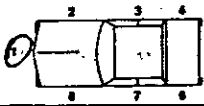
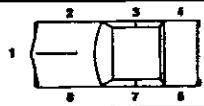
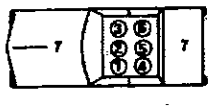



Local Traffic Crash Report

Local Report Number 001800035577

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 09 D 03 Y 18		Day MONDAY	Time 20:30	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Crash Occurred On SUGARTREE ROAD				Within The Intersection Of					
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) 0 Miles 0 Feet W S E N Of 2830 SUGARTREE									
A Unit No. 1	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 NONE				
Driver - Pedestrian Name (Last, First, MI) TROXELL JUSTIN L				Address (No., Street, State, Zip Code) 2830 SUGARTREE ROAD Bethel, Ohio 45106					
Phone No.	Birth Date M 01 D 06 Y 84	Age 34	Sex M	State OH	Drivers License No. 55668095	Occupation Electrician			
Owner (If Same As Driver, Write Same) SAME				Address			Phone		
Veh. Year 2017	Make CANAM	Model 450	Color Black	Style ZDR	State N/A	License Plate No. N/A	Towing Service N/A	Veh/Ped Dir From S To N	
Circle Damage Areas 	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 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
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			Phone		
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To	
Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer		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 M D Y		Age	Position A B C D E F		
D From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex 		
E From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex 		
F From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex P-PEDESTRIAN		
G From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex Restraints A B C D E F		
H From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	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		
I From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Sex Ejection A B C D E F		
Date Report Filed M 09 D 03 Y 18	Desk Officer's Name & Badge # Sgt Goslin							1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number _____ Describe What Happened Refer To Units By Number

UNIT # 1 WAS TRAVELING NORTH ON HIS PROPERTY AT 2830 SUGARTREE ROAD. UNIT # 1 LOST CONTROL OF THE SIDE BY SIDE ATV HE WAS OPERATING AND STRUCK A PRIVACY FENCE AT 2834 SUGARTREE ROAD.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event 13 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 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	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	
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		

Type of Unit # 25	Pre-Crash Actions A 1 B	Contributing Factor A 14 B
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 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	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 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 Truck Axles A B Tractor Trailer Rigs
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	Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking In Road 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 Fixed Object Struck A 6 B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 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 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			Motorcycle Helmet Use		
Unit	Estimated	Legal	Unit	Driver	Pass
A	15		A	1	
B			B		

1 No Helmet
3 Full Facial Cover

2 Full Coverage
4 Other Type Helmet