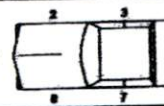
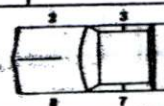
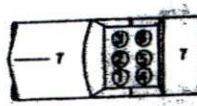



Local Traffic Crash Report

Local Report Number 2015-84317

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <u>UNKNOWN</u>		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 <u>CLERMONT</u>		• Within corporate limits of (if not, file with correct agency)		Date of Crash M <u>09</u> D <u>06</u> Y <u>15</u>	Day <u>SUNDAY</u>	
Crash Occurred On <u>2976 SR132 AMERICA OH 45102</u>		Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>300</u> Feet <u>W</u> <u>S</u> <u>E</u> of <u>SR749 & LINDALE NICHOLSULLERD</u>						
Unit No. <u>A 01</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.	
Owner (If Same As Driver, Write Same) <u>MCKANE, FRANK</u>		Address <u>2755 SR132 # 153 NEW RICHMOND 45157</u>				
Veh. Year <u>2004</u>	Make <u>BMW</u>	Model	Color <u>SILVER</u>	Style <u>2S</u>	State <u>OH</u> License Plate No. <u>168 XDC</u>	
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer		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 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		
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.	
Owner (If Same As Driver, Write Same)		Address				
Veh. Year	Make	Model	Color	Style	State License Plate No.	
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer		Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		
		Damage Scale <input type="checkbox"/> None <input 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		
Occupant Section	From Unit No. <u>C</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
		Address	Phone			
	From Unit No. <u>D</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
		Address	Phone			
	From Unit No. <u>E</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
		Address	Phone			F-PEDESTRIAN
	From Unit No. <u>F</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	
		Address	Phone			Restraints A B C D E F
From Unit No. <u>G</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	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	
	Address	Phone				
From Unit No. <u>H</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Ejection A B C D E F	
	Address	Phone			1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	
From Unit No. <u>I</u>	Name (Last, First, MI)	Birth Date M D Y	Age	Sex		
	Address	Phone				
Date Report Filed M <u>09</u> D <u>06</u> Y <u>15</u>		Desk Officer's Name & Badge # <u>DEP: SCHUBERT</u>				

Driver - Pedestrian - Vehicle Section

Occupant Section

