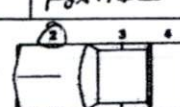
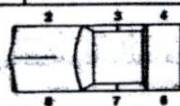
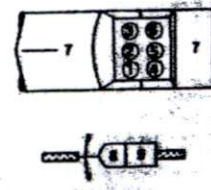


Local Traffic Crash Report

Local Report Number 201500081466

Report Taken <input type="checkbox"/> Headquarters <input checked="" 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 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 <u>M 08 D 29 Y 15</u>		Day <u>SATURDAY</u>	Time <u>1403</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					
Crash Occurred On <u>5327 NEWTONSVILLE HUTCHINSON Rd.</u>				Within The Intersection Of <u>NEWTONSVILLE HUTCHINSON Rd.</u>								
If Not In Intersection Miles <u>2000</u> Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> OF <u>NEWTONSVILLE Rd.</u> (List Nearest Intersecting Street, Milepost, House No.)												
A Unit No. <u>1</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>A11STATE</u>							
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)								
Phone No.		Birth Date	Age	Sex	State	Drivers License No.	Occupation					
M D Y		Owner (If Same As Driver, Write Same) <u>MOOREHEAD, ANDREW</u> <u>3644 SL125, BETHEL OHIO 45160</u> Phone <u>573-383-1254</u>										
Veh. Year <u>2007</u>	Make <u>PONTIAC</u>	Model <u>Vibe</u>	Color <u>BLACK</u>	Style <u>HB</u>	State <u>OH</u>	License Plate No. <u>EHD-8093</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From To				
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer		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 Unit No. <u>2</u>	No. Of Occupants <u>4</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>UKWY INSURANCE</u>							
Driver - Pedestrian Name (Last, First, MI) <u>FRLEY, KASEY</u>				Address (No., Street, State, Zip Code) <u>371 WEST MAIN ST. OWENSVILLE OHIO, 45160</u>								
Phone No. <u>513-315-9583</u>		Birth Date <u>M 10 D 27 Y 90</u>	Age <u>24</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>TF716892</u>	Occupation <u>UNEMPLOYED</u>					
M D Y		Owner (If Same As Driver, Write Same) <u>SAME</u> Address <u>513-315-9583</u> Phone <u>513-315-9583</u>										
Veh. Year <u>2000</u>	Make <u>FORD</u>	Model <u>FOCUS</u>	Color <u>DARK GREEN</u>	Style <u>4 DOOR</u>	State <u>OH</u>	License Plate No. <u>ESK-8096</u>	Towing Service	Veh/Ped Dir From To				
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer		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 checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire		
C From Unit No. <u>2</u>	Name (Last, First, MI) <u>FRLEY, STEPHANIE</u>			Birth Date <u>M 6 D 15 Y 92</u>		Age <u>22</u>	Position A B C D E F					
Address <u>371 WEST MAIN APT 27, OWENSVILLE OHIO 45160</u>		Phone <u>513-315-9583</u>		Sex <u>F</u>								
D From Unit No. <u>2</u>	Name (Last, First, MI) <u>FRLEY, FAITHLYNN</u>			Birth Date <u>M 04 D 17 Y 09</u>								Age <u>6</u>
Address <u>371 WEST MAIN APT 27, OWENSVILLE OHIO 45160</u>		Phone <u>513-315-9583</u>		Sex <u>F</u>								
E From Unit No. <u>2</u>	Name (Last, First, MI) <u>CHILDRESS, MICHAEL</u>			Birth Date <u>M 11 D 1 Y 12</u>								Age <u>3</u>
F From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Restraints A B C D E F					
Address		Phone		Sex		<ul style="list-style-type: none"> 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 						
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		<ul style="list-style-type: none"> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle 						
I From Unit No.	Name (Last, First, MI)			Birth Date M D Y								Age
Address		Phone		Sex								
Date Report Filed <u>M 08 D 29 Y 15</u>		Desk Officer's Name & Badge # <u>Schacter, John # 2366</u>										

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number	Describe What Happened Refer To Units By Number
	UNIT #2 BACKED INTO UNIT #1.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	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) 1 Parked 2 Pedestrian 3 Animal 4 Train 5 Pedal Cycle 6 Other Non-MV 7 Fixed Object 8 Other Object Non-Collision 9 Fall From or In MV 10 Overturning 11 Other Non-Collision	ONE SPORTS COMPLEX PARKING LOT 	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade		2
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	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		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		

Type of Unit	# 1	A 3	B 1	Pre-Crash Actions	A 9	B 10	Contributing Factor	A 1	B 15
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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
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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
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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	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
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Speed Unit Estimated Legal A 0 B 1	Motorcycle Helmet Use Unit Driver Pass A B
1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet

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

Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal-Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Tractor Trailer Rigs A B A B
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