulder

Traffic Control 13
 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 16
 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 Scaffolding
 15 Fire Hydrant
 16 Other Object

Driver
 14 No Controls
 15 Crosswalk Lines
 16 Walk/Don't Walk Device

Contributing Factor 17

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

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

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

Truck Axles A B
 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