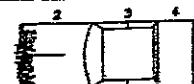
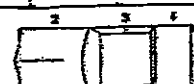


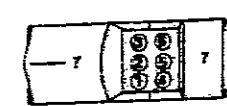
Local Traffic Crash Report

Local Report Number 00018004933

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved _____		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>M 11 D 17 Y 2018</u>		Day <u>SATURDAY</u> Time <u>08:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Crash Occurred On <u>173 Sulphur Springs Dr.</u>		Within The Intersection Of <u>Club house Dr.</u>			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ OF _____					
Unit No. <u>1</u> No. Of Occupants <u>1</u>		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent <u>GRANGE INSURANCE</u>	
Driver - Pedestrian Name (Last, First, MI) <u>MIDDLETON, SHAWN</u>		Address (No., Street, State, Zip Code) <u>442 St. ANTON Circle, BATAVIA, OH. 45103</u>			
Phone No. _____ Birth Date <u>M 7 D 30 Y 1991</u> Age <u>27</u>		Sex <u>MALE</u> State <u>OH.</u> Drivers License No. <u>TZ509440</u>		Occupation _____	
Owner (If Same As Driver, Write Same) <u>SAME</u>		Address _____ Phone _____			
Veh. Year <u>2000</u> Make <u>Ford</u> Model <u>TRUCK</u>		Color <u>Red</u> Style <u>2dr</u> State <u>OH</u>		License Plate No. <u>HJZ-2158</u> Towing Service <u>N/A</u> Veh/Fed Dir From <u>E</u> To <u>W</u>	
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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. _____ 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/Fed 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			
From Unit No. _____ Name (Last, First, MI) _____		Birth Date <u>M D Y</u> Age _____		Sex _____ Position <u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u>	
Address _____		Phone _____		Sex _____	
From Unit No. _____ Name (Last, First, MI) _____		Birth Date <u>M D Y</u> Age _____		Sex _____	
Address _____		Phone _____		Sex _____	
From Unit No. _____ Name (Last, First, MI) _____		Birth Date <u>M D Y</u> Age _____		Sex _____	
Address _____		Phone _____		Sex _____	
From Unit No. _____ Name (Last, First, MI) _____		Birth Date <u>M D Y</u> Age _____		Sex _____	
Address _____		Phone _____		Sex _____	
From Unit No. _____ Name (Last, First, MI) _____		Birth Date <u>M D Y</u> Age _____		Sex _____	
Address _____		Phone _____		Sex _____	
From Unit No. _____ Name (Last, First, MI) _____		Birth Date <u>M D Y</u> Age _____		Sex _____	
Address _____		Phone _____		Sex _____	
Date Report Filed <u>M 11 D 17 Y 2018</u>		Desk Officer's Name & Badge # <u>Dg. K. Schockman, #1804</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints

- 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

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number
000180045933

Describe What Happened
Refer To Units
By Number

UNIT #1 WAS TRAVELING WEST BOUND ON CLUBHOUSE DR. WHEN HIS BRIT GOT STUCK ON HIS
ACCELERATOR. UNIT #1 LEFT THE ROADWAY ON LEFT SIDE SHOULDER OF CLUBHOUSE DR. AND STRUCK THE EAST
SIDE WALL OF A MOBILE HOME LOCATED AT THE CORNER OF CLUBHOUSE DR. AND SULPHUR SPRINGS DR.
LOT #173. DAVID CAMPBELL 513-432-4989 THE OWNER OF LOT #173.

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 14 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Skid/Slide Meeting 5 Skid/Slide Passing 6 Angle One MV in Transport (Collision) 7 Pedestrian 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 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	
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Type of Unit # 1 5	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	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/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
Speed Unit Estimated Legal A 5	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 Red Light 6 Run 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 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
Traffic Control A 1 B Driver 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbuck 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	Fixed Object Struck A 16 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	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 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