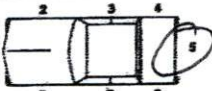
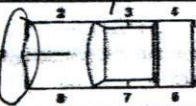


Local Traffic Crash Report

Local Report Number 2015-92017

Report Taken <input checked="" 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 M <u>9</u> D <u>29</u> Y <u>2015</u>	Day <u>Tuesday</u>
Crash Occurred On <u>Swings Corner Pt Isabel Rd</u>		Within The Intersection Of	
If Not in Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ N _____ S _____ E _____ OF <u>2028</u>			
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
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No. <u>(513) 491-5532</u>	Birth Date M <u>5</u> D <u>14</u> Y <u>1981</u>	Age <u>34</u>	Sex <u>F</u>
Owner (If Same As Driver, Write Same) <u>Houlihan, Rikki, L</u>		Address <u>2028 Swings Corner Pt Isabel Rd Bethel, OH 45106</u>	
Veh. Year <u>2015</u>	Make <u>Honda</u>	Model <u>Civic</u>	Color <u>White</u>
Style <u>2-Door</u>	State <u>OH</u>	License Plate No. <u>GJR 7232</u>	Towing Service
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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 checked="" 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
Driver - Pedestrian Name (Last, First, MI) <u>Naegele, Ronald, L</u>		Address (No., Street, State, Zip Code) <u>1899 Jones Florer Rd, OH, 45106</u>	
Phone No. <u>(513) 592-0784</u>	Birth Date M <u>5</u> D <u>16</u> Y <u>1978</u>	Age <u>37</u>	Sex <u>M</u>
Owner (If Same As Driver, Write Same) <u>Same</u>		Address	
Veh. Year <u>1997</u>	Make <u>Jeep</u>	Model <u>Cherokee</u>	Color <u>White</u>
Style <u>SUV</u>	State <u>OH</u>	License Plate No. <u>FDP5821</u>	Towing Service
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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
D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
Address		Phone	Sex
Position		A B C D E F	
P-PEDESTRIAN		A B C D E F	
Restraints		A B C D E F	
Ejection		A B C D E F	
1 Not Used 2 Partial 3 Total 4 Trapped Inside Vehicle			

Driver - Pedestrian - Vehicle Section

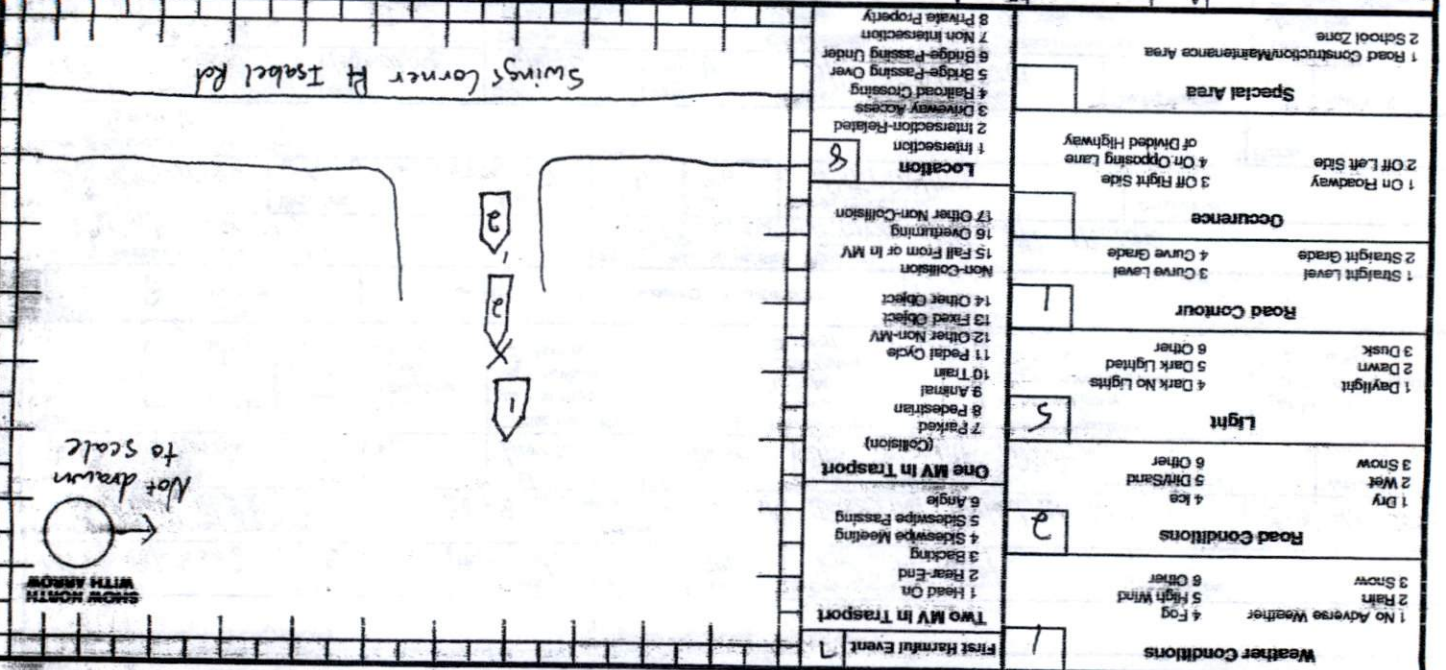
Occupant Section

Date Report Filed: M 9 D 29 Y 2015
Desk Officer's Name & Badge #: Dep Spears #10639

Local Report Number 2015-92017

Describe What Happened Refer To Units BY Number

Unit # 1 was parked in the driveway to 2028 Swings Corner Pt Isabel Rd Unit # 2 drove forward striking Unit #1's rear bumper.



Type of Unit # 1 A B		Pre-Crash Actions A B 1 9		Contributing Factor A B 17	
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck & Trailer 8 Straight Truck & Trailer 9 Truck 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 Public 18 Church 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Emergency 22 Taxi 23 Motor Home 24 Van 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Trailer 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian		Motorcycle Helmet Use Unit Estimated Legal Driver Pass Unit Estimated Legal Driver Pass		Speed Unit Estimated Legal Driver Pass Unit Estimated Legal Driver Pass	
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 Driveway Vehicle 17 Other Driver Action		Traffic Control A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Suburbary 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barrage 15 Fire Hydrant 16 Other Object		Fixed Object Struck A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Suburbary 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barrage 15 Fire Hydrant 16 Other Object	
Driver Error 1 Failure to Yield 2 Unsafe Speed 3 Following Too Closely or ACDA 4 Rain Stop or Yield Sign 5 Rain Red Light 6 Rain 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 Drive Off Road 17 Other Driver Error		Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Rain Stop or Yield Sign 6 Rain 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 Drive Off Road 17 Other Driver Error		Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B	
Vehicle Defects 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		Tractor Trailer Flgs A B Truck A B Load A B Truck A B		Tractor Trailer Flgs A B Truck A B Load A B Truck A B	