

Local Traffic Crash Report

Local Report Number **201500097805**

Report Taken <input type="checkbox"/> Headquarters <input 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
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In County Of CLERMONT	• Within corporate limits of (if not, file with correct agency)	Date of Crash M 10 D 16 Y 15	Day FRIDAY	Time AM
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Crash Occurred On WRIGHT STREET	Within The Intersection Of 780
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If Not In Intersection Miles 100 Feet W ^N S E of WRIGHT ST	(List Nearest Intersecting Street, Milepost, House No.)
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Unit No. 1	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. OH 339563174 Or Agent JOHN WOOD INSURANCE
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Driver - Pedestrian Name (Last, First, MI) DOOL, JAMES W	Address (No., Street, State, Zip Code) 6147 TAYLOR PIKE BLANCHESTER, OH 45107					
Phone No. 513-310-4982	Birth Date M 08 D 01 Y 63	Age 62	Sex M	State OH	Drivers License No. RH802218	Occupation RETIRED
Owner (If Same As Driver, Write Same) SAME	Address	Phone SAME				

Veh. Year 2002	Make GMC	Model ENVOY	Color WHITE	Style SUV	State OH	License Plate No. FKH6047	Towing Service NONE	Veh/Ped Dir From N To S
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			

Unit No. 2	No. Of Occupants 2	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. SSV3401799138-0 Or Agent SONNENBERG MUTUAL
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Driver - Pedestrian Name (Last, First, MI) GUSTIN, ROBERT A	Address (No., Street, State, Zip Code) 3709 MAPLEWOOD DR. AMELIA, OH 45102					
Phone No. 513-371-3171	Birth Date M 10 D 12 Y 59	Age 56	Sex M	State OH	Drivers License No. RG 447 311	Occupation DISABLED
Owner (If Same As Driver, Write Same) SAME	Address	Phone SAME				

Veh. Year 2012	Make TOYOTA	Model PRIUS	Color SILVER	Style H13	State OH	License Plate No. EFZ8560	Towing Service NONE	Veh/Ped Dir From E To W
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 type="checkbox"/> Light <input checked="" 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			

From Unit No. C	Name (Last, First, MI) GUSTIN, BOBBY	Birth Date M 08 D 24 Y 92	Age 23	Position 7 7 3 D E F
1	Address 3070 PARK RD. GOSHEN, OH 45122	Phone 513-310-4982	Sex M	

From Unit No. D	Name (Last, First, MI)	Birth Date M - D - Y	Age	
	Address	Phone	Sex	

From Unit No. E	Name (Last, First, MI)	Birth Date M - D - Y	Age	
	Address	Phone	Sex	

From Unit No. F	Name (Last, First, MI)	Birth Date M - D - Y	Age	#-PEDESTRIAN
	Address	Phone	Sex	

From Unit No. G	Name (Last, First, MI)	Birth Date M - D - Y	Age	Restraints 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
	Address	Phone	Sex	

From Unit No. H	Name (Last, First, MI)	Birth Date M - D - Y	Age	Ejection 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
	Address	Phone	Sex	

From Unit No. I	Name (Last, First, MI)	Birth Date M - D - Y	Age	Ejection 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
	Address	Phone	Sex	

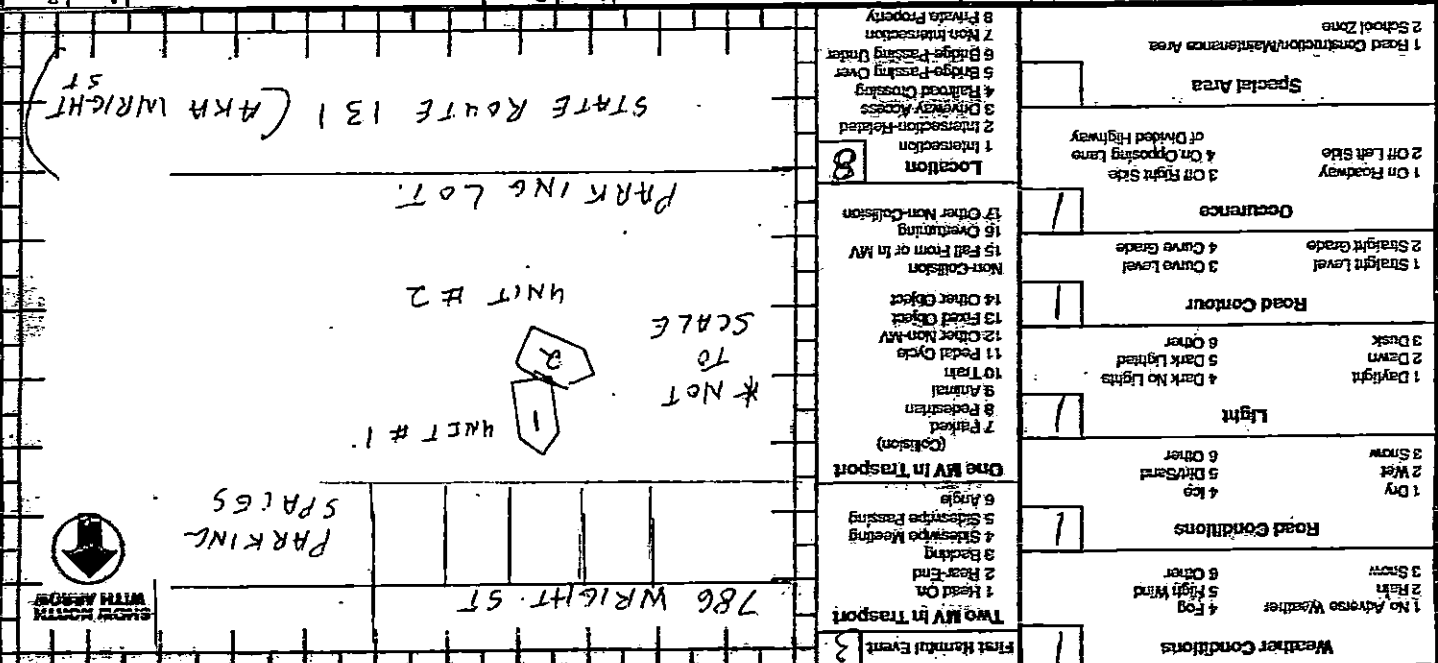
Date Report Filed M 10 D 16 Y 15	Desk Officer's Name & Badge # DEPUTY G.P. HULTGREN # 4248
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Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number 2015-97805
 Describe What Happened Refer to Units By Number

SPOT. UNIT # 2 WAS PULLING IN TO THE PARKING LOT PREPARING TO PARK. THE DRIVER OF UNIT #1 DID NOT SEE UNIT # 2 AND UNIT # 1 STRUCK UNIT #1. THE PASS ENGER OF UNIT # 2 COMPLAINED OF PAIN IN THE SIDE AND WAS TRANSPORTED TO BETHESDA NORTH HOSPITAL BY LIFE SQUAD.



Type of Unit: # 4 # 2 # 1
 Pre-Crash Actions: 10 A 8 B
 Contributing Factor: 10 A 1 B

Category	Code	Description
Driver Error	1	None
	2	Failure to Yield
	3	Unsafe Speed
	4	Following Too Closely or A/C/D
	5	Run Red Light
	6	Run Stop or Yield Sign
	7	Improper Turn
	8	Improper Passing
	9	Improper Lane Change
	10	Improper Backing
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	Backed
	10	Backed
Pedestrian Actions	1	Crossing Other than X-Walk
	2	Walking in Road
	3	Walking in Road (With Traffic)
	4	Waiting in Road
	5	Working in Road
	6	Working on Road
	7	Entering or Leaving Vehicle
	8	Pushing/Working on Vehicle
	9	Pushing/Working on Vehicle
	10	Other in Road
Traffic Control	1	None
	2	Utility Pole
	3	Traffic Sign
	4	Bridge/Culvert
	5	Guard Rail
	6	Fence
	7	Tree
	8	Scrubby
	9	Curb
	10	Ditch
Driver	1	No Controls
	2	Stop Sign
	3	Yield Sign
	4	Traffic Signal
	5	Traffic Flashers
	6	School Zone
	7	Railroad Crossings
	8	Railroad Flashers
	9	Railroad Gases
	10	Construction Barricades
Pedestrian	1	No Controls
	2	Stop Sign
	3	Yield Sign
	4	Traffic Signal
	5	Traffic Flashers
	6	School Zone
	7	Railroad Crossings
	8	Railroad Flashers
	9	Railroad Gases
	10	Construction Barricades
Motorcycle Helmet Use	1	No Helmet
	2	Full Coverage
	3	Other Type Helmet
	4	Other Type Helmet
	5	Other
	6	Other
	7	Other
	8	Other
	9	Other
	10	Other