

# Local Traffic Crash Report

Local Report Number 18-42923

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>3</u>	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 <u>Clermont</u>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash M <u>10</u> D <u>25</u> Y <u>18</u>	Day <u>Thursday</u>	Time <u>1205</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM PM</span>
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Crash Occurred On <u>Hospital DR</u>	Within The Intersection Of
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If Not In Intersection	Miles	Feet	W	N	E	S	Of	(List Nearest Intersecting Street, Milepost, House No.) <u>3000</u>
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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>Farmers Ins 193179077</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Sorouse, Kitsuko</u>	Address (No., Street, State, Zip Code) <u>601 College DR #105 Batavia OH 45103</u>
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Phone No.	Birth Date M <u>10</u> D <u>28</u> Y <u>51</u>	Age <u>66</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>KTD43529</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Same</u>	Address	Phone
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Veh. Year <u>2007</u>	Make <u>Chevy</u>	Model <u>Trailblazer</u>	Color <u>White</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>FWR6324</u>	Towing Service	Veh/Ped Dir From <u>N</u> To <u>S</u>
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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 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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Unit No. <u>2</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>State Farm 123476800735J</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Pfaff, Lynette</u>	Address (No., Street, State, Zip Code) <u>1808 Chapel Woods Amelia OH 45102</u>
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Phone No.	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex	State	Drivers License No.	Occupation
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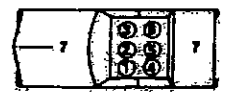
Veh. Year <u>2012</u>	Make <u>Toyota</u>	Model <u>Highlander</u>	Color <u>Maroon</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>FNV9491</u>	Towing Service	Veh/Ped Dir From <u> </u> To <u> </u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

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



P-PEDESTRIAN

Restraints					
4	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					
1	B	C	D	E	F

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

Date Report Filed M <u>10</u> D <u>25</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Dep. W BREWER # 2055</u>
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Local Report Number: **18-42923** Describe What Happened Refer To Units By Number

**Unit #1 was pulling into a parking space. Unit #1 struck Unit #2 that was parked**

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>First Harmful Event</b> 7 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	<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>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark-No.Lights 5 Dark Lighted 6 Other	<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision.	
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Location</b> 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	
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		
<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone		

<b>Type of Unit</b>	<b>Pre-Crash Actions</b>	<b>Contributing Factor</b>																																										
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