

Local Traffic Crash Report

Local Report Number 000180050329

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) <u>SATVIA - IMP</u>	Date of Crash <u>M 17 018 Y 18</u>	Day <u>TUE</u>	Time <u></u> AM <u>PM</u>
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Crash Occurred On <u>LUCY RUN RD -</u>	Within The Intersection Of <u>TO</u>
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If Not In Intersection	(List Nearest Intersecting Street, Milepost, House No.)
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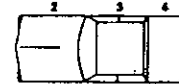
A Unit No. <u>1</u>	No. Of Occupants <u>3</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>TILEXIS INS.</u>
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Driver - Pedestrian Name (Last, First, MI) <u>WHEELER, EDDIE</u>	Address (No., Street, State, Zip Code) <u>72 LUCY RUN # 8 AMELIA OH 45102</u>
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Phone No.	Birth Date <u>M 8 010 Y 63</u>	Age	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RU151264</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>SIAME</u>	Address	Phone
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Veh. Year <u>97</u>	Make <u>DODGE</u>	Model <u>RAM</u>	Color <u>BLK</u>	Style <u>ZDR</u>	State <u>OH</u>	License Plate No. <u>531YFB</u>	Towing Service <u>NO</u>	Veh/Ped Dir From <u>E</u> To <u>S</u>
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Circle Damage Areas 	9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Load <input type="checkbox"/> 12 Trailer <input type="checkbox"/>	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling <input type="checkbox"/>	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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B Unit No. <u>2</u>	No. Of Occupants <u>1</u>	Operating <input type="checkbox"/> Parked <input checked="" 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) <u>PATTERSON, TILKINE</u>	Address (No., Street, State, Zip Code) <u>70 LUCY RUN # 2 AMELIA OH 45102</u>
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Phone No.	Birth Date <u>M 3 012 Y 00</u>	Age	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>UP794348</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>SIAME</u>	Address	Phone
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Veh. Year <u>06</u>	Make <u>CAD</u>	Model <u>CTS</u>	Color <u>TRN</u>	Style <u>WDR</u>	State <u>OH</u>	License Plate No. <u>HOK 3968</u>	Towing Service <u>NO</u>	Veh/Ped Dir From <u>E</u> To <u>W</u>
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Circle Damage Areas 	9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Load <input type="checkbox"/> 12 Trailer <input type="checkbox"/>	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input checked="" type="checkbox"/> Disabling <input type="checkbox"/>	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" 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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C From Unit No. <u>1</u>	Name (Last, First, MI) <u>CHASE, TYLER</u>	Birth Date <u>M 10 08 Y 93</u>	Age	Position <u>A</u>
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Address <u>72 LUCY RUN # 8 AMELIA OH 45102</u>	Phone	Sex <u>M</u>
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D From Unit No. <u>1</u>	Name (Last, First, MI) <u>HUBBARD, BRITTNEY</u>	Birth Date <u>M 10 028 Y 93</u>	Age	Position <u>B</u>
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Address <u>72 LUCY RUN # 8 AMELIA OH 45102</u>	Phone	Sex <u>F</u>
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E From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position
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F From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position
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G From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position
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H From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position
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I From Unit No.	Name (Last, First, MI)	Birth Date	Age	Position
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Address	Phone	Sex
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Restraints <u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u>
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1 Not Used <input type="checkbox"/> 2 None Available <input type="checkbox"/> 3 Lap Belt Used <input type="checkbox"/> 4 Lap/Shoulder Belt Used <input type="checkbox"/> 5 Shoulder Belt Used <input type="checkbox"/> 6 Child Safety Seat <input type="checkbox"/> 7 Air Bag Used <input type="checkbox"/> 8 Use Not Reported <input type="checkbox"/>

Ejection <u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u>
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1 Not Ejected <input type="checkbox"/> 2 Partial <input type="checkbox"/> 3 Total <input type="checkbox"/> 4 Trapped Inside Vehicle <input type="checkbox"/>
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Date Report Filed <u>M 12 018 Y 18</u>	Desk Officer's Name & Badge # <u>Dep. M. Ross 2064</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 18-50329
 Describe What Happened: Unit 1 struck unit 2 (parked) while backing into a parking spot. NO INJURIES. PHOTOS TAKEN.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No. Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	Occurrence 1 On Roadway 2 Off Left Side 3 Off Right 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 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle 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 Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	Location 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	Diagram 72 LUCY 70 LUCY PARK LOT SHOW NORTH WITH ARROW *NOT TO SCALE
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Type of Unit # 1 5 2 4	Pre-Crash Actions A 10 B 9	Contributing Factor A 10 B 2
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size Truck 5 Pickup 6 Panel Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	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/Buggy 31 Bicycle 32 All Others P = Pedestrian	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 Backing/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 (With Traffic) 20 Walking In Road (Against Traffic) 21 Walking In Road (With 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
Speed Unit Estimated Legal A 5 - B 0 -	Motorcycle Helmet Use Unit Driver Pass A A B B	Driver Error 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 Reason Unknown 17 Other Driver Error
Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B	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
Truck Axles Tractor Trailer/Rigs	Driver 1 No Controls 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Fixed Object Struck A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object