
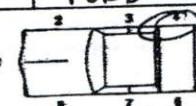


Local Traffic Crash Report

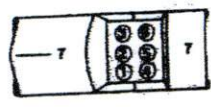
Local Report Number 2015-82432

Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved 2		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 CLERMONT		• Within corporate limits of: (If not, file with correct agency)		Date of Crash M 09 D 01 Y 15	Day TUE.
Crash Occurred On PRIVATE PROPERTY / CLERMONT MERCY		Within The Intersection Of			
If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ OF 2055 HOSPITAL DRIVE					
A	Unit No. 01	No. Of Occupants 03	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent PROGRESSIVE / 906815892	
Driver - Pedestrian Name (Last, First, MI) PICKRELL, LINSEY R.			Address (No., Street, State, Zip Code) 15023 CHAD LN. WILLIAMSBURG OHIO 45176		
Phone No. 334-9517		Birth Date M 05 D 14 Y 83	Age 32	Sex F	State OH
Owner (If Same As Driver, Write Same) PICKRELL, DAVID		Address SAME AS "A"			
Veh. Year 2008	Make CHEVSEK	Model	Color SILVER	Style SW	State OH
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. 02	No. Of Occupants 0	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent GELLO 2FMDK3JC7DBE36951 (UW)	
Driver - Pedestrian Name (Last, First, MI)			Address (No., Street, State, Zip Code)		
Phone No.		Birth Date	Age	Sex	State
Owner (If Same As Driver, Write Same) WILLIAMS, PAMELA		Address 9386 COID CORNER RD. HAMERSVILLE OH. 45130			
Phone No. 513 692-9859					
Veh. Year 2013	Make FORD	Model EDGE	Color GRAY	Style SW	State OH.
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	
C	From Unit No. 01	Name (Last, First, MI) PICKRELL, JACE	Birth Date M 05 D 03 Y 14	Age 1	Sex M
		Address SAME AS "A"			
D	From Unit No. 01	Name (Last, First, MI) PICKRELL, ANDREA	Birth Date M 10 D 16 Y 10	Age 4	Sex F
		Address SAME AS "A"			
E	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex
		Address			
F	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex
		Address			
G	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex
		Address			
H	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex
		Address			
I	From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex
		Address			
Date Report Filed 09-01-15		Desk Officer's Name & Badge Det. D. Scott R52			

Driver - Pedestrian - Vehicle Section

Occupant Section

Position					
A	B	C	D	E	F
		4	7		



P-PEDESTRIAN

Restraints					
A	B	C	D	E	F
8		6	6		

- 1 Not Used
- 2 None Available
- 3 Lap Belt Used
- 4 Eap/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		1	1		

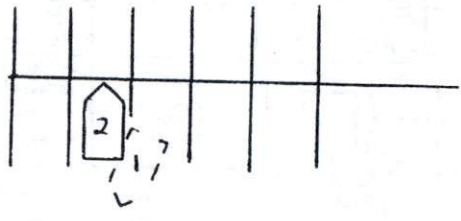
- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number
2015-82432

Describe What Happened
Refer To Units
By Number

THE OPERATOR OF UNIT #1 WAS PULLING OUT OF
HERE PARKING SPOT TURNING RIGHT WHEN SHE SIDE SWIPE PARKED
UNIT #2.

Weather Conditions		1	First Harmful Event	7
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other		Two MV In Transport	
Road Conditions		1	1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other		One MV In Transport	
Light		1	(Collision)	
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other		7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Road Contour		1	Non-Collision	
1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade		15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Occurrence			Location	
1 On Roadway 2 Off Left Side	3 Off Right Side 4 On Opposing Lane of Divided Highway		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	
Special Area			8	
1 Road Construction/Maintenance Area 2 School Zone			2500 Hospital Drive	



NOT TO SCALE

Type of Unit		1	6	A	1	6	B	2	Pre-Crash Actions			A	2	B	9	Contributing Factor			A	11	B
Car		1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size		Bus		16 School Bus 17 Church 18 Public		Driver Actions			Pedestrian Actions			Driver Error			Non-Driver Factor				
Truck		5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer		Emergency		19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue		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			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			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			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				
Motorcycle		12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle		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		Traffic Control			Fixed Object Struck			Truck Load			Vehicle Defects				
Speed		Unit Estimated Legal		Motorcycle Helmet Use		Unit Driver Pass		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			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 Barricage 15 Fire Hydrant 16 Other Object			1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material			Code if Contributing Factor is 18 Primary A B Secondary 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				
A 2		B 0		A		B		14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device			Truck Axles			A B			Tractor Trailer Rigs				