

Local Traffic Crash Report

Local Report Number **001800005339**

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150
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In County Of Clermont	• Within corporate limits of (If not, file with correct agency)	Date of Crash M 06 25 18	Day Monday	Time 1314	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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Crash Occurred On 2755 SR 132 # 284	Within The Intersection Of - NA -
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ N _____ E _____ S _____ Of _____

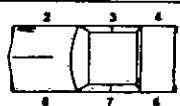
Unit No. A 1	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent John Woods Ins. Agency Inc
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Driver - Pedestrian Name (Last, First, MI) Sisson, Thomas C II	Address (No., Street, State, Zip Code) 3259 Tufe Rd Felicity Ohio 45120
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Phone No.	Birth Date M 8 0 17 90	Age 27	Sex M	State OH	Drivers License No. TD824714	Occupation - NA -
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Owner (If Same As Driver, Write Same) Chelsea Bohlander 1459 Crosstown	Address	Phone
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Veh. Year 2001	Make Mazda	Model	Color White	Style 4 DR	State OH	License Plate No. GTW3953	Towing Service Greys	Veh/Ped Dir From E To W
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 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 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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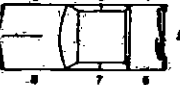
Unit No. B 2	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent Geico
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Driver - Pedestrian Name (Last, First, MI) Thomas Stilwell	Address (No., Street, State, Zip Code) 2755 SR 132 # 284 New Richmond OH 45156
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Phone No.	Birth Date M D Y	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) Thomas Stilwell	Address	Phone
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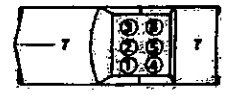
Veh. Year 2014	Make Toyota	Model Camry	Color Silver	Style 4 DR	State OH	License Plate No. GVU3032	Towing Service - NA -	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> 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 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)	Birth Date M D Y	Age	Sex	Position A B C D E F
C					
D					
E					
F					
G					
H					
I					



- Restraints
- | | | | | | |
|---|---|---|---|---|---|
| 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

- Ejection
- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Ejected
 - 2 Partial
 - 3 Total
 - 4 Trapped Inside Vehicle

Date Report Filed M 06 25 18	Desk Officer's Name & Badge # Det. Sang 2038
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Local Report Number: Describe What Happened Refer To Units By Number
 Unit 1 was traveling west bound in mobile home park and ran off the right side of roadway hitting Unit 2 which was parked in the driveway of Lot 284. Unit 1 scraped the back bumper of Unit 2 and kept going.

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

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

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

Road Contour [1]
 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

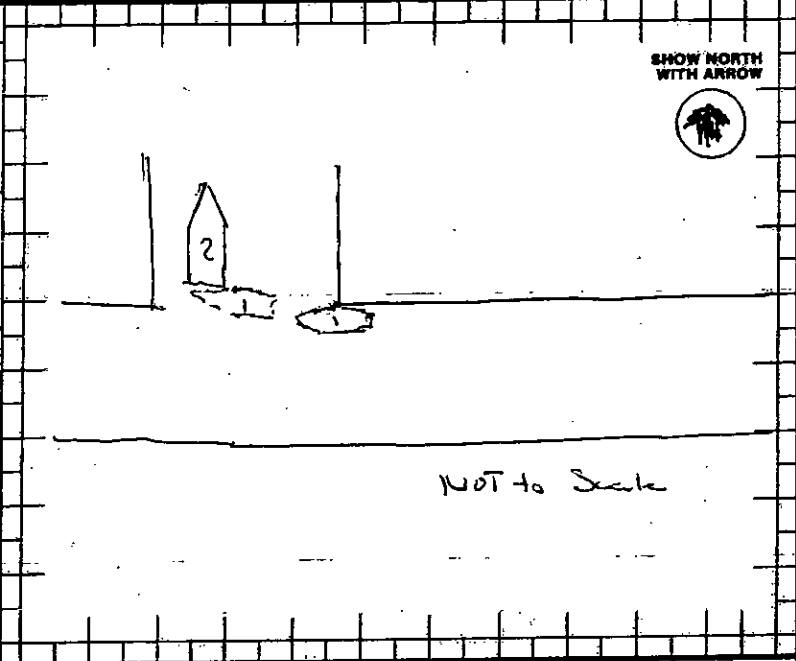
Special Area
 1 Road Construction/Maintenance Area
 2 School Zone

First Harmful Event
Two MV in Trasport
 1 Head On
 2 Rear-End
 3 Backing
 4 Sideswipe Meeting
 5 Sideswipe Passing
 6 Angle

One MV in Trasport (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
 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 [1] [0] [2] [2]
 A B

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 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 X
 B B

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

Pre-Crash Actions [14] A B

Driver Actions
 1 Going Straight
 2 Turning Right
 3 Turning Left
 4 Turning on Red Light
 5 U-Turn
 6 Slipped To Turn
 7 Slipped 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

Traffic Control A 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

Fixed Object Struck A B
 1 None
 2 Utility Pole
 3 Traffic Sign
 4 Bridge/Culvert
 5 Guard Rail
 6 Fence
 7 Tree
 8 Scrubbery
 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 Other Object

Contributing Factor [15] A B

Driver Error
 1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or ACCDA
 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 of Contributing Factor is 18

Primary A B
Secondary A B

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
 1 Turn Signals
 2 Head Lamps
 3 Tail Lamps
 4 Brakes
 5 Steering
 6 Tire Blowout
 7 Worn or Stuck Tires
 8 Trailer Equipment Defective
 9 Motor Trouble
 10 Disabled from Prior Accident
 11 Other Defects