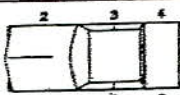
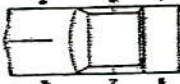


Local Traffic Crash Report

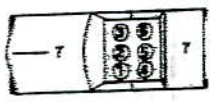
Local Report Number 000/800/10694

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	Two Vehicles / Two Occupants		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	Day	Time	M 03 D 15 Y 2018 Thursday 14:09 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Crash Occurred On	One High School parking lot			Within The Intersection Of US Rt 50			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)							
Unit No.	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)					
Lathery, Angela B		637 Holiday Drive, Cincinnati OH 45245					
Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation	
	M 02 D 10 Y 1970	48	F	OH	RU299743	Teacher	
Owner (If Same As Driver, Write Same)		Address					
Same							
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service
2016	MAZD	SW	Light Blue	4D	OH	Gcx4546	N/A
Circle Damage Areas			Damage Severity	Damage Scale	Vehicle Disposition		Fire
			<input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<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 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)					
Nichaus, Dillon M		5477 Belfast Owensville, Batavia OH 45103					
Phone No.	Birth Date	Age	Sex	State	Drivers License No.	Occupation	
	M 10 D 17 Y 2000	17	M	OH	UQ383349	Student	
Owner (If Same As Driver, Write Same)		Address					
Nichaus, Howard		5477 Belfast Owensville, Batavia OH					
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service
2004	Ford	TRIC	Black	PU	OH	HCR8652	N/A
Circle Damage Areas			Damage Severity	Damage Scale	Vehicle Disposition		Fire
			<input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	<input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		<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)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
C											
D											
E											
F											
G											
H											
I											



P-PEDESTRIAN

Restraints

A	B	C	D	E	F
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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

Date Report Filed: M 03 D 15 Y 18 Desk Officer's Name & Badge: Dep. H. Glancy

