

# Local Traffic Crash Report

Local Report Number 2016-4266

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
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In County Of <u>Clermont</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash <u>MOI D 14 Y 2016</u>	Day <u>Thursday</u>	Time <u>0930</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
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Crash Occurred On <u>SR 125</u>	Within The Intersection Of
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If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ Of _____	(List Nearest Intersecting Street, Milepost, House No.) <u>1348</u>
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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>0247-06-739732-11A Motorist Mutual Insur.</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Marker, Vincent D.</u>	Address (No., Street, State, Zip Code) <u>5073 Beechwood DR Cincinnati, Oh. 45244</u>
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Phone No.	Birth Date <u>M 07 D 12 Y 54</u>	Age <u>61</u>	Sex <u>M</u>	State <u>Oh.</u>	Drivers License No. <u>RT104141</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>WYLER Automotive</u>	Address <u>1117 SR 32 Batavia, Oh. 45103</u>	Phone
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Veh. Year <u>2011</u>	Make <u>FORD</u>	Model <u>TAURUS</u>	Color <u>Red</u>	Style <u>4DR</u>	State <u>Oh</u>	License Plate No. <u>6 5402</u>	Towing Service	Veh/Ped Dir From _____ To _____
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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 type="checkbox"/> Light <input checked="" 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
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B Unit No. <u>2</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 <u>Motorist Mutual Insur.</u>
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M _____ D _____ Y _____	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) <u>Holman Motors</u>	Address <u>4387 Elick Lane Batavia, Oh. 45103</u>	Phone
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Veh. Year <u>2012</u>	Make <u>GMC</u>	Model <u>2500 HD</u>	Color <u>White</u>	Style <u>TK</u>	State	License Plate No.	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input checked="" 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
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Driver - Pedestrian - Vehicle Section

Occupant Section

C	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

D	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

E	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

F	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

G	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

H	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

I	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
							A	B	C	D	E	F

							<b>P-PEDESTRIAN</b> Restraints A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>					
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							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					
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							Ejection					
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							A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>					
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							1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
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Date Report Filed <u>M 01 D 14 Y 16</u>	Desk Officer's Name & Badge # <u>Deputy Ruedel #3052</u>
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