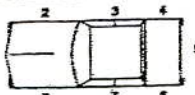
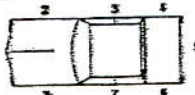


Local Traffic Crash Report

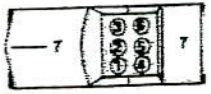

Local Report Number 001800051915

SCENE

Report Taken	<input 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>	* Within corporate limits of (if not, file with correct agency)	Date of Crash M <u>12</u> D <u>29</u> Y <u>18</u>	Day <u>SAT</u> Time <u>2200</u> AM/PM
Crash Occurred On <u>Ruth Ln.</u>		Within The Intersection Of	
If Not In Intersection (List Nearest intersecting Street, Milepost, House No.) <u>161 Ruth Ln c Vic Joy</u>			
A Unit No. <u>01</u>	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) <u>UNKNOWN</u>		Address (No., Street, State, Zip Code)	
Phone No.	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age	Sex
Owner (if Same As Driver, Write Same) <u>UNKNOWN</u>		Address	
Phone	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			
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 M <u> </u> D <u> </u> Y <u> </u>	Age	Sex
Owner (if Same As Driver, Write Same)		Address	
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C From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
D From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
E From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
F From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
G From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
H From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
I From Unit No.	Name (Last, First, MI)	Birth Date M <u> </u> D <u> </u> Y <u> </u>	Age
Address		Phone	Sex
Date Report Filed M <u>12</u> D <u>31</u> Y <u>18</u>			
Desk Officer's Name & Badge # <u>Dep. D. Scott</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section

Position					
A	B	C	D	E	F
					
					
P-PEDESTRIAN					
Restraints					
A	B	C	D	E	F
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle 					

Local Report Number
001800057915

Describe What Happened
Refer To Units
By Number

THE PROPERTY OWNER OF 161 RUTH LN. REPORTED THE ACCIDENT ON 12-31-18! THE INVESTIGATION SHOWS THE FOLLOWING.

THE OPERATOR OF UNIT #1 TRAVELLED WEST ON VIC JOY + DROVE OFF THE DEAD END ROAD THROUGH THE FENCE OF 161 RUTH LN. THE OPERATOR OF UNIT #1 THEN DROVE THROUGH THE YARD + TURNED AROUND + RE-ENTERED VIC JOY, HIT/SKID UNIDENTIFIED

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 12 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sidewipe Meeting 5 Sidewipe 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 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	Pre-Crash Actions	Contributing Factor																																																																																
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