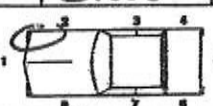
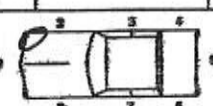


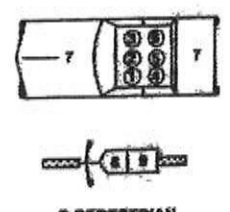
Local Traffic Crash Report

Local Report Number 2015-64306

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <u>Over \$150</u> <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 7 D 11 Y 15</u>		Day <u>SAT</u>	Time <u>AM</u> PM	
Crash Occurred On <u>Private</u>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>0</u> Feet <u>0</u> W <u>E</u> of <u>Bauer @ Hospital Dr</u>								
Unit No. <u>A 1</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>Grange PPT 967394/</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Bailey, Daniel</u>				Address (No., Street, State, Zip Code) <u>368 Seneca Dr Batavia OH</u>				
Phone No.	Birth Date <u>M 11 D 30 Y 59</u>	Age <u>55</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RM155642</u>	Occupation		
Owner (If Same As Driver, Write Same) <u>Same</u>				Address				Phone
Veh. Year <u>04</u>	Make <u>Chev</u>	Model <u>4DR</u>	Color <u>BLW</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>FNV 9473</u>	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input 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	
Unit No. <u>B</u>	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	State	Drivers License No.	Occupation		
Owner (If Same As Driver, Write Same)				Address				Phone
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire	
From Unit No. <u>C</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u>		
From Unit No. <u>D</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u>		
From Unit No. <u>E</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u>		
From Unit No. <u>F</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u>		
From Unit No. <u>G</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u>		
From Unit No. <u>H</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u>		
From Unit No. <u>I</u>	Name (Last, First, MI)			Birth Date <u>M D Y</u>	Age	Position <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u>		
Date Report Filed <u>M 7 D 14 Y 15</u>				Desk Officer's Name & Badge # <u>Dag Dyer</u>				

Driver - Pedestrian - Vehicle Section

Occupant Section



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

Local Report Number: Describe What Happened Refer To Units By Number

Unit 1 advised while parked another unknown unit struck his vehicle causing damage.

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 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	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	
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Type of Unit # <u>2</u> A # _____ B	Pre-Crash Actions A <u>9</u> B	Contributing Factor A <u>1</u> B			
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 Traffic Control A <u>1</u> 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	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 in Road 25 Pushing/Working on Vehicle in Road 26 Other In Road 27 On Sidewalk or Shoulder Fixed Object Struck A <u>1</u> B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	Driver Error 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 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	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 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