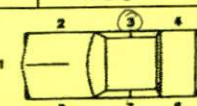
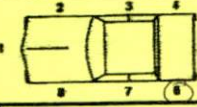


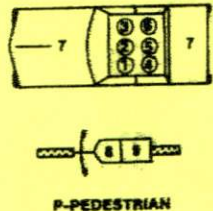
# Local Traffic Crash Report

Local Report Number 201500087683

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 09 D 16 Y 15</u>		Day <u>wed</u>	Time <u>255</u> <span style="float:right">AM <input type="checkbox"/> PM <input checked="" type="checkbox"/></span>	
Crash Occurred On <u>Parking lot at 600 university lane</u>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ S _____ OF <u>600</u>								
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>NONE</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Brow, Sarah M</u>				Address (No., Street, State, Zip Code) <u>400 university Ln Apt 202 Batavia, oh 45103</u>				
Phone No. <u>513-491-2241</u>	Birth Date <u>M 06 D 12 Y 92</u>	Age <u>23</u>	Sex <u>F</u>	State <u>oh</u>	Drivers License No. <u>TS674559</u>	Occupation <u>N/A</u>		
Owner (If Same As Driver, Write Same) <u>Brown, Tyler C.</u>				Address <u>2997 US 50 Batavia, oh 45103</u>				Phone
Veh. Year <u>1986</u>	Make <u>chev</u>	Model <u>4dr</u>	Color <u>Grey</u>	Style <u>4dr</u>	State <u>oh</u>	License Plate No. <u>472YUP</u>	Towing Service	Veh/Ped Dir From <u>E</u> To <u>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 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>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>State Farm</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Kissee, Kelsey E.</u>				Address (No., Street, State, Zip Code) <u>600 university Ln. Apt. 214 Batavia, oh. 45103</u>				
Phone No.	Birth Date <u>M 08 D 17 Y 93</u>	Age <u>22</u>	Sex <u>F</u>	State <u>oh.</u>	Drivers License No. <u>TV201650</u>	Occupation		
Owner (If Same As Driver, Write Same) <u>Same</u>				Address				Phone
Veh. Year <u>2004</u>	Make <u>Ford</u>	Model <u>Escape</u>	Color <u>Black</u>	Style <u>sw</u>	State <u>oh.</u>	License Plate No. <u>FMN1554</u>	Towing Service	Veh/Ped Dir From <u>S</u> To <u>N</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 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
C From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position A   B   C   D   E   F	
D From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex	
E From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex	
F From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex	
G From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex	
H From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex	
I From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex	
Date Report Filed <u>M 09 D 16 Y 15</u>	Desk Officer's Name & Badge # <u>Dep Rueld #3052</u>							

Driver - Pedestrian - Vehicle Section

Occupant Section



- Restraints**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 4 |   |   |   |   |   |
- 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**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 1 | 1 |   |   |   |   |
- 1 Not Ejected
  - 2 Partial
  - 3 Total
  - 4 Trapped Inside Vehicle



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

unit #2 was backing out when unit #1 was speeding through the parking lot when unit #1 struck unit #2 on the driver side. unit #1 then left the scene.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	<b>First Harmful Event</b> 5 <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	<b>One MV in Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	<b>Location</b> 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	
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	1		
<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone			

<b>Type of Unit</b>	# 1	A 3	# 2	B 3	<b>Pre-Crash Actions</b>	A 1	B 10	<b>Contributing Factor</b>	A 15	B 1
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size  <b>Truck</b> 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer  <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	<b>Bus</b> 16 School Bus 17 Church 18 Public  <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue  <b>Other</b> 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Flider 30 Animal W/Buggy 31 Bicycle 32 All Others  P = Pedestrian	<b>Driver Actions</b> 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	<b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road 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	<b>Driver Error</b> 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	<b>Non-Driver Factor</b> 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	<b>Traffic Control</b> A 1 B 1 <b>Driver</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  <b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	<b>Fixed Object Struck</b> A B 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	<b>Truck Load</b> 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	<b>Vehicle Defects</b> Code if Contributing Factor is 18  <b>Primary</b> A B  <b>Secondary</b> A B  <b>Truck Axles</b> A B Tractor Trailer Rigs	<b>Speed</b> Unit Estimated Legal A 10 25 B 5 25  <b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B