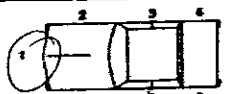



# Local Traffic Crash Report


Local Report Number 18-26025

Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>1</b>	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>M 6 D 28 Y 18</u>	Day <u>Thursday</u> Time <u>1937</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Crash Occurred On <u>208 Amelia Olive Branch</u>		Within The Intersection Of	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ N _____ S _____ OF			

<b>A</b> 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>Allstate</u>
Driver - Pedestrian Name (Last, First, MI) <u>Ward, Diane L.</u>		Address (No., Street, State, Zip Code) <u>1416 Glenwood Ct.</u>	
Birth Date <u>M 12 D 9 Y 52</u>	Age <u>65</u>	Sex <u>F</u>	State <u>OH</u>
Drivers License No. <u>RX 275068</u>		Occupation	
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address	
Phone No.	Phone		
Veh. Year <u>2014</u>	Make <u>Subaru</u>	Model <u>Forester</u>	Color <u>Silver</u>
Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>HKX 1063</u>	Towing Service
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input 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	

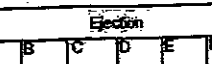
<b>B</b> Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex
State		Drivers License No.	
Occupation		Phone	
Owner (If Same As Driver, Write Same)		Address	
Phone No.	Phone		
Veh. Year	Make	Model	Color
Style	State	License Plate No.	Towing Service
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	

Driver - Pedestrian - Vehicle Section

<b>Occupant Section</b>	<b>C</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A   B   C   D   E   F	
	<b>D</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex		
	<b>E</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex		
	<b>F</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A   B   C   D   E   F	
	<b>G</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	<ul style="list-style-type: none"> <li>1 Not Used</li> <li>2 None Available</li> <li>3 Lap Belt Used</li> <li>4 Lap/Shoulder Belt Used</li> <li>5 Shoulder Belt Used</li> <li>6 Child Safety Seat</li> <li>7 Air Bag Used</li> <li>8 Use Not Reported</li> </ul>	
	<b>H</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex		
	<b>I</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A   B   C   D   E   F	
	Date Report Filed <u>6/28/18</u>						Desk Officer's Name & Badge # <u>Deputy I. Blanton #10872</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



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

Local Report Number: 18-26025  
 Describes What Happened: Unit #1 was traveling South on Amelia Olive Branch.

Unit #1 turned onto Donna Dr., then turned into 208 Amelia Olive Branch.  
 Unit #1 struck corner of building head on. Driver of Unit #1 advised she must've mistaken the gas pedal for the brake. Driver advised she was not wearing her prescription glasses, as required.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	6	<b>First Harmful Event</b> 13	
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	<b>Two MV In Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	<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>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		<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>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone		8	

<b>Type of Unit</b> # 32	A	B	<b>Pre-Crash Actions</b> A 2 B	<b>Contributing Factor</b> A 14 B
<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/ Buggy 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 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 AGDA 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
<b>Speed</b> Unit Estimated Legal A 25 N/A B  <b>Motorcycle Helmet Use</b> Unit Driver Pass A B	<b>Vehicle Defects</b> Code if Contributing Factor is 18 <b>Primary</b> <b>Secondary</b>	<b>Truck Load</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	<b>Truck Axles</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbyery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<b>Tractor Trailer Rigs</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