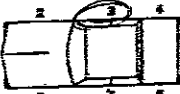
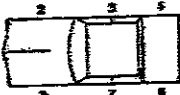


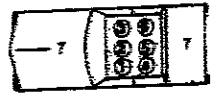
# Local Traffic Crash Report

Local Report Number 17-00126052

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation   |  | Total Number of Vehicles and Pedestrians Involved <u>1</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                  |  |
| In County Of <u>CLERMONT</u>  |  | • Within corporate limits of: (If not, file with correct agency)   |  | Date of Crash <u>M 12 D 19 Y 17</u>  | Day <u>TUESDAY</u> Time <u>UNKNOWN</u> AM <input type="checkbox"/> PM <input type="checkbox"/> |
| Crash Occurred On <u>Montgomery Way</u>   |  |  |  | Within The Intersection Of <u>4</u>  |  |
| If Not In Intersection: N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> (List Nearest Intersecting Street, Milepost, House No.) |  |  |  |  |  |
| Unit No. <u>1</u>   |  | 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 <u>GEICO INSURANCE</u> |  |
| Driver - Pedestrian Name (Last, First, MI)  |  |  |  | Address (No., Street, State, Zip Code)   |  |
| Phone No.   |  | Birth Date   |  | Age  |  |
| M <u>  </u> D <u>  </u> Y <u>  </u>   |  | Sex  |  | State  |  |
| Driver's License No.  |  | Occupation   |  |  |  |
| Owner (If Same As Driver, Write Same) <u>TRE D. SPARKS</u> Address <u>6 Sandpiper Ct. Amelia Ohio 45102</u>   |  |  |  |  |  |
| Veh. Year <u>2014</u>   |  | Make <u>FORD</u>   |  | Model <u>FOCUS</u>   |  |
| Color <u>BLACK</u>  |  | Style <u>4DR</u>   |  | State <u>OH</u>  |  |
| License Plate No. <u>FKZ10LE</u>  |  | Towing Service   |  | Veh/Ped Dir From <u>N</u> To <u>S</u>  |  |
| Circle Damage Areas    |  | Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Debasing |  | Damage Scale <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy                                     |  |
| Vehicle Disposition <input checked="" 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          |  |  |  |
| 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  |  |
| M <u>  </u> D <u>  </u> Y <u>  </u>   |  | Sex  |  | State  |  |
| Driver's 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    |  | Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Debasing            |  | 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                     |  |  |  |
| From Unit No.   |  | Name (Last, First, MI)   |  | Birth Date   |  |
| M <u>  </u> D <u>  </u> Y <u>  </u>   |  | Address  |  | Age  |  |
| Phone   |  | Sex  |  | Position   |  |
| A   |  | B  |  | C  |  |
| D   |  | E  |  | F  |  |
| From Unit No.   |  | Name (Last, First, MI)   |  | Birth Date   |  |
| M <u>  </u> D <u>  </u> Y <u>  </u>   |  | Address  |  | Age  |  |
| Phone   |  | Sex  |  | Position   |  |
| A   |  | B  |  | C  |  |
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| From Unit No.   |  | Name (Last, First, MI)   |  | Birth Date   |  |
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| From Unit No.   |  | Name (Last, First, MI)   |  | Birth Date   |  |
| M <u>  </u> D <u>  </u> Y <u>  </u>   |  | Address  |  | Age  |  |
| Phone   |  | Sex  |  | Position   |  |
| A   |  | B  |  | C  |  |
| D   |  | E  |  | F  |  |
| From Unit No.   |  | Name (Last, First, MI)   |  | Birth Date   |  |
| M <u>  </u> D <u>  </u> Y <u>  </u>   |  | Address  |  | Age  |  |
| Phone   |  | Sex  |  | Position   |  |
| A   |  | B  |  | C  |  |
| D   |  | E  |  | F  |  |
| Date Report Filed <u>M 12 D 19 Y 17</u>   |  | Desk Officer's Name & Badge # <u>Cpl B. Crouch # 2730</u>  |  |  |  |

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints

- 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

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

GEICO

