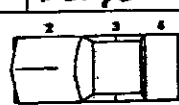
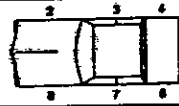
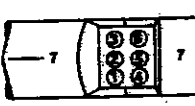

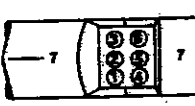

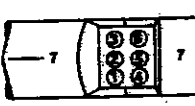



Local Traffic Crash Report

Local Report Number 18-42190

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 type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150																																																														
In-County Of	CLERMONT	• Within corporate limits of (if not, file with correct agency)	Date of Crash M 10 D 19 Y 18 Day FRIDAY Time 7:34 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																																																														
Crash Occurred On 2200 WINEMILLER LN. BATAVIA, OH. 45103		Within The Intersection Of																																																															
If Not In Intersection Miles 30 Feet W ^① E Of 2200 WINEMILLER LN. BATAVIA, OH. 45103 (List Nearest Intersecting Street, Milepost, House No.)																																																																	
Unit No. A 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 STATE FARM																																																														
Driver - Pedestrian Name (Last, First, MI) LOVITT, MARY, A.		Address (No., Street, State, Zip Code) 14719 BODMAN RD. MT. CRAWFORD, OH. 45154																																																															
Phone No.	Birth Date M 6 D 22 Y 60	Age 58	Sex F State OH Drivers License No. RK195752 Occupation NOT GIVEN																																																														
Owner (If Same As Driver, Write Same) SAME		Address Phone																																																															
Veh. Year 2013	Make DODGE	Model CHALLENGER	Color GREY/RED Style 2S State OH License Plate No. FYJ3014 Towing Service																																																														
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer	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 type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" 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																																																															
Unit No. B 2	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 CO.																																																														
Driver - Pedestrian Name (Last, First, MI) WILLIAMS, RENEE, J.		Address (No., Street, State, Zip Code) 174 N. 2ND ST. WILLIAMSBURG, OH. 45376																																																															
Phone No.	Birth Date M 12 D 25 Y 62	Age 55	Sex F State OH Drivers License No. RU154235 Occupation PARAMEDIC TECH.																																																														
Owner (If Same As Driver, Write Same) SAME		Address Phone																																																															
Veh. Year 2015	Make KIA	Model OPTIMA	Color SILVER Style 4S State OH License Plate No. GPNB425 Towing Service																																																														
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer	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 type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed																																																														
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Occupant Section	C From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">Position</th> </tr> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td> </tr> <tr> <td colspan="6" style="text-align: center;"></td> </tr> <tr> <td colspan="6" style="text-align: center;"></td> </tr> <tr> <th colspan="6">Restraints</th> </tr> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td> </tr> <tr> <td colspan="6"> 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 </td> </tr> <tr> <th colspan="6">Ejection</th> </tr> <tr> <td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td> </tr> <tr> <td colspan="6"> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle </td> </tr> </table>	Position						A	B	C	D	E	F													Restraints						A	B	C	D	E	F	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						Ejection						A	B	C	D	E	F	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
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	Address	Phone	Sex																																																														
Date Report Filed M 10 D 19 Y 18	Desk Officer's Name & Badge # SWALLEN #11152																																																																

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: **18-42190**

Describe What Happened Refer To Units By Number: **UNIT 1 WAS WAITING BEHIND UNIT 2 FOR A GAS-PUMP. UNIT 1 STATED ANOTHER PUMP OPENED UP, SO, UNIT 2 BACKED AND BACKED INTO UNIT 1'S FRONT BUMPER. UNIT 1 STATED THERE WAS NO DAMAGE CAUSED. I ALSO OBSERVED NO DAMAGE TO THE VEHICLE. UNIT 1 STILL REQUESTED A REPORT.**

Weather Conditions 1

1 No Adverse Weather, 2 Rain, 3 Snow, 4 Fog, 5 High Wind, 6 Other

Road Conditions 1

1 Dry, 2 Wet, 3 Snow, 4 Ice, 5 Dirt/Sand, 6 Other

Light 5

1 Daylight, 2 Dawn, 3 Dusk, 4 Dark No Lights, 5 Dark Lighted, 6 Other

Road Contour 1

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

First Harmful Event 3

Two MV in Transport

1 Head On, 2 Rear-End, 3 Backing, 4 Sideswipe Meeting, 5 Sideswipe Passing, 6 Angle

One MV in Transport (Collision)

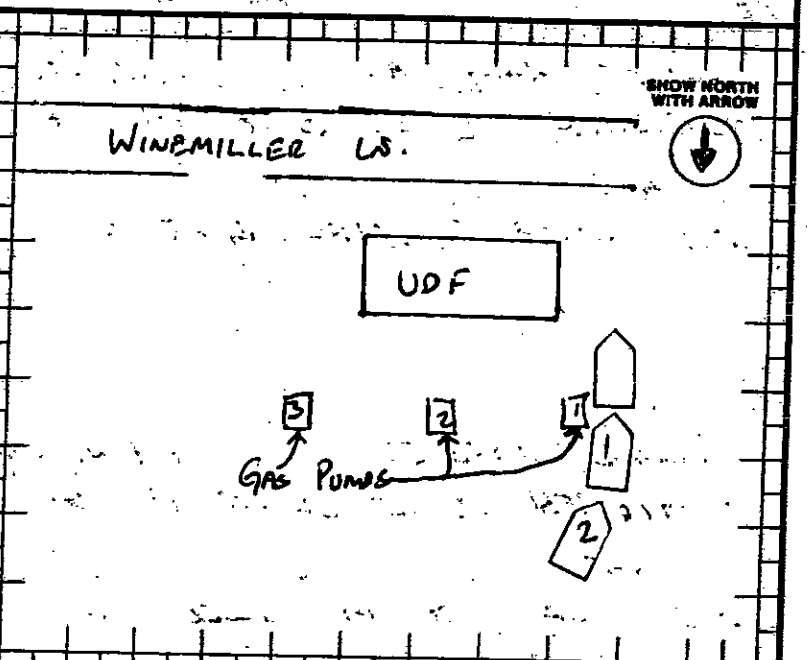
7 Parked, 8 Pedestrian, 9 Animal, 10 Train, 11 Pedal Cycle, 12 Other Non-MV, 13 Fixed Object, 14 Other Object

Non-Collision

15 Fall From or In MV, 16 Overtaking, 17 Other Non-Collision

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



Type of Unit

Unit 1: Car (1) / Bus (3) / Truck (2) / Motorcycle (4)

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

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/Rider, 30 Animal W/Buggy, 31 Bicycle, 32 All Others

P = Pedestrian

Speed

Unit	Estimated	Legal
A		
B		

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

1 No Helmet, 2 Full Coverage, 3 Full Facial Cover, 4 Other Type Helmet

Pre-Crash Actions A 7, B 10

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

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, 25 Pushing/Working on Vehicle in Road, 26 Other in Road, 27 On Sidewalk or Shoulder

Traffic Control A 1, B 1

Fixed Object Struck A 1, B 1

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

Contributing Factor A 1, B 10

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

Non-Driver Factor

18 Vehicle Defects, 19 Load Shifting, Fading, 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

Primary	A	B
Secondary	A	B

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

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

Tractor Trailer Rigs