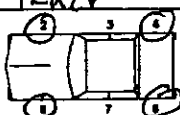
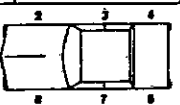
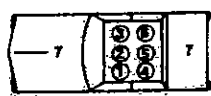



Local Traffic Crash Report

Local Report Number 18-40444

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <u>1 vehicle</u>		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 <u>Clermont</u>		• Within corporate limits of (if not, file with correct agency)		Date of Crash <u>M 10 D 06 Y 18</u>		Day <u>Saturday</u>	Time <u>1823</u> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Crash Occurred On <u>4359 McKeever Rd</u>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>500</u> Feet <u>W</u> ^N <u>S</u> ^E Of <u>Ironton Rd</u>								
A Unit No. <u>1</u>	No. Of Occupants <u>2</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>None</u>			
Driver - Pedestrian Name (Last, First, MI) <u>Whitson Mark</u>				Address (No., Street, State, Zip Code) <u>4537 Yates Ln Cincinnati, OH, 45244</u>				
Phone No.	Birth Date <u>M 01 D 08 Y 65</u>	Age <u>53</u>	Sex <u>Male</u>	State <u>OH</u>	Drivers License No. <u>R1031908</u>	Occupation		
Owner (If Same As Driver, Write Same) <u>Robert Eagle</u>				Address <u>4377 McKeever Rd Williamsburg OH 45176</u>				Phone
Veh. Year <u>2016</u>	Make <u>RAZR</u>	Model <u>F1000</u>	Color <u>White</u>	Style <u>UTV</u>	State <u>OH</u>	License Plate No.	Towing Service	Veh/Ped Dir From To
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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
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			
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)				
Phone No.	Birth Date	Age	Sex	State	Drivers License No.	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
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C From Unit No. <u>1</u>	Name (Last, First, MI) <u>Cress, Michael</u>			Birth Date <u>M 09 D 09 Y 65</u>	Age <u>53</u>	Position A <u>3</u> B C D E F		
D From Unit No.	Name (Last, First, MI)			Birth Date	Age	  P-PEDESTRIAN		
E From Unit No.	Name (Last, First, MI)			Birth Date	Age			
F From Unit No.	Name (Last, First, MI)			Birth Date	Age			
G From Unit No.	Name (Last, First, MI)			Birth Date	Age			
H From Unit No.	Name (Last, First, MI)			Birth Date	Age			
I From Unit No.	Name (Last, First, MI)			Birth Date	Age	Restraints A B C D E F		
Date Report Filed <u>M 10 D 06 Y 18</u>	Desk Officer's Name & Badge # <u>Dep Curless #11623</u>							
							1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle	

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: [] Describe What Happened: Refer To Units By Number: **Unit 1 was operating a UTV in a large field.**

Unit 1 was travelling at a high rate of speed and attempting to make sharp turns Unit 1 made a left turn and the vehicle rolled over on its right side ejecting both occupants.

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 16 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 Overtaking 17 Other Non-Collision	Location 8 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	SNOW NORTH WITH ARROW Done on Crash Supplement
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Type of Unit # 1 A 32 B	Pre-Crash Actions A 3 B	Contributing Factor A 3 B																
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Case Number: 18-40444

Date: 10/6/18

Location: 4359 McKeever Pike Williamsburg OH 45176

Description: UTV travelling down a dirt road carrying driver and one passenger. The UTV attempted a sharp left turn travelling at a high rate of speed. The fast turn caused the UTV to roll over ejecting both the driver and passenger. Neither occupants were wearing seat belts

