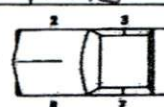


Local Traffic Crash Report

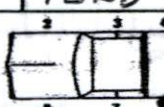
Local Report Number 201500060240

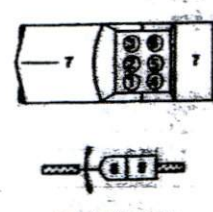
Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 5	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
In County Of Clermont	• Within corporate limits of (if not, file with correct agency)	Date of Crash M 6 D 29 Y 15 Day Mon Time 1345 <input checked="" type="radio"/> AM <input type="radio"/> PM
Crash Occurred On Hospital DR		Within The Intersection Of
If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ OF 2055		

A Unit No. 1	No. Of Occupants 2	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent Geico Ins. 4377931433
Driver - Pedestrian Name (Last, First, MI) Kibby, Sierra Dawn		Address (No., Street, State, Zip Code) 5990 Hutchison Rd Batavia OH 45103	
Phone No. (513) 535-5108	Birth Date M 8 D 21 Y 96	Age 18	Sex F State OH Drivers License No. 72880954 Occupation _____
Owner (If Same As Driver, Write Same) Same		Address _____ Phone _____	

Veh. Year 1998	Make GMC	Model Sonoma	Color Gold	Style TK	State OH	License Plate No. GJN 7924	Towing Service _____	Veh/Ped Dir From S To N
Circle Damage Areas 	9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Load <input type="checkbox"/> 12 Trailer <input type="checkbox"/>	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" type="checkbox"/> None <input 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			

B Unit No. 2	No. Of Occupants 1	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent _____
Driver - Pedestrian Name (Last, First, MI) Nunn, Krista J.		Address (No., Street, State, Zip Code) 10124 Plantation Pointe DR Loveland OH 45140	
Phone No. _____	Birth Date M 4 D 30 Y 77	Age 38	Sex F State OH Drivers License No. KU574541 Occupation _____
Owner (If Same As Driver, Write Same) Wheels LT. Lolita Garland Place Des Plaines IL 60016		Address _____ Phone _____	

Veh. Year 2013	Make FORD	Model Explorer	Color Blue	Style 4DR	State OH	License Plate No. F5J 8638	Towing Service _____	Veh/Ped Dir From S To N
Circle Damage Areas 	9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Load <input type="checkbox"/> 12 Trailer <input type="checkbox"/>	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 type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			

C From Unit No. 1	Name (Last, First, MI) Lane, Elizabeth Ann	Birth Date M 6 D 06 Y 87	Age 28	Sex F	Position 1												
D From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Sex _____	 <p>P-PEDESTRIAN</p> <p>Restraints</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table> <p>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 NGR Reported</p>	A	B	C	D	E	F	1	1	1	1	1	1
A	B	C	D	E		F											
1	1	1	1	1		1											
E From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Sex _____													
F From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Sex _____													
G From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Sex _____													
H From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Sex _____													
I From Unit No. _____	Name (Last, First, MI) _____	Birth Date _____	Age _____	Sex _____	<p>Ejection</p> <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table> <p>1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle</p>	A	B	C	D	E	F	1	1	1	1	1	1
A	B	C	D	E	F												
1	1	1	1	1	1												

Driver - Pedestrian - Vehicle Section

Occupant Section

Date Report Filed M 6 D 29 Y 15	Desk Officer's Name & Badge # Dip W BREWER # 2055
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Local Report Number
2015-60240

Describe What Happened
 Refer To Units
 By Number
Unit #1 was pulling into a parking spot. Unit #1 struck Unit #2 in the rear driverside panel.

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 **7**

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)

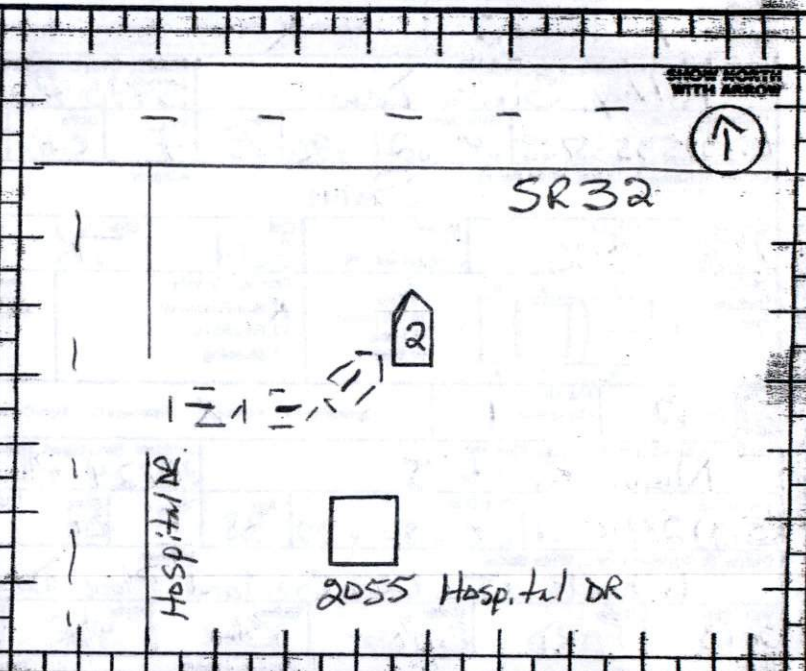
7 Parked
 8 Pedestrian
 9 Animal
 10 Train
 11 Pedal Cycle
 12 Other Non-MV
 13 Fixed Object
 14 Other Object

Non-Collision

15 Fall From or in MV
 16 Overtaking
 17 Other Non-Collision

Location **8**

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



Type of Unit

#1 **A** **5** **#2** **B** **4**

Pre-Crash Actions

A **8** **B** **9**

Contributing Factor

A **15** **B** **1**

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 350cc
 13 MC up to 750cc
 14 MC over 751cc
 15 Motorized Bicycle

Bus

16 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

Traffic Control **A** **12** **B** **12**

Fixed Object Struck **A** **B**

Driver Error

1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or ACCA
 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, Falling, 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

Truck Load **A** **B**

Truck Axles **A** **B**

Tractor Trailer Rigs

Vehicle Defects
 Code if Contributing Factor is 18

Primary **A** **B**

Secondary **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

Speed

Unit Estimated Legal

A **23 mph**

B **0**

Motorcycle Helmet Use

Unit Driver Pass

A **A**

B **B**

1 No Helmet
 3 Full Facial Cover

2 Full Coverage
 4 Other Type Helmet

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

Truck Load **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

Truck Axles **A** **B**

Tractor Trailer Rigs