

# Local Traffic Crash Report

Local Report Number 0018-0050427

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</u>	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
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In County Of <u>CLERMONT</u>	• Within corporate limits of: (If not, file with correct agency)	Date of Crash <u>M 12 D 17 Y 18</u>	Day <u>Monday</u>	Time <u>Unknown</u>	AM PM
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Crash Occurred On <u>University Lane</u>	Within The Intersection Of
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If Not In Intersection	N	W	E	S	Of	(List Nearest Intersecting Street, Milepost, House No.) <u>200</u>
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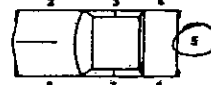
Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>TREXIS INS. # 1134010158976</u>
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Driver - 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>McMan, TERESA LYNN 200 University Ln Apt. 103 Batavia, Oh. 45103</u>	Address	Phone
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Veh. Year <u>1993</u>	Make <u>Mazda</u>	Model <u>miata</u>	Color <u>Black</u>	Style <u>2dr</u>	State <u>Oh.</u>	License Plate No. <u>HKA1298</u>	Towing Service	Veh/Ped Dir From: To
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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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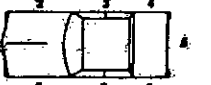
Unit No. <u>2</u>	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, 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)	Address	Phone
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Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From: To
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position
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Address	Phone	Sex	
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position
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Address	Phone	Sex	
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position
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Address	Phone	Sex	
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Address	Phone	Sex	
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position
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Address	Phone	Sex	
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Date Report Filed <u>M 12 D 19 Y 18</u>	Desk Officer's Name & Badge # <u>TAP [Signature] #3052</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

									
									
<b>P-PEDESTRIAN</b>									
Restraints									
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									
1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle									

Local Report Number: 00018-0050427  
 Describe What Happened: unit #1 advised that an unknown vehicle struck his vehicle while it was parked. owner of unit #1 advised that he got an estimate for the damage's and it was over 500 dollars.

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

Type of Unit	A	B	Pre-Crash Actions	A	B	Contributing Factor	A	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>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 Passing/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>Driver Error</b> 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 17 Reason Unknown 17 Other Driver Error		
<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 Truck 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			<b>Traffic Control</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>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>Speed</b> Unit Estimated Legal A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>Fixed Object Struck</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Cover 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Car 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object			<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>Motorcycle Helmet Use</b> Unit Driver Pass A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>Truck Axles</b> 1 Tractor Trailer Pkg			<b>Vehicle Defects</b> Code: Contributing Factor's 18 <b>Primary</b> A <input type="checkbox"/> B <input type="checkbox"/>  <b>Secondary</b> A <input type="checkbox"/> B <input type="checkbox"/>		
1 No Helmet 3 Full Facial Cover  2 Full Coverage 4 Other Type Helmet			<b>Pedestrian</b> 14 No Control 15 Crosswalk Lines 16 Warning Flash Device			<b>Tractor Trailer Pkg</b> 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Horn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects		