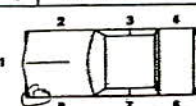
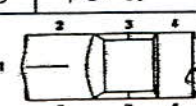


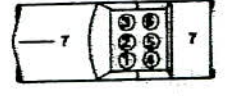
# Local Traffic Crash Report

Local Report Number 000180008493

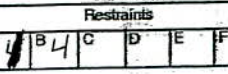
Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <b>2</b>		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150			
In County Of <b>Clermont</b>		* Within corporate limits of (If not, file with correct agency)		Date of Crash <b>M 02 0 27 y 18</b>	Day <b>Tuesday</b>	Time <b>1700</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Crash Occurred On <b>2200 Winemiller Ln UDF</b>				Within The Intersection Of <b>Winemiller Ln &amp; Bauer Rd</b>			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>1.00</u> Feet <u>W</u> <sup>(N)</sup> <u>S</u> <sup>E</sup> OF <b>Winemiller Ln</b>							
<b>A</b>	Unit No. <b>1</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <b>Nation wide</b>		
Driver - Pedestrian Name (Last, First, MI) <b>Jeremy Ault</b>				Address (No., Street, State, Zip Code) <b>280 32 park way Williamsburg Oh 45176</b>			
Phone No.		Birth Date <b>M 11 0 24 y 91</b>	Age <b>26</b>	Sex <b>M</b>	State <b>Oh</b>	Drivers License No. <b>SS361745</b>	Occupation <b>Unknown</b>
Owner (If Same As Driver, Write Same) <b>Same</b>				Address			Phone
Veh. Year <b>1989</b>	Make <b>Cadillac</b>	Model <b>4Dr</b>	Color <b>Blue</b>	Style <b>Fleetwood</b>	State <b>Oh</b>	License Plate No. <b>SHAG E</b>	Towing Service
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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>B</b>	Unit No. <b>2</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <b>Progressive</b>		
Driver - Pedestrian Name (Last, First, MI) <b>Rachel Lawrence</b>				Address (No., Street, State, Zip Code) <b>4704 Kenny Ln</b>			
Phone No.		Birth Date <b>M 01 0 26 y 89</b>	Age <b>29</b>	Sex <b>F</b>	State <b>Oh</b>	Drivers License No. <b>UE 600427</b>	Occupation <b>Unknown</b>
Owner (If Same As Driver, Write Same) <b>Same</b>				Address			Phone
Veh. Year <b>2015</b>	Make <b>Ford</b>	Model <b>Escape</b>	Color <b>Black</b>	Style <b>SW</b>	State <b>Oh</b>	License Plate No. <b>FAL 9141</b>	Towing Service
Circle Damage Areas 		9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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>Occupant Section</b>	<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	Position A B C D E F	
			Address	Phone	Sex		
	<b>E</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>F</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>G</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>H</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>I</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F		
		Address	Phone	Sex			
Date Report Filed <b>M 2 0 27 y 18</b>		Desk Officer's Name & Badge # <b>Reputy B Jones</b>					

Driver - Pedestrian - Vehicle Section

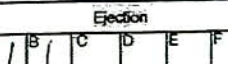
Occupant Section



P-PEDESTRIAN



- 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



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

Local Report Number: 000180008503  
 Describe What Happened Refer To Units By Number: Unit 1 was sitting at the gas pump getting fuel. Unit 1 was facing West. Unit 2 backed out of a parking spot from West to east striking unit 1 in the front driver area.

<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> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle 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 Overtaking 17 Other Non-Collision	<b>Location</b> 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>Diagram</b> UPF Pump Pump Pump SHOW NORTH WITH ARROW N
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<b>Type of Unit</b> # 1 A 4 # 2 B 6	<b>Pre-Crash Actions</b> A 9 B 10	<b>Contributing Factor</b> A 1 B 10		
<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>Bus</b> 16 School Bus 17 Church 18 Public  <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue  <b>Other</b> 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	<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 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>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	<b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 21 Walking in Road (Against Traffic) 22 Working in Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder  <b>Fixed Object Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubby 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	<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  <b>Primary</b> A B  <b>Secondary</b> 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
<b>Speed</b> Unit Estimated Legal A 0 B 2  <b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B  1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet				