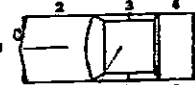
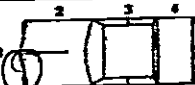


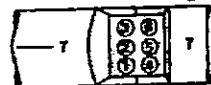
# Local Traffic Crash Report

Local Report Number 2015-19714

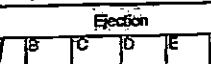
|   |  |  |  |
|---|--|--|--|
| Report Taken  | <input type="checkbox"/> Headquarters<br><input type="checkbox"/> Substation   | Total Number of Vehicles and Pedestrians Involved<br><u>2</u>  | Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)<br><input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150 |
| In County Of  | <u>CLERMONT</u>  | • Within corporate limits of (if not, file with correct agency)  | Date of Crash<br>M <u>03</u> D <u>03</u> Y <u>15</u> Day <u>TUESDAY</u> Time <u>2:15</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span>            |
| Crash Occurred On   | <u>MAIN PARKING LOT</u> Within The Intersection Of <u>CLERMONT MARY HOSPITAL</u>   |  |  |
| If Not In Intersection  | (List Nearest Intersecting Street, Milepost, House No.)<br><u>3000 HOSPITAL DR.</u>  |  |  |
| Unit No.  | 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 <u>NATIONWIDE (9234K998743)</u>   |
| Driver - Pedestrian Name (Last, First, MI)  | <u>EAST, THOMAS R.</u> Address (No., Street, State, Zip Code) <u>4199 SUMMIT RD. BATAVIA, OHIO 45103</u>   |  |  |
| Phone No.   | Birth Date   | Age  | Sex   State   Drivers License No.   Occupation   |
|   | <u>04.13.48</u>  |  | <u>M</u> <u>OH</u> <u>RC446197</u> <u></u>   |
| Owner (If Same As Driver, Write Same)   | <u>THOMAS R. EAST 4199 SUMMIT RD, BATAVIA, OHIO 45103</u> Phone <u>(513) 333-1111</u>  |  |  |
| Veh. Year   | Make   | Model  | Color   Style   State   License Plate No.   Towing Service   Veh/Ped Dir   |
| <u>2007</u>   | <u>FORD</u>  | <u>F-150</u>   | <u>BLUE</u> <u>TRUCK</u> <u>OH</u> <u>EPZ9723</u> <u></u> <u>S</u> To <u>N</u>   |
| Circle Damage Areas   | Damage Severity<br><input checked="" type="checkbox"/> Non-Functional<br><input type="checkbox"/> Functional<br><input type="checkbox"/> Disabling |  | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy                      |
|    | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer  |  | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed                                 |
|   |  |  | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire   |
| Unit No.  | No. Of Occupants   | Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent <u>THE GENERAL</u>  |
| Driver - Pedestrian Name (Last, First, MI)  | <u>WADDOX, ROBERT G.</u> Address (No., Street, State, Zip Code) <u>144 NUCKELBERRY, AMELIA, OHIO 45102</u>   |  |  |
| Phone No.   | Birth Date   | Age  | Sex   State   Drivers License No.   Occupation   |
|   | <u></u>  |  | <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>  |
| Owner (If Same As Driver, Write Same)   | <u>WADDOX, ROBERT G. 144 NUCKELBERRY, AMELIA, OHIO 45102</u> Phone <u>(513) 333-1111</u>   |  |  |
| Veh. Year   | Make   | Model  | Color   Style   State   License Plate No.   Towing Service   Veh/Ped Dir   |
| <u>1993</u>   | <u>CHEVY</u>   | <u>G20 VAN</u>   | <u>BLUE</u> <u>VAN</u> <u>OH</u> <u>EZJ6414</u> <u></u> <u></u>  |
| Circle Damage Areas   | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input type="checkbox"/> Functional<br><input checked="" type="checkbox"/> Disabling |  | Damage Scale<br><input type="checkbox"/> None<br><input type="checkbox"/> Light<br><input checked="" type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy                      |
|  | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer  |  | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed                                 |
|   |  |  | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire   |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Position   |
| <u>WIT</u>  | <u>JONES, TERESA</u>   | <u></u>  | <u></u> <u></u> <u></u> <u></u>  |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Sex  |
|   |  |  | <u></u> <u></u> <u></u> <u></u>  |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Sex  |
|   |  |  | <u></u> <u></u> <u></u> <u></u>  |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Sex  |
|   |  |  | <u></u> <u></u> <u></u> <u></u>  |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Sex  |
|   |  |  | <u></u> <u></u> <u></u> <u></u>  |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Sex  |
|   |  |  | <u></u> <u></u> <u></u> <u></u>  |
| From Unit No.   | Name (Last, First, MI)   | Birth Date   | Age   Sex  |
|   |  |  | <u></u> <u></u> <u></u> <u></u>  |
| Date Report Filed   |  | Desk Officer's Name & Badge  |  |
| <u>M 03 D 03 Y 15</u>   |  | <u>DEP. WURIZ 4424</u>   |  |

Driver - Pedestrian - Vehicle Section

Occupant Section



- P-PEDESTRIAN**
- Restraints
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 4 |   |   |   |   |   |
- 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

Local Report Number  
2015-19714

Describe What Happened  
Refer To Units  
By Number

UNIT #1 WAS PULLING INTO A PARKING SPACE AND, AFTER DRIVING OVER A SMALL SNOW PILE, STRUCK A PARKING SIGN/POLE; POLE WENT INTO FRONT/GRILL OF UNIT #2, DAMAGING DRIVERS HEADLIGHT/PARKING LIGHTS AS WELL AS DAMAGING GRILL AND RADIATOR. UNIT #1 THEN, AFTER BACKING OUT OF THE SPOT, WENT TO ANOTHER AREA TO PARK.

**Weather Conditions**  2

1 No Adverse Weather  
2 Rain  
3 Snow  
4 Fog  
5 High Wind  
6 Other

**Road Conditions**  2

1 Dry  
2 Wet  
3 Snow  
4 Ice  
5 Dirt/Sand  
6 Other

**Light**  1

1 Daylight  
2 Dawn  
3 Dusk  
4 Dark No Lights  
5 Dark Lighted  
6 Other

**Road Contour**  1

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**  7

**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)**

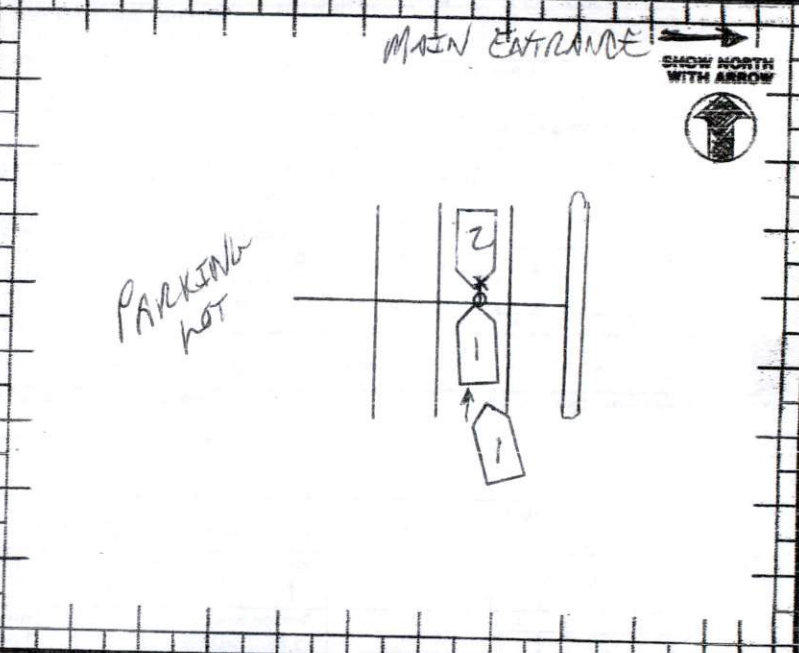
7 Parked  
8 Pedestrian  
9 Animal  
10 Train  
11 Pedal Cycle  
12 Other Non-MV  
13 Fixed Object  
14 Other Object

**Non-Collision**

15 Fall From or In MV  
16 Overturning  
17 Other Non-Collision

**Location**  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



**Type of Unit**

# 1  5  # 2  6

**Pre-Crash Actions**  1  9

**Contributing Factor**  14

**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 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/Working 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 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

**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

| Speed |           |       | Motorcycle Helmet Use |        |      |
|-------|-----------|-------|-----------------------|--------|------|
| Unit  | Estimated | Legal | Unit                  | Driver | Pass |
| A     | 3-4       | -     | A                     | /      | /    |
| B     | 0         | -     | B                     | /      | /    |

**Traffic Control**  12  12

**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

**Fixed Object Struck**  3

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

**Vehicle Defects**  
Code if Contributing Factor is 18

**Primary**

|   |   |
|---|---|
| A | B |
|---|---|

**Secondary**

|   |   |
|---|---|
| A | B |
|---|---|

**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

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**

1 No Helmet  
3 Full Facial Cover

**Motorcycle Helmet Use**

2 Full Coverage  
4 Other Type Helmet

**Pedestrian**

14 No Controls  
15 Crosswalk Lines  
16 Walk/Don't Walk Device