

# Local Traffic Crash Report

Local Report Number 180043852

SCALE

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)
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In County Of <u>Clermont</u>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash <u>11 01 18</u>	Day <u>THUR.</u>	Time <u>UNK</u>	AM <input type="checkbox"/> PM <input type="checkbox"/>
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Crash Occurred On <u>CLOUGH PIKE</u>	Within The Intersection Of
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If Not In Intersection	(List Nearest Intersecting Street, Milepost, House No.)
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Unit No. <u>01</u>	No. Of Occupants <u>01</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>AMERICAN FAMILY</u>
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Driver - Pedestrian Name (Last, First, MI) <u>RICHTER, DENA J</u>	Address (No., Street, State, Zip Code) <u>1577 LOST LAKE CT, WILLIAMSBURG OHIO 45176</u>
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Phone No.	Birth Date <u>11 14 74</u>	Age <u>44</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>RK 200970</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>RICHTER, TODD</u>	Address <u>SAME AS DRIVER</u>	Phone
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Veh. Year <u>2017</u>	Make <u>JEOP</u>	Model <u>WRANGLER</u>	Color <u>BLACK</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>GHV 3421</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>S</u> To <u>N</u>
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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 type="checkbox"/> Driven Away <input checked="" 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>02</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>STATE FARM</u>
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) <u>HEIMBROCK, KYLE</u>	Address <u>4305 LONG LAKE DR. APT. 6207 BATAVIA OH. 45103</u>	Phone
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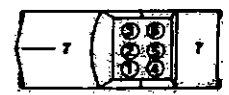
Veh. Year <u>2008</u>	Make <u>TOYOTA</u>	Model <u>4RUNNER</u>	Color <u>GRAY</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>GGW 1375</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From <u>N</u> To <u>S</u>
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Circle Damage Areas	Damage Severity <input 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
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Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Birth Date (M D Y)	Age	Sex	Position
<b>C</b>					A B C D E F
<b>D</b>					
<b>E</b>					
<b>F</b>					
<b>G</b>					
<b>H</b>					
<b>I</b>					



- Restraints**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 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 <u>11 01 18</u>	Desk Officer's Name & Badge # <u>Det. D. Scott</u>
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Describe What Happened Refer To Units By Number: THE OWNER OF UNIT #2 FOUND A BLACK JEEP WRANGLER PARKED AGAINST HIS FRONT BUMPER. THE OWNER OF UNIT #1 STATED SHE DID NOT THINK SHE BUMPED INTO THE OTHER VEHICLE WHEN SHE PARKED THIS MORNING. UNIT #1 WAS RESTING AGAINST THE FRONT BUMPER WITH THE TRANSMISSION IN PARK & EMERGENCY BRAKE SET. IT DOES NOT APPEAR TO HAVE ROLLED. MINIMAL PLASTIC BUMPER DENT TO UNIT #2 NO DAMAGE UNIT #1.

Weather Conditions		2	First Harmful Event	
Road Conditions		2	Two MV in Transport	
Light			One MV in Transport (Collision)	
Road Contour		2	Location	
Occurrence				
Special Area				

Type of Unit	# A 3	B 4	Pre-Crash Actions	A 1	B 9	Contributing Factor	A 15	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 Chassis 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/Holder 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>Traffic Control</b> A 12 B 12  <b>Driver</b> 1 No Control 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>Pedestrian</b> 14 No Control 15 Crosswalk Lines 16 Other Object	<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>Fixed Object Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Signpost 9 Car 10 Deck 11 Encroachment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Non-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>Truck Load</b> A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metallurgy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material  <b>Truck Axles</b> A B Tractor Trailer Pkg	<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 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			
Speed		Motorcycle Helmet Use		Tractor Trailer Pkg				
Unit	Estimated	Legal	Unit	Driver	Pass			
A	1		A					
B	0		B					
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet						