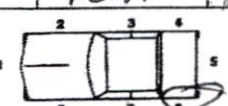


# Local Traffic Crash Report

Local Report Number 2015-60918

|                                                                                              |                                                                 |                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report Taken<br><input type="checkbox"/> Headquarters<br><input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved<br><u>2</u>   | Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)<br><input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150 |
| In County Of<br><u>CLERMONT</u>                                                              | • Within corporate limits of (if not, file with correct agency) | Date of Crash<br>M <u>07</u> D <u>01</u> Y <u>15</u>   Day <u>WEDNESDAY</u>   Time <u>1:10</u> <u>PM</u>                                                                    |
| Crash Occurred On<br><u>TAU TIMBERS M.H.P.</u>                                               |                                                                 | Within The Intersection Of<br><u>LOT #5</u>                                                                                                                                 |

If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)  
Miles \_\_\_\_\_ Feet \_\_\_\_\_ W \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ Of \_\_\_\_\_

|                                                                                                                                                    |                                                                                                          |                                                                                                                                                                   |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> 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<br><u>PROGRESSIVE (900657754)</u>                                                                                               |
| Driver - Pedestrian Name (Last, First, MI)<br><u>SKEENS, KATELYNN</u>                                                                              |                                                                                                          | Address (No., Street, State, Zip Code)<br><u>4 JIMBER TONAL AMELIA, OHIO 45002</u>                                                                                |                                                                                                                                                        |
| Phone No. <u>15</u>                                                                                                                                | Birth Date <u>18 26 98</u> Age <u>16</u>                                                                 | Sex <u>F</u> State <u>OH</u> Drivers License No. <u>WH025222</u>                                                                                                  | Occupation                                                                                                                                             |
| Owner (If Same As Driver, Write Same)<br><u>ISOBARA SKEENS</u>                                                                                     |                                                                                                          | Address<br><u>- SAME -</u>                                                                                                                                        |                                                                                                                                                        |
| Veh. Year <u>2010</u>                                                                                                                              | Make <u>KIA</u> Model <u>FORTE</u>                                                                       | Color <u>WHITE</u> Style <u>4DR</u> State <u>OH</u> License Plate No. <u>GHT6094</u>                                                                              | Towing Service                                                                                                                                         |
| Veh/Ped Dir From <u>N</u> To <u>S</u>                                                                                                              | Circle Damage Areas<br> |                                                                                                                                                                   |                                                                                                                                                        |
| Damage Severity<br><input checked="" type="checkbox"/> Non-Functional<br><input type="checkbox"/> Functional<br><input type="checkbox"/> Disabling |                                                                                                          | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed |
| Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire           |                                                                                                          |                                                                                                                                                                   |                                                                                                                                                        |

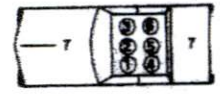
|                                                                                                                                                    |                                                                                                            |                                                                                                                                                                   |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Unit No. <u>2</u>                                                                                                                         | No. Of Occupants <u>0</u>                                                                                  | Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>            | Insurance Co. Or Agent<br><u>PROGRESSIVE</u>                                                                                                           |
| Driver - Pedestrian Name (Last, First, MI)<br><u>JOHN AKE NELSON</u>                                                                               |                                                                                                            | Address (No., Street, State, Zip Code)<br><u>4347 KIRBY RD. CINCINNATI, OHIO 45223</u>                                                                            |                                                                                                                                                        |
| Phone No.                                                                                                                                          | Birth Date                                                                                                 | Age                                                                                                                                                               | Sex                                                                                                                                                    |
|                                                                                                                                                    | M D Y                                                                                                      |                                                                                                                                                                   |                                                                                                                                                        |
| Owner (If Same As Driver, Write Same)<br><u>JOHN AKE NELSON</u>                                                                                    |                                                                                                            | Address<br><u>4347 KIRBY RD. CINCINNATI, OHIO 45223</u>                                                                                                           |                                                                                                                                                        |
| Veh. Year <u>2014</u>                                                                                                                              | Make <u>FORD</u> Model <u>F-150</u>                                                                        | Color <u>BLUE</u> Style <u>P/UTRUCK</u> State <u>OH</u> License Plate No. <u>PKR 256</u>                                                                          | Towing Service                                                                                                                                         |
| Veh/Ped Dir From _____ To _____                                                                                                                    | Circle Damage Areas<br> |                                                                                                                                                                   |                                                                                                                                                        |
| Damage Severity<br><input checked="" type="checkbox"/> Non-Functional<br><input type="checkbox"/> Functional<br><input type="checkbox"/> Disabling |                                                                                                            | Damage Scale<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy | Vehicle Disposition<br><input checked="" type="checkbox"/> Driven Away<br><input type="checkbox"/> Remained At Scene<br><input type="checkbox"/> Towed |
| Fire<br><input checked="" type="checkbox"/> No Fire<br><input type="checkbox"/> Fire Due To Crash<br><input type="checkbox"/> Other Fire           |                                                                                                            |                                                                                                                                                                   |                                                                                                                                                        |

| From Unit No. | Name (Last, First, MI) | Address | Birth Date<br>M D Y | Age | Sex | Position |   |   |   |   |   |
|---------------|------------------------|---------|---------------------|-----|-----|----------|---|---|---|---|---|
|               |                        |         |                     |     |     | A        | B | C | D | E | F |
| <b>C</b>      |                        |         |                     |     |     |          |   |   |   |   |   |
| <b>D</b>      |                        |         |                     |     |     |          |   |   |   |   |   |
| <b>E</b>      |                        |         |                     |     |     |          |   |   |   |   |   |
| <b>F</b>      |                        |         |                     |     |     |          |   |   |   |   |   |
| <b>G</b>      |                        |         |                     |     |     |          |   |   |   |   |   |
| <b>H</b>      |                        |         |                     |     |     |          |   |   |   |   |   |
| <b>I</b>      |                        |         |                     |     |     |          |   |   |   |   |   |

Date Report Filed: M 07 D 01 Y 15 Desk Officer's Name & Badge # DET. UMANO # 4424

Driver - Pedestrian - Vehicle Section

Occupant Section



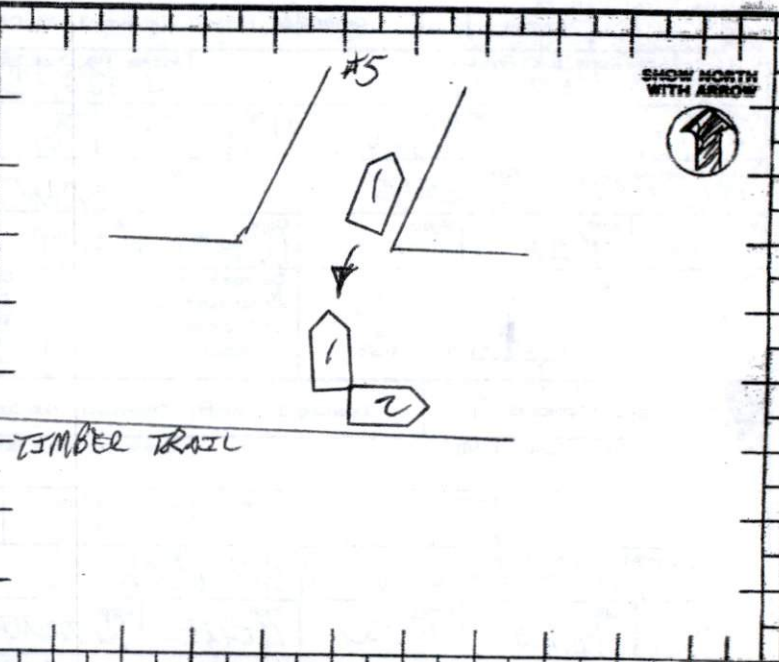
P-PEDESTRIAN

- Restraints
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|---|---|---|---|---|---|
- 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 |
|---|---|---|---|---|---|
- 1 Not Ejected
  - 2 Partial
  - 3 Total
  - 4 Trapped Inside Vehicle

Local Report Number \_\_\_\_\_ Describe What Happened  
 Refer To Units By Number **DRIVER OF UNIT #1 WAS**

**BACKING OUT OF THE DRIVEWAY WHEN SHE STRUCK UNIT #2.**

|                                                                                                          |                                                                                       |                                                                                                 |                                                                                               |                                                                                                                  |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |                                                                                     |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Weather Conditions</b><br>1 No Adverse Weather<br>2 Rain<br>3 Snow<br>4 Fog<br>5 High Wind<br>6 Other | <b>Road Conditions</b><br>1 Dry<br>2 Wet<br>3 Snow<br>4 Ice<br>5 Dirt/Sand<br>6 Other | <b>Light</b><br>1 Daylight<br>2 Dawn<br>3 Dusk<br>4 Dark No Lights<br>5 Dark Lighted<br>6 Other | <b>Road Contour</b><br>1 Straight Level<br>2 Straight Grade<br>3 Curve Level<br>4 Curve Grade | <b>Occurence</b><br>1 On Roadway<br>2 Off Left Side<br>3 Off Right Side<br>4 On Opposing Lane of Divided Highway | <b>Special Area</b><br>1 Road Construction/Maintenance Area<br>2 School Zone | <b>First Harmful Event</b> 7<br><b>Two MV In Transport</b><br>1 Head On<br>2 Rear-End<br>3 Backing<br>4 Sideswipe Meeting<br>5 Sideswipe Passing<br>6 Angle<br><b>One MV In Transport (Collision)</b><br>7 Parked<br>8 Pedestrian<br>9 Animal<br>10 Train<br>11 Pedal Cycle<br>12 Other Non-MV<br>13 Fixed Object<br>14 Other Object<br><b>Non-Collision</b><br>15 Fall From or In MV<br>16 Overturning<br>17 Other Non-Collision | <b>Location</b> 8<br>1 Intersection<br>2 Intersection-Related<br>3 Driveway Access<br>4 Railroad Crossing<br>5 Bridge-Passing Over<br>6 Bridge-Passing Under<br>7 Non Intersection<br>8 Private Property |  |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Unit</b><br># 1 A 2 B 2 B 5                                                                                                                                                                                                                                                                                                                               | <b>Pre-Crash Actions</b><br>A 10 B 9                                                                                                                                                                                                                                                                                                                                                     | <b>Contributing Factor</b><br>A 25 B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Car</b><br>1 Sub Compact<br>2 Compact<br>3 Mid-Size<br>4 Full Size<br><br><b>Truck</b><br>5 Pickup<br>6 Panel/Van<br>7 Straight Truck<br>8 Straight Truck & Trailer<br>9 Truck Tractor<br>10 Tractor & Semi-Trailer<br>11 Tractor & Double Trailer<br><br><b>Motorcycle</b><br>12 MC up to 350cc<br>13 MC up to 750cc<br>14 MC over 751cc<br>15 Motorized Bicycle | <b>Bus</b><br>16 School Bus<br>17 Church<br>18 Public<br><br><b>Emergency</b><br>19 Police Vehicle<br>20 Fire Truck<br>21 Ambulance/Rescue<br><br><b>Other</b><br>22 Taxi<br>23 Motor Home<br>24 Train<br>25 Farm Vehicle<br>26 Farm Equipment<br>27 Snowmobile<br>28 Construction Equip.<br>29 Animal W/Rider<br>30 Animal W/Suggy<br>31 Bicycle<br>32 All Others<br><br>P = Pedestrian | <b>Driver Actions</b><br>1 Going Straight<br>2 Turning Right<br>3 Turning Left<br>4 Turning on Red Light<br>5 U Turn<br>6 Stopped To Turn<br>7 Stopped in Traffic<br>8 Parking/Unparking<br>9 Parked<br>10 Backing<br>11 Passing<br>12 Changing Lanes<br>13 Merging/Exiting Ramp<br>14 Out of Control<br>15 Swerving<br>16 Driverless Vehicle<br>17 Other Driver Action<br><br><b>Pedestrian Actions</b><br>18 Crossing in X-Walk<br>19 Crossing Other than X-Walk (With Traffic)<br>20 Walking in Road<br>21 Walking in Road (Against Traffic)<br>22 Playing in Road<br>23 Working On Road<br>24 Entering or Leaving Vehicle in Road<br>25 Pushing/Working on Vehicle in Road<br>26 Other in Road<br>27 On Sidewalk or Shoulder<br><br><b>Traffic Control</b><br>A B<br>1 No Controls<br>2 Stop Sign<br>3 Yield Sign<br>4 Traffic Signal<br>5 Traffic Flashers<br>6 School Zone<br>7 Railroad Crossbucks<br>8 Railroad Flashers<br>9 Railroad Gates<br>10 Construction Barricades<br>11 Police Officer<br>12 Pavement Markings<br>13 Other<br><br><b>Fixed Object Struck</b><br>A B<br>1 None<br>2 Utility Pole<br>3 Traffic Sign<br>4 Bridge/Culvert<br>5 Guard Rail<br>6 Fence<br>7 Tree<br>8 Shrubbery<br>9 Curb<br>10 Ditch<br>11 Embankment<br>12 Building<br>13 Mail Box<br>14 Construction Barricade<br>15 Fire Hydrant<br>16 Other Object<br><br><b>Pedestrian</b><br>14 No Controls<br>15 Crosswalk Lines<br>16 Walk/Don't Walk Device | <b>Driver Error</b><br>1 None<br>2 Failure to Yield<br>3 Unsafe Speed<br>4 Following Too Closely or ACDA<br>5 Ran Red Light<br>6 Ran Stop or Yield Sign<br>7 Improper Turn<br>8 Improper Passing<br>9 Improper Lane Change<br>10 Improper Backing<br>11 Improper Start from Parked Position<br>12 Stopped or Parked Illegally<br>13 Left of Center<br>14 Failure to Control<br>15 Driver Inattention<br>16 Drove Off Road Reason Unknown<br>17 Other Driver Error<br><br><b>Truck Load</b><br>A B<br>1 Empty<br>2 Perishable Goods<br>3 General Freight<br>4 Metal/Heavy Machinery<br>5 Hazardous Gas<br>6 Hazardous Liquid<br>7 Hazardous Solid<br>8 Radioactive Material<br><br><b>Truck Axles</b><br>A B<br>1 Turn Signals<br>2 Head Lamps<br>3 Tail Lamps<br>4 Brakes<br>5 Steering<br>6 Tire Blowout<br>7 Worn or Stick Tires<br>8 Trailer Equipment Defective<br>9 Motor Trouble<br>10 Disabled from Prior Accident<br>11 Other Defects | <b>Non-Driver Factor</b><br>18 Vehicle Defects<br>19 Load Shifting, Falling, Spilling<br>20 Pavement Defect<br>21 Shoulder Defect<br>22 Debris on Road<br>23 Downed Traffic Sign/Device<br>24 Vision Obstruction<br>25 Animal Actions<br>26 Pedestrian Actions<br><br><b>Vehicle Defects</b><br>Code if Contributing Factor is 18<br><br><b>Primary</b><br>A B<br><br><b>Secondary</b><br>A B |

| Speed |           |       | Motorcycle Helmet Use |        |      |
|-------|-----------|-------|-----------------------|--------|------|
| Unit  | Estimated | Legal | Unit                  | Driver | Pass |
| A     | 3         | 0     | A                     |        |      |
| B     |           |       | B                     |        |      |

1 No Helmet  
3 Full Facial Cover  
2 Full Coverage  
4 Other Type Helmet