

Local Traffic Crash Report

Local Report Number **2018-41627**

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| Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved 2 | 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 Clermont | • Within corporate limits of: (if not, file with correct agency) | Date of Crash M 10 D 15 Y 18 | Day Monday | Time 1600 | AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> |
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| Crash Occurred On 3000 Hospital Dr., Bellevue (Private) | Within The Intersection Of |
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| If Not In Intersection | N (List Nearest Intersecting Street, Milepost, House No.) |
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| Unit No. 1 | No. Of Occupants 1 | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent SAFE Auto |
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| Driver - Pedestrian Name (Last, First, MI) Clay Pool - Georgina | Address (No., Street, State, Zip Code) 111 Maple Ave Winchester OH 45697 |
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|-----------|----------------------------------|---------------|--------------|-----------------|-------------------------------------|------------|
| Phone No. | Birth Date M 12 D 27 Y 58 | Age 59 | Sex F | State OH | Drivers License No. SM036834 | Occupation |
|-----------|----------------------------------|---------------|--------------|-----------------|-------------------------------------|------------|

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|---|--|-------|
| Owner (If Same As Driver, Write Same) Douglas Brewer | Address 125 Richey St Hammersville OH | Phone |
|---|--|-------|

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|-----------------------|--------------------|----------------------|-----------------------|---------------------|-----------------|-----------------------------------|----------------|---------------------------------------|
| Veh. Year 1997 | Make TOYOTA | Model Corolla | Color LAVENDER | Style 4-Door | State OH | License Plate No. HAZ 6782 | Towing Service | Veh/Ped Dir From S To N |
|-----------------------|--------------------|----------------------|-----------------------|---------------------|-----------------|-----------------------------------|----------------|---------------------------------------|

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|---------------------|-------|-------------|---------|------------|---|---|---|---|
| Circle Damage Areas | 9 Top | 10 Undercar | 11 Load | 12 Trailer | Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling | Damage Scale <input checked="" type="checkbox"/> None <input 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 |
|---------------------|-------|-------------|---------|------------|---|---|---|---|

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|-------------------|---------------------------|--|--|
| Unit No. 1 | No. Of Occupants 1 | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent All-STATE- 992596856 |
|-------------------|---------------------------|--|--|

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| Driver - Pedestrian Name (Last, First, MI) KAMES, DEBBIE | Address (No., Street, State, Zip Code) 1920 SR Rt, 133 Bethel OH 45106 |
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|-----------|---------------------------------|---------------|--------------|-----------------|-------------------------------------|------------|
| Phone No. | Birth Date M 9 D 30 Y 64 | Age 54 | Sex F | State OH | Drivers License No. RS933694 | Occupation |
|-----------|---------------------------------|---------------|--------------|-----------------|-------------------------------------|------------|

| | | |
|---|---------|-------|
| Owner (If Same As Driver, Write Same) SAME | Address | Phone |
|---|---------|-------|

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|-----------------------|------------------|-------------------|-------------------|---------------------|-----------------|-----------------------------------|----------------|---------------------------------------|
| Veh. Year 2014 | Make Chay | Model CRUZ | Color Blue | Style 4-door | State OH | License Plate No. GER 3287 | Towing Service | Veh/Ped Dir From W To E |
|-----------------------|------------------|-------------------|-------------------|---------------------|-----------------|-----------------------------------|----------------|---------------------------------------|

| | | | | | | | | |
|---------------------|-------|-------------|---------|------------|---|---|---|---|
| Circle Damage Areas | 9 Top | 10 Undercar | 11 Load | 12 Trailer | Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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 |
|---------------------|-------|-------------|---------|------------|---|---|---|---|

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|------------------------|------------------------|------------------|-----|----------------------|
| From Unit No. C | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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|------------------------|------------------------|------------------|-----|----------------------|
| From Unit No. D | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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|------------------------|------------------------|------------------|-----|----------------------|
| From Unit No. E | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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| From Unit No. F | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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| From Unit No. G | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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| From Unit No. H | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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| From Unit No. I | Name (Last, First, MI) | Birth Date M D Y | Age | Position A B C D E F |
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| Date Report Filed M 10 D 15 Y 18 |
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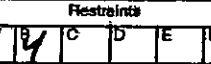
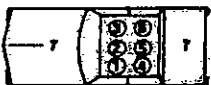
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| Desk Officer's Name & Badge # Deputy Popham #11105 |
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| Restraints 1 2 3 4 5 6 7 8 |
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| Ejection 1 2 3 4 |
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Driver - Pedestrian - Vehicle Section

Occupant Section



- 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: 18-41627 Describe What Happened: UNIT 1 WAS Traveling North
 In the parking lot. UNIT 1 WAS ABOUT TO
 MAKE A Left turn when it crossed lanes
 and struck Unit 2.

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| Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other | First Harmful Event 9 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle | Hospital | SHOW NORTH WITH ARROW |
| Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other | 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 | | |
| Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other | Location 8 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 | | |
| Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade | | | |
| Occurrence 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 | | | |

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| Type of Unit # 1 A B | Pre-Crash Actions A 1 B 2 | Contributing Factor A 2 B 1 | | | | | |
| 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 750cc 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 Backing/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 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk Don't Walk Device | 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 Motor/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material Tractor Trailer Piles A B | | | | | |
| 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/Driver 30 Animal W/Driver 31 Bicycle 32 All Others P = Pedestrian | 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 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table> | Primary | A | B | Secondary | A | B |
| Primary | A | B | | | | | |
| Secondary | A | B | | | | | |
| Speed Unit Estimated Legal A 5 10 B 5 10 Motorcycle Helmet Use Unit Driver Pass A A B B | 1 No Helmet 3 Full Face Cover 2 Full Coverage 4 Other Type Helmet | 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects | | | | | |