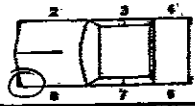
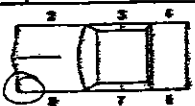


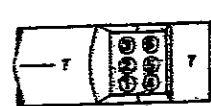

# Local Traffic Crash Report

Local Report Number 2017-00127125

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)	Date of Crash <b>M 12 D 12 Y 17</b>
Crash Occurred On <b>Shay Bark DR</b>		Within The Intersection Of <b>Gumbert DR.</b>	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ OF _____			
Unit No.	<b>1</b>	No. Of Occupants	<b>1</b>
Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <b>unknown</b>	
Driver - Pedestrian Name (Last, First, MI) <b>unknown</b>		Address (No., Street, State, Zip Code) <b>unknown</b>	
Phone No.	<b>unknown</b>	Birth Date	<b>unk</b>
Age	<b>unk</b>	Sex	<b>unk</b>
State	<b>unk</b>	Drivers License No.	<b>unknown</b>
Occupation		Occupation	
Owner (If Same As Driver, Write Same) <b>unknown</b>		Address	
Phone		Phone	
Veh. Year	<b>unk</b>	Make	<b>unk</b>
Model	<b>unk</b>	Color	<b>unk</b>
Style	<b>unk</b>	State	<b>unk</b>
License Plate No.	<b>unk</b>	Towing Service	
Veh/Ped Dir From _____ To _____		Veh/Ped Dir From _____ To _____	
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 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	
Unit No.	<b>2</b>	No. Of Occupants	<b>3</b>
Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <b>Allstate #992141092</b>	
Driver - Pedestrian Name (Last, First, MI) <b>Smith, Keshia Mae Renee</b>		Address (No., Street, State, Zip Code) <b>3797 Red Maple Amelia, Oh. 45102</b>	
Phone No.	<b>unk</b>	Birth Date	<b>M 02 D 22 Y 91</b>
Age	<b>26</b>	Sex	<b>F</b>
State	<b>oh.</b>	Drivers License No.	<b>TF849981</b>
Occupation		Occupation	
Owner (If Same As Driver, Write Same) <b>Same</b>		Address	
Phone		Phone	
Veh. Year	<b>2010</b>	Make	<b>MAZDA</b>
Model	<b>CX-7</b>	Color	<b>Blue</b>
Style	<b>4DR</b>	State	<b>oh.</b>
License Plate No.	<b>6CE8341</b>	Towing Service	
Veh/Ped Dir From <b>S</b> To <b>N</b>		Veh/Ped Dir From <b>S</b> To <b>N</b>	
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 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	

Driver - Pedestrian - Vehicle Section

Occupant Section

From Unit No.	Name (Last, First, MI)	Birth Date	Age	Sex	Position
<b>C</b>	<b>Jessica Day</b>	<b>M 06 D 30 Y 90</b>	<b>27</b>	<b>F</b>	<b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
<b>D</b>	<b>Parke Singleton-Salyers</b>	<b>M 04 D 26 Y 09</b>	<b>8</b>	<b>M</b>	
<b>E</b>					
<b>F</b>					<b>P-PEDESTRIAN</b>
<b>G</b>					<b>Restraints</b>
<b>H</b>					<b>Ejection</b>
<b>I</b>					<b>Restraints</b>
<ul style="list-style-type: none"> <li>1 Not Used</li> <li>2 None Available</li> <li>3 Lap Belt Used</li> <li>4 Lap/Shoulder Belt Used</li> <li>5 Shoulder Belt Used</li> <li>6 Child Safety Seat</li> <li>7 Air Bag Used</li> <li>8 Use Not Reported</li> </ul>					
<ul style="list-style-type: none"> <li>1 Not Ejected</li> <li>2 Partial</li> <li>3 Total</li> <li>4 Trapped Inside Vehicle</li> </ul>					
Date Report Filed	Desk Officer's Name & Badge #				
<b>M 12 D 12 Y 17</b>	<b>Tap [Signature] #3052</b>				

Local Report Number: 2017-00127125  
 Describe What Happened: Unit #2 was stopped at the stop sign waiting to turn East on Gumbert DR. Unit #2 was then struck by a silver truck that was turning south onto Shag Bark DR. from Gumbert DR. once the truck struck Unit #2 the truck continued south on Shag Bark DR. Unit #2 was not able to get the registration on the truck.

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

<b>Type of Unit</b> # 1 A 5 # 2 B 3	<b>Pre-Crash Actions</b> A 3 B 6	<b>Contributing Factor</b> A 15 B 1						
<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>Driver Actions</b> 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Slipped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Missing/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 ACCDA 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> A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metallurgy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material  <b>Truck Axles</b> A B Tractor Trailer Pigs						
<b>Speed</b> Unit Estimated Legal A 5 25 B 25  <b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B	<b>Traffic Control</b> A B 1 2  <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>Non-Driver Factor</b> 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Damaged Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions  <b>Vehicle Defects</b> Code F Contributing Factor is 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table>	Primary	A	B	Secondary	A	B
Primary	A	B						
Secondary	A	B						