

Local Traffic Crash Report

Local Report Number **18-31570**

| | | |
|--|---|--|
| Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation | Total Number of Vehicles and Pedestrians Involved 4 | 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 Clermont | • Within corporate limits of: (if not, file with correct agency) | Date of Crash M 8 D 06 Y 18 Day Monday | Time 1249 AM PM |
|---------------------------------|---|---|---|

| | |
|---|----------------------------|
| Crash Occurred On Apple Farm DR | Within The Intersection Of |
|---|----------------------------|

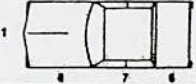
| | | | | | | | | |
|------------------------|-------|------|---|---|---|---|----|--|
| If Not In Intersection | Miles | Feet | W | N | E | S | Of | (List Nearest Intersecting Street, Milepost, House No.) 1411 |
|------------------------|-------|------|---|---|---|---|----|--|

| | | | |
|-------------------------------|------------------------------|--|------------------------|
| Unit No. A 1 | No. Of Occupants 3 | Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input checked="" type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent |
|-------------------------------|------------------------------|--|------------------------|

| | | | | |
|-----------|------------|-----|-------|------------|
| Phone No. | Birth Date | Sex | State | Occupation |
|-----------|------------|-----|-------|------------|

| | |
|---|---------|
| Owner (If Same As Driver, Write Same) Patskan, Lyudmila 2085 Stone Wood Ln Lexington KY 40509 | Address |
|---|---------|

| | | | | | | | | |
|--------------------------|-----------------------|------------------------|----------------------|---------------------|--------------------|------------------------------------|----------------|--|
| Veh. Year 2001 | Make Toyota | Model Sienna | Color Gold | Style Van | State KY | License Plate No. 116XWL | Towing Service | Veh/Ped Dir From S To N |
|--------------------------|-----------------------|------------------------|----------------------|---------------------|--------------------|------------------------------------|----------------|--|

| | | | | | |
|--|---|--|---|--|--|
| Circle Damage Areas  | 9 Top 10 Undercar 11 Load 12 Trailer | Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling | Damage Scale <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy | Vehicle Disposition <input type="checkbox"/> Driven Away <input checked="" 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 |
|--|---|--|---|--|--|

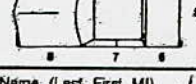
| | | | |
|-------------------------------|------------------|---|------------------------|
| Unit No. B 2 | No. Of Occupants | Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> | Insurance Co. Or Agent |
|-------------------------------|------------------|---|------------------------|

| | |
|--|--|
| Driver/Pedestrian Name (Last, First, MI) Patskan, Lyudmila S | Address (No., Street, State, Zip Code) 2085 Stone Wood Ln Lexington KY 40509 |
|--|--|

| | | | | | | |
|-----------|-----------------------------------|-----|-----------------|--------------------|---|------------|
| Phone No. | Birth Date 5 06 Y 55 63 | Age | Sex F | State KY | Drivers License No. P95478795 | Occupation |
|-----------|-----------------------------------|-----|-----------------|--------------------|---|------------|

| | | |
|---------------------------------------|---------|-------|
| Owner (If Same As Driver, Write Same) | 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 |
|--|---|---|--|---|---|

| | | | | |
|------------------------------------|---|------------------------------------|-----------------|---------------------------------------|
| From Unit No. C 1 | Name (Last, First, MI) Elliott, M. La | Birth Date M 7 D 30 Y 12 | Age 6 | Position A B C D E F 4 3 |
|------------------------------------|---|------------------------------------|-----------------|---------------------------------------|

| | | | | |
|------------------------------------|--|------------------------------------|-----------------|-----------------|
| From Unit No. D 1 | Name (Last, First, MI) Elliott, Caroline | Birth Date M 2 D 22 Y 16 | Age 2 | Sex F |
|------------------------------------|--|------------------------------------|-----------------|-----------------|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. E | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. F | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. G | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. H | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. I | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. J | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. K | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

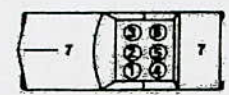
| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. L | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | | | | |
|------------------------|------------------------|---------------------|-----|-----|
| From Unit No. M | Name (Last, First, MI) | Birth Date M D Y | Age | Sex |
|------------------------|------------------------|---------------------|-----|-----|

| | |
|---|---|
| Date Report Filed M 8 D 06 Y 18 | Desk Officer's Name & Badge # Det W BREWER # 2055 |
|---|---|

Driver - Pedestrian - Vehicle Section

Occupant Section



P-PEDESTRIAN

Restraints
A B C D E F
1 6 6

- 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 1 1 1 1 1

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

Local Report Number
18-31570

Describe What Happened
Refer To Units
By Number

Unit # 1 pulled into the driveway. The driver exited the vehicle failing to put vehicle in park. Unit # 1 rolled down the grade driveway. The driver was pulled under Unit # 1. The driver was transported to UC Hospital by Squad.

| | | | |
|---|--|--|--|
| Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other | | First Harmful Event 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle | |
| Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other | | Two MV In Transport 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object | |
| Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other | | One MV In Transport (Collision) 15 Fall From or In MV 16 Overturning 17 Other Non-Collision | |
| Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade | | Location 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Not Intersection 8 Private Property | |
| 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 | | | |

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| Type of Unit # 1 6 | | Pre-Crash Actions A 16 B | | Contributing Factor A 1 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 750cc 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/Rider 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 Backing/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 In Road 25 Pushing/Working on Vehicle In Road 26 Other In Road 27 On Sidewalk or Shoulder | |
| Speed Unit Estimated Legal A 20-30 mph B | | 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 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 | | | |
| Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material | | Fixed Object Struck 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 | | 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 | | | |
| Tractor Trailer Rigs A B | | Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B | | Truck Axles A B | | | |
| 1 No Helmet 3 Full Facial Cover | | 2 Full Coverage 4 Other Type Helmet | | 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 | | | |