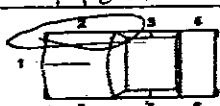
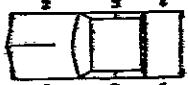


Local Traffic Crash Report



Local Report Number 2017-114203

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input 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>10</u> D <u>29</u> Y <u>17</u>	Day <u>Sunday</u>	Time <u>1610</u> ^{AM} <input checked="" type="checkbox"/>
Crash Occurred On <u>Private</u>		Within The Intersection Of <u>630 US 52 New Richmond OH</u>		
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ OF <u>630 US 52</u>				

A Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>none</u>
Driver - Pedestrian Name (Last, First, MI) <u>Carter, Derrick</u>		Address (No., Street, State, Zip Code) <u>4104 Germantown Pk Dayton OH</u>	
Phone No. <u>none</u>	Birth Date M <u>1</u> D <u>23</u> Y <u>86</u>	Age <u>31</u>	Sex <u>M</u> State <u>OH</u> Drivers License No. <u>SK186608</u> Occupation <u>none</u>
Owner (If Same As Driver, Write Same) <u>Rathan Mitchell</u>		Address <u>1882 Foxfield Dr</u>	
Veh. Year <u>01</u>	Make <u>Pont</u>	Model <u>G6</u>	Color <u>Blk</u> Style <u>4DR</u> State <u>OH</u> License Plate No. <u>6ZW9144</u> Towing Service <u></u> Veh/Ped Dir From <u></u> To <u></u>
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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 type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy
Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input checked="" 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.	No. Of Occupants	Operating <input 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 M <u></u> D <u></u> Y <u></u>	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 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	

Driver - Pedestrian - Vehicle Section

C From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	Position A B C D E F
D From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	
E From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	
F From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	 <p>P-PEDESTRIAN</p>
G From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	
H From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	<p>Restraints</p> <p>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</p>
I From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	
J From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	<p>Ejection</p> <p>1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle</p>
K From Unit No.	Name (Last, First, MI)	Birth Date M <u></u> D <u></u> Y <u></u>	Age	

Occupant Section

Date Report Filed <u>10-29-17</u>	Desk Officer's Name & Badge # <u>Dep Dy 3039</u>
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Local Report Number: _____ Describe What Happened Refer To Units By Number

Unit 1 was a stolen vehicle the driver was attempting to kick the vehicle and crashed it into a stone wall on a private driveway

Weather Conditions		First Harmful Event		
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	Two MV in Transport		
Road Conditions		One MV in Transport (Collision)		
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light		Non-Collision		
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	15 Fall From or In MV 16 Overtaking 17 Other Non-Collision		
Road Contour		Location		
1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade	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		Pre-Crash Actions		Contributing Factor					
# 3		14		14					
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		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 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		Pedestrian Actions 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 25 Pushing/Working on Vehicle in Road 26 Other In Road 27 On Sidewalk or Shoulder		Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Flan Red Light 6 Flan 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		Non-Driver Factor 18 Vehicle Defects 19 Load Shifting, Faling, 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	
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/Suggy 31 Bicycle 32 All Others P = Pedestrian		Traffic Control A B 14		Fixed Object A B Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Strawberry 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object		Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B			
Speed Unit Estimated Legal A 30 B		Motorcycle Helmet Use Unit Driver Pass 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		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			
1 No Helmet 3 Full Facial Cover		2 Full Coverage 4 Other Type Helmet		Truck Axles A B Tractor Trailer Rigs					