

# Local Traffic Crash Report

Local Report Number 001800031745

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>5</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
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In County Of <b>CLERMONT</b>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash <b>M 08 D 07 Y 18</b>	Day <b>Tuesday</b>	Time <b>1503</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <b>Dough Pike</b>	Within The Intersection Of
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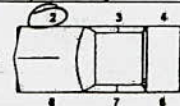
If Not In Intersection	N Miles _____ Feet _____	W S	E Of	(List Nearest Intersecting Street, Milepost, (House No.)) <b>1341</b>
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<b>A</b>	Unit No. <b>1</b>	No. Of Occupants <b>4</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>Progressive #922076144</b>
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Driver - Pedestrian Name (Last, First, MI) <b>WHEELER, Lisa N</b>	Address (No., Street, State, Zip Code) <b>61 CARRIAGE STATION DR. CINCINNATI, OH. 45245</b>
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Phone No.	Birth Date <b>M 10 D 07 Y 86</b>	Age <b>31</b>	Sex <b>F</b>	State <b>OH.</b>	Drivers License No. <b>SP169880</b>	Occupation
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Owner (If Same As Driver, Write Same) <b>Same</b>	Address	Phone
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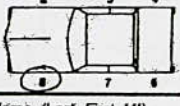
Veh. Year <b>2004</b>	Make <b>CHRY</b>	Model <b>Sebring</b>	Color <b>SILVER</b>	Style <b>2DR</b>	State <b>OH.</b>	License Plate No. <b>HLL3526</b>	Towing Service <b>KORTES.</b>	Veh/Ped Dir From <b>N</b> To <b>S</b>	
Circle Damage Areas 			Damage Severity <input type="checkbox"/> Non-Functional <input 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 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

<b>B</b>	Unit No. <b>2</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>California General #1017749612</b>
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Driver - Pedestrian Name (Last, First, MI) <b>STEMMER, Debra</b>	Address (No., Street, State, Zip Code) <b>10362 SPUR ROAD CALIFORNIA, KY 41007</b>
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Phone No.	Birth Date <b>M 08 D 17 Y 62</b>	Age <b>55</b>	Sex <b>F</b>	State <b>KY</b>	Drivers License No. <b>594-334-441</b>	Occupation
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Owner (If Same As Driver, Write Same) <b>Same</b>	Address	Phone
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Veh. Year <b>2012</b>	Make <b>Honda</b>	Model <b>Civic</b>	Color <b>BLUE</b>	Style <b>4DR</b>	State <b>KY</b>	License Plate No. <b>073-RSE</b>	Towing Service	Veh/Ped Dir From <b>W</b> To <b>E</b>	
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 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

<b>C</b>	From Unit No. <b>1</b>	Name (Last, First, MI) <b>RENO, MARION</b>	Birth Date <b>M 06 D 04 Y 86</b>	Age <b>32</b>	Position A   B   C   D   E   F					
		Address <b>61 CARRIAGE STATION DR. CINCINNATI, OH. 45245</b>			Sex <b>M</b>					

<b>D</b>	From Unit No. <b>1</b>	Name (Last, First, MI) <b>HAMEYER, KIRA</b>	Birth Date <b>M 04 D 20 Y 07</b>	Age <b>11</b>	Position 					
		Address <b>61 CARRIAGE STATION DR. CINCINNATI, OH. 45245</b>			Sex <b>F</b>					

<b>E</b>	From Unit No. <b>1</b>	Name (Last, First, MI) <b>RENO, MARION</b>	Birth Date <b>M 08 D 05 Y 17</b>	Age <b>1</b>	Position 					
		Address <b>61 CARRIAGE STATION DR. CINCINNATI, OH. 45245</b>			Sex <b>M</b>					

<b>F</b>	From Unit No. <b>1</b>	Name (Last, First, MI)	Birth Date M D Y	Age	Position A   B   C   D   E   F					
		Address			Sex					

<b>G</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position 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					
		Address			Sex					

<b>H</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A   B   C   D   E   F					
		Address			Sex					

<b>I</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
		Address			Sex					

Date Report Filed <b>M 08 D 07 Y 18</b>	Desk Officer's Name & Badge # <b>TOP OFFICER #3052</b>
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Driver - Pedestrian - Vehicle Section

Occupant Section



Local Report Number: 8018-00031745  
 Describe What Happened: Unit #1 was traveling south through the parking lot. Unit #2 was traveling east also through the parking lot. Both vehicles struck each other. The parking lot was full with other vehicles and there were no yield signs in the parking lot. I could not determine which vehicle was at fault.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	<b>First Harmful Event</b> 6	
<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>	# 1	A 3	# 2	B 2	<b>Pre-Crash Actions</b>	A 1	B 1	<b>Contributing Factor</b>	A	B
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size					<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>Driver Error</b> 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 17 Other Driver Error		
<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>Traffic Control</b> 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			<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>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle					<b>Driver</b> 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			<b>Truck Axles</b> A B		
<b>Bus</b> 18 School Bus 17 Church 18 Public					<b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 15 Walk-On? Walk Device			<b>Tractor Trailer Rigs</b> A B		
<b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue								<b>Vehicle Defects</b> Code if Contributing Factor is 18		
<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>Primary</b> A B		
<b>Speed</b> Unit Estimated Legal								<b>Secondary</b> A B		
<b>Motorcycle Helmet Use</b> Unit Driver Pass										
1 No Helmet 3 Full Facial Cover			2 Full Coverage 4 Other Type Helmet							