

# Local Traffic Crash Report

Local Report Number 000180029872

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>2 VEH</b>	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 <b>CLERMONT</b>	• Within corporate limits of: <b>BATAVIA TWP</b>	Date of Crash <b>M 7 25 Y 18</b>	Day <b>WED</b>	Time <b>1639</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Crash Occurred On <b>HOSPITAL DR.</b>	Within The Intersection Of
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ OF \_\_\_\_\_ **3000**

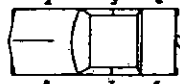
Unit No. <b>A 1</b>	No. Of Occupants <b>0</b>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>AUSTATE 992 087081</b>
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Driver - Pedestrian Name (Last, First, MI) _____	Address (No., Street, State, Zip Code) _____
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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) <b>KAMP, KRISTEN</b>	Address <b>330 NATALIE LN - LEBANON</b>
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Veh. Year <b>2008</b>	Make <b>CHEV</b>	Model <b>EXP</b>	Color <b>RED</b>	Style <b>PC</b>	State <b>OH</b>	License Plate No. <b>1HBA1199</b>	Towing Service <b>NA</b>	Veh/Ped Dir From <b>W</b> To <b>E</b>
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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 checked="" 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 checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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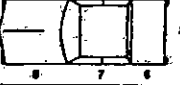
Unit No. <b>B 2</b>	No. Of Occupants <b>3</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>PROGRESSIVE 918821844</b>
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Driver - Pedestrian Name (Last, First, MI) <b>Kelly, Candice</b>	Address (No., Street, State, Zip Code) <b>5513 CEDAR GATE LIBERTY 45044</b>
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Phone No.	Birth Date M D Y <b>1 0 6 87</b>	Age	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>SWC02769</b>	Occupation
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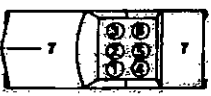





Owner (If Same As Driver, Write Same) <b>McLinney, Patricia</b>	Address <b>5513 CEDAR GATE LIBERTY</b>
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Veh. Year	Make <b>Buick</b>	Model <b>ENCL</b>	Color <b>Blu</b>	Style <b>PC</b>	State <b>OH</b>	License Plate No. <b>LHJF8069</b>	Towing Service <b>NA</b>	Veh/Ped Dir From <b>E</b> To <b>W</b>
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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

Occupant Section

<b>C</b>	From Unit No. <b>2</b>	Name (Last, First, MI) <b>KELLY, LEBRYAN</b>	Birth Date M D Y <b>7 30 13</b>	Age	Position A B C D E F <b>1 5 6</b>
		Address <b>5513 CEDAR GATE LIBERTY</b>	Phone	Sex	
<b>D</b>	From Unit No. <b>2</b>	Name (Last, First, MI) <b>KELLY, SKYLAR</b>	Birth Date M D Y <b>11 02 11</b>	Age	
		Address	Phone	Sex	<b>P-PEDESTRIAN</b>
<b>E</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
		Address	Phone	Sex	
<b>F</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
		Address	Phone	Sex	
<b>G</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
		Address	Phone	Sex	
<b>H</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
		Address	Phone	Sex	
<b>I</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
		Address	Phone	Sex	

Date Report Filed <b>M 7 25 18</b>	Desk Officer's Name & Badge # <b>DEP. M. ROSS 2064</b>
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- Restraints**
- |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
| A        | B        | C        | D        | E        | F        |
| <b>6</b> | <b>4</b> | <b>9</b> | <b>0</b> | <b>1</b> | <b>1</b> |
- Ejection**
- |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
| A        | B        | C        | D        | E        | F        |
| <b>1</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>1</b> | <b>1</b> |
- 1 Not Ejected
  - 2 Partial
  - 3 Total
  - 4 Trapped Inside Vehicle

Local Report Number: \_\_\_\_\_ Describe What Happened: **unit 2 struck unit 1 (PARKED) WHILE PARKING. NO INJURIES. PHOTOS TAKEN**

Refer To Units By Number: \_\_\_\_\_

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark-No.Lights 5 Dark Lighted 6 Other	<b>Road Contour</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>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe 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> 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	
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<b>Type of Unit</b> # 1 6 2 4	<b>Pre-Crash Actions</b> A 9 B 1	<b>Contributing Factor</b> A 1 B 5		
<b>Car</b> 1 Sub-Compact 2 Compact 3 Mid-Size 4 Full-Size <b>Truck</b> 5 Pickup 6 Panel Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck/Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<b>Bus</b> 16 School Bus 17 Church 18 Public <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Other</b> 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Slider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	<b>Driver Actions</b> 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 L 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 <b>Pedestrian Actions</b> 18 Crossing In X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With 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	<b>Driver Error</b> 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	<b>Non-Driver Factor</b> 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>Traffic Control</b> 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	<b>Fixed Object Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Overpass 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	<b>Truck Load</b> A B 1 Empty 2 Perishable Goods 3 General Freight 4 Motor/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	<b>Truck Axles</b> A B 1 Tractor Trailer Pugs	<b>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A B <b>Secondary</b> A 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
<b>Speed</b> Unit Estimated Legal A 0 - B 5 ✓	<b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B	<b>Driver</b> 1 No Controls 2 Slip 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	<b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk Don't Walk Device	