

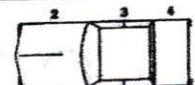
# Local Traffic Crash Report

Local Report Number 2015-26272

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2 pedestrians / 2 vehicles</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 3 D 22 Y 15</u>	Day <u>Sunday</u>
Crash Occurred On <u>Private</u>		Time <u>6:54</u> <input checked="" type="radio"/> AM <input type="radio"/> PM	

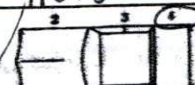
If Not in Intersection Miles <u>0</u> Feet <u>0</u> W <u>0</u> S <u>0</u> E <u>0</u> N <u>0</u>	(List Nearest Intersecting Street, Milepost, House No.) <u>887 Wright St, Newtonsville, OH</u>
A Unit No. <u>1</u> No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>
Insurance Co. Or Agent <u>N/A</u>	

Driver - Pedestrian Name (Last, First, MI) <u>Bunting, Jake</u>	Address (No., Street, State, Zip Code) <u>887 Wright St, Batavia, OH 45103</u>
Phone No.	Birth Date <u>M 5 D 25 Y 08</u> Age <u>7</u> Sex <u>M</u> State <u>OH</u> Drivers License No. <u>N/A</u> Occupation <u>N/A</u>

Owner (If Same As Driver, Write Same) <u>Bunting, Bradley J</u>	Address <u>887 Wright St, Batavia, OH 45103</u>
Veh. Year <u>2010</u> Make <u>UKN</u> Model <u>UKN</u> Color <u>Black</u> Style <u>Covert</u> State <u>OH</u> License Plate No. <u>N/A</u> Towing Service <u>N/A</u> Veh/Ped Dir From <u>E</u> To <u>W</u>	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling
Circle Damage Areas 	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	

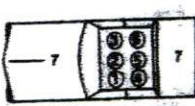

B Unit No. <u>2</u> No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>
Insurance Co. Or Agent <u>All state</u>	

Driver - Pedestrian Name (Last, First, MI) <u>Smith, Thomas</u>	Address (No., Street, State, Zip Code) <u>885 Wright St, Batavia, OH 45103</u>
Phone No.	Birth Date <u>M D Y</u> Age <u></u> Sex <u></u> State <u></u> Drivers License No. <u></u> Occupation <u></u>

Owner (If Same As Driver, Write Same) <u>Smith, Thomas</u>	Address <u>885 Wright St, Batavia, OH 45103</u>
Veh. Year <u>2010</u> Make <u>Ford</u> Model <u>Fusion</u> Color <u>Black</u> Style <u>45</u> State <u>OH</u> License Plate No. <u>FC25945</u> Towing Service <u>N/A</u> Veh/Ped Dir From <u>-</u> To <u>-</u>	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling
Circle Damage Areas 	Damage Scale <input checked="" 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	

Driver - Pedestrian - Vehicle Section

Occupant Section

C From Unit No. <u>1</u>	Name (Last, First, MI) <u>Sparks, Melaine K</u>	Birth Date <u>M 4 D 1 Y 78</u>	Age <u>36</u>	Position A <u>1</u> B <u>3</u> C <u>3</u> D <u></u> E <u></u> F <u></u>
D From Unit No.	Name (Last, First, MI)	Birth Date	Age	
E From Unit No.	Name (Last, First, MI)	Birth Date	Age	
F From Unit No.	Name (Last, First, MI)	Birth Date	Age	
G From Unit No.	Name (Last, First, MI)	Birth Date	Age	
H From Unit No.	Name (Last, First, MI)	Birth Date	Age	Restraints A <u>1</u> B <u>1</u> C <u>1</u> D <u></u> E <u></u> F <u></u>
I From Unit No.	Name (Last, First, MI)	Birth Date	Age	
Ejection A <u>1</u> B <u></u> C <u></u> D <u></u> E <u></u> F <u></u>				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 <u>1</u> B <u></u> C <u></u> D <u></u> E <u></u> F <u></u>				
1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle				

Date Report Filed <u>M 3 D 22 Y 15</u>	Desk Officer's Name & Badge # <u>Ruch 11208</u>
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