

# Local Traffic Crash Report

Local Report Number

18-  
45764

Report Taken <input checked="" type="checkbox"/> Headquarters Substation	Total Number of Vehicles and Pedestrians Involved 2	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150
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In County Of <b>Clermont</b>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash M 11 0 16 18	Day <b>FRIDAY</b>	Time 0720	<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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Crash Occurred On <b>2023 SR 131 PARKING LOT</b>	Within The Intersection Of <b>131/132</b>
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If Not In Intersection Miles <b>30</b> Feet <b>0</b> W <b>0</b> N <b>0</b> S <b>0</b> E of <b>131/132</b> Inter on parking lot
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<b>A</b> Unit No. <b>A</b> No. Of Occupants <b>1</b>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>Safe Co</b>
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Driver - Pedestrian Name (Last, First, MI) <b>SIMPSON, Stephen S.</b>	Address (No., Street, State, Zip Code) <b>6005 Belfast Rd</b>
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Phone No.	Birth Date M <b>5</b> 0 24 1966	Age <b>52</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>RT103775</b>	Occupation <b>USMTR</b>
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Owner (If Same As Driver, Write Same) <b>SAME</b>	Address	Phone
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Veh. Year <b>07</b>	Make <b>FORD</b>	Model <b>FREE STY</b>	Color <b>GR</b>	Style <b>4D</b>	State <b>OH</b>	License Plate No. <b>HCS1183</b>	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 	8 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 type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" 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>B</b> Unit No. <b>B</b> No. Of Occupants <b>3</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>OHIO MUTUAL</b>
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Driver - Pedestrian Name (Last, First, MI) <b>STAHL JONATHAN C.</b>	Address (No., Street, State, Zip Code) <b>6144 Belfast Rd Parma #CPP7016446</b>
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Phone No.	Birth Date M <b>11</b> 0 17 1978	Age <b>40</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>RG464644</b>	Occupation <b>ALG.</b>
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Owner (If Same As Driver, Write Same) <b>SAME</b>	Address	Phone
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Veh. Year <b>99</b>	Make <b>FLTD</b>	Model <b>FLTD</b>	Color <b>WT</b>	Style <b>TR</b>	State <b>OH</b>	License Plate No. <b>PKH8903</b>	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 	8 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 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			

Driver - Pedestrian - Vehicle Section

Occupant Section

<b>C</b> From Unit No.	Name (Last, First, MI) <b>Stahl Patton</b>	Birth Date M <b>7</b> 0 01 06	Age <b>14</b>	Sex	Position A B C D E F <b>3 2</b>
	Address <b>SAME</b>	Phone			

<b>D</b> From Unit No.	Name (Last, First, MI) <b>Stahl CASE</b>	Birth Date M <b>8</b> 0 31 13	Age <b>5</b>	Sex	Restraints 
	Address <b>SAME</b>	Phone			

<b>E</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Restraints A B C D E F
	Address	Phone			

<b>F</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Restraints A B C D E F
	Address	Phone			

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

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

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

Date Report Filed M <b>11</b> 0 16 18	Desk Officer's Name & Badge # <b>Henson 11207</b>
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- 1 Not Used
  - 2 None Available
  - 3 Lap Belt Used
  - 4 Open/Shoulder Belt Used
  - 5 Shoulder Belt Used
  - 6 Child Safety Seat
  - 7 Air Bag Used
  - 8 Use Not Reported
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- 1 Not Ejected
  - 2 Ejected
  - 3 Trapped
  - 4 Trapped Inside Vehicle

Local Report Number: 18-45764  
 Describe What Happened: UNIT 1 and 2 both parked UNIT 2(B)  
 began to back out of parking spot and hit UNIT 1 (A) down the driver side causing damage UNIT 2 (B) was at fault

Weather Conditions		1	First Harmful Event	
Road Conditions		1	Two MV in Transport	
Light		1	One MV in Transport (Collision)	
Road Contour		1	Location	
Occurrence		N/A		
Special Area		N/A		

Type of Unit	1 3 2 B	Pre-Crash Actions	9 B	Contributing Factor	1 B 15
<b>Car</b> 1 Sub-Compact 2 Compact 3 Mid-Size 4 Full-Size  <b>Thick</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 250cc 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/Driver 30 Animal W/Buggy 31 Bicycle 32 All Others  P = Pedestrian	<b>Driver Actions</b> 1 Going Right 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 Left Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parallel 10 Backing 11 Passing 12 Changing Lanes 13 Changing Existing Right 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 (Non-Traffic) 20 Walking in Road (Non-Traffic) 21 Walking in Road (Auto Traffic) 22 Playing in Road 23 Working on Road 24 Emerging or Leaving Vehicle 25 Pushing/Pulling on Vehicle in Road 26 Other in Road 27 On Street or Shoulder  <b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AGDA 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 17 Reason Unknown 18 Other Driver Error  <b>Non-Driver Factor</b> 19 Vehicle Defects 20 Road-Related Defects 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 of Contributing Factor's 18 Primary: A B Secondary: A B  <b>Truck Load</b> 1 Empty 2 Perishable Goods 3 General Freight 4 Mobile Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material  <b>Tractor/Trailer</b> 1 No Control 2 Bad Sight 3 Yield Sign 4 Traffic Signal 5 Traffic Flow 6 School Zone 7 Railroad Crossbucks 8 Railroad Flatcars 9 Railroad Cars 10 Construction Barriers 11 Police Officer 12 Pavement Markings 13 Other  <b>Pedestrian</b> 14 No Control 15 Crosswalk Lines 16 Walkway/Walk-Devic	<b>Speed</b> Unit Estimated Legal A 0 B 5  <b>Motorcycle Helmet Use</b> Unit Driver Pass A B  1 No Helmet 2 Full Coverage 3 Full Face Cover 4 Open Type Helmet	<b>Truck Load</b> A B N/A N/A  <b>Tractor/Trailer</b> A B N/A N/A		