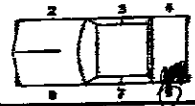
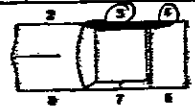
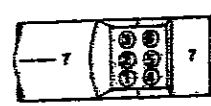



Local Traffic Crash Report

Local Report Number 2017-124724

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 6	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)	Date of Crash M <u>11</u> D <u>25</u> Y <u>2017</u>	Day <u>SATURDAY</u>	Time <u>11:50</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Crash Occurred On <u>2001 Hospital Dr., Batavia, OH. 45103</u>		Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>50</u> Feet <u>W</u> <u>E</u> <u>E</u> of <u>Hospital Dr. in front of 2001 Hospital Dr.</u>						
Unit No. <u>A 1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>ALL STATE INS. CO.</u>			
Driver - Pedestrian Name (Last, First, MI) <u>McLaughlin, Samantha, R.</u>		Address (No., Street, State, Zip Code) <u>4050 Zagar Rd., Batavia, OH. 45103</u>				
Phone No.	Birth Date M <u>12</u> D <u>30</u> Y <u>1997</u>	Age <u>19</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>UF9S8931</u>	
Occupation						
Owner (If Same As Driver, Write Same) <u>Rodriguez, Amber, L.</u>						
Address <u>1751 East Ohio Pike, Amelia, OH. 45102</u>						
Veh. Year <u>2006</u>	Make <u>GMC</u>	Model <u>4Dr</u>	Color <u>Purple</u>	Style <u>SUV</u>	State <u>OH</u>	
License Plate No. <u>HEM-8794</u>		Towing Service		Veh/Ped Dir From <u>S</u> To <u>N</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 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	
Unit No. <u>B 2</u>	No. Of Occupants <u>2</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 INSURANCE CO.</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Higgins, Shirley, A.</u>		Address (No., Street, State, Zip Code) <u>3 Kent Dr., Athens, OH. 45701</u>				
Phone No.	Birth Date M <u>5</u> D <u>18</u> Y <u>1935</u>	Age <u>82</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>RH491058</u>	
Occupation						
Owner (If Same As Driver, Write Same) <u>SAME</u>						
Address						
Veh. Year <u>2014</u>	Make <u>Ford</u>	Model <u>SUV</u>	Color <u>BLACK</u>	Style <u>SUV</u>	State <u>OH</u>	
License Plate No. <u>FTJ3236</u>		Towing Service		Veh/Ped Dir From <u>E</u> To <u>W</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 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. <u>C 1</u>	Name (Last, First, MI) <u>Watts, Justin, M.</u>	Birth Date M <u>5</u> D <u>29</u> Y <u>1987</u>	Age <u>30</u>	Position A B C D E F		
Seat No. <u>1</u>	Address <u>4435 Eastern Ave., Cincinnati, OH. 45006</u>	Sex <u>M</u>				
From Unit No. <u>D 2</u>	Name (Last, First, MI) <u>Higgins, Charles, R.</u>	Birth Date M <u>4</u> D <u>21</u> Y <u>34</u>	Age <u>83</u>	Sex <u>M</u>		
Seat No. <u>2</u>	Address <u>3 Kent Dr., Athens, OH. 45701</u>	Phone				
From Unit No. <u>E</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex		
From Unit No. <u>F</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex		
From Unit No. <u>G</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex		
From Unit No. <u>H</u>	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex		
From Unit No. <u>I</u>	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>25</u> Y <u>2017</u>						
Desk Officer's Name & Badge # <u>Dop. K. Schockman #1804</u>						

Driver - Pedestrian - Vehicle Section

Occupant Section

- Restraints
- | | | | | | |
|----------|----------|----------|----------|---|---|
| A | B | C | D | E | F |
| <u>4</u> | <u>4</u> | <u>4</u> | <u>4</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

- Ejection
- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| | | | | | |
- 1 Not Ejected
 - 2 Partial
 - 3 Total
 - 4 Trapped Inside Vehicle

Local Report Number: 2017-124724
 Describe What Happened: Unit #2 was driving straight through the parking lot at 2001 Hospital Dr., Batavia, OH. When Unit #1 backed out of a parking spot and struck Unit #2 in the passenger door and rear passenger quarter panel with Unit #1 drivers side rear left bumper.

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 Dirty/Grit
 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)

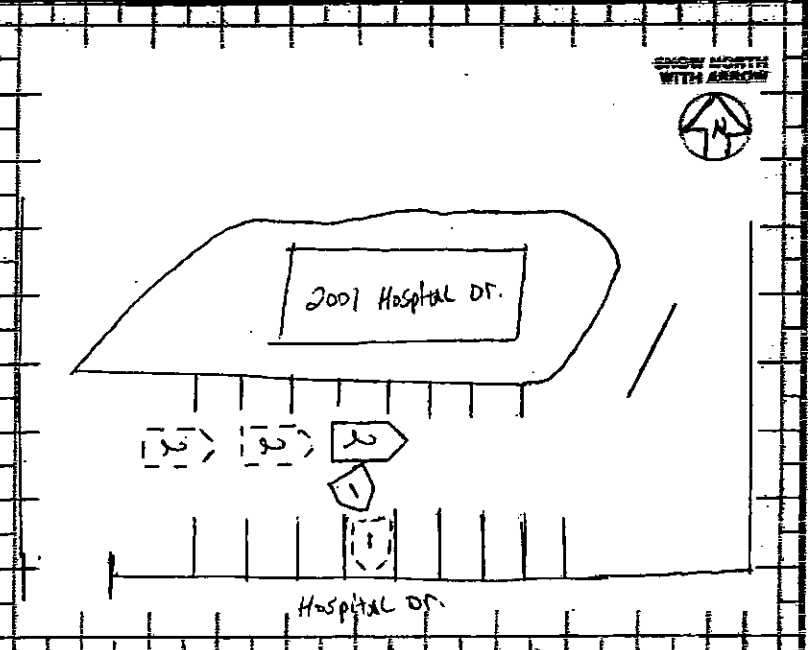
7 Parked
 8 Pedestrian
 9 Animal
 10 Train
 11 Pedal Cycle
 12 Other Non-MV
 13 Fixed Object
 14 Other Object

Non-Collision

15 Fall From or In MV
 16 Overtaking
 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

Car: 1 Sub Compact, 2 Compact, 3 Mid Size, 4 Full Size
 Bus: 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/Feeder, 30 Animal W/Buggy, 31 Bicycle, 32 All Others
 P = Pedestrian

Motorcycle

12 MC up to 350cc
 13 MC up to 750cc
 14 MC over 750cc
 15 Motorized Bicycle

Speed

Unit	Estimated	Legal
A	5	
B	5	

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

1 No Helmet
 2 Full Coverage
 3 Full Facial Cover
 4 Other Type Helmet

Pre-Crash Actions

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

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
 25 Pushing/Working on Vehicle in Road
 26 Other in Road
 27 On Sidewalk or Shoulder

Traffic Control

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

Driver

1 None
 2 Utility Pole
 3 Traffic Sign
 4 Bridge/Culvert
 5 Guard Rail
 6 Fence
 7 Tree
 8 Shrubsbery
 9 Curb
 10 Ditch
 11 Embankment
 12 Building
 13 Mail Box
 14 Construction Barriage
 15 Fire Hydrant
 16 Other Object

Pedestrian

14 No Controls
 15 Crosswalk Lines
 16 Walk/Don't Walk Device

Contributing Factor

Driver Error

1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or ACCOA
 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

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

Primary	A	B

Secondary	A	B

Truck Load

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

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