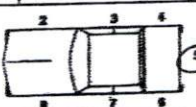


Local Traffic Crash Report

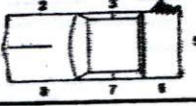
Local Report Number **2015-97875**

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved: 2	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: Sherborn	• Within corporate limits of: (If not, file with correct agency):	Date of Crash: M 10 D 16 Y 15 Day: FRIDAY Time: 1400 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Crash Occurred On: Montgomery Way		Within The Intersection Of: Building 10
If Not In Intersection: _____ N _____ E _____ S _____ W _____ of Building 10 (List Nearest Intersecting Street, Milepost, House No.)		

A Unit No. 1 No. Of Occupants 1 Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent: Lonic Key OF STATE FARM
Driver - Pedestrian Name (Last, First, MI): Schuchtmann, Andrew	Address (No., Street, State, Zip Code): 5712 Crawford Lane Milford, OH 45150
Phone No.: 513.498.6179 Birth Date: M 11 D 18 Y 57 Age: 57 Sex: M State: OH Drivers License No.: R6449747 Occupation: MAINTENANCE	Owner (If Same As Driver, Write Same): SAME Address: _____ Phone: _____

Veh. Year: 2006 Make: GMC Model: C-1500 Color: WHITE Style: TRUCK State: OH License Plate No.: EXD-8691 Towing Service: _____ Veh/Ped Dir: From S To N				
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 checked="" 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 checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire

B Unit No. 2 No. Of Occupants 4 Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent: Safeco Insurance
Driver - Pedestrian Name (Last, First, MI): Leopold, Shirley S.	Address (No., Street, State, Zip Code): 2343 S.R. 232 New Richmond, OH 45157
Phone No.: 913.734.1135 Birth Date: M 02 D 12 Y 51 Age: 64 Sex: F State: OH Drivers License No.: RU160473 Occupation: HOUSEWIFE	Owner (If Same As Driver, Write Same): Leopold, Michael P Address: 2343 S.R. 232 New Richmond, OH 45157 Phone: 513.734.1135

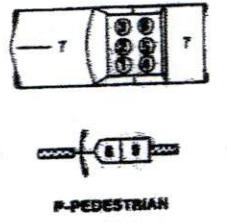
Veh. Year: 2000 Make: Honda Model: Accord Color: Gold Style: 4DR. State: OH License Plate No.: EMF-2507 Towing Service: _____ Veh/Ped Dir: From W To E				
Circle Damage Areas:  9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity: <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire

From Unit No.	Name (Last, First, MI)	Address	Birth Date (M D Y)	Age	Sex	Position					
						A	B	C	D	E	F
C 2	Moore, Lisa J.	2780 Lindale W. Holly Road #2 Amelia, OH 45102	M 06 D 11 Y 70	75	F						
D 2	Chase, KARRIE M.	14 Montgomery Way #3 Amelia, OH 45102	M 11 D 07 Y 96	18	F						
E 2	Chase, Snow A.	14 Montgomery Way #3 Amelia, OH 45102	M 08 D 03 Y 15	-	F						
F	Name (Last, First, MI)	Address	Birth Date (M D Y)	Age	Sex	A	B	C	D	E	F
G	Name (Last, First, MI)	Address	Birth Date (M D Y)	Age	Sex						
H	Name (Last, First, MI)	Address	Birth Date (M D Y)	Age	Sex						
I	Name (Last, First, MI)	Address	Birth Date (M D Y)	Age	Sex						

Date Report Filed: _____ Desk Officer's Name & Badge #: _____

Driver - Pedestrian - Vehicle Section

Occupant Section



- Restraints**
- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 4 | 4 | 4 | 4 | 4 | 4 |
- 1 Not Used
 - 2 None Available
 - 3 Lap Belt Used
 - 4 Exp/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

Local Report Number	Describe What Happened Refer To Units By Number
Unit 1 Struck Unit 2 While Backing.	

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event 3 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	☆ NOT TO SCALE Building 10	SHOW NORTH WITH ARROW
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	One MV in Transport (Collision) 7 Pedestrian 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object		
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Non-Collision 15 Fall From or in MV 16 Overturning 17 Other Non-Collision		
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	Location 8 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		
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway			
Special Area 1 Road Construction/Maintenance Area 2 School Zone			

Type of Unit # 1 5 2 3 A B	Pre-Crash Actions A B 10 1	Contributing Factor A B 10 1
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle	Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	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 Packing/Unpacking 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
Speed Unit Estimated Legal A 2 NP B 5 NP	Motorcycle Helmet Use Unit Driver Pass A B	Driver Error 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
Traffic Control A B 12 12	Fixed Object Struck A B 1 1 1	Non-Driver Factor 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
Driver 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	Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B
Truck Load 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	Truck Axles A B Tractor Trailer Pigs	1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Sick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects