

Local Traffic Crash Report

Local Report Number 18-17004

X Scene

Report Taken	<input type="checkbox"/> Headquarters <input 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
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In County Of <u>CLERMONT</u>	• Within corporate limits of (If not, file with correct agency):	Date of Crash M <u>04</u> D <u>30</u> Y <u>18</u>	Day <u>MONDAY</u>	Time <u>1045</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Crash Occurred On: HOSPITAL DRIVE (McDONALDS) Within The Intersection Of

If Not In Intersection: _____ N _____ E _____
Miles _____ Feet _____ W _____ S _____ OF _____
(List Nearest Intersecting Street, Milepost, House No.) 2001

Unit No. <u>A 01</u>	No. Of Occupants <u>01</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>LOYD'S SYNDICATE (PK1026917)</u>
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Driver - Pedestrian Name (Last, First, MI)
LANNAM, MARGARET Address (No., Street, State, Zip Code)
181 DEETMUND DR. FAYETTEVILLE OHIO 45718

Phone No. _____ Birth Date M 11 D 26 Y 75 Age 42 Sex F State OH Driver's License No. RS 355340 Occupation CTC DRIVER

Owner (If Same As Driver, Write Same) Address
CLERMONT COUNTY COMMISSIONERS 101 E. MAIN ST. BATAVIA, OH. 45103

Veh. Year <u>2017</u>	Make <u>FORD</u>	Model <u>BUS</u>	Color <u>GRAY</u>	Style <u>MINI BUS</u>	State <u>OH</u>	License Plate No. <u>OG 3072</u>	Towing Service <u>N/A</u>	Vet/Ped Dir From <u>E</u> To <u>W</u>
Circle Damage Areas	8 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" type="checkbox"/> None <input 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>B 02</u>	No. Of Occupants <u>01</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 912005245</u>
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Driver - Pedestrian Name (Last, First, MI)
MOORE, MARILYN Address (No., Street, State, Zip Code)
12049 ELM CORNER RD. BETHEL OHIO 45106

Phone No. _____ Birth Date M 09 D 05 Y 40 Age 77 Sex F State OH Driver's License No. RP138978 Occupation _____

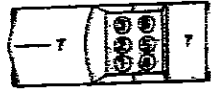
Owner (If Same As Driver, Write Same) Address
SAMU

Veh. Year <u>2017</u>	Make <u>KIA</u>	Model _____	Color <u>SILVER</u>	Style <u>SW</u>	State _____	License Plate No. _____	Towing Service <u>N/A</u>	Vet/Ped Dir From <u>S</u> To <u>N</u>
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 checked="" type="checkbox"/> None <input 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
C					A B C D E F
D					
E					
F					
G					
H					
I					



F-PEDESTRIAN

- Restraints
- 1 Not Used
 - 2 None Available
 - 3 Lap Belt Used
 - 4 Easy/Shoulder Belt Used
 - 5 Shoulder Belt Used
 - 6 Child Safety Seat
 - 7 Air Bag Used
 - 8 Use Not Reported

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

Date Report Filed M 04 D 30 Y 18 Desk Officer's Name & Badge # Dep. D. Scott

Local Report Number: 18-17004

Describe What Happened: THE OPERATOR OF UNIT #2 HAD BACKED FROM HER PARKING SPOT & STARTED TO PULL AWAY BUT STOPPED FOR ANOTHER VEHICLE. UNIT #2 STOPPED DIRECTLY BEHIND UNIT #1. UNIT #1 THEN BACKED INTO UNIT #2. UNIT #1 DRIVER COULD NOT SEE UNIT #2 DUE TO ITS LOCATION. THE RIGHT REAR OF UNIT #1 JUST BUMPED FRONT RIGHT FENDER OF UNIT #2 CAUSING A SCUFF & SMALL DENT.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Reported Event Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Side-swipe Meeting 5 Side-swipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	One MV in Transport (Collision) 7 Perished 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	Non-Collision 15 Fell From or In MV 16 Overtaking 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	2	Location 1 Intersection 2 Intersection-Fielded 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property	
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			

Type of Unit # 1 18 # 2 3	Pre-Crash Actions A 10 B 7	Contributing Factor A 10 B 1	
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size Truck 5 Pickup 6 Panel Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle	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 Traffic Control A 12 B 12 Driver 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Pleshers 6 School Zone 7 Railroad Crossbucks 8 Railroad Pleshers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Flm Red Light 6 Flm 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 Truck Load A 1 B 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 A B Tractor Trailer Rigs	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 10 Primary A B Secondary A B Tractor Trailer Rigs 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
Speed Unit Estimated Legal A 1 B 0 Motorcycle Helmet Use Unit Driver Pass A B Other 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet			