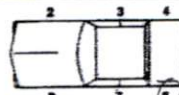
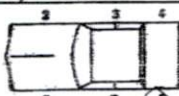
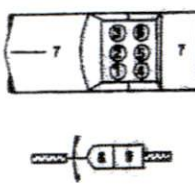


Local Traffic Crash Report

Local Report Number 2015 00022065

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</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 10 Y 15</u>	Day <u>Tuesday</u>
Crash Occurred On <u>3380 state Rt 126 Bethel, Oh. 45106</u>		Within The Intersection Of	
If Not In Intersection Miles _____ Feet _____ W _____ S _____ E _____ Of _____ (List Nearest Intersecting Street, Milepost, House No.)			
A 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>Alfa Vision Insurance</u>
Driver - Pedestrian Name (Last, First, MI) <u>Combs, Trent H.</u>		Address (No., Street, State, Zip Code) <u>134 S. Union St. Apt. 3 Bethel, Oh. 45106</u>	
Phone No.	Birth Date <u>M 10 D 16 Y 95</u>	Age <u>19</u>	Sex <u>M</u> State <u>Oh</u> Drivers License No. <u>UF 959384</u> Occupation <u>N/A</u>
Owner (If Same As Driver, Write Same) <u>Same</u>		Address _____ Phone _____	
Veh. Year <u>2001</u>	Make <u>Ford</u>	Model <u>F-150</u>	Color <u>Red</u> Style <u>TK</u> State <u>Oh</u> License Plate No. <u>GBQ 3618</u> Towing Service _____ Veh/Ped Dir From <u>E</u> To <u>W</u>
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 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	
B Unit No. <u>2</u>	No. Of Occupants <u>1</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Geico</u>
Driver - Pedestrian Name (Last, First, MI) <u>EMERSON, Paula M</u>		Address (No., Street, State, Zip Code) <u>1602 State Route 222 Bethel, Oh. 45106</u>	
Phone No.	Birth Date <u>M 06 D 18 Y 77</u>	Age <u>37</u>	Sex <u>F</u> State <u>Oh</u> Drivers License No. <u>RM 174871</u> Occupation <u>N/A</u>
Owner (If Same As Driver, Write Same) <u>EMERSON, Vergil JR.</u>		Address <u>1602 State Route 222 Bethel, Oh. 45106</u> Phone <u>517</u>	
Veh. Year <u>2010</u>	Make <u>Ford</u>	Model <u>Fusion</u>	Color <u>Grey</u> Style <u>4dr</u> State <u>Oh</u> License Plate No. <u>GHK 9815</u> Towing Service _____ Veh/Ped Dir From _____ To _____
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 type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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	
C From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
Position A B C D E F		Restraints A B C D E F	
Ejection 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle		 <p>P-PEDESTRIAN</p>	
Date Report Filed <u>M 03 D 10 Y 15</u>		Desk Officer's Name & Badge # <u>[Signature] #3052</u>	

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number
201500022065

Describe What Happened
Refer To Units
By Number

unit 1 was backing out of a parking spot and struck unit 2 on the driver side rear. unit 2 was not in motion and was legally parked.

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

Type of Unit	# 5	A 1	B 2	Pre-Crash Actions	A 10	B 9	Contributing Factor	A 10	B 1		
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	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	Vehicle Defects Code if Contributing Factor is 18			
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	Speed Unit Estimated Legal	Motorcycle Helmet Use Unit Driver Pass	Traffic Control A / B	Fixed Object Struck A / B	Truck Load A B	Truck Axles A B	Primary A B	Secondary A B		
Speed Unit Estimated Legal A 5 B		Motorcycle Helmet Use Unit Driver Pass A B		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		Fixed Object Struck A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barriage 15 Fire Hydrant 16 Other Object		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 Tractor Trailer Rigs 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	