

# Local Traffic Crash Report

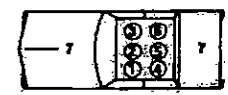
Local Report Number

18-38372

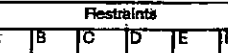
Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)	
In County <b>Clermont</b>		• Within corporate limits of: (if not, file with correct agency)		Date of Crash	Day
Crash Occurred On <b>SR 125</b>		Within The Intersection Of		<b>M 9 D 22 Y 18</b>	<b>SAT</b>
If Not In Intersection		(List Nearest Intersecting Street, Milepost, House No.)		Time	
Miles _____ Feet _____		<b>1958</b>		<b>1615</b>	<b>AM</b>
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>Mutli-He 1780337162</b>		
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
Phone No.	Birth Date	Age	Sex	State	Drivers License No.
Owner (If Same As Driver, Write Same)		Address			
<b>Theodore Alicia</b>		<b>275 Deer Creek Amelia OH 45102</b>			
Veh. Year <b>2012</b>	Make <b>Apex</b>	Model <b>Coachman</b>	Color <b>White</b>	Style <b>Camp</b>	State <b>OH</b>
Circle Damage Areas		Damage Severity		Damage Scale	
		<input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		<input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			
Unit No. <b>B 2</b>	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.
Owner (If Same As Driver, Write Same)		Address			
<b>Heald Bruce</b>		<b>10600 Sprucefield PK C. OH 45215</b>			
Veh. Year <b>1987</b>	Make <b>Larson</b>	Model	Color <b>White</b>	Style <b>Boat</b>	State <b>OH</b>
Circle Damage Areas		Damage Severity		Damage Scale	
		<input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		<input checked="" 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			
From Unit No. <b>C</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
From Unit No. <b>D</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
From Unit No. <b>E</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
From Unit No. <b>F</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
From Unit No. <b>G</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
From Unit No. <b>H</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
From Unit No. <b>I</b>	Name (Last, First, MI)	Birth Date	Age	Position	
	Address	M D Y		A B C D E F	
Date Report Filed	Desk Officer's Name & Badge #				
<b>M 9 D 22 Y 18</b>	<b>Det. W Brewer # 2055</b>				

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN



- 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 **18-38372** Describe What Happened  
 Refer To Units By Number  
**Unit #1 was struck in the rear of the camper while parked at 1958 SR 125.**  
**During my investigation a boat was parked next to Unit #1. The boat has damage. Attempted multiple times unable to make contact w/ owner of Unit #2**

<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>7</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 Overtaking 17 Other Non-Collision	<b>Location</b> <b>8</b> 1 Intersection 2 Intersection-Related 3 Highway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property	<b>SR 125</b> <b>1958</b> <b>SHOW NORTH WITH ARROW</b> 
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<b>Type of Unit</b> #32	<b>Pre-Crash Actions</b> A 9 B	<b>Contributing Factor</b> A 1 B																						
<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 750cc 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/Bldg 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 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  <b>Pedestrian Actions</b> 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																						
<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AQDA 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>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> A B <b>Secondary</b> A B																						
<b>Speed</b> <table border="1"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> </tr> <tr> <td>A</td> <td>0</td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> </tr> </table>	Unit	Estimated	Legal	A	0		B			<b>Motorcycle Helmet Use</b> <table border="1"> <tr> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> </tr> </table>	Unit	Driver	Pass	A			B			<b>Truck Load</b> <table border="1"> <tr> <th>A</th> <th>B</th> </tr> <tr> <td></td> <td></td> </tr> </table>	A	B		
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A	B																							
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<b>Driver</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> <table border="1"> <tr> <th>A</th> <th>B</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>	A	B	1	1	<b>Tractor Trailer Rig</b> <table border="1"> <tr> <th>A</th> <th>B</th> </tr> <tr> <td></td> <td></td> </tr> </table>	A	B																
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