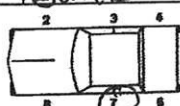
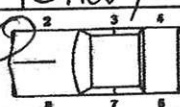
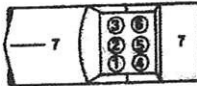
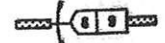


Local Traffic Crash Report

Local Report Number 2015-168883

Report Taken <input 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>Clermont</u>		• Within corporate limits of (if not, file with correct agency):		Date of Crash <u>M 7 D 24 Y 15</u>		Day <u>FRIDAY</u>	Time <u>1125</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>					
Crash Occurred On <u>2200 Winemiller Lane</u>				Within The Intersection Of								
If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.)				<u>Bauer RD and Winemiller Lw.</u>								
Miles <u>50</u> Feet <u>W</u> ^N _S E Of												
A Unit No. <u>1</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>Twins City FIRE</u>						
Driver - Pedestrian Name (Last, First, MI) <u>DANBURY, G. JOANNE</u>				Address (No., Street, State, Zip Code) <u>3556 TOODS Run ROAD Williamsburg Ohio 45716</u>								
Phone No.		Birth Date <u>M 9 D 9 Y 39</u>		Age <u>77</u>		Sex <u>F</u>	State <u>OH</u>					
						Drivers License No. <u>RF268033</u>	Occupation <u>NA</u>					
Owner (if Same As Driver, Write Same) <u>Same</u>				Address		Phone						
Veh. Year <u>2011</u>	Make <u>Buick</u>	Model <u>45</u>	Color <u>TAN</u>	Style <u>4Door</u>	State <u>OH</u>	License Plate No. <u>JD27</u>	Towing Service <u>NA</u>					
Veh/Ped Dir <u>From N To S</u>	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 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					
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>Motorists</u>						
Driver - Pedestrian Name (Last, First, MI) <u>Riley, James K.</u>				Address (No., Street, State, Zip Code) <u>78 Wolfers DR. AMELIA Ohio 45102</u>								
Phone No.		Birth Date <u>M 10 D 11 Y 50</u>		Age <u>64</u>		Sex <u>M</u>	State <u>OH</u>					
						Drivers License No. <u>RT107364</u>	Occupation <u>NA</u>					
Owner (if Same As Driver, Write Same) <u>Same</u>				Address		Phone						
Veh. Year <u>2007</u>	Make <u>Chevy</u>	Model <u>SW</u>	Color <u>MARON</u>	Style <u>4Door</u>	State <u>OH</u>	License Plate No. <u>DFV 4050</u>	Towing Service <u>NA</u>					
Veh/Ped Dir <u>From E To W</u>	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 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					
C From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position A B C D E F					
	Address			Phone		Sex	  P-PEDESTRIAN 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					
D From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age						
	Address			Phone		Sex						
E From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age						
	Address			Phone		Sex						
F From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age						
	Address			Phone		Sex						
G From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age						
	Address			Phone		Sex						
H From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age						
	Address			Phone		Sex						
I From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Ejection A B C D E F					
	Address			Phone		Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
Date Report Filed <u>M 7 D 24 Y 15</u>		Desk Officer's Name & Badge # <u>Deputy Gregory # 2732</u>										

Driver - Pedestrian - Vehicle Section

Occupant Section