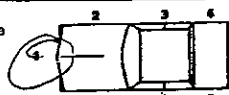
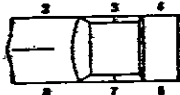


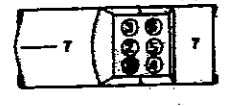
Local Traffic Crash Report

Local Report Number 0001800 23280

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)
In County Of <u>Clement</u>		Date of Crash <u>M 6 0 10 y 18</u> Day <u>Sunday</u> Time <u>3 35</u> ^{AM} PM	
Crash Occurred On <u>McDonalds parking lot (Private)</u>		Within The Intersection Of <u>Bauer & Hospital Drive</u>	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>100</u> Feet <u>W</u> ^N E ^S OF <u>Hospital Dr</u>			
A Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Progressive</u>
Driver - Pedestrian Name (Last, First, MI) <u>Anna Lewis</u>		Address (No., Street, State, Zip Code) <u>3869 Barnard Dr Lexington Ky</u>	
Phone No.	Birth Date <u>M 5 0 31 y 95</u>	Age	Sex <u>F</u> State <u>KY</u> Drivers License No. <u>L11-146-875</u> Occupation <u>Unknown</u>
Owner (If Same As Driver, Write Same) <u>Anna Lewis</u>		Address <u>3869 Barnard Dr Lexington Ky 40509</u>	
Veh. Year <u>2017</u>	Make <u>Kia</u>	Model <u>Forte</u>	Color <u>black</u> Style <u>200c</u> State <u>KY</u> License Plate No. <u>9181998</u> Towing Service
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy
		Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input checked="" type="checkbox"/> Towed	Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
B Unit No.	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	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 Veh/Ped Dir
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
C From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
D From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
E From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
F From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
G From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
H From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
I From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
Date Report Filed <u>M 6 0 9 y 18</u>		Desk Officer's Name & Badge # <u>Deputy B Jones 10825</u>	

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

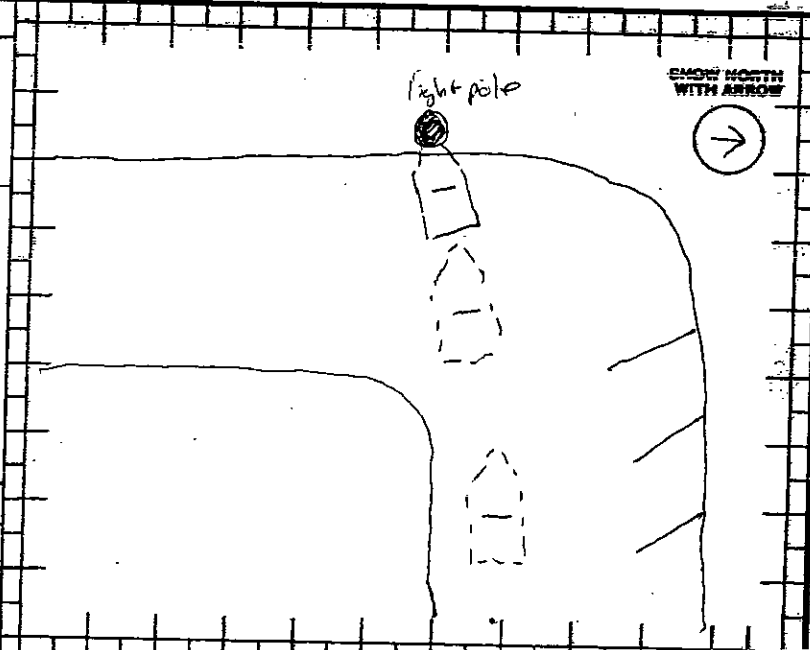
- Restraints
- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Used
 - 2 None Available
 - 3 Lap Belt Used
 - 4 Lap/Shoulder Belt Used
 - 5 Shoulder Belt Used
 - 6 Child Safety Seat
 - 7 Air Bag Used
 - 8 Use Not Reported

Ejection

- | | | | | | |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 1 Not Ejected
 - 2 Partial
 - 3 Total
 - 4 Trapped Inside Vehicle

Local Report Number
000180023280

Describe What Happened
Refer To Units
By Number
Unit one was in drive through at
McDonalds. Unit 1 drove away straight and struck a
light pole on the property

Weather Conditions		First Harmful Event	
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other	Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions		One MV In Transport (Collision)	
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other	7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light		Non-Collision	
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other	15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Road Contour		Location	
1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade	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		Pre-Crash Actions		Contributing Factor	
# 1	A 3	#	B	A 1	B 2
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 751cc 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 Parking/Unparking 9 Parked 10 Backing 11 Parking 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 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	
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/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian		Traffic Control A 1 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		Fixed Object Struck A 2 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	
Speed Unit Estimated Legal A 5 ? B		Motorcycle Helmet Use Unit Driver Pass A B 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet		Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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	
		Truck Load 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		Non-Driver Factor 18 Vehicle Defects 19 Loaded 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	
		Truck Axles 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		Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B	
		Tractor Trailer Rigs			