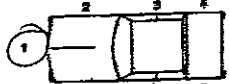
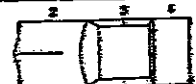




Local Traffic Crash Report

Local Report Number 0018-00020207

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <u>1</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)		Date of Crash <u>MO 5 D 22 Y 18</u>	Day <u>Tuesday</u>
Crash Occurred On <u>Benton Rd</u>		Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u> </u> Feet <u> </u> W <u> </u> E <u> </u> OF <u>5313</u>					
A	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>statefarm</u>	
Driver - Pedestrian Name (Last, First, MI) <u>Clark, Robin L.</u>			Address (No., Street, State, Zip Code) <u>6219 SR 707, Goshen, OH, 45122</u>		
Phone No. <u> </u>		Birth Date <u>M 10 D 14 Y 63</u>	Age <u>54</u>	Sex <u>F</u>	State <u>OH</u>
Owner (If Same As Driver, Write Same) <u>same</u>		Address <u> </u>		Drivers License No. <u>RN105236</u>	
Unit No.	Make <u>Kia</u>	Model <u>SW</u>	Color <u>BROWN</u>	Style <u>SW</u>	State <u>OH</u>
Year <u>2013</u>	License Plate No. <u>6SW7050</u>		Towing Service		Vehicle Disposition
Circle Damage Areas 		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 checked="" 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"/>		From <u>W</u> To <u>E</u>			
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
Owner (If Same As Driver, Write Same)		Address		Drivers License No.	
Unit No.	Make	Model	Color	Style	State
Year	License Plate No.		Towing Service		Vehicle Disposition
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"/>		From <u> </u> To <u> </u>			
C	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	Position
D	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	  P-PEDESTRIAN
E	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	
F	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	Restraints
G	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	<input type="checkbox"/> 1 Not Used <input type="checkbox"/> 2 None Available <input type="checkbox"/> 3 Lap Belt Used <input type="checkbox"/> 4 Esp/Shoulder Belt Used <input type="checkbox"/> 5 Shoulder Belt Used <input type="checkbox"/> 6 Child Safety Seat <input type="checkbox"/> 7 Air Bag Used <input type="checkbox"/> 8 Use Not Reported
H	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	
I	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	Ejection
J	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Partial <input type="checkbox"/> 3 Total <input type="checkbox"/> 4 Trapped Inside Vehicle
K	From Unit No.	Name (Last, First, MI)	Birth Date <u>M D Y</u>	Age	

Driver - Pedestrian - Vehicle Section


Occupant Section

Date Report Filed MO 5 D 22 Y 18

Desk Officer's Name & Badge # Robert Powell #3052

Local Report Number: 0018-00080207

Describe What Happened: Refer To Units By Number: units #1 was leaving work and was going down the Drive way when she advised she looked down for a second and when she looked back up she was heading towards a pole and could not miss the pole and struck it with the front of her vehicle

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Handler Event 1 Head On 2 Rear-End 3 Backing 4 Sideways Meeting 5 Sideways Passing 6 Angle	1
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	2	Two MV In Transport 7 Perfect 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	1
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	One MV In Transport (Collision) 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	1
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	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	8
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		Benton Road 5313 #1	
Special Area 1 Road Construction/Maintenance Area 2 School Zone		8000 NORTH WITH ARROW 	

Type of Unit # 1 4	Pre-Crash Actions A 1 B	Contributing Factor A 15 B		
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	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 1 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	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 Fixed Object Struck A 2 B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Scaffolding 15 Fire Hydrant 16 Other Object	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 Reason Unknown 17 Other Driver Error 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 Flgs	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 15: 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 1 No Helmet 3 Full Facial Cover 2 Full Coverage 4 Other Type Helmet				