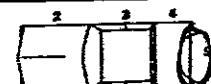


# Local Traffic Crash Report

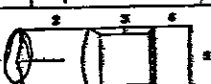
Local Report Number 201700122781

Report Taken <input type="checkbox"/> Headquarters <input checked="" 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) <u>Dollar General 3465 SR 125</u> <u>Private Property Bethel, Ohio 45206</u>	Date of Crash <u>M 11 D 11 Y 2017</u> Day <u>Saturday</u> Time <u>1624</u> <input type="radio"/> AM <input checked="" type="radio"/> PM
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>30</u> Feet <u>W</u> <input checked="" type="radio"/> <u>E</u> of <u>SR 125</u> Within The Intersection Of <u>Parking lot</u>		

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>Progressive</u>
Driver - Pedestrian Name (Last, First, MI) <u>Hughes, Hope</u>		Address (No., Street, State, Zip Code) <u>71 Bethel Park Drive Bethel, Ohio 45206</u>	
Phone No.	Birth Date <u>M 3 D 25 Y 1978</u>	Age <u>45</u>	Sex <u>F</u> State <u>OHIO</u> Drivers License No. <u>RJ 955904</u> Occupation
Owner (If Same As Driver, Write Same) <u>Same</u>		Address <u>Same</u> Phone	

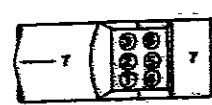

Veh. Year <u>2006</u>	Make <u>Chev</u>	Model <u>HHR</u>	Color <u>Gray</u>	Style <u>SW</u>	State <u>OHIO</u>	License Plate No. <u>G F Q 2473</u>	Towing Service <u>N/A</u>	Veh/Ped Dir <u>From S To N</u>
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input 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>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>Cincinnati Ins. Company</u>
Driver - Pedestrian Name (Last, First, MI) <u>Scott, James, D. II</u>		Address (No., Street, State, Zip Code) <u>1026 Sodom Rd Hamersville, Ohio 45130</u>	
Phone No.	Birth Date <u>M 5 D 16 Y 1998</u>	Age <u>19</u>	Sex <u>M</u> State <u>Ohio</u> Drivers License No. <u>UG 362344</u> Occupation
Owner (If Same As Driver, Write Same) <u>James D. Scott</u>		Address <u>1026 Sodom Rd Hamersville, Ohio 45130</u> Phone	

Veh. Year <u>2014</u>	Make <u>Ford</u>	Model <u>Mustang GT</u>	Color <u>Red</u>	Style <u>2S</u>	State <u>OHIO</u>	License Plate No. <u>G Y K 9721</u>	Towing Service <u>N/A</u>	Veh/Ped Dir <u>From N To S</u>
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 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			

Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position
<u>C</u>	<u>Scott, James D. II</u>	<u>5 16 1998</u>	<u>19</u>	<u>M</u>	<u>A1</u> B1 C D E F
<u>D</u>					
<u>E</u>					
<u>F</u>					<b>P-PEDESTRIAN</b>
<u>G</u>					<b>Restraints</b>
<u>H</u>					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
<u>I</u>					<b>Ejection</b>
<u>J</u>					1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle

Date Report Filed 11/11/2017 Desk Officer's Name & Badge # Deputy Blankenship 216a

Local Report Number  
201700122781

Describe What Happened  
Refer To Units  
By Number

Unit 1 advised she was backing out of her parking spot,  
and did not see Unit 2 because he was in her blindspot. - Unit 2 was struck by Unit 1

<b>Weather Conditions</b> <span style="float:right">1</span> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		<b>First Hazard Event</b> <span style="float:right">3</span> <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Side-swipe Meeting 5 Side-swipe 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 Overtaking 17 Other Non-Collision		Dollar General 3465 SR 125 Bethel, Ohio 45206 
<b>Road Conditions</b> <span style="float:right">1</span> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		<b>Location</b> 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>Light</b> <span style="float:right">1</span> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other				
<b>Road Contour</b> <span style="float:right">2</span> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade				
<b>Occurrence</b> <span style="float:right">N/A</span> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway				
<b>Special Area</b> <span style="float:right">N/A</span> 1 Road Construction/Maintenance Area 2 School Zone				

<b>Type of Unit</b> # 1    A 2    # 2    B 3		<b>Pre-Crash Actions</b> A 10    B 8		<b>Contributing Factor</b> A 10    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/Rider 30 Animal W/Suggy 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 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		<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Plan 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>Speed</b> Unit Estimated Legal A 10 N/A B 1 N/A		<b>Motorcycle Helmet Use</b> Unit Driver Pass A N/A N/A B N/A N/A		<b>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A N/A B N/A Secondary A N/A B N/A			
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		<b>Truck Load</b> A N/A B N/A 1 Empty 2 Perishable Goods 3 General Freight 4 Metall-heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material <b>Truck Axles</b> A N/A B N/A <b>Tractor Trailer Rigs</b>			