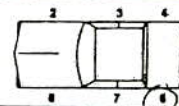
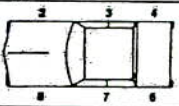
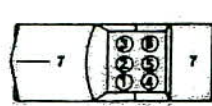



# Local Traffic Crash Report

Local Report Number 001800029042

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>M 07 D 19 Y 18</u>		Day <u>Thursday</u>	Time <u>1130</u> <span style="float:right">AM <input type="checkbox"/> PM <input checked="" type="checkbox"/></span>	
Crash Occurred On <u>University Lane</u>				Within The Intersection Of				
If Not In Intersection Miles _____ Feet _____ W _____ N _____ E _____ S _____ Of _____ (List Nearest Intersecting Street, Milepost, House No.) <u>600</u>								
<b>A</b> Unit No. <u>1</u>		No. Of Occupants		Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>PROGRESSIVE # 919599676</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		Owner (If Same As Driver, Write Same) <u>Williams, Morgan Kaye Kirk 600 University Ln. Apt. 114 Batavia 101. 45103</u>						
Veh. Year <u>2017</u>	Make <u>Honda</u>	Model <u>CIVIC</u>	Color <u>White</u>	Style <u>4DR</u>	State <u>OH.</u>	License Plate No. <u>GHD1888</u>	Towing Service	
Veh/Ped Dir From <u>5</u> To <u>N</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 checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" 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. <u>2</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		Owner (If Same As Driver, Write Same)						
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	
Veh/Ped 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
<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 	
	Address			Phone		Sex		
<b>E</b> From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position 	
	Address			Phone		Sex		
<b>F</b> From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position <b>P-PEDESTRIAN</b>	
	Address			Phone		Sex		
<b>G</b> From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position Restraints A B C D E F	
	Address			Phone		Sex	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	
<b>H</b> From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position Ejection A B C D E F	
	Address			Phone		Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	
<b>I</b> From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position	
	Address			Phone		Sex		
Date Report Filed <u>M 07 D 19 Y 18</u>		Desk Officer's Name & Badge # <u>J.P. [Signature] #3052</u>						

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: 001800029042  
 Describe What Happened: unit #1 was parked properly and when the owner of unit #1 came outside to smoke she noticed that her vehicle was struck. Owner of unit #1 advised that when she came out this morning there was no other vehicles parked beside her. owner of unit #1 advised that she has no idea on who hit her vehicle.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	<b>First Harmful Event</b> Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	<b>One MV In Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	<b>Location</b> 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Not Intersection 8 Private Property	
<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>Type of Unit</b> # 1 2	<b>Pre-Crash Actions</b> A 9 B	<b>Contributing Factor</b> A 1 B		
<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 750cc 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 Trailer 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Slider 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 1 B  <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 Other Object	<b>Pedestrian Actions</b> 18 Crossing In X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking In Road (Against Traffic) 21 Walking In Road (With 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  <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 Scrubbery 9 Car 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 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
<b>Speed</b> Unit Estimated Legal A 5 5 B  <b>Motorcycle Helmet Use</b> Unit Driver Pass A A B B	<b>1 No Adverse Weather</b> 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>1 No Controls</b> 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 14 No Controls 15 Crosswalk Lines 16 Other Object	<b>1 None</b> 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>1 Turn Signals</b> 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