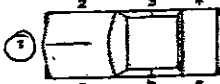
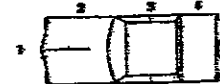
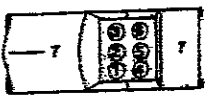



# Local Traffic Crash Report

Local Report Number 2017-00121414

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <b>2</b>		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150			
In County Of <b>Clermont</b>		• Within corporate limits of (If not, file with correct agency)		Date of Crash <b>M 11 D 02 Y 17</b>	Day <b>Thursday</b>	Time <b>1043</b>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Crash Occurred On <b>Amelia olive Branch</b>				Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ S _____ N _____ OF _____ <b>72</b>							
<b>A</b> Unit No. <b>1</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>Houston Financial</b>			
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)			
Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation <b>Manager</b>	
Owner (If Same As Driver, Write Same) Address <b>Briggs, Stacey 6800 Patricia Blvd Goshen oh. 45122</b>							
Veh. Year <b>2016</b>	Make <b>Kia</b>	Model <b>Soul</b>	Color <b>White</b>	Style <b>SW</b>	State <b>oh.</b>	License Plate No. <b>6ZD5237</b>	Towing Service 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 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>B</b> Unit No. <b>2</b>	No. Of Occupants <b>2</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <b>Progressive 917296641</b>			
Driver - Pedestrian Name (Last, First, MI) <b>Patch, Martin R.</b>				Address (No., Street, State, Zip Code) <b>4 Pineview DR Apt 2 Amelia, oh 45102</b>			
Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation	
Owner (If Same As Driver, Write Same) Address <b>Thomas, Donna J. 4 Pineview DR Apt 2 Amelia, oh. 45102</b>							
Veh. Year <b>2009</b>	Make <b>Chen</b>	Model <b>Malibu</b>	Color <b>Gold</b>	Style <b>4DR</b>	State <b>oh.</b>	License Plate No. <b>267XXN</b>	Towing Service From <b>E</b> To <b>S</b>
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>C</b> From Unit No. <b>2</b>	Name (Last, First, MI) <b>Thomas, Donna J.</b>		Birth Date <b>M 9 D 25 Y 38</b>	Age <b>79</b>	Position A B1 C3 D E F		
<b>D</b> From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position 		
<b>E</b> From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position 		
<b>F</b> From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position A B4 C4 D E F		
<b>G</b> From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position 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		
<b>H</b> From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position A B C D E F		
<b>I</b> From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle		
Date Report Filed <b>M 11 D 2 Y 17</b>		Desk Officer's Name & Badge # <b>Tep... #3052</b>					

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 2017-121414  
 Describe What Happened: unib #2 was backing out of a parking spot when he struck the front end of unib #1. unib #2 was legally parked.

<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> Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	3
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Gravel 6 Other	1	<b>One MV in Transport (Collision)</b> 7 Pedestrian 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	8
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway			
<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone			

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<b>Type of Unit</b>	# 1	A 3	B 2	<b>Pre-Crash Actions</b>	A 10	B 9	<b>Contributing Factor</b>	A 1	B 10
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid. Size 4 Full Size	<b>Bus</b> 16 School Bus 17 Charter 18 Public	<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>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue	<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 Backing/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 20 Walking in Road (With Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working On Road 24 Entering or Leaving Vehicle in Road 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 AQDA 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> 16 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>Vehicle Defects</b> Code F Contributing Factor is 18	<b>Truck Load</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>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle	<b>Other</b> 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/ Duggy 31 Bicycle 32 All Others P = Pedestrian	<b>Speed</b> Unit   Estimated   Legal A       B   2   8	<b>Motorcycle Helmet Use</b> Unit   Driver   Pass A       B	<b>Traffic Control</b> A   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>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 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	<b>Truck Axles</b> A   B   Tractor Trailer Rigs		
<b>Motorcycle</b> 1 No Helmet 3 Full Facial Cover	<b>Motorcycle</b> 2 Full Coverage 4 Other Type Helmet			<b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device					