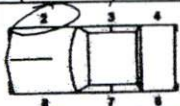
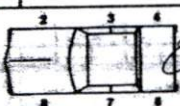
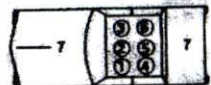

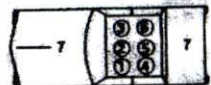

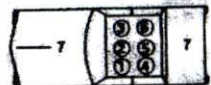



Local Traffic Crash Report

Local Report Number 2015-23795

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 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 15 Y 15</u>	Day <u>SUNDAY</u>	Time <u>1618</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																																																													
Crash Occurred On <u>47 TIMBER TRL</u>		Within The Intersection Of																																																															
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>35</u> Feet <u>W</u> <u>N</u> <u>E</u> Of <u>SPRUCE DR.</u>																																																																	
A Unit No. <u>1</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>ALL STATE</u>																																																														
Driver - Pedestrian Name (Last, First, MI) <u>CECIL III, CHARLES, L</u>		Address (No., Street, State, Zip Code) <u>47 TIMBER TRL, ANIELIA, OH. 45102</u>																																																															
Phone No. <u>513-659-4045</u>	Birth Date <u>M 07 D 27 Y 80</u>	Age <u>34</u>	Sex <u>M</u>	State <u>OH</u>																																																													
Owner (If Same As Driver, Write Same) <u>SAME</u>		Drivers License No. <u>RY516725</u>		Occupation <u>UNKNOWN</u>																																																													
Veh. Year <u>2015</u>	Make <u>CHEVY</u>	Model <u>EQUINOX</u>	Color <u>BLACK</u>	Style <u>4SW</u>																																																													
State <u>OH</u>		License Plate No. <u>A562229</u>		Towing Service																																																													
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 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																																																																	
B Unit No. <u>2</u>	No. Of Occupants <u>UNK</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>UNKNOWN</u>																																																														
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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%; text-align: center;"> <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"></td> </tr> <tr> <td colspan="6"></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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Date Report Filed <u>M 03 D 15 Y 15</u>	Desk Officer's Name & Badge # <u>SWALLEN # 11152</u>																																																																

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 2015-23795
 Describe What Happened: UNIT 1 WHILE PARKED IN DRIVEWAY OF 47 TIMBER TRAIL WAS BACKED INTO BY UNIT 2 WHICH FLED THE SCENE. NO WITNESSES. MINOR DAMAGE TO UNIT 1 VEHICLE AND YARD.

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

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

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

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

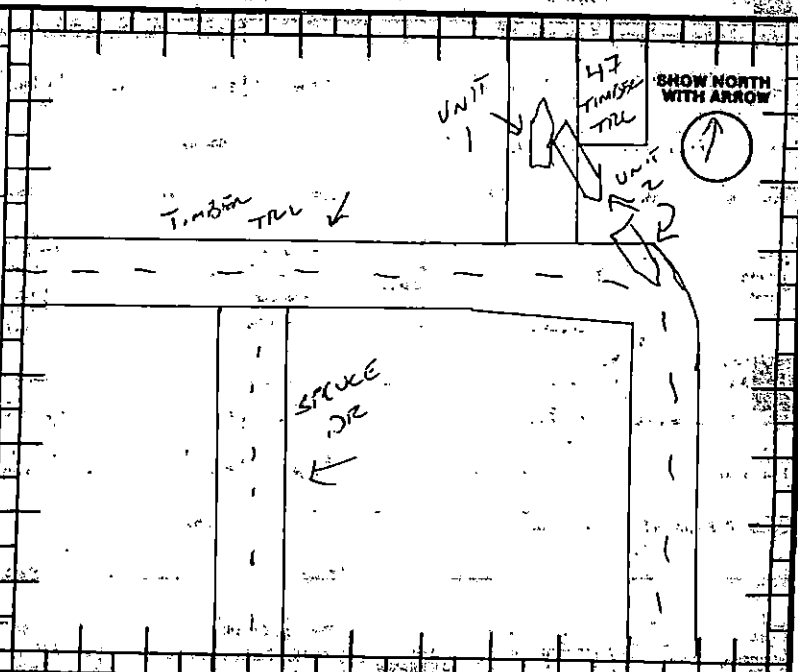
Special Area
 1 Road Construction/Maintenance Area
 2 School Zone

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 3
 1 Intersection
 2 Intersection-Flashed
 3 Driveway Access
 4 Railroad Crossing
 5 Bridge-Passing Over
 6 Bridge-Passing Under
 7 Non-Intersection
 8 Private Property



Type of Unit
 A: 4
 B: UNK 2

Pre-Crash Actions
 A: 9
 B: 10

Contributing Factor
 A: 1
 B: 10

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 250cc
 13 MC up to 750cc
 14 MC over 751cc
 15 Motorized Bicycle

Bus
 18 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

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, 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

Speed
 Unit Estimated Legal
 A P 20
 B S 20

Motorcycle Helmet Use
 Unit Driver Pass
 A A
 B B

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

Vehicle Defects
 Code if Contributing Factor is 18

Primary
 A:
 B:

Secondary
 A:
 B:

Truck Load
 A:
 B:

Truck Axles
 A:
 B:

Tractor-Trailer Rigs
 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

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