

Local Traffic Crash Report

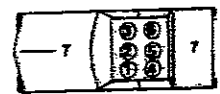
Local Report Number 18-17025

SCENE

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)		Over \$150 <input checked="" type="checkbox"/> Under \$150 <input type="checkbox"/>	
In County Of <u>Clermont</u>		• Within corporate limits of (If not, file with correct agency)		Date of Crash <u>04 30 18</u> Day <u>Monday</u> Time <u>1425</u> AM <input type="checkbox"/> PM <input type="checkbox"/>			
Crash Occurred On <u>SR 125</u>				Within The Intersection Of			
If Not In Intersection (List Nearest intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ OF _____ <u>1400</u>							
A Unit No. <u>01</u>		No. Of Occupants <u>02</u>		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>NONE PROVIDED</u>	
Driver - Pedestrian Name (Last, First, MI) <u>MAERTZ, Michelle</u>				Address (No., Street, State, Zip Code) <u>4121 FOX RUN TRAIL CINCINNATI OHIO 45255</u>			
Phone No.		Birth Date <u>09 29 68</u>		Age <u>49</u>		Sex <u>F</u> State <u>CT.</u> Drivers License No. <u>219032408</u> Occupation	
Owner (If Same As Driver, Write Same) <u>CORSMEIER, ANN</u>				Address <u>776 CWTI BATAVIA PIKE CINCINNATI OH. 45245</u> Phone			
Veh. Year <u>2018</u>		Make <u>MAZDA</u>		Model <u>M3</u>		Color <u>WHITE</u> Style <u>4D</u> State <u>OH</u> License Plate No. <u>H5Z-9006</u> Towing Service <u>DANBURY</u> Veh/Fed Dir From <u>S</u> To <u>N</u>	
Circle Damage Areas		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input checked="" 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 type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input checked="" type="checkbox"/> Towed	
Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire <input type="checkbox"/>							
B Unit No.		No. Of Occupants		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)			
Phone No.		Birth Date		Age		Sex State Drivers License No. Occupation	
Owner (If Same As Driver, Write Same)				Address Phone			
Veh. Year		Make		Model		Color Style State License Plate No. Towing Service Veh/Fed Dir From To	
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 type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	
Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire <input type="checkbox"/>							
C From Unit No. <u>1</u>		Name (Last, First, MI) <u>CORSMEIER, ANN</u>		Birth Date <u>03 25 43</u>		Age <u>75</u> Position	
Address <u>SAME AS "A"</u>				Phone		Sex <u>F</u>	
D From Unit No.		Name (Last, First, MI)		Birth Date		Age	
Address				Phone		Sex	
E From Unit No.		Name (Last, First, MI)		Birth Date		Age	
Address				Phone		Sex	
F From Unit No.		Name (Last, First, MI)		Birth Date		Age	
Address				Phone		Sex	
G From Unit No.		Name (Last, First, MI)		Birth Date		Age	
Address				Phone		Sex	
H From Unit No.		Name (Last, First, MI)		Birth Date		Age	
Address				Phone		Sex	
I From Unit No.		Name (Last, First, MI)		Birth Date		Age	
Address				Phone		Sex	
Date Report Filed <u>04 30 18</u>		Desk Officer's Name & Badge # <u>Dep. D. Scott</u>					

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

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

Ejection

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

Local Report Number
18-17025

Describe What Happened
Refer To Units By Number
THE OPERATOR OF UNIT #1 WAS ATTEMPTING TO PARK

IN A PARKING SPACE - INSTEAD, DROVE INTO THE SIDE OF THE BUSINESS.

MINOR VISIBLE DAMAGE TO THE OUTSIDE OF BUILDING BUT SIGNIFICANT DAMAGE ON THE INTERIOR. THE OPERATOR STATED SHE DIDN'T KNOW WHAT HAPPENED OR HOW THE ACCIDENT OCCURED. UNIT #1 WAS REMOVED BEFORE MY ARRIVAL.

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 Dirt/Sand 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	Occurence 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 13 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 Overturning 17 Other Non-Collision	Location 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	Diagram Pill Box Pharmacy NORTH WITH ARROW
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Type of Unit # 1 3 #	Pre-Crash Actions 14	Contributing Factor 14
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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 751cc 15 Motorized Bicycle	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/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 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 17 Reason Unknown 18 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	
		Traffic Control A 12 B	Fixed Object Struck A 16 B	Truck Load A 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	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B 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 10 B	Motorcycle Helmet Use Unit Driver Pass A B	Driver 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	Pedestrian 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			