

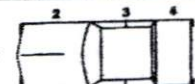
Local Traffic Crash Report

Local Report Number 2015-19680


| | | |
|--|---|--|
| Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved <u>02</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 |
| In County Of <u>CLERMONT</u> | • Within corporate limits of (if not, file with correct agency) | Date of Crash <u>M 03 D 03 Y 15</u> Day <u>TUE.</u> Time <u>1246</u> AM/PM |
| Crash Occurred On <u>JAMES SAULS</u> | | Within The Intersection Of |

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ S _____ E _____ Of 2075

| | | | |
|--|---------------------|--|------------------------|
| A Unit No. <u>01</u> | No. Of Occupants | Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent |
| Driver - Pedestrian Name (Last, First, MI) <u>UNKNOWN</u> | | Address (No., Street, State, Zip Code) | |
| Phone No. | Birth Date M D Y | Age | Sex |
| Owner (If Same As Driver, Write Same) | | Address | |

| | | | | | | | | |
|---------------------|---|-------|---|--|---|---|----------------|------------------------|
| Veh. Year | Make | Model | Color | Style | State | License Plate No. | Towing Service | Veh/Ped Dir From To |
| Circle Damage Areas |  | | Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling | Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy | Vehicle Disposition <input 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 | | |

| | | | |
|--|---------------------------|--|---------------------------------------|
| B Unit No. <u>02</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>USAA</u> |
| Driver - Pedestrian Name (Last, First, MI) | | Address (No., Street, State, Zip Code) | |
| Phone No. | Birth Date M D Y | Age | Sex |
| Owner (If Same As Driver, Write Same) | | Address | |

| | | | | | | | | |
|--------------------------|---|---------------------------|--|---|--|--|----------------|--|
| Veh. Year <u>2005</u> | Make <u>CHEVY</u> | Model <u>SILVERADO</u> | Color <u>BEIGE</u> | Style <u>TRK</u> | State <u>OH</u> | License Plate No. <u>578XTX</u> | Towing Service | Veh/Ped Dir From <u>S</u> To <u>N</u> |
| 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 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 | | |

| Occupant Section | From Unit No. | Name (Last, First, MI) | Birth Date M D Y | Age | Sex | Position | | | | | |
|------------------|---------------|------------------------|---------------------|-----|-----|----------|---|---|---|---|---|
| | | | | | | A | B | C | D | E | F |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |
| G | | | | | | | | | | | |
| H | | | | | | | | | | | |
| I | | | | | | | | | | | |

P-PEDESTRIAN

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

Date Report Filed 03 03 15 Desk Officer's Name & Badge # DEP. D SCOTT

Driver - Pedestrian - Vehicle Section


Occupant Section

Local Report Number
2015-19680

Describe What Happened
Refer To Units
By Number

THE OWNER OF UNIT #2 ADVISES THAT HE RETURNED TO HIS VEHICLE & FOUND THE LEFT REAR FENDER AREA & TAIL LIGHT WERE STRUCK BY ANOTHER VEHICLE. EVIDENCE @ THE SCENE CONFIRMS THIS.

| | | | |
|---|---|--|---|
| Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other | 2 | First Harmful Event 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle | 7 |
| Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other | 2 | Two MV In Transport 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 | 1 | One MV In Transport (Collision) 15 Fall From or In MV 16 Overturning 17 Other Non-Collision | |
| Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade | 1 | Location 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 | |
| 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 | | | |



SHOW NORTH WITH ARROW

2015 JAMES E. SAULS

| | | | | | | | | | | | |
|---|---|--|---|---|--|---|---|---|--|--|--|
| Type of Unit | # 1 | A 32 | # 2 | B 5 | Pre-Crash Actions | A | B 9 | Contributing Factor | A | B 17 | |
| Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size | Bus 16 School Bus 17 Church 18 Public | Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer | Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue | Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle | 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 | 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 | 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, 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 | | |
| Speed | Unit | Estimated | Legal | Motorcycle Helmet Use | Unit | Driver | Pass | Traffic Control | A 12 | B 12 | |
| | A | | | | A | | | 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 | Fixed Object Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object | Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material | Vehicle Defects Code if Contributing Factor is 18 Primary Secondary |
| | B | 0 | | | B | | | Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device | | | Truck Axles 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 |