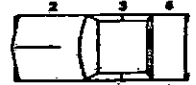


Local Traffic Crash Report

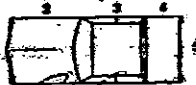
Local Report Number 2015-000 43870

| | | | |
|---|---|--|--|
| 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 |
| In County Of <u>CLERMONT</u> | Written Corporate Rate of (if not, file with correct agency) <u>Monroe Ins</u> | Date of Crash <u>M 5 D 13 Y 15</u> | Day <u>Wednesday</u> |
| Crash Occurred On <u>Private Property / WINE SAP LANE</u> | Within The Intersection Of <u>2191 OHIO PIKE LOT 104 / Private Property</u> | Time <u>1730</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | |
| If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ OF <u>2191 - LOT 104 OHIO PIKE</u> <u>Amelia St 45102 / Apple Creek DR</u> | | | |

| | | | |
|--|------------------|---|------------------------|
| Unit No. <u>1</u> | No. Of Occupants | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Drivess <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent |
| Driver - Pedestrian Name (Last, First, MI) <u>[Blank]</u> | | Address (No., Street, State, Zip Code) | |
| Phone No. | Birth Date | Age | Sex |
| M D Y | | State | Drivers License No. |
| Owner (If Same As Driver, Write Same) | | Address | |
| Phone | | | |

| | | | | | | | | |
|---------------------|---|-------|---|---|--|---|---|-------------|
| 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 | |

| | | | |
|--|---------------------------|---|--|
| Unit No. <u>2</u> | No. Of Occupants <u>0</u> | Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Drivess <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent <u>FRANCIS (197010033)</u> |
| Driver - Pedestrian Name (Last, First, MI) <u>CORTINA Beverly</u> | | Address (No., Street, State, Zip Code) <u>2191 OHIO PIKE LOT 116 Amelia St 45102</u> | |
| Phone No. | Birth Date | Age | Sex |
| M D Y | | State | Drivers License No. |
| Owner (If Same As Driver, Write Same) | | Address | |
| Phone | | | |

| | | | | | | | | |
|---------------------|---|-------------|---|--|--|--|--|-------------|
| Veh. Year | Make | Model | Color | Style | State | License Plate No. | Towing Service | Veh/Ped Dir |
| <u>2002</u> | <u>Dodge</u> | <u>Neon</u> | <u>gray</u> | <u>4-Door</u> | <u>OH</u> | <u>6AR1124</u> | | From To |
| Circle Damage Areas |  | | 9 Top 10 Undercar 11 Load 12 Trailer | Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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 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 | |

| Occupant Section | From Unit No. | Name (Last, First, MI) | Address | Birth Date | Age | Sex | Position | | | | | | | | |
|------------------|---------------|------------------------|---------|------------|-----|-----|----------|---|---|---|---|---|--|--|--|
| | | | | | | | A | B | C | D | E | F | | | |
| C | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | |
| III | | | | | | | | | | | | | | | |
| IV | | | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | | | |
| VI | | | | | | | | | | | | | | | |
| VI | | | | | | | | | | | | | | | |
| VI | | | | | | | | | | | | | | | |
| VI | | | | | | | | | | | | | | | |

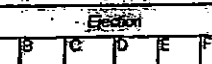
| | |
|---|---|
| Date Report Filed <u>M 5 D 13 Y 15</u> | Desk Officer's Name & Badge # <u>Deputy Popham #1105</u> |
|---|---|

Driver - Pedestrian - Vehicle Section

Occupant Section



- 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

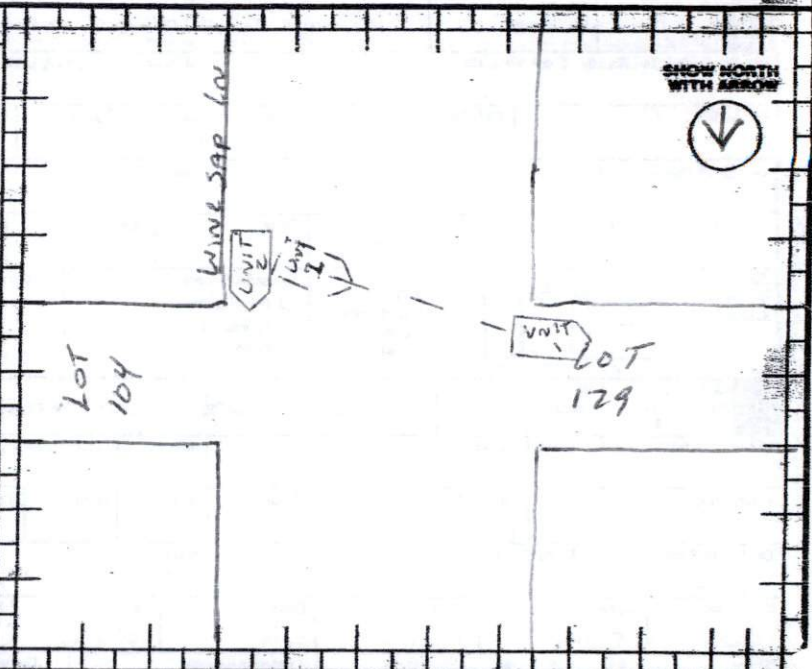


- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number: 2015-000 43870
 Describe What Happened: Refer To Units By Number ON 5-13-15 around 11:30 HRS UNIT 1 WAS BACKING OUT OF LOT 129 AND STRUCK UNIT 2 CAUSING DAMAGE TO DRIVER DOOR. UNIT 2 WAS PARKED ON THE STREET IN FRONT OF LOT 104. LOT 129 IS VACANT AT THIS TIME.

| | | | | | |
|--|---|---|---|---|--|
| 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 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 | A | B | |
| 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 | 2 | 1 | |
| Car 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 | | | |
| Speed | Estimated | Legal | |
| Unit | Estimated | Legal | |
| A | 0 | 25 | |
| B | | | |
| Motorcycle Helmet Use | Unit | Driver | Pass |
| 1 No Helmet 3 Full Facial Cover | A | | |
| 2 Full Coverage 4 Other Type Helmet | B | | |

| | | |
|---|----|---|
| Pre-Crash Actions | A | B |
| 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 | 10 | 9 |
| 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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder | | |
| Traffic Control | A | B |
| 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 | A | B |
| Pedestrian 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object | | |

| | | |
|---|----|---|
| Contributing Factor | A | B |
| 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 | 10 | 1 |
| 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 18 | A | B |
| Primary | | |
| 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 |
| 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 | | |