

Local Traffic Crash Report

Local Report Number **18-39026**

| | | |
|--|---|--|
| Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved 3 | 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 |
|--|---|--|

| | | | | | |
|---------------------------------|---|-------------------------------------|------------------------|---------------------|--|
| In County Of Clermont | • Within corporate limits of (if not, file with correct agency) | Date of Crash MO9 027 Y18 | Day Thursday | Time 0445 | AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> |
|---------------------------------|---|-------------------------------------|------------------------|---------------------|--|

Crash Occurred On **Seclusion Ct** Within The Intersection Of

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles **200** Feet **W** **(S)** **E** of **Chesterfield Ct**

| | | | |
|-------------------|---------------------------|--|---|
| Unit No. A | 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 State Farm 871-5623-222-35A |
|-------------------|---------------------------|--|---|

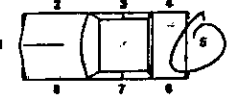
| | |
|--|---|
| Driver - Pedestrian Name (Last, First, MI) Owens, Michelle D | Address (No., Street, State, Zip Code) 4231 Seclusion Ct Batavia OH 45103 |
|--|---|

| | | | | | | |
|-----------|---------------------------------|------------------|-----------------|--------------------|--|------------------------------------|
| Phone No. | Birth Date MS 031 Y86 | Age 32 | Sex F | State OH | Drivers License No. SP110304 | Occupation Aerospace NOT |
|-----------|---------------------------------|------------------|-----------------|--------------------|--|------------------------------------|

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

Same

| | | | | | | | | |
|--------------------------|--------------------------|--------------------------|---------------------|--------------------|--------------------|-------------------------------------|----------------|------------------------|
| Veh. Year 2010 | Make Chevrolet | Model Traverse | Color Red | Style SW | State OH | License Plate No. HJZG917 | Towing Service | Veh/Ped Dir From To |
|--------------------------|--------------------------|--------------------------|---------------------|--------------------|--------------------|-------------------------------------|----------------|------------------------|

| | | | | | |
|--|---|--|---|--|--|
| Circle Damage Areas  | 9 Top 10 Undercar 11 Load 12 Trailer | 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 |
|--|---|--|---|--|--|

| | | | |
|-------------------|---------------------------|--|---|
| Unit No. B | No. Of Occupants 0 | Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent American Family 15-3612-11-50-FPA |
|-------------------|---------------------------|--|---|

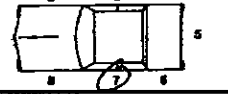
| | |
|---|--|
| Driver - Pedestrian Name (Last, First, MI) Brown, Gregory A | Address (No., Street, State, Zip Code) 3535 Inez Ave Bethel OH 45106 |
|---|--|

| | | | | | | |
|-----------|---------------------------------|------------------|--------------------|--------------------|--|------------------------------------|
| Phone No. | Birth Date MS 028 Y76 | Age 41 | Sex Male | State OH | Drivers License No. 2T220723 | Occupation Self-employed |
|-----------|---------------------------------|------------------|--------------------|--------------------|--|------------------------------------|

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

Same

| | | | | | | | | |
|--------------------------|---------------------|-----------------------|-----------------------|--------------------|--------------------|--------------------------------------|----------------|------------------------|
| Veh. Year 1999 | Make Ford | Model F-350 | Color Black | Style TK | State OH | License Plate No. GOL 9917 | Towing Service | Veh/Ped Dir From To |
|--------------------------|---------------------|-----------------------|-----------------------|--------------------|--------------------|--------------------------------------|----------------|------------------------|

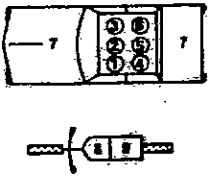
| | | | | | |
|--|---|--|---|--|--|
| Circle Damage Areas  | 9 Top 10 Undercar 11 Load 12 Trailer | Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling | Damage Scale <input type="checkbox"/> None <input checked="" 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 |
|--|---|--|---|--|--|

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 | | | | | | | | | | |

F-PEDESTRIAN



Restraints

| | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 4 | | | | | |

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 MO9 027 Y18 | Desk Officer's Name & Badge # Dep Cowles #11623 |
|---|---|

Local Report Number: 18-39026

Describe What Happened: Unit 1 was backing out of their drive-way. When unit 1 entered the Cul-de-Sac it struck Unit 2, which was parked in a no parking zone.

| | | | |
|--|---|--|--|
| Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other | 1 | First Harmful Event Two MV In Trasport 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 | 1 | 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 | |
| Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other | 5 | Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision | |
| Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade | 1 | 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 | |
| Occurence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway | 1 | | |
| Special Area 1 Road Construction/Maintenance Area 2 School Zone | | | |

| | | | | | | | | | | |
|---------------------|-----|-----|-----|-----|--------------------------|------|-----|----------------------------|-----|------|
| Type of Unit | # 1 | A 4 | # 2 | B 5 | Pre-Crash Actions | A 10 | B 9 | Contributing Factor | A 1 | B 12 |
|---------------------|-----|-----|-----|-----|--------------------------|------|-----|----------------------------|-----|------|

| | | | | | | | |
|--|--|---|---|--|--|---|--|
| 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 751cc 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 | 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 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 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder | Driver Error 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 | 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 | | |
| | | Traffic Control A 1 B 1 Driver 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 1 B 1 Truck Load A B 1 Truck Axles A B Tractor Trailer Flgs | | Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B Vehicle Defects 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects | |
| | | Speed Unit Estimated Legal A 5 25 B 6 25 | | Motorcycle Helmet Use Unit Driver Pass A B B B | | Motorcycle Helmet Use Unit Driver Pass A B B B | |
| | | Speed Unit Estimated Legal A 5 25 B 6 25 | | Motorcycle Helmet Use Unit Driver Pass A B B B | | Motorcycle Helmet Use Unit Driver Pass A B B B | |