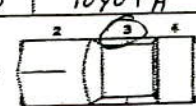
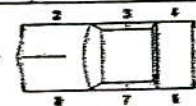
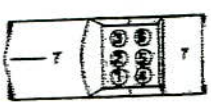



# Local Traffic Crash Report

Local Report Number 00180000 6747

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</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 M <u>02</u> D <u>14</u> Y <u>18</u>	Day <u>WED</u> Time <u>0835</u> AM <u>1807</u> PM		
Crash Occurred On <u>3000 HOSPITAL DRIVE PRIVATE PROPERTY</u>		Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ Of _____					
Unit No. <u>1</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>GEICO</u>		
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
Phone No.	Birth Date M _____ D _____ Y _____	Age	Sex		
State	Drivers License No.	Occupation			
Owner (If Same As Driver, Write Same) <u>ANDERSON, ERVIN HUEY</u>		Address <u>164 MULBERRY DR RICHMOND HILL GA 31324</u>			
Veh. Year <u>2000</u>	Make <u>TOYOTA</u>	Model <u>CELICA GT</u>	Color <u>BLUE</u>		
Style <u>20</u>	State <u>GA</u>	License Plate No. <u>TMA 711</u>	Towing Service		
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			
Unit No. <u>2</u>	No. Of Occupants	Operating <input checked="" 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 M _____ D _____ Y _____	Age	Sex		
State	Drivers License No.	Occupation			
Owner (If Same As Driver, Write Same)		Address			
Veh. Year	Make	Model	Color		
Style	State	License Plate No.	Towing Service		
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			
Occupant Section	<b>C</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	Position A B C D E F
		Address	Phone	Sex	
	<b>D</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	
		Address	Phone	Sex	
	<b>E</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	
		Address	Phone	Sex	Restraints A B C D E F
	<b>F</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	
		Address	Phone	Sex	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
	<b>G</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age	
	Address	Phone	Sex	Ejection A B C D E F	
<b>H</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age		
	Address	Phone	Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	
<b>I</b> From Unit No.	Name (Last, First, MI)	Birth Date M _____ D _____ Y _____	Age		
	Address	Phone	Sex		

Driver - Pedestrian - Vehicle Section

Occupant Section

Date Report Filed M 02 D 15 Y 18    Desk Officer's Name & Badge # DEPUTY J. JOHNSON 2165

(330)-716-1973

Local Report Number: 00180500 6747  
 Describe What Happened: ADRIAN ANDERSON STATES THAT SOMETIME BETWEEN 0835 AND 1807 HOURS ON 02/14/18 AN UNKNOWN VEHICLE STRUCK HER VEHICLE THAT WAS PARKED IN A HOSPITAL PARKING LOT AND LEFT THE SCENE WITHOUT LEAVING CONTACT INFORMATION.  
 (HIT SKIP)

<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> 7 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 Overturning 17 Other Non-Collision <b>Location</b> 8 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>SHOW NORTH WITH ARROW</b> 
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<b>Type of Unit</b> # 2 A 1 B #	<b>Pre-Crash Actions</b> A 9 B	<b>Contributing Factor</b> A 1 B	
<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 751cc 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 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>Traffic Control</b> A 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>Driver</b> 1 No Controls 2 Slip 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>Fedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	<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> 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  <b>Truck Axles</b> A B Tractor Trailer Rigs	<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>Vehicle Defects</b> Code if Contributing Factor is 18: A B 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects