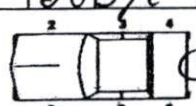
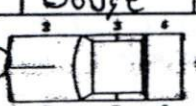


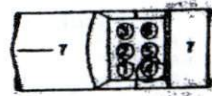
Local Traffic Crash Report

Local Report Number 2015-4476P

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>Clement</u>	• Within corporate limits of: (if not, file with correct agency)	Date of Crash M <u>5</u> D <u>16</u> Y <u>15</u>	Day <u>SATURDAY</u> Time <u>8:50</u> AM PM
Crash Occurred On <u>2001 Hospital Drive</u>		Within The Intersection Of	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) <u>0</u> Miles <u>0</u> Feet <u>W</u> <u>S</u> <u>E</u> Of <u>2001</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>ERIE INSURANCE COMPANY</u>
Driver - Pedestrian Name (Last, First, MI) <u>AMY HARRELL</u>		Address (No., Street, State, Zip Code) <u>1851 CROSTOWN RD WILLIAMSBURG OH 45796</u>	
Phone No.	Birth Date <u>6</u> D <u>11</u> Y <u>81</u>	Age <u>33</u>	Sex <u>F</u> State <u>OH</u> Drivers License No. <u>RN098259</u> Occupation <u>TEACHER</u>
Owner (If Same As Driver, Write Same)		Address <u>SAME</u> Phone <u>SAME</u>	
Veh. Year <u>2007</u>	Make <u>DODGE</u>	Model <u>SW</u>	Color <u>WHITE</u> Style <u>SW</u> State <u>OH</u> License Plate No. <u>ERA5699</u> Towing Service <u>NA</u> Veh/Ped Dir <u>From W To E</u>
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input checked="" 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	
B Unit No. <u>2</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>FOUNDERS INSURANCE</u>
Driver - Pedestrian Name (Last, First, MI) <u>Rayborn, Carolyn</u>		Address (No., Street, State, Zip Code) <u>94 E. Meadow Dr. Batavia Ohio 45703</u>	
Phone No.	Birth Date <u>9</u> D <u>5</u> Y <u>44</u>	Age <u>70</u>	Sex <u>F</u> State <u>OH</u> Drivers License No. <u>TG120831</u> Occupation <u>NA</u>
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address <u>SAME</u> Phone <u>SAME</u>	
Veh. Year <u>2003</u>	Make <u>DODGE</u>	Model <u>DURADA</u>	Color <u>Blue</u> Style <u>TRUCK</u> State <u>OH</u> License Plate No. <u>EQP99P1</u> Towing Service <u>NA</u> Veh/Ped Dir <u>From W To E</u>
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
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C From Unit No. <u>1</u>	Name (Last, First, MI) <u>HARRELL, ISABELLA</u>	Birth Date <u>6</u> D <u>11</u> Y <u>04</u>	Age <u>10</u> Position A B C D E F
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
I From Unit No.	Name (Last, First, MI)	Birth Date	Age
Date Report Filed <u>M 5 D 16 Y 15</u>		Desk Officer's Name & Badge # <u>Det E. Gregory</u>	

Driver - Pedestrian - Vehicle Section

Occupant Section



Restraints
A B C D E F

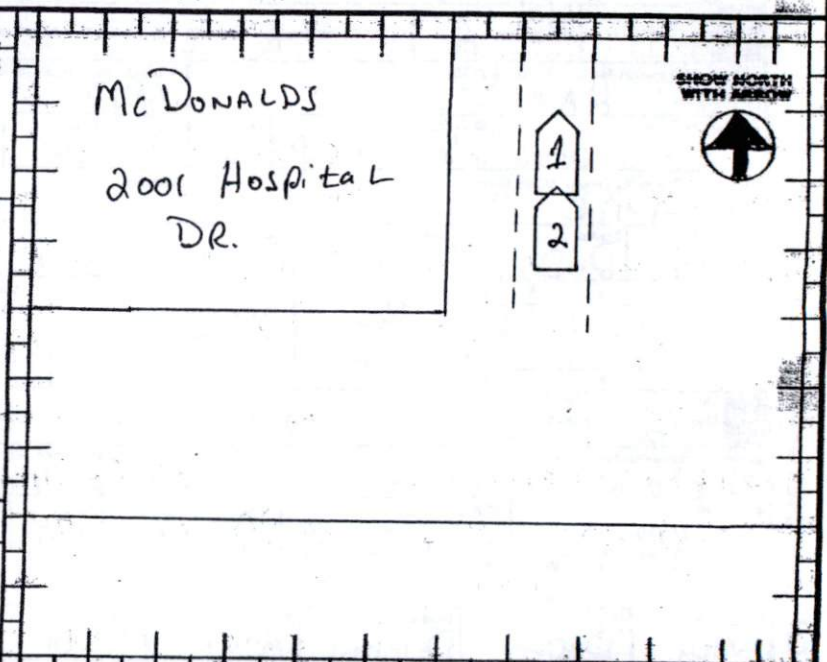
- 1 Not Used
- 2 None Available
- 3 Lap Belt Used
- 4 Lap/Shoulder Belt Used
- 5 Shoulder Belt Used
- 6 Child Safety Seat
- 7 Air Bag Used
- 8 Use Not Reported

Ejection
A B C D E F

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number: 2015-4476P
 Describe What Happened Refer To Units By Number:
 Unit #1 WAS sitting in McDONALDS Drive-Then
 Lane When Unit #2 Struck Unit #1 in the
 Rear of the Vehicle

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	2
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	1
Special Area 1 Road Construction/Maintenance Area 2 School Zone	



First Harmful Event 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 Overturning 17 Other Non-Collision	2
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	8

Type of Unit # 1 6 2 5	Pre-Crash Actions A 7 B 1	Contributing Factor A 1 B 4														
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