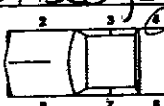
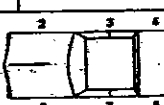


Local Traffic Crash Report

Local Report Number 000180035672

Report Taken <input checked="" 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>		Date of Crash <u>09 04 18</u> Day <u>TUESDAY</u> Time <u>0650</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Crash Occurred On <u>154 Sweet Briar Dr.</u> Within The Intersection Of <u>Driveway of 154 Sweet Briar</u>			
If Not In Intersection Miles <u>25</u> Feet <u>W</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E of <u>153 Sweet Briar Dr.</u>		(List Nearest Intersecting Street, Milepost, House No.)		Insurance Co. Or Agent <u>AMERICAN FAMILY</u>			
Unit No. <u>1</u> No. Of Occupants <u>0</u>		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Driver - Pedestrian Name (Last, First, MI) <u>Robertson, Melissa</u> Address (No., Street, State, Zip Code) <u>154 Sweet Briar Dr. Gataway, OH 45103</u>			
Phone No. <u></u> Birth Date <u>3.10.81</u> Age <u>37</u> Sex <u>F</u> State <u>OH</u> Drivers License No. <u>2272534</u> Occupation <u>Housewife</u>		Owner (If Same As Driver, Write Same) <u>Same</u> Address <u></u>		Vehicle Year <u>2016</u> Make <u>Dodge</u> Model <u>Journey</u> Color <u>Grey</u> Style <u>SW</u> State <u>OH</u> License Plate No. <u>HSU9267</u> Towing Service <u>NO</u> Vehicle From <u>F</u> To <u>W</u>			
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 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 <input type="checkbox"/>		Unit No. <u></u> No. Of Occupants <u></u>		Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u></u>	
Driver - Pedestrian Name (Last, First, MI) <u></u> Address (No., Street, State, Zip Code) <u></u>		Phone No. <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> State <u></u> Drivers License No. <u></u> Occupation <u></u>		Owner (If Same As Driver, Write Same) <u></u> Address <u></u> Phone <u></u>			
Vehicle Year <u></u> Make <u></u> Model <u></u> Color <u></u> Style <u></u> State <u></u> License Plate No. <u></u> Towing Service <u></u> Vehicle From <u></u> To <u></u>		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 <input type="checkbox"/>		Occupant Section			
From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>	
From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>	
From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>	
From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>		From Unit No. <u></u> Name (Last, First, MI) <u></u> Address <u></u> Birth Date <u></u> Age <u></u> Sex <u></u> Position <u></u>	
Date Report Filed <u>9 4 18</u> Desk Officer's Name & Badge # <u>Schaefer, John #2366</u>		Restraints <u></u>		Ejection <u></u>		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 PARKED IN DRIVEWAY. UNKNOWN VEHICLE STRUCK UNIT #1 CAUSING DAMAGE

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 Sideswipe Meeting 5 Sideswipe 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 Overturning 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 # 4 A B	Pre-Crash Actions A B 9	Contributing Factor A B 1			
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/ Rider 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 (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 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 Flan Red Light 6 Flan 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 B B	Motorcycle Helmet Use Unit Driver Pass A B B	Traffic Control A B 1 Fixed Object Struck A B 1 Driver 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	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	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	