

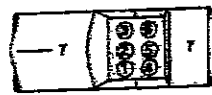
# Local Traffic Crash Report

Local Report Number 2017 00 125 365

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 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) <b>BATAVIA</b>	Date of Crash <b>M 11 D 29 Y 2017</b>
Crash Occurred On	<b>101 E MAIN ST BATAVIA OH 45103</b>		
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)			
Unit No.	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>TRAVELER'S</b>
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date	Age	Sex
	<b>M 5 D 17 Y 60</b>	<b>59</b>	<b>F</b>
Owner (If Same As Driver, Write Same)		Address	
<b>KIMBERLY J CORNES</b>		<b>1431 WHITAKER LN AMELIA OH 45102</b>	
Veh. Year	Make	Model	Color
<b>2014</b>	<b>LEXUS</b>	<b>RX350</b>	<b>BLACK</b>
Damage Severity	Damage Scale	Vehicle Disposition	Fire
<input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	<input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
Circle Damage Areas		Circle Damage Areas	
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	Age	Sex
	<b>M D Y</b>		
Owner (If Same As Driver, Write Same)		Address	
Veh. Year	Make	Model	Color
Damage Severity	Damage Scale	Vehicle Disposition	Fire
<input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	<input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
Circle Damage Areas		Circle Damage Areas	
From Unit No.	Name (Last, First, MI)	Birth Date	Age
		<b>M D Y</b>	
From Unit No.	Name (Last, First, MI)	Birth Date	Age
		<b>M D Y</b>	
From Unit No.	Name (Last, First, MI)	Birth Date	Age
		<b>M D Y</b>	
From Unit No.	Name (Last, First, MI)	Birth Date	Age
		<b>M D Y</b>	
From Unit No.	Name (Last, First, MI)	Birth Date	Age
		<b>M D Y</b>	
From Unit No.	Name (Last, First, MI)	Birth Date	Age
		<b>M D Y</b>	
Date Report Filed <b>M 11 D 30 Y 2017</b>			
Desk Officer's Name & Badge # <b>DEWY T SIMMONS</b>			

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

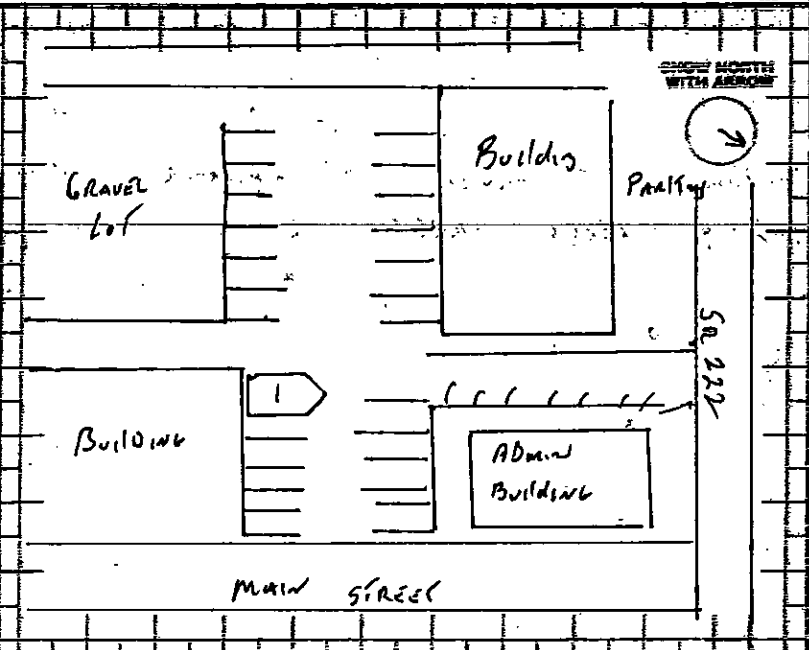
- Restraints
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Used
  - 2 None Available
  - 3 Lap Belt Used
  - 4 Lap/Shoulder Belt Used
  - 5 Shoulder Belt Used
  - 6 Child Safety Seat
  - 7 Air Bag Used
  - 8 Use Not Reported

- Ejection
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Ejected
  - 2 Partial
  - 3 Total
  - 4 Trapped Inside Vehicle

Local Report Number: 201700125365  
 Describe What Happened: Enter To Units By Number: M.S. CORNÉS REPORTED SHE BACKED VEHICLE #1 INTO THE PARKING SPACE AT 0730. LEAVING WORK AT 1630 HOURS SHE FOUND DAMAGE TO THE DRIVER'S SIDE FRONT BUMPER. VIDEO FROM THE SECURITY CAMERAS WERE CHECKED WITH NOTHING BEING FOUND. LIGHT DAMAGE TO BUMPER - PUSHED IN.

<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 Dirt/Sand 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 of Divided Highway	<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone
----------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

<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 One MV in Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	<b>Location</b> 1 Intersection 2 Intersection-Related 3 Driveway/Alley 4 Railroad Crossing 5 Bridge/Passing Over 6 Bridge/Passing Under 7 Non-Intersection 8 Private Property
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



<b>Type of Unit</b> # 7 A 3 B	<b>Pre-Crash Actions</b> A 9 B 10	<b>Contributing Factor</b> A 1 B 10
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size <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>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle	<b>Bus</b> 16 School Bus 17 Church 18 Public <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Other</b> 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal Wrangler 30 Animal W/Suggy 31 Bicyclist 32 All Others P = Pedestrian	<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 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 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder
<b>Speed</b> Unit Estimated Legal A B B	<b>Motorcycle Helmet Use</b> Unit Driver Pass A B	<b>Driver Error</b> 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
<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>Truck Axles</b> A B	<b>Non-Driver Factor</b> 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
<b>Tractor Trailer Rigs</b> A B	<b>Vehicle Defects</b> Code if Contributing Factor is 18 Primary A B Secondary A B	<b>Driver</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>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device

<b>Traffic Control</b> A B A B	<b>Fixed Object/Struck</b> A B A B
--------------------------------------	------------------------------------------

<b>Truck Load</b> A B	<b>Truck Axles</b> A B	<b>Tractor Trailer Rigs</b> A B
--------------------------	---------------------------	------------------------------------