

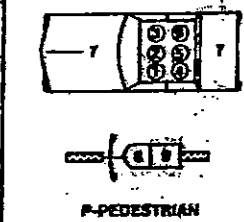
Local Traffic Crash Report

Local Report Number 2015-30809

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 3	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	Clermont	• Within corporate limits of: (If not, file with correct agency)	Date of Crash 4 05 15 Day SUNDAY Time 6:15 PM
Crash Occurred On	PIKEVIEW DR		Within The Intersection Of Not in An Intersection
If Not In Intersection	(List Nearest Intersecting Street, Milepost, House No.) 10 Feet W of Apartment Building 4		
Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input checked="" type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent Johnny Parsons Insurance
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex
Owner (If Same As Driver, Write Same)		Address	
JONATHAN GABBARO 4 PIKEVIEW DR APT #1 Amelia Ohio 45102		45102	
Veh. Year	Make	Model	Color
2000	PONTIAC	Sunfire	White
Damage Severity	Damage Scale	Vehicle Disposition	Fire
<input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	<input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
Unit No.	No. Of Occupants	Operating <input 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)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex
Owner (If Same As Driver, Write Same)		Address	
Veh. Year	Make	Model	Color
Damage Severity	Damage Scale	Vehicle Disposition	Fire
<input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	<input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire

Driver - Pedestrian - Vehicle Section

Occupant Section



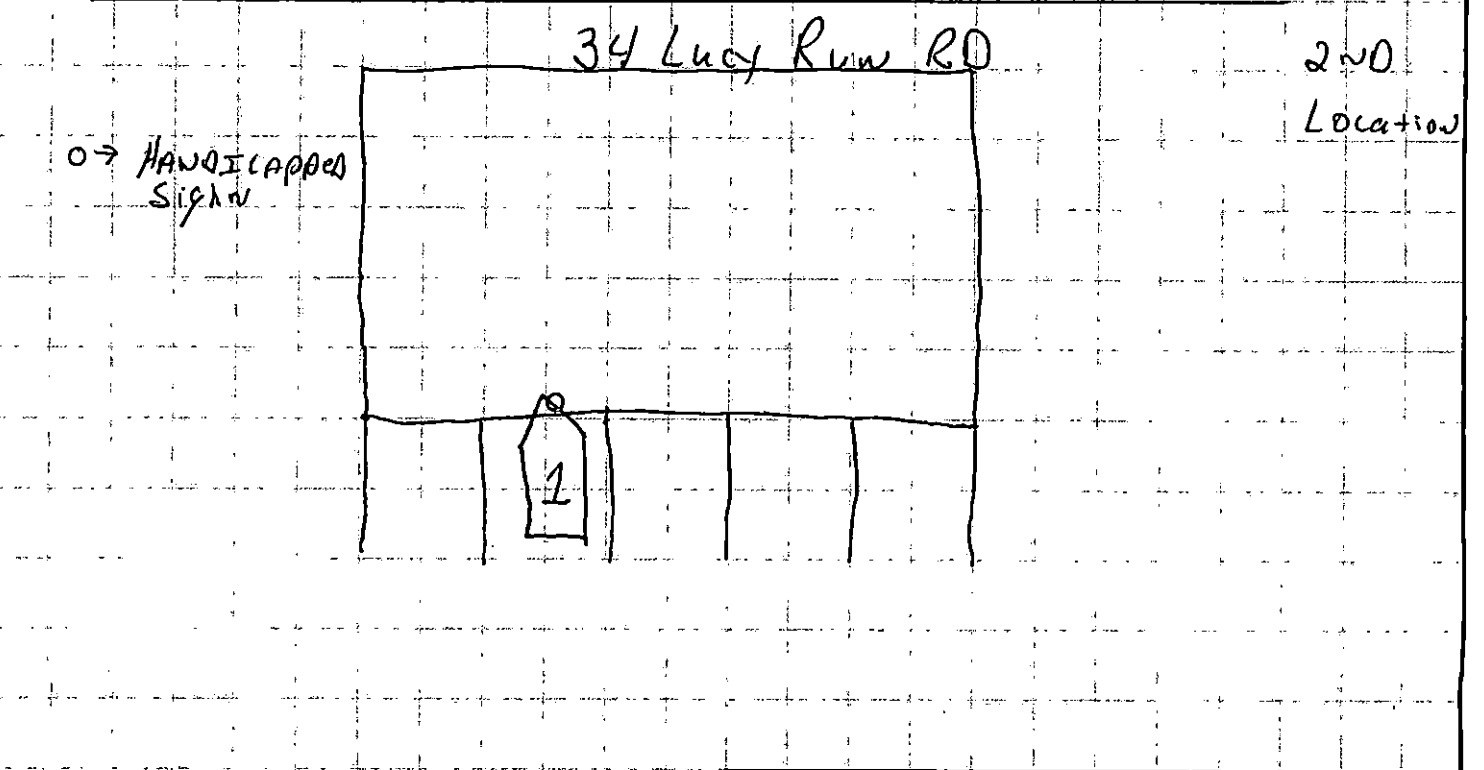
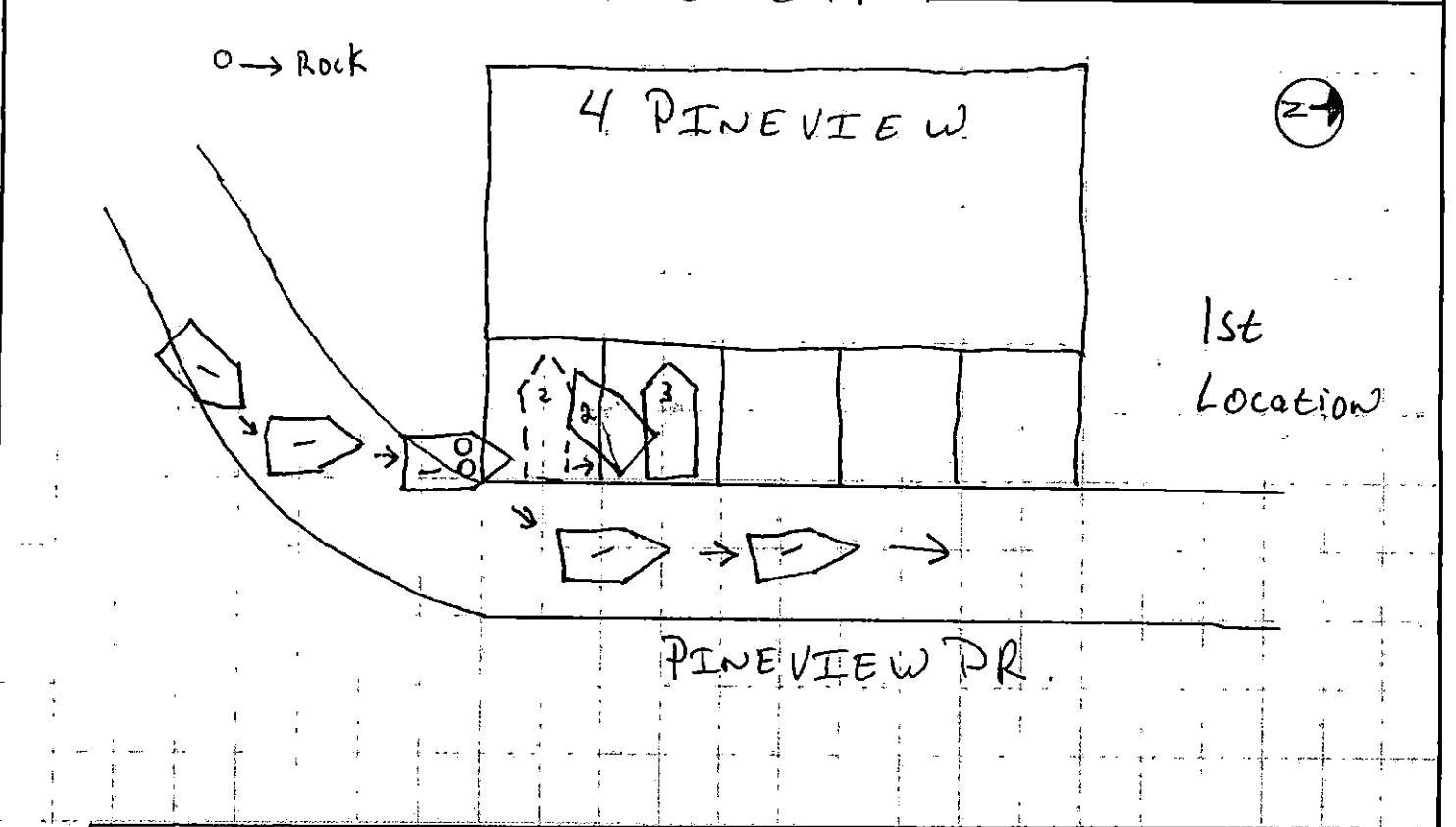
- Restraints**
- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Used
 - 2 None Available
 - 3 Lap Belt Used
 - 4 Lap/Shoulder Belt Used
 - 5 Shoulder Belt Used
 - 6 Child Safety Seat
 - 7 Air Bag Used
 - 8 Use Not Reported

- Ejection**
- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Ejected
 - 2 Partial
 - 3 Total
 - 4 Trapped Inside Vehicle

Date Report Filed **4 05 15** Desk Officer's Name & Badge # **DEPUTY Gregory #2732**



LOCAL REPORT NUMBER <i>2015-30928</i>	REPORTING AGENCY <i>Clermont County Sheriff's Office</i>	DATE OF CRASH <i>M 4 15 15</i>
IN COUNTY OF <i>Clermont</i>	CRASH LOCATION <i>Pineview Dr @ Apt 4</i>	



OFFICER'S SIGNATURE <i>X Dep Gryn</i>	BADGE NUMBER <i>2732</i>
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