

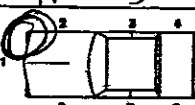
Local Traffic Crash Report

Local Report Number **180000102**

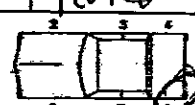
Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2 Vehicles 1 person	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
In County Of Clermont	Within Corporate Limits Of (If not, file with correct agency)	Date of Crash M 1 01 18 Day MONDAY Time 1948 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Crash Occurred On 360 Scenic Drive		Within The Intersection Of INCLINE
If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ OF (List Nearest Intersecting Street, Milepost, House No.)		

Unit No. A	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. PERMANENT GENERAL ASSURANCE CORP OF OH
Driver - Pedestrian Name (Last, First, MI) LOUISE, DANIELLE M	Address (No., Street, State, Zip Code) 143 SCENIC Dr 92 OH 43343933		Phone No. 3343933
Birth Date M 2 29 84	Age 34	Sex F State OH Drivers License No. SAB83313	Occupation TRUCK DRIV
Owner (If Same As Driver, Write Same) SAME		Address	

Driver - Pedestrian - Vehicle Section

Veh. Year 2000	Make FORD	Model Escape	Color BLK	Style 4D	State OH	License Plate No. GD1327	Towing Service N/A	Veh/Ped Dir From _____ To _____
Circle Damage Areas 	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 checked="" 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire				

Unit No. B	No. Of Occupants 2	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. AMERICAN INS. 410033
Driver - Pedestrian Name (Last, First, MI) DRAYTON, SANDRA	Address (No., Street, State, Zip Code) 123 SCENIC DRIVE 1936 OH 43068		Phone No. 68
Birth Date M 7 26 81	Age 36	Sex F State OH Drivers License No. RY522282	Occupation CASHIER
Owner (If Same As Driver, Write Same) SAME		Address	

Veh. Year 2004	Make Hond	Model CIV	Color SILVER	Style EX	State OH	License Plate No. EL658258	Towing Service NO	Veh/Ped Dir From _____ To _____
Circle Damage Areas 	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 checked="" 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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire				

Occupant Section

From Unit No.	Name (Last, First, MI)	Birth Date (M D Y)	Age	Sex	Position (A-F)	Restraints (A-F)	Ejection (A-F)
C							
D							
E							
F							
G							
H							
I							
J							

Date Report Filed M 1 01 18	Desk Officer's Name & Badge # Henson # 11207	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
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Local Report Number 201800000 99 Describe What Happened Refer To Units By Number UNIT NUMBER 1 WAS DRIVING EAST ON SCENIC TOWARDS INCLINE. UNIT 1 HIT ICE PATCH ON ROAD and slid into a parked vehicle. The vehicle parked UNIT 2 had damage to rear left side

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Harmful Event 2 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	4	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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	5	Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	Location 8 1 Intersection 2 Intersection-Related 3 Off-Road 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	3		
Special Area 1 Road Construction/Maintenance Area 2 School Zone	N/A		

Type of Unit # 1 3 .2 2	Pre-Crash Actions A 1 B 9	Contributing Factor A 16 B N/A	
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 751cc 15 Motorized Bicycle 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/ Buggy 31 Bicycle 32 All Others P = Pedestrian	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 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 Traffic Control A 13 B 13 Driver 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking/Working on Vehicle in Road 22 Other in Road 27 On Sidewalk or Shoulder Fixed Object Struck A 13 B 13 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object Driver Error 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 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 Truck Axles A B Tractor Trailer Rigs	Non-Driver Factor 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 Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Sick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Speed Unit Estimated Legal A 15 15 B N/A N/A Motorcycle Helmet Use Unit Driver Pass A A B B B B 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet			