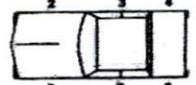
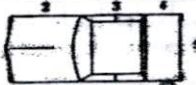


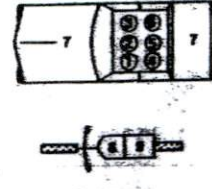
# Local Traffic Crash Report

Local Report Number **2015-95333**

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <b>3</b>		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 <b>Clermont</b>		* Within corporate limits of: (If not, file with correct agency)		Date of Crash M <b>10</b> D <b>9</b> Y <b>15</b>		Day <b>FRIDAY</b>	Time <b>0830-0930</b> <small>AM PM</small>	
Crash Occurred On <b>Founders Blvd</b>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ OF <b>4701</b>								
<b>A</b>	Unit No. <b>1</b>	No. Of Occupants	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)				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	From To							
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 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				
<b>B</b>	Unit No. <b>2</b>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <b>ALL-STATE 918 764 410</b>		
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	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>C</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
<b>D</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
<b>E</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
<b>F</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
<b>G</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
<b>H</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
<b>I</b>	From Unit No.	Name (Last, First, MI)			Birth Date	Age	Position	
					M D Y		A B C D E F	
					Phone	Sex		
Date Report Filed	Desk Officer's Name & Badge #							
M <b>10</b> D <b>9</b> Y <b>15</b>	<b>Det. W BREWER #2055</b>							

Driver - Pedestrian - Vehicle Section

Occupant Section



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

<b>Motorcycle Helmet Use</b> Unit Estimated Legal Unit Driver Pass B A			<b>Speed</b> Unit Estimated Legal Unit Driver Pass B A	
<b>1 No Helmet</b> 3 Full Facial Cover 2 Full Coverage 4 Other Type Helmet			P = Pedestrian 32 All Others 31 Bicycle 15 Motorized Bicycle 14 MC over 750cc 13 MC up to 750cc 26 Construction Equip. 27 Snowmobile 25 Farm Equipment 25 Farm Vehicle 24 Trailer 23 Motor Home 22 Taxi 11 Tractor & Double Trailer 10 Tractor & Semi-Trailer 8 Truck Tractor 8 Straight Truck & Trailer 7 Straight Truck 6 PanelVan 5 Pickup <b>Truck</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Emergency</b> 16 School Bus 17 Church 18 Public 4 Full Size 3 Mid Size 2 Compact 1 Sub Compact <b>Car</b>	
<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 Parking 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Drowsy Vehicle 17 Other Driver Action			<b>Driver</b> 1 No Controls 2 Stop Sign 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scribbler 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object <b>Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scribbler 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object <b>Fixed Object</b> A B 17 Other Driver Error 18 Reason Unknown 19 Driver Inattention 20 Failure to Control 21 Left of Center 22 Stopped or Parked 23 Illegally 24 Driver Inattention 25 Driver Inattention 26 Driver Inattention 27 Other Driver Error	
<b>Pedestrian Actions</b> 1 None 2 Walking in X-Walk 3 Crossing Other than X-Walk 4 Crossing in X-Walk 5 U Turn 6 Stopped in Traffic 7 Stopped to Turn 8 Parking/Unparking 9 Parked 10 Parking 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Drowsy Vehicle 17 Other Driver Action			<b>Vehicle Actions</b> 1 None 2 Linear Speed 3 Excessive Speed 4 Following Too 5 Closely or ACDA 6 Fan Flashed Light 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from 12 Stopped or Parked 13 Illegally 14 Left of Center 15 Failure to Control 16 Driver Inattention 17 Reason Unknown 18 Other Driver Error	
<b>Contributing Factor</b> A B 1 None 2 Vehicle Defects 3 Lead Steering, Falling, Spilling 4 Following Too 5 Closely or ACDA 6 Fan Flashed Light 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from 12 Stopped or Parked 13 Illegally 14 Left of Center 15 Failure to Control 16 Driver Inattention 17 Reason Unknown 18 Other Driver Error 19 Vehicle Defects 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>Code F Contributing Factor is 18</b> A B <b>Primary</b> A B <b>Secondary</b> A B <b>Vehicle Defects</b> 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brake Lights 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	

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other			<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 DrivSard 6 Other			<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other			<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade			<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane 5 On Divided Highway 6 On Overpass 7 On Bridge			<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone		
<b>First Harnul Event</b> 7			<b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Side/Swipe Meeting 5 Side/Swipe Passing 6 Angle 7 Head On			<b>One MV in Transport</b> 7 Parked (Collision) 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object 15 Fall from or in MV 16 Overturning 17 Other Non-Collision			<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>Pre-Crash Actions</b> A B 1 None 2 Crossing Other than X-Walk 3 Crossing in X-Walk 4 Crossing Other than X-Walk 5 U Turn 6 Stopped in Traffic 7 Stopped to Turn 8 Parking/Unparking 9 Parked 10 Parking 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Drowsy Vehicle 17 Other Driver Action			<b>Type of Unit</b> A B 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size 5 Pickup 6 PanelVan 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer 12 MC up to 750cc 13 MC over 750cc 14 MC over 750cc 15 Motorized Bicycle 31 Bicycle 32 All Others		

Local Report Number: 9015-95333  
 Describe What Happened: Un. #2 was struck in the rear driver's side panel by Un. #1 who was driving away from the scene.  
 Refer To Units By Number: 1, 2, 3  
 Founders Blvd  
 4101  
 SHOW NORTH WITH ARROW