

# Local Traffic Crash Report

Local Report Number 2017-128461

Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>2</b>	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 <b>CLERMONT</b>	• Within corporate limits of (if not, file with correct agency)	Date of Crash M <b>12</b> D <b>22</b> Y <b>17</b>	Day <b>Friday</b>	Time <b>1900</b>	AM PM
---------------------------------	---	--	----------------------	---------------------	----------

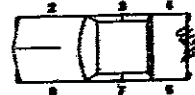
Crash Occurred On <b>Clough Pike</b>	Within The Intersection Of
---	----------------------------

If Not In Intersection Miles <b>1.391</b> Feet <b>W</b> <b>S</b> <b>E</b> <b>N</b> OF	(List Nearest Intersecting Street, Milepost, House No.) <b>1391</b>
--	--

A Unit No. <b>1</b> No. Of Occupants <b>1</b>	Operating Of <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>SACKIE WRECKERS</b>
---	--	--

Driver - Pedestrian Name (Last, First, MI) <b>Kocsis, Mary M.</b>	Address (No., Street, State, Zip Code) <b>7522 TOWERWOOD LANE CINCINNATI, OHIO 45255</b>				
Phone No.	Birth Date <b>MOB 023 Y 40</b>	Age <b>77</b>	Sex <b>F</b>	State <b>OH</b>	Drivers License No. <b>RP 197972</b>
Occupation <b>Retired</b>	Owner (If Same As Driver, Write Same) <b>SAME</b>				

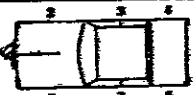
Veh. Year <b>2007</b>	Make <b>Honda</b>	Model <b>Accord</b>	Color <b>gray</b>	Style <b>4 Door</b>	State <b>OH</b>	License Plate No. <b>FXC-3458</b>	Towing Service	Veh/Ped Dir From <b>S</b> To <b>N</b>
--------------------------	----------------------	------------------------	----------------------	------------------------	--------------------	--------------------------------------	----------------	--

Circle Damage Areas 	9 Top 10 Undercar 11 Hood 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. <b>1</b> No. Of Occupants <b>1</b>	Operating Of <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>Robert Steele</b>
---	--	--

Driver - Pedestrian Name (Last, First, MI) <b>Gilpin, Cory Lee</b>	Address (No., Street, State, Zip Code) <b>3394 MOUND STREET BETHEL, OHIO 45106</b>				
Phone No.	Birth Date <b>M 09 007 Y 94</b>	Age <b>23</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>TW 606515</b>
Occupation <b>Pipe Fitter</b>	Owner (If Same As Driver, Write Same) <b>AMY M. Reese</b>				

Veh. Year <b>2007</b>	Make <b>SAAB</b>	Model <b>93 2.0</b>	Color <b>Black</b>	Style <b>4 Door</b>	State <b>OH</b>	License Plate No. <b>HDS-9280</b>	Towing Service	Veh/Ped Dir From <b>S</b> To <b>N</b>
--------------------------	---------------------	------------------------	-----------------------	------------------------	--------------------	--------------------------------------	----------------	--

Circle Damage Areas 	9 Top 10 Undercar 11 Hood 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
--	---	--	---	--	--

Driver - Pedestrian - Vehicle Section

Occupant Section

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



**P-PEDESTRIAN**

Fastenings					
A	B	C	D	E	F

- 1 Not Used
- 2 None Available
- 3 Lap Belt Used
- 4 Exp/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

Date Report Filed <b>12-22-17</b>	Desk Officer's Name & Badge # <b>DEP- LINDSEY</b>
--------------------------------------	--

Local Report Number	Describe What Happened Refer To Units By Number
Unit 2 STRUCK Unit 1.	

<b>Weather Conditions</b> <span style="float: right;">2</span> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	<b>Road Conditions</b> <span style="float: right;">2</span> 1 Dry 2 Wet 3 Snow 4 Ice 5 Oil/Sand 6 Other	<b>Light</b> <span style="float: right;">1</span> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	<b>Road Contour</b> <span style="float: right;">1</span> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	<b>Occurrence</b> <span style="float: right;">1</span> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	<b>Spatial Area</b> 1 Road Construction/Maintenance Area 2 School Zone	<b>First Narrative Event</b> <span style="float: right;">2</span> <b>Two MV In Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Stakeside Meeting 5 Stakeside Passing 6 Angle <b>One MV In Transport (Collision)</b> 7 Perished 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	<b>Location</b> <span style="float: right;">B</span> 1 Intersection 2 Intersection-Related 3 Oblique Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property	<div style="text-align: center;">             1            2         </div>
---	---	--	--	--	--	--	--	---

\* NOT TO SCALE

WEST  
CLUBHOUSE  
MIDDLE SCHOOL

<b>Type of Unit</b> A: 1, 3 B: 2, 3	<b>Pre-Crash Actions</b> A: 1, 1 B: 1, 1	<b>Contributing Factor</b> A: 1, 1 B: 4																															
<b>Vehicle Type</b> <b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size <b>Truck</b> 5 Pickup 6 Panel Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer <b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle <b>Bus</b> 16 School Bus 17 Church 18 Public <b>Emergency</b> 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue <b>Other</b> 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal Wrangler 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	<b>Driver Actions</b> 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 <b>Pedestrian Actions</b> 18 Crossing in X-Walk 19 Crossing Other than X-Walk 20 Waiting in Road (With Traffic) 21 Waiting in Road (Against Traffic) 22 Playing in Road 23 Working on Road 24 Entering or Leaving Vehicle in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	<b>Driver Error</b> 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACCA 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	<b>Non-Driver Factor</b> 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 Accidents 26 Pedestrian Actions																														
<b>Speed</b> <table border="1"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> </tr> <tr> <td>A</td> <td>0</td> <td>N.P.</td> </tr> <tr> <td>B</td> <td>2</td> <td>N.P.</td> </tr> </table>	Unit	Estimated	Legal	A	0	N.P.	B	2	N.P.	<b>Motorcycle Helmet Use</b> <table border="1"> <tr> <th>Unit</th> <th>Driver</th> <th>Pass</th> </tr> <tr> <td>A</td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> </tr> </table>	Unit	Driver	Pass	A			B			<b>Traffic Control</b> A: 1, 1 B: 1, 1 <b>Fixed Object Struck</b> A: 1, 1 B: 1, 1	<b>Vehicle Defects</b> Code if Contributing Factor is TB <table border="1"> <tr> <th>Primary</th> <th>A</th> <th>B</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>Secondary</th> <th>A</th> <th>B</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Primary	A	B				Secondary	A	B			
Unit	Estimated	Legal																															
A	0	N.P.																															
B	2	N.P.																															
Unit	Driver	Pass																															
A																																	
B																																	
Primary	A	B																															
Secondary	A	B																															
<b>Truck Load</b> A: 1, 1 B: 1, 1 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	<b>Truck Axles</b> A: 1, 1 B: 1, 1 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects																																