

# Local Traffic Crash Report

Local Report Number

000180017.8.14

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>1</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
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In County Of <b>Clermont</b>	• Within corporate limits of (If not, file with correct agency):	Date of Crash <b>M 05 05 Y 18</b>	Day <b>SATURDAY</b>	Time <b>1403</b>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <b>2076 SR 125 Amelia Ohio</b>	Within The Intersection Of <b>SR 125</b>
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If Not In Intersection Miles <b>15</b> Feet <b>W</b> <input checked="" type="checkbox"/> <b>E</b> <input type="checkbox"/> of <b>SR 125</b>	(List Nearest Intersecting Street, Milepost, House No.)
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<b>A</b> Unit No. <b>1</b>	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>ALLSTATE</b>
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Driver - Pedestrian Name (Last, First, MI) <b>WAYNE KINGSOVER JR.</b>	Address (No., Street, State, Zip Code) <b>49 Hillcrest Dr. Georgetown Ohio, 45121</b>
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Phone No.	Birth Date <b>M 3 0 7 Y 79</b>	Age <b>39</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>RT100634</b>	Occupation <b>Disabled</b>
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Owner (If Same As Driver, Write Same) <b>MELISSA KINGSOVER</b>	Address <b>49 Hillcrest Dr. Georgetown OH 45121</b>	Phone
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Veh. Year <b>2009</b>	Make <b>FORD</b>	Model <b>EDGE</b>	Color <b>BLUE</b>	Style <b>SW</b>	State <b>OH</b>	License/Plate No. <b>GTP-3514</b>	Towing Service <b>N/A</b>	Veh/Ped Dir. From <b>S</b> To <b>N</b>
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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 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
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<b>B</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
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M D Y	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	Address	Phone
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Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir. From To
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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
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Driver - Pedestrian - Vehicle Section

<b>C</b> From Unit No.	Name (Last, First, MI) <b>MELISSA KINGSOVER</b>	Birth Date <b>M 1 0 1 9 Y 80</b>	Age <b>38</b>	Position A B C D E F <b>3 6</b>
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Address <b>49 Hillcrest Dr. Georgetown OH 45121</b>	Phone	Sex <b>F</b>
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<b>D</b> From Unit No.	Name (Last, First, MI) <b>Graycen Kingsover</b>	Birth Date <b>M 1 0 2 2 Y 14</b>	Age <b>4</b>
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Address <b>49 Hillcrest Dr. Georgetown OH 45121</b>	Phone	Sex <b>F</b>
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<b>E</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
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Address	Phone	Sex
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<b>F</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
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Address	Phone	Sex
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<b>G</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
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Address	Phone	Sex
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<b>H</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
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Address	Phone	Sex
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<b>I</b> From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age
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Address	Phone	Sex
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Date Report Filed <b>M 05 05 Y 18</b>	Desk Officer's Name & Badge # <b>DEPUTY JOHN SCHAEFER # 2366</b>
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**Occupant Section**

	 <b>P-PEDESTRIAN</b>																
Restraints	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td><b>4</b></td><td><b>B</b></td><td><b>4</b></td><td><b>6</b></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	<b>4</b>	<b>B</b>	<b>4</b>	<b>6</b>				
1	2	3	4	5	6	7	8										
<b>4</b>	<b>B</b>	<b>4</b>	<b>6</b>														
Ejection	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td><b>1</b></td><td><b>1</b></td><td><b>1</b></td><td><b>1</b></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>						
1	2	3	4	5	6												
<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>														

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

1 Not Ejected  
2 Partial  
3 Total  
4 Trapped Inside Vehicle

Occupant Section

Local Report Number  
000180017814

Describe What Happened  
Refer To Units  
By Number

UNIT # 1 TURNED INTO BUSINESS OF PHANTOM FIREWORKS. FROM  
SR 125 UNIT # 1 THEN STRUCK A LARGE BUSINESS SIGN WHICH  
WAS ON A POLE.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		2	<b>First Harmful Event</b> <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	<p>PHANTOM FIREWORKS</p> <p>Parking Lot</p> <p>POLE WITH BUSINESS SIGN</p> <p>SR 125</p>
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		2	<b>One MV in Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other		1	<b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade		1	<b>Location</b> 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	
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway		1		
<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone				

Type of Unit	# 3	A	1	B	Pre-Crash Actions	A	2	B	Contributing Factor	A	15	B					
<b>Car</b> 1 Sub Compact 2 Compact 3 Mid Size 4 Full Size		<b>Bus</b> 16 School Bus 17 Church 18 Public		<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>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 W/Rider 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 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		<b>Driver Error</b> 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		<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 Actions 26 Pedestrian Actions	
<b>Motorcycle</b> 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle		<b>Motorcycle Helmet Use</b> Unit   Estimated   Legal   Unit   Driver   Pass A   10     A     B       B		<b>Traffic Control</b> 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		<b>Fixed Object Struck</b> 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object		<b>Truck Load</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		<b>Vehicle Defects</b> 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects							
<b>Speed</b> Unit   Estimated   Legal A   10   B		<b>Truck Axles</b> A   B Tractor Trailer Rigs		<b>Pedestrian</b> 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device													