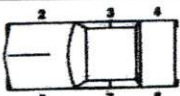
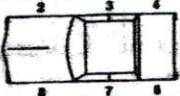


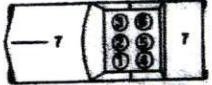
Local Traffic Crash Report

Local Report Number 20150080669

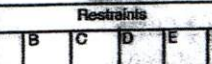
Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150	
In County Of <u>Clermont</u>		• Within corporate limits of: (if not, file with correct agency)		Date of Crash <u>MO 9 D 13 Y 15</u>	Day <u>SUNDAY</u> Time <u>1108</u> ^{AM} _{PM}
Crash Occurred On <u>2199 WINE MILLER LN.</u>				Within The Intersection Of <u>BAUER RD.</u>	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>40</u> Feet <u>ND</u> W S E Of <u>BAUER RD.</u>					
Unit No. <u>A 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>SAFE AUTO</u>	
Driver - Pedestrian Name (Last, First, MI) <u>BOLINGTON Jill RAE</u>			Address (No., Street, State, Zip Code) <u>107 HAMERSTONE WAY, MT. ORAB OH 45154</u>		
Phone No. <u>513-491-2842</u>		Birth Date <u>MO 8 D 04 Y 60</u>	Age <u>55</u>	Sex <u>F</u>	State <u>OH</u> Drivers License No. <u>RS369993</u> Occupation <u>DISABLED</u>
Owner (If Same As Driver, Write Same) <u>SAME</u> Address _____ Phone _____					
Veh. Year <u>2010</u>	Make <u>Kia</u>	Model <u>Rio 5</u>	Color <u>Black</u>	Style <u>4 Door</u>	State <u>OH</u> License Plate No. <u>GGH-2745</u> Towing Service <u>DARBURYS</u> Veh/Ped Dir <u>From E To W</u>
Circle Damage Areas 		Damage Severity <input checked="" 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	
		9 Top 10 Undercar 11 Load 12 Trailer		Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input checked="" 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
Circle Damage Areas 		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	
		9 Top 10 Undercar 11 Load 12 Trailer		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	
From Unit No. <u>C</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
From Unit No. <u>D</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
From Unit No. <u>E</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
From Unit No. <u>F</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
From Unit No. <u>G</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
From Unit No. <u>H</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
From Unit No. <u>I</u>	Name (Last, First, MI)		Birth Date <u>M D Y</u>		Age
	Address		Phone		Sex
Date Report Filed <u>MO 9 D 13 Y 15</u> Desk Officer's Name & Badge # <u>Schacter John, 2366</u>					

Driver - Pedestrian - Vehicle Section

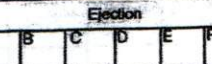
Occupant Section



F-PEDESTRIAN



- 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

