

Local Traffic Crash Report

Local Report Number 0018 00047352

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> 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 type="checkbox"/> Under \$150			
In County Of CLERMONT		Date of Crash M 11 D 28 Y 18		Day Wed.		Time 3:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Crash Occurred On Hospital DR.				Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ N _____ E _____ S _____ OF 2055							
A Unit No. 1		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 Safeco #X5586285	
Driver - Pedestrian Name (Last, First, MI) Zeller, Caroline M.				Address (No., Street, State, Zip Code) 8928 SR 505 Hamersville, OH 45130			
Phone No.		Birth Date M 06 D 15 Y 67		Age 51		Sex F	
				State OH.		Drivers License No. RN655944	
Owner (If Same As Driver, Write Same) Same				Address			
Veh. Year 2004		Make FORD		Model EXPLORER		Color BLUE	
				Style SW		State OH.	
				License Plate No. HFF-2316		Towing Service	
						Veh/Ped Dir From E To N	
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 checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		9 Top 10 Undercar 11 Load 12 Trailer		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. 2		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 TREAS INS.	
Driver - Pedestrian Name (Last, First, MI) OSBORNE, BEVERLY S.				Address (No., Street, State, Zip Code) 41 DELL A-CBS DR. Georgetown, OH 45121			
Phone No.		Birth Date		Age		Sex	
						State OH.	
						Drivers License No.	
Owner (If Same As Driver, Write Same) Same				Address			
Veh. Year 2000		Make GMC		Model 1500		Color GREY	
				Style TK		State OH.	
				License Plate No. DHT6215		Towing Service	
						Veh/Ped Dir From To	
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 checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		9 Top 10 Undercar 11 Load 12 Trailer		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	
C From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		Sex		Position A / B C D E F	
D From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		Sex			
E From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		Sex			
F From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		Sex		Restraints A / B C D E F	
G From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		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	
H From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		Sex		Ejection A / B C D E F	
I From Unit No.		Name (Last, First, MI)		Birth Date M D Y		Age	
		Address		Sex		1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	
Date Report Filed M 11 D 30 Y 18		Desk Officer's Name & Badge # T. J. [Signature] #3052					

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 0018-00017352
 Describe What Happened: Refer To Units By Number: Unit #1 was pulling into a parking spot when the driver of unit #1 struck unit #2 on the passenger side. Unit #2 was parked legally.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Harmful Event 5	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Oil/Sand 6 Other	1	Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	One MV in Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		Location 8 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	
Special Area 1 Road Construction/Maintenance Area 2 School Zone			



Type of Unit	# 1	A 4	B 2	C 5	Pre-Crash Actions	A 8	B 9	Contributing Factor	A 15	B	
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size					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/Walking 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 ACCA 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	Vehicle Defects Code if Contributing Factor is 15		
Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	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/Suggy 31 Bicycle 32 All Others P = Pedestrian	Traffic Control A 12 B 1 No Controls 2 Slip 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 A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	Truck Load A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Truck Axles A B Tractor Trailer Rigs	Primary A B Secondary A B 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	Motorcycle Helmet Use										
Unit	Estimated	Legal	Unit	Driver	Pass						
A	5		A								
B	Ø		B								
1 No Helmet		2 Full Coverage									
3 Full Facial Cover		4 Other Type Helmet									