

Local Traffic Crash Report

Local Report Number 000180032052

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2	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 CLERMONT	• Within corporate limits of: (if not, file with correct agency) BATAVIA TWP	Date of Crash M 8 09 Y 18	Day THUR	Time 1800	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On CLOUGH PIKE	Within The Intersection Of
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ N _____ E _____ S _____ Or _____
1341

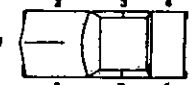
Unit No. 1	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent PROGRESSIVE
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Driver - Pedestrian Name (Last, First, MI) KELLY, JEFF	Address (No., Street, State, Zip Code) 628 ELLEN DR. CINCINNATI 45205
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Phone No.	Birth Date M 4 20 72	Age 46	Sex M	State OH	Drivers License No. RA 795695	Occupation
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Owner (If Same As Driver, Write Same) KELLY, JEFF	Address 628 ELLEN DR. CINCINNATI 45205
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Veh. Year 00	Make FORD	Model EXPER	Color RED	Style PC	State OH	License Plate No. GYN 6244	Towing Service NA	Veh/Ped Dir From E To W
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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 checked="" type="checkbox"/> None <input 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
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Unit No. 2	No. Of Occupants 0	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent PROGRESSIVE
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Driver - Pedestrian Name (Last, First, MI) TOBY, KRISTINA KRISTA	Address (No., Street, State, Zip Code) 3988 BENJAMIN CINCINNATI 45205
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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) TOBY, KRISTINA KRISTA	Address 3988 BENJAMIN CINCINNATI 45205
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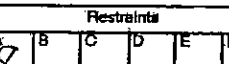
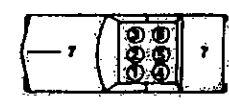
Veh. Year 08	Make CHRY	Model TOWN	Color BLU	Style PC	State OH	License Plate No. EZJ 6353	Towing Service NO	Veh/Ped Dir From E To W
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input 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 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
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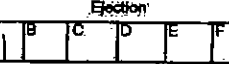
Driver - Pedestrian - Vehicle Section

Occupant Section

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



- 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

Date Report Filed M 08 09 Y 18	Desk Officer's Name & Badge # Tap Ross
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Local Report Number _____ Describe What Happened Refer To Units BY Number _____

unit 1 struck unit 2 (PARKED) while parking photos taken

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 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe 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 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	Diagram *not to scale SHOW NUMBER WITH ARROW 1341 caught
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Type of Unit	Pre-Crash Actions	Contributing Factor																								
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	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 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 Traffic Control 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 Fixed Object Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Orb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	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 Tractor Trailer Pigs																								
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 Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	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	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 Vehicle Defects Code: # Contributing Factor's 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table>	Primary	A	B	Secondary	A	B																		
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Speed <table border="1"> <tr> <th>Unit</th> <th>Estimated</th> <th>Legal</th> </tr> <tr> <td>A</td> <td>5</td> <td>-</td> </tr> <tr> <td>B</td> <td>0</td> <td>-</td> </tr> </table>	Unit	Estimated	Legal	A	5	-	B	0	-	Motorcycle Helmet Use <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			Truck Axles <table border="1"> <tr> <th>Tractor Trailer Pigs</th> <th>A</th> <th>B</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Tractor Trailer Pigs	A	B			
Unit	Estimated	Legal																								
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B	0	-																								
Unit	Driver	Pass																								
A																										
B																										
Tractor Trailer Pigs	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																								