

# Local Traffic Crash Report

Local Report Number 18-33695

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>5</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 <u>Clermont</u>	• Within corporate limits of (If not, file with correct agency)	Date of Crash M <u>8</u> D <u>21</u> Y <u>18</u>	Day <u>Tuesday</u>	Time <u>1345</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <u>SR 125</u>	Within The Intersection Of
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If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ OF _____	(List Nearest Intersecting Street, Milepost, House No.) <u>1788</u>
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Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Geico Ins 4256652290</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Earl, Amy</u>	Address (No., Street, State, Zip Code) <u>921 Old US 52 New R:chmond OH 45157</u>
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Phone No.	Birth Date M <u>8</u> D <u>13</u> Y <u>89</u>	Age <u>29</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>TL1678173</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Same</u>	Address	Phone
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Veh. Year <u>2004</u>	Make <u>Dodge</u>	Model <u>Neon</u>	Color <u>Silver</u>	Style <u>4DR</u>	State <u>OH</u>	License Plate No.	Towing Service	Veh/Ped Dir From <u>N</u> To <u>S</u>
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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 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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Unit No. <u>2</u>	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>NO Insurance</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Lombek, Heather M.</u>	Address (No., Street, State, Zip Code) <u>2666 Norwood Ave Norwood OH 45212</u>
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Phone No.	Birth Date M <u>4</u> D <u>5</u> Y <u>85</u>	Age <u>33</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>SJ751182</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Terwilliger, Scott</u>	Address <u>671 Wilfert Dr Cin OH 45245</u>	Phone
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Veh. Year	Make <u>Chrysler</u>	Model <u>Sebre</u>	Color <u>DK Green</u>	Style	State <u>OH</u>	License Plate No. <u>HKA 1226</u>	Towing Service	Veh/Ped Dir From <u>S</u> To <u>N</u>
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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 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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From Unit No. <u>C</u>	Name (Last, First, MI) <u>Earl, Grace</u>	Birth Date M <u>6</u> D <u>26</u> Y <u>15</u>	Age <u>3</u>	Position A B C D E F
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From Unit No. <u>D</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex 
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From Unit No. <u>E</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex 
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From Unit No. <u>F</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex <b>P-PEDESTRIAN</b>
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From Unit No. <u>G</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
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From Unit No. <u>H</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
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From Unit No. <u>I</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Ejection A B C D E F
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Date Report Filed M <u>8</u> D <u>21</u> Y <u>18</u>	Deck Officer's Name & Badge # <u>Det. W Brewer # 2055</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

- 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

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number: 18-33695  
 Describe What Happened Refer To Units By Number:  
 Unit # 2 was sitting at a gas pump. Unit # 1 pulled in behind Unit # 2 to wait for the pump. Unit # 2 backed into the front of Unit # 1. Unit # 2 left her name with Unit # 1 and left the scene. Contact has not been made with Unit # 2

<b>Weather Conditions</b>		1		<b>First Harmful Event</b>		3	
1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other				<b>Two MV In Transport</b>		1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Road Conditions</b>		1		<b>One MV In Transport</b>		(Collision)	
1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other				7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object		SR 125	
<b>Light</b>		1		<b>Non-Collision</b>		15 Fell From or In MV 16 Overturning 17 Other Non-Collision	
1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other				<b>Location</b>		8	
<b>Road Contour</b>		1		1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Not Intersection 8 Private Property		1788	
1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade						SHOW NORTH WITH ARROW	
<b>Occurrence</b>						1788	
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>Type of Unit</b>		A 2 B 3		<b>Pre-Crash Actions</b>		A 8 B		<b>Contributing Factor</b>		A 1 B 15	
<b>Car</b>		<b>Bus</b>		<b>Driver Actions</b>		<b>Pedestrian Actions</b>		<b>Driver Error</b>		<b>Non-Driver Factor</b>	
1 Sub-Compact 2 Compact 3 Mid-Size 4 Full-Size		16 School Bus 17 Charter 18 Public		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		18 Crossing In X-Walk 19 Crossing Other than X-Walk 20 Walking In Flood (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		1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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		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>Truck</b>		<b>Emergency</b>		<b>Traffic Control</b>		<b>Fixed Object Struck</b>		<b>Truck Load</b>		<b>Vehicle Defects</b>	
5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer		19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue		A 1 B 1		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		1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material		Code if Contributing Factor is 18 Primary A B Secondary A B	
<b>Motorcycle</b>		<b>Other</b>		<b>Driver</b>		<b>Truck Axles</b>		<b>Tractor Trailer Pigs</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	
12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle		22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian		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		A B		A B			
<b>Speed</b>		<b>Motorcycle Helmet Use</b>		<b>Pedestrian</b>							
Unit Estimated Legal		Unit Driver Pass		14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device							
A 0		A									
B 24mph		B									
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet									