

# Local Traffic Crash Report

Local Report Number 000180033853

|  |   |  |
|--|---|--|
| Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved<br><b>2</b> | Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)<br><input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150 |
|--|---|--|

|                                 |  |   |     |                      |  |
|---------------------------------|--|---|-----|----------------------|--|
| In County Of<br><b>Clermont</b> | • Within corporate limits of: (if not, file with correct agency) | Date of Crash<br>M <b>8</b> D <b>22</b> Y <b>2018</b> | Day | Time<br><b>14:09</b> | AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> |
|---------------------------------|--|---|-----|----------------------|--|

|  |                            |
|--|----------------------------|
| Crash Occurred On<br><b>Entrance Drive at 490 Thomaston Dr</b> | Within The Intersection Of |
|--|----------------------------|

|  |   |
|--|---|
| If Not In Intersection<br>Miles <b>8.5</b> Feet <b>0</b> W <b>0</b> E <b>0</b> N <b>0</b> S <b>0</b> OF<br><b>Freeway edge (Northside)</b> | (List Nearest Intersecting Street, Milepost, House No.) |
|--|---|

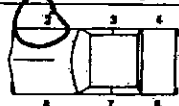
|                     |                           |  |   |
|---------------------|---------------------------|--|---|
| Unit No. <b>A 1</b> | No. Of Occupants <b>1</b> | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent<br><b>Progressive 50473859</b> |
|---------------------|---------------------------|--|---|

|   |  |
|---|--|
| Driver - Pedestrian Name (Last, First, MI)<br><b>BACK Penny D</b> | Address (No., Street, State, Zip Code)<br><b>1496 Thomaston Dr. Apt. B Betavia, OH 45601</b> |
|---|--|

|           |  |                  |                 |                    |                                       |  |
|-----------|--|------------------|-----------------|--------------------|---------------------------------------|--|
| Phone No. | Birth Date<br>M <b>4</b> D <b>23</b> Y <b>48</b> | Age<br><b>70</b> | Sex<br><b>F</b> | State<br><b>OH</b> | Drivers License No.<br><b>RN11054</b> | Occupation<br><b>Housewife/Retiree</b> |
|-----------|--|------------------|-----------------|--------------------|---------------------------------------|--|

|  |   |
|--|---|
| Owner (If Same As Driver, Write Same)<br><b>BACK Miles</b> | Address<br><b>1496 Thomaston Dr. Apt. B Betavia</b> |
|--|---|

|                          |                     |                    |                        |                    |                    |                                    |                             |  |
|--------------------------|---------------------|--------------------|------------------------|--------------------|--------------------|------------------------------------|-----------------------------|--|
| Veh. Year<br><b>2013</b> | Make<br><b>Chev</b> | Model<br><b>4S</b> | Color<br><b>Silver</b> | Style<br><b>SS</b> | State<br><b>OH</b> | License Plate No.<br><b>464YTG</b> | Towing Service<br><b>No</b> | Veh/Ped Dir<br>From <b>E</b> To <b>W</b> |
|--------------------------|---------------------|--------------------|------------------------|--------------------|--------------------|------------------------------------|-----------------------------|--|

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| Circle Damage Areas<br> | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input type="checkbox"/> Functional<br><input type="checkbox"/> Disabling | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy | Vehicle Disposition<br><input type="checkbox"/> Driven Away<br><input checked="" type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire |
|--|---|---|---|--|--|

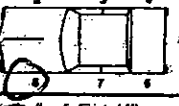
|                     |                           |  |  |
|---------------------|---------------------------|--|--|
| Unit No. <b>B 2</b> | No. Of Occupants <b>3</b> | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent<br><b>Founders ITOH196783</b> |
|---------------------|---------------------------|--|--|

|  |   |
|--|---|
| Driver - Pedestrian Name (Last, First, MI)<br><b>PELCHA BRITANNY N</b> | Address (No., Street, State, Zip Code)<br><b>1506 Thomaston Dr. Apt. B Amelia, OH 45102</b> |
|--|---|

|           |  |                  |                 |                    |  |                                  |
|-----------|--|------------------|-----------------|--------------------|--|----------------------------------|
| Phone No. | Birth Date<br>M <b>9</b> D <b>23</b> Y <b>96</b> | Age<br><b>21</b> | Sex<br><b>F</b> | State<br><b>OH</b> | Drivers License No.<br><b>UH887818</b> | Occupation<br><b>Dry Cleaner</b> |
|-----------|--|------------------|-----------------|--------------------|--|----------------------------------|

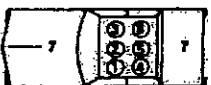
|  |         |
|--|---------|
| Owner (If Same As Driver, Write Same)<br><b>Same</b> | Address |
|--|---------|

|                          |                      |                     |                       |                    |                    |                                     |                             |  |
|--------------------------|----------------------|---------------------|-----------------------|--------------------|--------------------|-------------------------------------|-----------------------------|--|
| Veh. Year<br><b>2007</b> | Make<br><b>Acura</b> | Model<br><b>TLS</b> | Color<br><b>Black</b> | Style<br><b>4S</b> | State<br><b>OH</b> | License Plate No.<br><b>H554656</b> | Towing Service<br><b>No</b> | Veh/Ped Dir<br>From <b>E</b> To <b>W</b> |
|--------------------------|----------------------|---------------------|-----------------------|--------------------|--------------------|-------------------------------------|-----------------------------|--|

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Circle Damage Areas<br> | 9 Top<br>10 Undercar<br>11 Load<br>12 Trailer | Damage Severity<br><input type="checkbox"/> Non-Functional<br><input checked="" type="checkbox"/> Functional<br><input type="checkbox"/> Disabling | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy | Vehicle Disposition<br><input type="checkbox"/> Driven Away<br><input checked="" type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed | Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire |
|--|---|--|---|--|--|

|                          |  |   |                 |                 |   |
|--------------------------|--|---|-----------------|-----------------|---|
| From Unit No. <b>G 2</b> | Name (Last, First, MI)<br><b>COAK Anabelle</b> | Birth Date<br>M <b>7</b> D <b>2</b> Y <b>16</b> | Age<br><b>2</b> | Sex<br><b>F</b> | Position<br>A <b>1</b> B <b>1</b> C <b>1</b> D <b>1</b> E <b>1</b> F <b>1</b> |
|--------------------------|--|---|-----------------|-----------------|---|

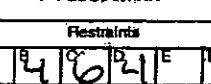
|                        |   |       |
|------------------------|---|-------|
| From Unit No. <b>Z</b> | Address<br><b>1506 Thomaston Dr., Amelia OH 45102</b> | Phone |
|------------------------|---|-------|

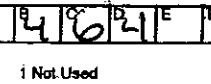
|                          |  |   |                  |                 |  |
|--------------------------|--|---|------------------|-----------------|--|
| From Unit No. <b>D 2</b> | Name (Last, First, MI)<br><b>TURNER Kimberly</b> | Birth Date<br>M <b>5</b> D <b>1</b> Y <b>62</b> | Age<br><b>57</b> | Sex<br><b>F</b> | <br><b>P-PEDESTRIAN</b> |
|--------------------------|--|---|------------------|-----------------|--|

|                        |   |       |
|------------------------|---|-------|
| From Unit No. <b>Z</b> | Address<br><b>563 Clough Pike Cin, OH 45245</b> | Phone |
|------------------------|---|-------|

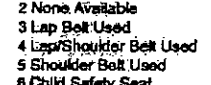
|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>E</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>F</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

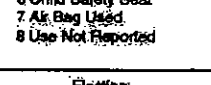
|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>G</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>H</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|


|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>I</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|


|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>G</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>H</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>I</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>I</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>I</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|                        |                        |  |     |     |  |
|------------------------|------------------------|--|-----|-----|--|
| From Unit No. <b>I</b> | Name (Last, First, MI) | Birth Date<br>M <b> </b> D <b> </b> Y <b> </b> | Age | Sex | <br><b>P-PEDESTRIAN</b> |
|------------------------|------------------------|--|-----|-----|--|

|   |   |
|---|---|
| Date Report Filed<br>M <b>8</b> D <b>22</b> Y <b>2018</b> | Desk Officer's Name & Badge #<br><b>Deputy Clephane #2945</b> |
|---|---|

|          |   |   |
|----------|---|---|
| Ejection | A <b> </b> B <b> </b> C <b> </b> D <b> </b> E <b> </b> F <b> </b> | <ul style="list-style-type: none"> <li>1 Not Ejected</li> <li>2 Partial</li> <li>3 Total</li> <li>4 Trapped Inside Vehicle</li> </ul> |
|----------|---|---|

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 000R0033853 Describe What Happened: Refer To Units By Number

Unit #1 Struck Unit #2 while entering roadway from the parking lot.

|   |  |   |  |
|---|--|---|--|
| <b>Weather Conditions</b><br>1 No Adverse Weather<br>2 Rain<br>3 Snow<br>4 Fog<br>5 High Wind<br>6 Other          | <b>First Harmful Event</b><br>1<br>2<br>3<br>4   | <b>Two MV In Transport</b><br>1 Head On<br>2 Rear-End<br>3 Backing<br>4 Sideswipe Meeting<br>5 Sideswipe Passing<br>6 Angle |  |
| <b>Road Conditions</b><br>1 Dry<br>2 Wet<br>3 Snow<br>4 Ice<br>5 Dirt/Sand<br>6 Other                             | <b>One MV In Transport (Collision)</b><br>7 Parked<br>8 Pedestrian<br>9 Animal<br>10 Train<br>11 Pedal Cycle<br>12 Other Non-MV<br>13 Fixed Object<br>14 Other Object                                  | <b>Non-Collision</b><br>15 Fall From or in MV<br>16 Overtaking<br>17 Other Non-Collision                                    |  |
| <b>Light</b><br>1 Daylight<br>2 Dawn<br>3 Dusk<br>4 Dark-No.Lights<br>5 Dark Lighted<br>6 Other                   | <b>Location</b><br>1 Intersection<br>2 Intersection-Related<br>3 Driveway Access<br>4 Railroad Crossing<br>5 Bridge-Passing Over<br>6 Bridge-Passing Under<br>7 Non-Intersection<br>8 Private Property |   |  |
| <b>Road Contour</b><br>1 Straight Level<br>2 Straight Grade<br>3 Curve Level<br>4 Curve Grade                     |  |   |  |
| <b>Occurrence</b><br>1 On Roadway<br>2 Off Left Side<br>3 Off Right Side<br>4 On Opposing Lane of Divided Highway |  |   |  |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>Type of Unit</b><br># 1 2 1 2   | <b>Pre-Crash Actions</b><br>A 3 B 1  | <b>Contributing Factor</b><br>A 2 B 1   |   |   |  |
| <b>Car</b><br>1 Sub Compact<br>2 Compact<br>3 Mid-Size<br>4 Full Size<br><b>Truck</b><br>5 Pickup<br>6 Panel/Van<br>7 Straight Truck<br>8 Straight Truck & Trailer<br>9 Truck/Tractor<br>10 Tractor & Semi-Trailer<br>11 Tractor & Double Trailer<br><b>Motorcycle</b><br>12 MC up to 350cc<br>13 MC up to 750cc<br>14 MC over 750cc<br>15 Motorized Bicycle | <b>Bus</b><br>16 School Bus<br>17 Church<br>18 Public<br><b>Emergency</b><br>19 Police Vehicle<br>20 Fire Truck<br>21 Ambulance/Rescue<br><b>Other</b><br>22 Taxi<br>23 Motor-Hotels<br>24 Train<br>25 Farm Vehicle<br>26 Farm Equipment<br>27 Snowmobile<br>28 Construction Equip.<br>29 Animal W/Buggy<br>30 Animal W/Buggy<br>31 Bicycle<br>32 All Others<br>P = Pedestrian | <b>Driver Actions</b><br>1 Going Straight<br>2 Turning Right<br>3 Turning Left<br>4 Turning on Red Light<br>5 U-Turn<br>6 Stopped To Turn<br>7 Stopped in Traffic<br>8 Parking/Unparking<br>9 Parked<br>10 Backing<br>11 Passing<br>12 Changing Lanes<br>13 Merging/Exiting Ramp<br>14 Out of Control<br>15 Swerving<br>16 Driverless Vehicle<br>17 Other Driver Action | <b>Pedestrian Actions</b><br>18 Crossing In X-Walk<br>19 Crossing Other Than X-Walk<br>20 Walking In Road (With Traffic)<br>21 Walking In Road (Against Traffic)<br>22 Playing In Road<br>23 Working On Road<br>24 Entering or Leaving Vehicle In Road<br>25 Pushing/Working on Vehicle In Road<br>26 Other In Road<br>27 On Shoulder or Shoulder | <b>Driver Error</b><br>1 None<br>2 Failure to Yield<br>3 Unsafe Speed<br>4 Following Too Closely or AQOA<br>5 Ran Red Light<br>6 Ran Stop or Yield Sign<br>7 Improper Turn<br>8 Improper Passing<br>9 Improper Lane Change<br>10 Improper Backing<br>11 Improper Start from Parked Position<br>12 Stopped or Parked Illegally<br>13 Left of Center<br>14 Failure to Control<br>15 Driver Inattention<br>16 Drove Off Road<br>17 Reason Unknown<br>18 Other Driver Error | <b>Non-Driver Factor</b><br>18 Vehicle Defects<br>19 Load Shifting, Falling, Spilling<br>20 Pavement Defect<br>21 Shoulder Defect<br>22 Debris on Road<br>23 Downed Traffic Sign/Device<br>24 Vision Obstruction<br>25 Animal Actions<br>26 Pedestrian Actions   |
| <b>Speed</b><br>Unit Estimated Legal<br>A 5<br>B 10  | <b>Motorcycle Helmet Use</b><br>Unit Driver Pass<br>A<br>B   | <b>Traffic Control</b><br>A B<br>1 No Control<br>2 Stop Sign<br>3 Yield Sign<br>4 Traffic Signal<br>5 Traffic Flashers<br>6 School Zone<br>7 Railroad Crossbucks<br>8 Railroad Flashers<br>9 Railroad Gates<br>10 Construction Barricades<br>11 Police Officer<br>12 Pavement Markings<br>13 Other  | <b>Fixed Object Struck</b><br>A B<br>1 None<br>2 Utility Pole<br>3 Traffic Sign<br>4 Bridge/Culvert<br>5 Guard Rail<br>6 Fence<br>7 Tree<br>8 Shrubbery<br>9 Curb<br>10 Ditch<br>11 Embankment<br>12 Building<br>13 Mail Box<br>14 Construction Barricade<br>15 Fire Hydrant<br>16 Other Object   | <b>Truck Load</b><br>A B<br>1 Empty<br>2 Perishable Goods<br>3 General Freight<br>4 Metal/Heavy Machinery<br>5 Hazardous Gas<br>6 Hazardous Liquid<br>7 Hazardous Solid<br>8 Radioactive Material   | <b>Vehicle Defects</b><br>Code: Contributing Factor's 18<br>Primary A B<br>Secondary A B<br>1 Turn Signals<br>2 Head Lamps<br>3 Tail Lamps<br>4 Brakes<br>5 Steering<br>6 Tire Blowout<br>7 Worn or Stuck Tires<br>8 Trailer Equipment Defective<br>9 Motor Trouble<br>10 Disabled from Prior Accident<br>11 Other Defects |
| <b>Truck Axle</b><br>A B<br>1 Tractor Trailer Pigs   |  |   |   |   |  |