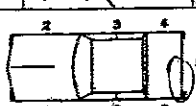
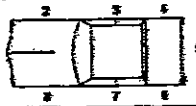
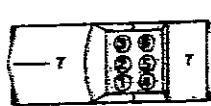



Local Traffic Crash Report

Local Report Number 18-22627

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)		Date of Crash <u>MO 06 05 18</u>	Day <u>TUE</u>
Crash Occurred On <u>SR 125</u>		Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ OF <u>1958</u>					
Unit No. <u>A 01</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>STATE AUTO</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		Phone			
Owner (If Same As Driver, Write Same) <u>RICHARDSON, CYRUS B 4563 CITATION CT BATONIA OH 45103</u>					
Year <u>2013</u>	Make <u>RAM</u>	Model <u>1500</u>	Color <u>BLACK</u>	Style <u>TR</u>	State <u>OH</u>
License Plate No. <u>EYK4717</u>		Towing Service <u>N/A</u>		Veh/Fed Dir From <u>E</u> To <u>W</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 type="checkbox"/> Light <input checked="" 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>B</u>	No. Of Occupants	Operating <input 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		Phone			
Owner (If Same As Driver, Write Same) Address					
Year	Make	Model	Color	Style	State
License Plate No.		Towing Service		Veh/Fed Dir From _____ To _____	
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 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	C From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
	Address		Phone	Sex	  P-PEDESTRIAN
	D From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
	Address		Phone	Sex	
	E From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
	Address		Phone	Sex	
	F From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
	Address		Phone	Sex	
	G From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	
Address		Phone	Sex		
H From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Restraints A B C D E F	
Address		Phone	Sex		
I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Ejection A B C D E F	
Address		Phone	Sex		
Date Report Filed M D Y		Desk Officer's NAME & Badge # <u>Det. D Scott</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section

- 1 Not Used
- 2 None Available
- 3 Lap Belt Used
- 4 Esp/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: 18-22627
 Describe What Happened: THE OWNER OF UNIT #1 STATES THAT HE LEFT HIS TRUCK RUNNING & WAS CLIMBING INTO IT WHEN IT BEGAN TO DRIVE IN REVERSE. IT IS BELIEVED THE GEAR SELECTOR KNOB WAS IN REVERSE & NOT PARK, THE TRUCK TRAVELED APPROX. 200' & STRUCK A STORAGE UNIT. DAMAGE TO THE LEFT REAR FENDER AREA OF TRUCK & THE DOOR & CUTTER TO THE STORAGE UNIT WERE DAMAGED. THE OWNER FELL FROM THE VEHICLE & SUFFERED ABRASIONS. HE REFUSED EMS.

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/Sand 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 Harmful Event Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Skid/Slide Meeting 5 Skid/Slide 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 Overtaking 17 Other Non-Collision	Location 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	
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Type of Unit # 1 5 #	Pre-Crash Actions A 16 B	Contributing Factor A 17 B
Car 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size 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/Furder 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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	Driver Error 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 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
Speed Unit Estimated Legal A 3 B Motorcycle Helmet Uses Unit Driver Pass A B	Traffic Control A 1 B Fixed Object Struck A 12 B Driver 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossroads 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	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B Truck Load 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects