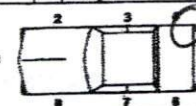
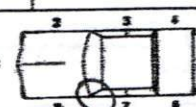

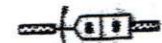


# Local Traffic Crash Report

Local Report Number 2015-37349


Report Taken <input checked="" 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				
In County Of <u>CLERMONT</u>		• Within corporate limits of: (If not, file with correct agency)		Date of Crash M <u>04</u> D <u>23</u> Y <u>15</u> Day <u>THURSDAY</u>	Time <u>3:15</u> <small>AM/PM</small>			
Crash Occurred On <u>PRIVATE PROPERTY, PARKING LOT</u>				Within The Intersection Of <u>CLEAR MOUNTAIN CHURCH</u>				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ OF <u>4050 TOLLGATE</u>								
A	Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>TRAVELERS (992997553 203)</u>			
Driver - Pedestrian Name (Last, First, MI) <u>MARLOW, PAULA ANN</u>			Address (No., Street, State, Zip Code) <u>13176 BRANNON RD. BETHEL OH 45106</u>					
Phone No. <u>(937) 444-3102</u>		Birth Date M <u>09</u> D <u>03</u> Y <u>52</u>	Age <u>62</u>	Sex <u>F</u>	State <u>OH</u> Drivers License No. <u>RF318631</u> Occupation _____			
Owner (If Same As Driver, Write Same) <u>- SAME -</u> Address _____ Phone _____								
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir
<u>2002</u>	<u>FORD</u>	<u>TAURUS</u>	<u>BLACK</u>	<u>4DR</u>	<u>OH</u>	<u>FIG1823</u>		From _____ To _____
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 type="checkbox"/> None <input checked="" 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		
B	Unit No. <u>2</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent _____			
Driver - Pedestrian Name (Last, First, MI) <u>- N/A -</u>			Address (No., Street, State, Zip Code) _____					
Phone No. _____		Birth Date M _____ D _____ Y _____	Age _____	Sex _____	State _____ Drivers License No. _____ Occupation _____			
Owner (If Same As Driver, Write Same) <u>ROBERTS, KENDAL</u> Address <u>11752 CLOVERLICK RD. BETHEL, OH 45106</u> Phone <u>(937) 515-6699</u>								
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir
								From _____ To _____
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input 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		
C	From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age _____	Sex _____	Position A   B   C   D   E   F		
D	From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age _____	Sex _____			
E	From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age _____	Sex _____			
F	From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age _____	Sex _____	Restraints A   B   C   D   E   F		
G	From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age _____	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 _____	Sex _____	Ejection A   B   C   D   E   F		
I	From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age _____	Sex _____	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle		
Date Report Filed M <u>04</u> D <u>24</u> Y <u>15</u>		Desk Officer's Name & Badge # <u>DEP. M. WHITE, 4595</u>						

Driver - Pedestrian - Vehicle Section

Occupant Section



Local Report Number: 2015-37349 Describe What Happened: DRIVER OF UNIT #1 ADVISES THAT, WHILE BACKING OUT OF A PARKING SPOT, HER VEHICLE STRUCK UNIT #2. OWNER UNIT #1 GAVE LISTED INFORMATION ABOUT UNIT #2, BUT I WAS UNABLE TO MAKE CONTACT WITH HER.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other GRAVEL	<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> 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	<b>First Harmful Event</b> 7 <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle <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 <b>Non-Collision</b> 15 Fall From or in MV 16 Overturning 17 Other Non-Collision	<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	<b>SHOW NORTH WITH ARROW</b> 
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\* VEHICLES MOVED  
(REPORT MADE AT A LATER DATE)

<b>Type of Unit</b> 1 # 1 2 # 2	<b>Pre-Crash Actions</b> A 10 B 9	<b>Contributing Factor</b> A 17 B 1					
<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 751cc 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/Hider 30 Animal W/Buggy 31 Bicycle 32 All Others  P = Pedestrian	<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 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  <b>Pedestrian Actions</b> 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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder					
<b>Driver Error</b> 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	<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>Vehicle Defects</b> Code if Contributing Factor is 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table>	Primary	A	B	Secondary	A	B
Primary	A	B					
Secondary	A	B					
<b>Traffic Control</b> A B 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  <b>Fixed Object Struck</b> 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	<b>Truck Load</b> 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  <b>Truck Axles</b> A B Tractor Trailer Rigs	<b>Truck Load</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					
<b>Speed</b> Unit Estimated Legal A 3 B  <b>Motorcycle Helmet Use</b> Unit Driver Pass A B  <b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device							