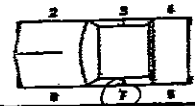
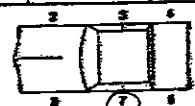


Local Traffic Crash Report

Local Report Number 0018-00013816

Report Taken <input 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 <u>MO4 D 06 Y 18</u>	Day <u>FRIDAY</u>	Time <u>5:19</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Crash Occurred On <u>Bristol Lake DR.</u>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) <u>Lake FRONT DR.</u>								
Unit No. <u>1</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>Allstate 998105534</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Laddwell, Lura</u>				Address (No., Street, State, Zip Code) <u>1393 Gumbert Drive Amelia, Oh. 45102</u>				
Phone No.	Birth Date <u>MO8 D 14 Y 45</u>	Age <u>72</u>	Sex <u>FEM</u>	State <u>OH.</u>	Drivers License No. <u>RR584571</u>	Occupation		
Owner (If Same As Driver, Write Same) <u>Same</u>				Address				
Veh. Year <u>2003</u>	Make <u>Chevy</u>	Model <u>Blazer</u>	Color <u>GREEN</u>	Style <u>SW</u>	State <u>OH.</u>	License Plate No. <u>FAR8645</u>	Towing Service	
Circle Damage Areas 		8 Top 10 Undercar 11 Load 12 Trailer	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 <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>USAA 013351505C</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Naegle, Laura A</u>				Address (No., Street, State, Zip Code) <u>1395 meadowood DR. Amelia, Oh. 45102</u>				
Phone No.	Birth Date <u>MO1 D 21 Y 76</u>	Age <u>42</u>	Sex <u>F</u>	State <u>OH.</u>	Drivers License No. <u>RT107675</u>	Occupation		
Owner (If Same As Driver, Write Same) <u>Naegle, James M JR.</u>				Address <u>1395 meadowood DR. Amelia, Oh. 45102</u>				
Veh. Year <u>2012</u>	Make <u>GMC</u>	Model <u>ARCADIA</u>	Color <u>SILVER</u>	Style <u>SW</u>	State <u>OH.</u>	License Plate No. <u>237YKM</u>	Towing Service	
Circle Damage Areas 		8 Top 10 Undercar 11 Load 12 Trailer	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	

Driver - Pedestrian - Vehicle Section

Occupant Section

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

Restraints

A	B	C	D	E	F
<u>4</u>	<u>4</u>				

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 MO4 D 10 Y 18 Desk Officer's Name & Badge # Top #3052

Local Report Number: 0018-00013816
 Describe What Happened: Unit #1 was Traveling North on Bristol Lake DR. and went around legally parked vehicles. When Unit #1 went around the parked vehicles she failed to yield the right away to Unit #2 that was traveling South on Bristol lake DR. when the two vehicles passed they struck mirrors.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event 5 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Side/Side Meeting 5 Side/Side Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Oil/Sand 6 Other	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	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	Location 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	
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		

Type of Unit # 1 A 4 # 2 B 4	Pre-Crash Actions A 1 B 1	Contributing Factor A 2 B 1		
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	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 Backing/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 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 Driver 14 No Controls 15 Crosswalk Lines 16 Water/Dirt/Walk Device	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 Fixed Object Struck 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	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 5 Flan Red Light 6 Flan 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 17 Reason Unknown 18 Other Driver Error Truck Load A B 1 Empty 2 Perishable Goods 3 General Freight 4 Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material Truck Axles A B Tractor Trailer Pigs	Non-Driver Factor 16 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Speed Unit Estimated Legal A 10 25 B 10 25 Motorcycle Helmet Use Unit Driver Pass A A B B 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet				