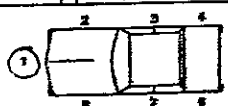
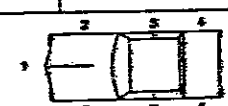


Local Traffic Crash Report

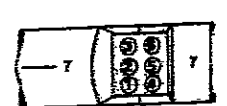
Local Report Number 00180000629

Report Taken <input type="checkbox"/> Headquarters <input 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) <u>MOI D 05 Y18</u>		Date of Crash <u>Friday</u>	
Crash Occurred On <u>SR125</u>		Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ OF _____ <u>1210</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"/>	
Driver - Pedestrian Name (Last, First, MI) <u>Reynolds, Justin S.</u>		Address (No., Street, State, Zip Code) <u>2808 Watson Road, Hamersville, Oh. 45130</u>			
Phone No.		Birth Date <u>M 03 D 09 Y 83</u>		Age <u>34</u>	
Owner (If Same As Driver, Write Same) <u>same</u>		Sex <u>am</u>		State <u>oh.</u>	
License Plate No. <u>H A Z 9 0 9 8</u>		Towing Service		Veh/Ped Dir From _____ To _____	
Veh. Year <u>2001</u>		Make <u>Ford</u>		Model <u>Explorer</u>	
Color <u>Maroon</u>		Style <u>SW</u>		State <u>oh.</u>	
Circle Damage Areas 		Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input 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 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			
B Unit No.		No. Of Occupants		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
Phone No.		Birth Date		Age	
Owner (If Same As Driver, Write Same)		Sex		State	
License Plate No.		Towing Service		Veh/Ped Dir	
Veh. Year		Make		Model	
Color		Style		State	
Circle Damage Areas 		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 checked="" 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			
C From Unit No. <u>1</u>		Name (Last, First, MI) <u>CURSO, Felicia Nicole</u>		Birth Date <u>M 08 D 22 Y 92</u>	
Address <u>1111 SR 133 Lot 34 Bethel, Oh. 45106</u>		Age <u>25</u>		Sex <u>F</u>	
D From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
E From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
F From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
G From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
H From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
I From Unit No.		Name (Last, First, MI)		Birth Date	
Address		Age		Sex	
Date Report Filed <u>M 01 D 05 Y 18</u>		Desk Officer's Name & Badge # <u>Tracy H. Reed 3052</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section

Position					
A	B	C	D	E	F



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 00180000629	Describe What Happened Refer To Units By Number Unit #1 struck the light pole in the parking lot.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Gravel 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	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	First Handful Event Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Side-swap Meeting 5 Side-swap 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 Overturning 17 Other Non-Collision	Location 1 Intersection 2 Intersection-Relocated 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property	Diagram Area 1210 Pole #1 #1 Parking Lot SNOW MONTH WITH ARROW not To Scale
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Type of Unit # 1 4	Pre-Crash Actions A 1 B	Contributing Factor A 15 B
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	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 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
Speed Unit Estimated Legal A 5 10 B	Motorcycle Helmet Use Unit Driver Pass A B 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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 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 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 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Sack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Traffic Control A 1 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Fixed Object Struck A 2 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	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