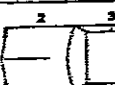
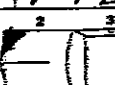


Local Traffic Crash Report

Local Report Number 000180034625

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved 2		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 CLERMONT		* Within corporate limits of (if not file with correct agency)		Date of Crash M 8 D 28 Y 18	Day TUESDAY	
Crash Occurred On EAST MEADOW DR		Within The Intersection Of N/A				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) 0 Miles 0 Feet W S E OF 92						
Unit No. A 1	No. Of Occupants 2	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent STATE FARM		
Driver - Pedestrian Name (Last, First, MI) SCOTT, ERIC ALLEN		Address (No., Street, State, Zip Code) 159 SUNRISE CT. BATAVIA OH 45103				
Birth Date 6-15-81	Age 37	Sex M	State OH	Drivers License No. RT101090	Occupation WAREHOUSE	
Owner (If Same As Driver, Write Same) SAME		Address				
Veh. Year 2005	Make CHEVY	Model MALIBU	Color GREEN	Style 4D	State OH	
Circle Damage Areas 		Model 9 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 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. B 2	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent GEICO		
Driver - Pedestrian Name (Last, First, MI) CRAWFORD, BUDDY L.		Address (No., Street, State, Zip Code) 150 SOUTH MEADOW BATAVIA OH 45103				
Birth Date 3-10-89	Age 29	Sex M	State OH	Drivers License No. 5X419180	Occupation HUMAN RESOURCES	
Owner (If Same As Driver, Write Same) SAME		Address				
Veh. Year 2015	Make FORD	Model EXPLORER	Color WHITE	Style SW	State OH	
Circle Damage Areas 		Model 9 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 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	
From Unit No. C 1	Name (Last, First, MI) CLARK, JONATHAN J	Birth Date 4-10-2006	Age 12	Position A B C D E F 3		
From Unit No. D	Name (Last, First, MI)	Birth Date	Age	Sex		
From Unit No. E	Name (Last, First, MI)	Birth Date	Age	Sex		
From Unit No. F	Name (Last, First, MI)	Birth Date	Age	Sex		
From Unit No. G	Name (Last, First, MI)	Birth Date	Age	Sex		
From Unit No. H	Name (Last, First, MI)	Birth Date	Age	Sex		
From Unit No. I	Name (Last, First, MI)	Birth Date	Age	Sex		
Date Report Filed M 8 D 28 Y 2018						
Desk Officer's Name & Badge # Jennings / 2039						

Driver - Pedestrian - Vehicle Section

Occupant Section

- 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: _____ Describe What Happened:
 Refer To Units By Number: **UNIT #1 WAS PARKED ON EAST MEADOW DR**
WAITING FOR THE SCHOOL BUS. UNIT #2 ADVISED HE WAS TRAVELING ON EAST MEADOW DR WITH HIS WINDSHIELD FOGGED/DEWED OVER & STRUCK UNIT #1. UNIT #2 ADVISED HE DID NOT SEE UNIT #1. UNIT #1 & UNIT #2 BOTH REPORT NO INJURIES. UNIT #1'S PASSENGER WAS SENT ON TO SCHOOL BEFORE I ARRIVED.

Weather Conditions 1 No. Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event 2 Two MV In Transport 1 Head-On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	One MV In Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Peda. 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 3 2 4	Pre-Crash Actions A 9 B 1	Contributing Factor A 1 B 14
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	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/Trailer 30 Animal W/Doggy 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 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder
Speed Unit Estimated Legal A 0 / B 25 / Motorcycle Helmet Use Unit Driver Pass A B	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 17 Reason Unknown 17 Other Driver Error 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 1 Empty 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barriage 15 Fire Hydrant 16 Other Object	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 Vehicle Defects Code F Contributing Factor is 18 Primary A / B Secondary A / B Tractor Trailer Rigs 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects