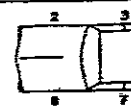
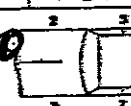




Local Traffic Crash Report

Local Report Number 2017-122460

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved 3		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input 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>11</u> D <u>9</u> Y <u>17</u>	Day <u>Thursday</u> Time <u>1220</u> PM
Crash Occurred On <u>W. Miller Ln</u>		Within The Intersection Of			
If Not in Intersection		(List Nearest intersecting Street, Milepost, House No.) <u>2192</u>			
Unit No. <u>1</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>Allstate D26638634</u>	
Driver - Pedestrian Name (Last, First, MI) <u>Smithers, Charles Roy</u>		Address (No., Street, State, Zip Code) <u>3671 SR 131 Wmsburg OH 45176</u>			
Phone No.	Birth Date M <u>2</u> D <u>18</u> Y <u>30</u>	Age <u>87</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>KMD26125</u>
Owner (if Same as Driver, Write Same) <u>Same</u>		Address <u>Same</u>			
Veh. Year <u>2012</u>	Make <u>FORD</u>	Model <u>E-350</u>	Color <u>Grey</u>	Style <u>Van</u>	State <u>OH</u>
Circle Damage Areas 		Damage Severity <input 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. <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 <u>Progressive 60455766</u>	
Driver - Pedestrian Name (Last, First, MI) <u>Bowers Tina</u>		Address (No., Street, State, Zip Code) <u>2401 Senior DR #300 Wmsburg OH 45176</u>			
Phone No.	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	State	Drivers License No.
Owner (if Same as Driver, Write Same) <u>Same</u>		Address <u>Same</u>			
Veh. Year <u>2014</u>	Make <u>FORD</u>	Model <u>Escape</u>	Color <u>Black</u>	Style <u>SUV</u>	State <u>OH</u>
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	Position A B C D E F
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	Restraints A B C D E F
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	Ejection A B C D E F
From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Sex	
Date Report Filed M <u>11</u> D <u>9</u> Y <u>17</u>		Desk Officer's Name & Badge # <u>Det. W BREWER #2055</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: **2017-122460** Describe What Happened: **Unit # 1 was backing into a parking spot. Unit # 2 was struck by Unit # 1. Unit # 2 was unaware he struck Unit # 1**

Weather Conditions	1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	First Harmful Event 9	
Road Conditions	1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Light	1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	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	
Road Contour	1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Occurrence	1 On Roadway 2 Off Left Side	3 Off Right Side 4 On Opposing Lane of Divided Highway	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	
Special Area	1 Road Construction/Maintenance Area 2 School Zone			

Type of Unit	# 1	A 6	B 4	Pre-Crash Actions	A 10	B 1	Contributing Factor	A 15	B 1
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	Vehicle Defects	
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 Backing/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 AQDA 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	15 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	Code if Contributing Factor is 15	
Motorcycle	12 MC up to 550cc 13 MC up to 750cc 14 MC over 750cc 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/Trailer 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	Traffic Control	Fixed Object Struck	Truck Load	Primary	Secondary	
Speed	Unit Estimated Legal	Motorcycle Helmet Use	Unit Driver Pass	Driver	Pedestrian	Truck Axles	Tractor Trailer Pigs		
A 3		A		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 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Garbage 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	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 0		B		14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device					
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet							