

# Local Traffic Crash Report

Local Report Number

18-39716

SCENE

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>2</b>	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150				
In County Of <b>CLERMONT</b>	• Within corporate limits of (if not, file with correct agency)	Date of Crash M <b>10</b> D <b>02</b> Y <b>18</b>	Day <b>TUESDAY</b>	Time <b>0726</b>	AM PM	
Crash Occurred On <b>SR 133</b>		Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) <b>806 (PARKING LOT)</b>						
A Unit No. <b>01</b>	No. Of Occupants <b>01</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 924520038</b>			
Driver - Pedestrian Name (Last, First, MI) <b>SNIDER, KENNETH</b>		Address (No., Street, State, Zip Code) <b>1252 COLLIER RD. MOSCOW OH. 45153</b>				
Phone No.	Birth Date M <b>09</b> D <b>12</b> Y <b>69</b>	Age <b>49</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>RS 371204</b>	
Owner (If Same As Driver, Write Same) <b>SAME</b>		Address				
Veh. Year <b>2016</b>	Make <b>RAM</b>	Model <b>2500</b>	Color <b>MAROON</b>	Style <b>TK</b>	State <b>OH</b>	
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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	
B Unit No. <b>02</b>	No. Of Occupants <b>01</b>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>CINCINNATI INS. CO. A010592128</b>			
Driver - Pedestrian Name (Last, First, MI) <b>STEELE, JEAN</b>		Address (No., Street, State, Zip Code) <b>760 SR 756 FELICITY OH. 45120</b>				
Phone No.	Birth Date M <b>01</b> D <b>20</b> Y <b>58</b>	Age <b>60</b>	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>RU150901</b>	
Owner (If Same As Driver, Write Same) <b>STEELE, MICHAEL</b>		Address <b>SAME</b>				
Veh. Year <b>2009</b>	Make <b>MERL</b>	Model <b>GRAND MAR</b>	Color <b>BLACK</b>	Style <b>4S</b>	State <b>OH</b>	
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 type="checkbox"/> Light <input checked="" 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	
Occupant Section	C From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
	D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
	E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
	F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Restraints A B C D E F
	G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
	H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	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
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Ejection A B C D E F	
Date Report Filed M <b>10</b> D <b>02</b> Y <b>18</b>		Desk Officer's Name & Badge # <b>Dep. D. Scott</b>				1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle

Driver - Pedestrian - Vehicle Section

Occupant Section

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Describe What Happened  
Refer To Units  
By Number

THE OPERATOR OF UNIT #1 WAS BACKING HIS TRUCK &  
BACKED INTO THE REAR PASS. DOOR OF UNIT #2. NO DAMAGE TO  
UNIT #1. LARGE DENT TO DOOR ON UNIT #2. NO INJURIES

**Weather Conditions** 1

1 No Adverse Weather	4 Fog
2 Rain	5 High Wind
3 Snow	6 Other

**Road Conditions** 1

1 Dry	4 Ice
2 Wet	5 Dirt/Sand
3 Snow	6 Other

**Light** 1

1 Daylight	4 Dark No Lights
2 Dawn	5 Dark Lighted
3 Dusk	6 Other

**Road Contour** 1

1 Straight Level	3 Curve Level
2 Straight Grade	4 Curve Grade

**Occurrence**

1 On Roadway	3 Off Right Side
2 Off Left Side	4 On Opposing Lane of Divided Highway

**Special Area**

1 Road Construction/Maintenance Area
2 School Zone

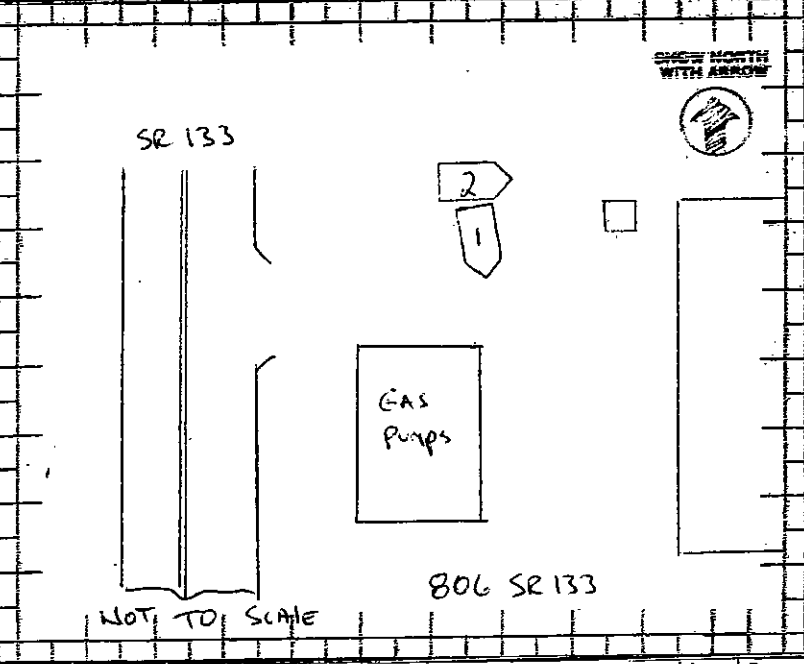
First Harmful Event 3

- Two MV in Transport**
- Head On
  - Rear-End
  - Backing
  - Sideswipe Meeting
  - Sideswipe Passing
  - Angle

- One MV in Transport (Collision)**
- Perkled
  - Pedestrian
  - Animal
  - Train
  - Pedal Cycle
  - Other Non-MV
  - Fixed Object
  - Other Object
- Non-Collision**
- Fall From or In MV
  - Overturning
  - Other Non-Collision

Location 8

- Intersection
- Intersection-Related
- Driveway Access
- Railroad Crossing
- Bridge-Passing Over
- Bridge-Passing Under
- Non-Intersection
- Private Property



Type of Unit

# 1	A 5	B 2	4
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Pre-Crash Actions

A 10	B 1
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Contributing Factor

A 15	B 1
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<b>Car</b>	<b>Bus</b>
1 Sub Compact	16 School Bus
2 Compact	17 Church
3 Mid Size	18 Public
4 Full Size	
<b>Truck</b>	<b>Emergency</b>
5 Pickup	19 Police Vehicle
6 Panel/Van	20 Fire Truck
7 Straight Truck	21 Ambulance/Rescue
8 Straight Truck & Trailer	
9 Truck Tractor	<b>Other</b>
10 Tractor & Semi-Trailer	22 Taxi
11 Tractor & Double Trailer	23 Motor Home
	24 Train
<b>Motorcycle</b>	25 Farm Vehicle
12 MC up to 350cc	26 Farm Equipment
13 MC up to 750cc	27 Snowmobile
14 MC over 750cc	28 Construction Equip.
15 Motorized Bicycle	29 Animal W/Rider
	30 Animal W/Buggy
	31 Bicycle
	32 All Others

- Driver Actions**
- Going Straight
  - Turning Right
  - Turning Left
  - Turning on Red Light
  - U Turn
  - Slipped To Turn
  - Stopped in Traffic
  - Parking/Unparking
  - Parked
  - Backing
  - Passing
  - Changing Lanes
  - Merging/Exiting Ramp
  - Out of Control
  - Swerving
  - Diverless Vehicle
  - Other Driver Action
- Pedestrian Actions**
- Crossing in X-Walk
  - Crossing Other than X-Walk
  - Walking in Road (With Traffic)
  - Walking in Road (Against Traffic)
  - Playing in Road
  - Working On Road
  - Entering or Leaving Vehicle
  - Pushing/Working on Vehicle in Road
  - Other in Road
  - On Sidewalk or Shoulder

- Driver Error**
- None
  - Failure to Yield
  - Excessive Speed
  - Following Too Closely or ACCA
  - Run Red Light
  - Plan Stop or Yield Sign
  - Improper Turn
  - Improper Passing
  - Improper Lane Change
  - Improper Backing
  - Improper Start from Parked Position
  - Stopped or Parked Illegally
  - Left of Center
  - Failure to Control
  - Driver Inattention
  - Drove Off Road
  - Reason Unknown
  - Other Driver Error
- Non-Driver Factor**
- Vehicle Defects
  - Load Shifting, Falling, Spilling
  - Pavement Defect
  - Shoulder Defect
  - Debris on Road
  - Downed Traffic Sign/Device
  - Vision Obstruction
  - Animal Actions
  - Pedestrian Actions

**Speed**

Unit	Estimated	Legal
A	2	
B	2	

**Motorcycle Helmet Use**

Unit	Driver	Pass
A		
B		

- Traffic Control**
- |     |     |
|-----|-----|
| A 1 | B 1 |
|-----|-----|
- Fixed Object/Struck**
- |     |     |
|-----|-----|
| A 1 | B 1 |
|-----|-----|
- Driver**
- No Controls
  - Stop Sign
  - Yield Sign
  - Traffic Signal
  - Traffic Flashers
  - School Zone
  - Railroad Crossbucks
  - Railroad Flashers
  - Railroad Gates
  - Construction Barricades
  - Police Officer
  - Pavement Markings
  - Other
- Pedestrian**
- No Controls
  - Crosswalk Lines
  - Walk/Don't Walk Device

**Vehicle Defects**

Code if Contributing Factor is 16

Primary	
A	B
Secondary	
A	B

**Truck Load**

A	B

- Empty
- Perishable Goods
- General Freight
- Metal/Heavy Machinery
- Hazardous Gas
- Hazardous Liquid
- Hazardous Solid
- Radioactive Material

**Truck Axles**

A	B

Tractor Trailer Rigs

- Turn Signals
- Head Lamps
- Tail Lamps
- Brakes
- Steering
- Tire Blowout
- Worn or Sick Tires
- Trailer Equipment Defective
- Motor Trouble
- Disabled from Prior Accident
- Other Defects