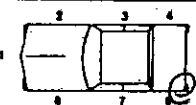

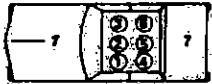



Local Traffic Crash Report


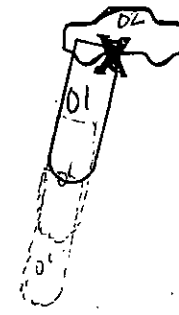
Local Report Number **DD01 000 39 894**

Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved 02		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 10 D 03 Y 19		Day Wednesday	Time 0713					
Crash Occurred On Pull-off @ Take / Williamsburg Line				Within The Intersection Of 3169 SR 133								
If Not In Intersection Miles _____ Feet _____ W _____ S _____ E _____ Of _____ (List Nearest Intersecting Street, Milepost, House No.)												
A Unit No. 01		No. Of Occupants 25		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent WELLS FARGO						
Driver - Pedestrian Name (Last, First, MI) BURTON, Kimberley E				Address (No., Street, State, Zip Code) 111 Sunset Dr. Bethel, OH 45100								
Phone No.		Birth Date M 10 D 17 Y 1980	Age 59	Sex F	State OH	Drivers License No. TDN700990	Occupation BUS DRIVER					
Owner (If Same As Driver, Write Same) Belle & Tate Local Schools				Address 675 W. Plaine St Bethel OH				Phone				
Veh. Year 2006	Make Int.	Model CONV.	Color Yellow	Style 72 pas.	State OH	License Plate No. 23	Towing Service NONE					
Veh/Ped Dir From _____ To _____	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. 02		No. Of Occupants 01		Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent The General						
Driver - Pedestrian Name (Last, First, MI) GIOVENETTI, Dion A				Address (No., Street, State, Zip Code) 304 Main St Georgetown, OH 45131								
Phone No.		Birth Date M 2 D 20 Y 1949	Age 49	Sex M	State OH	Drivers License No. EN1079011	Occupation CONSTRUCTION					
Owner (If Same As Driver, Write Same) LAMIE COX				Address 304 Main St Georgetown, OH 45131				Phone				
Veh. Year 2005	Make FORD	Model FOCUS	Color Grey	Style 4DR	State OH	License Plate No. HCK1165	Towing Service					
Veh/Ped Dir From _____ To _____	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 type="checkbox"/> Light <input checked="" 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						
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	Position 					
E From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position 					
F From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position P-PEDESTRIAN					
G From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position Restraints A B C D E F					
H From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position 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	Position Ejection A B C D E F					
I From Unit No.	Name (Last, First, MI)			Birth Date M D Y		Age	Position 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					
Date Report Filed M 10 D 03 Y 19		Desk Officer's Name & Badge # DEPT Sheppard 2520										

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: **000180039894**
 Describe What Happened: **Unit 01 was backing to turn around and struck unit 02 that was parked in the drivers side.**

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	SHOW NORTH WITH ARROW   3109 SE 133
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Type of Unit # 01 ^A 16 ^B 02 ^B 3	Pre-Crash Actions ^A 10 ^B 8	Contributing Factor ^A 10 ^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 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 Traffic Control A 1 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/Do Not 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 Rig	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 Stuck Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Speed Unit Estimated Legal A 05 B Motorcycle Helmet Use Unit Driver Pass A A B B 1 No Helmet 3 Full Facial Cover 2 Full Coverage 4 Other Type Helmet			