

Local Traffic Crash Report

Local Report Number 180028005

Scene

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) Over \$150 <input checked="" type="checkbox"/> Under \$150 <input type="checkbox"/>
--	---	--

In County Of CLERMONT	• Within corporate limits of (if not, file with correct agency)	Date of Crash M 07 D 12 Y 18	Day THURSDAY	Time 1039	AM PM
---------------------------------	---	--	------------------------	---------------------	----------

Crash Occurred On St. Rt. 125	Within The Intersection Of
---	----------------------------

If Not In Intersection	N (List Nearest Intersecting Street, Milepost, House No.) 1200 (VALUOLINE PARKING LOT)
------------------------	--

Unit No. 02	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 AMERICAN COMMERCE INS. CO
--------------------	---------------------------	--	--

Driver - Pedestrian Name (Last, First, MI) KIMBERLY AUSTIN	Address (No., Street, State, Zip Code) 123 PADDLE WHEEL DR NEW RICHMOND OH. 45157
--	---

Phone No.	Birth Date M 04 D 03 Y 01	Age 17	Sex M	State OH	Drivers License No. US143148	Occupation STUDENT
-----------	---	------------------	-----------------	--------------------	--	------------------------------

Owner (If Same As Driver, Write Same) SEARS, ERIC	Address 123 PADDLE WHEEL NEW RICHMOND OH. 45157	Phone
---	---	-------

Veh. Year 2006	Make PONTIAC	Model G6	Color RED	Style 4S	State OH	License Plate No. EM56XC	Towing Service	Veh/Ped Dir From N To SW
--------------------------	------------------------	--------------------	---------------------	--------------------	--------------------	------------------------------------	----------------	---

Circle Damage Areas 	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
--	--	---	--	--

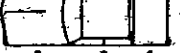
Unit No. 02	No. Of Occupants 01	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent PROGRESSIVE
--------------------	----------------------------	--	--

Driver - Pedestrian Name (Last, First, MI) GEGER, CLINTON	Address (No., Street, State, Zip Code) 1 HIGHLAND MEADOWS HIGHLAND HTS KY. 41076
---	--

Phone No.	Birth Date M 04 D 07 Y 92	Age	Sex M	State KY	Drivers License No. G08797505	Occupation
-----------	---	-----	-----------------	--------------------	---	------------

Owner (If Same As Driver, Write Same) SAME	Address	Phone
--	---------	-------

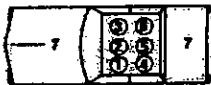
Veh. Year 92	Make LEXUS	Model SC400	Color MARON	Style 2D	State KY	License Plate No. J-277	Towing Service	Veh/Ped Dir From S To N
------------------------	----------------------	-----------------------	-----------------------	--------------------	--------------------	-----------------------------------	----------------	--

Circle Damage Areas 	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 type="checkbox"/> Driven Away <input checked="" 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
--	--	---	--	--

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
C											
D											
E											
F											
G											
H											
I											



P-PEDESTRIAN

- 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 07 D 12 Y 18	Desk Officer's Name & Badge # Dep. D. Scott
--	---

Local Report Number **180028005** Describe What Happened Refer To Units By Number **UNIT # 2 WAS PULLING INTO A PARKING SPACE @ 1200 SR 125 (VALUOLINE). UNIT # 1 WAS BACKING FROM ITS PARKING SPACE & BEGAN TO TURN LEFT INTO THE SIDE OF UNIT # 2. THE OPERATOR OF UNIT # 1 STATED HE WAS LOOKING OVER HIS RIGHT SHOULDER AS HE WAS BACKING & WHEN HE LOOKED LEFT HE SAW UNIT # 2 & THEY STRUCK**

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event 3 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	Location 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	
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		
Special Area 1 Road Construction/Maintenance Area 2 School Zone		

Type of Unit	# 1 A 3 B 2 B	Pre-Crash Actions	A 10 B 1	Contributing Factor	A 10 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 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 Trailer 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 Diverging 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 Shoulder/Shoulder Traffic Control A 12 B 12 Driver 1 No Control 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Fleeters 6 School Zone 7 Railroad Crossbucks 8 Railroad Flatcars 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 Cart 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object Pedestrian 14 No Control 15 Crosswalk Lines 16 No Sidewalk/Walk Device	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 5 Ran Red Light 6 Non-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 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 Tractor Trailer Pkg	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 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects																			
Speed <table border="1"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> </tr> <tr> <td>A</td> <td>S</td> <td></td> </tr> <tr> <td>B</td> <td>S</td> <td></td> </tr> </table>	Unit	Estimated	Legal	A	S		B	S		Motorcycle Helmet Use <table border="1"> <tr> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td>A</td> <td></td> </tr> <tr> <td>B</td> <td>B</td> <td></td> </tr> </table>	Unit	Driver	Pass	A	A		B	B		1 No Helmet 3 Full Face Cover 2 Full Coverage 4 Other Type Helmet		
Unit	Estimated	Legal																				
A	S																					
B	S																					
Unit	Driver	Pass																				
A	A																					
B	B																					