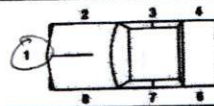
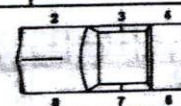


# Local Traffic Crash Report

Local Report Number 2015-53909

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <b>2</b>		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150			
In County Of <b>CLEMONT</b>		• Within corporate limits of: (If not, file with correct agency)		Date of Crash <b>M 06 D 10 Y 15</b>		Day <b>WEDNESDAY</b>	Time <b>1209</b>
Crash Occurred On <b>2192 WINEMILLER LN.</b>				Within The Intersection Of <b>WINEMILLER LN.</b>			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <b>15</b> Feet <b>W</b> <b>S</b> <b>E</b> Of <b>WINEMILLER LN.</b>							
<b>A</b> Unit No. <b>1</b>		No. Of Occupants <b>2</b>		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. <b>OHIO INSURANCE</b> Or Agent <b># K2340950</b>	
Driver - Pedestrian Name (Last, First, MI) <b>FRANKLIN TERESA, M</b>				Address (No., Street, State, Zip Code) <b>17403 BLOOMROSE RD. WILLIAMSBURG, OH. 45126</b>			
Phone No.		Birth Date <b>M 11 D 25 Y 57</b>	Age <b>57</b>	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>12L346091</b>	Occupation <b>NOT GIVEN</b>
Owner (If Same As Driver, Write Same) <b>SAME</b>							
Veh. Year <b>2003</b>	Make <b>FORD</b>	Model <b>TAURUS</b>	Color <b>TAN</b>	Style <b>4S</b>	State <b>OH</b>	License Plate No. <b>1-SZ 7841</b>	Towing Service
Veh/Ped Dir From <b>E</b> To <b>E</b>	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 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>B</b> Unit No. <b>2</b>		No. Of Occupants <b>1</b>		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. <b>OHIO INSURANCE</b> Or Agent <b># 9234P031666</b>
Driver - Pedestrian Name (Last, First, MI) <b>KIDWELL TAMMY, J.</b>				Address (No., Street, State, Zip Code) <b>200 DOUGLAS CIE. GEORGETOWN, OH. 45121</b>			
Phone No.		Birth Date <b>M 11 D 23 Y 70</b>	Age <b>44</b>	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>RL991232</b>	Occupation <b>NOT GIVEN</b>
Owner (If Same As Driver, Write Same) <b>SAME</b>							
Veh. Year <b>2015</b>	Make <b>CHEV</b>	Model <b>EQUINOX</b>	Color <b>GREEN</b>	Style <b>SW</b>	State <b>OH</b>	License Plate No. <b>EJM 5122</b>	Towing Service
Veh/Ped Dir From <b>E</b> To <b>E</b>	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 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>C</b> From Unit No. <b>1</b>		Name (Last, First, MI) <b>COUCH, VAN, E.</b>		Birth Date <b>M 5 D 23 Y 34</b>	Age <b>81</b>	Position A B C D E F
Address <b>17403 BLOOMROSE RD. WILLIAMSBURG, OH. 45126</b>				Phone	Sex	Age	F
<b>D</b> From Unit No.		Name (Last, First, MI)		Birth Date M D Y	Age	Sex	F
<b>E</b> From Unit No.		Name (Last, First, MI)		Birth Date M D Y	Age	Sex	F
<b>F</b> From Unit No.		Name (Last, First, MI)		Birth Date M D Y	Age	Sex	F
<b>G</b> From Unit No.		Name (Last, First, MI)		Birth Date M D Y	Age	Sex	F
<b>H</b> From Unit No.		Name (Last, First, MI)		Birth Date M D Y	Age	Sex	F
<b>I</b> From Unit No.		Name (Last, First, MI)		Birth Date M D Y	Age	Sex	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							
Date Report Filed <b>M 06 D 10 Y 15</b>		Desk Officer's Name & Badge # <b>SMALLER # 11152</b>					

Driver - Pedestrian - Vehicle Section

Occupant Section

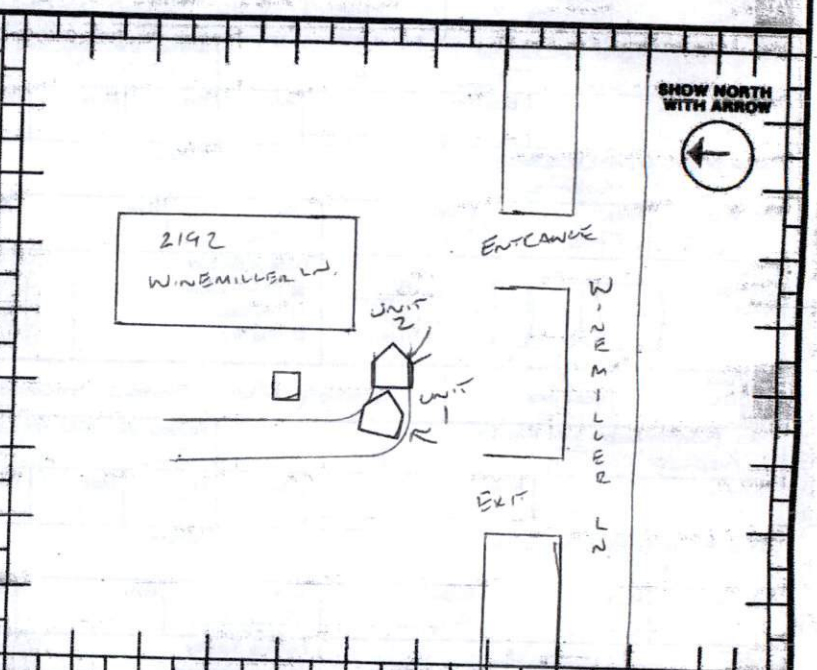


Local Report Number: 2015-53909

Describe What Happened Refer To Units By Number: UNIT (2) WAS OPERATING VEHICLE THROUGH DRIVE THRU LANE WHILE UNIT (1) WAS OPERATING VEHICLE THROUGH SAME LANE WHILE NOT ALLOWING A CLEAR DISTANCE AHEAD AND STRUCK UNIT (2)'S REAR BUMPER CAUSING LIGHT DAMAGE TO UNIT (2)'S VEHICLE.

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

<b>First Harmful Event</b> 2
<b>Two MV In Transport</b>
1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle
<b>One MV In Transport (Collision)</b>
7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object
<b>Non-Collision</b>
15 Fall From or In MV 16 Overturning 17 Other Non-Collision
<b>Location</b> B
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



<b>Type of Unit</b>	# 4	A	# 4	B
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<b>Pre-Crash Actions</b>	A	B
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<b>Contributing Factor</b>	A	B
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<b>Car</b>	<b>Bus</b>
1 Sub Compact 2 Compact 3 Mid Size 4 Full Size	16 School Bus 17 Church 18 Public
<b>Truck</b>	<b>Emergency</b>
5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue
<b>Motorcycle</b>	<b>Other</b>
12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	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

<b>Driver Actions</b>	<b>Pedestrian Actions</b>
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	18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With 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

<b>Driver Error</b>	<b>Non-Driver Factor</b>
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	18 Vehicle Defects 19 Load Shifting, Failing, 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

<b>Speed</b>			<b>Motorcycle Helmet Use</b>		
Unit	Estimated	Legal	Unit	Driver	Pass
A			A		
B			B		

<b>Traffic Control</b>	A	B	<b>Fixed Object Struck</b>	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			1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object		
<b>Driver</b>			<b>Pedestrian</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			14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device		

<b>Vehicle Defects</b>	Code if Contributing Factor is 18	
<b>Primary</b>	A	B
<b>Secondary</b>	A	B
<b>Truck Load</b>	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		
<b>Truck Axles</b>	A	B
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		