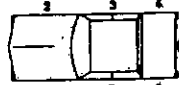
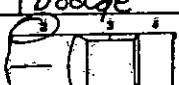


# Local Traffic Crash Report

Local Report Number 0018 000 41192

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <u>2</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 12 Y 18</u>		Day <u>Friday</u>		Time <u>8:25</u>		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Crash Occurred On <u>State Route 125</u>						Within The Intersection Of					
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ S _____ E _____ Of _____ <u>1386</u>											
<b>A</b> Unit No. <u>1</u>		No. Of Occupants <u>1</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>Roblero, Alex</u>						Address (No., Street, State, Zip Code) <u>27 Laurel Ave. Cincinnati, Oh. 45210</u>					
Phone No.		Birth Date <u>M 10 D 5 Y 01</u>		Age <u>18</u>		Sex <u>M</u>		State <u>NYA</u>		Drivers License No. <u>NONE</u>	
Occupation											
Owner (If Same As Driver, Write Same) <u>VERNON ADAMS 72 Floyd St. Carrollton Ky 41008</u>											
Veh. Year <u>1999</u>		Make <u>Toyota</u>		Model <u>4Runner</u>		Color <u>Maroon</u>		Style <u>SW</u>		State <u>KY</u>	
License Plate No. <u>184XSS</u>		Towing Service		Veh/Ped Dir From <u>N</u> To <u>S</u>							
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 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 checked="" type="checkbox"/> Towed	
Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire											
<b>B</b> Unit No. <u>2</u>		No. Of Occupants <u>0</u>		Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>				Insurance Co. Or Agent <u>Stateform # 161-6362-D25-35L</u>			
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) <u>Michael R. Spitzmiller JR. 2486 Kochler DR. New Richmond Oh. 45157</u>											
Veh. Year <u>2005</u>		Make <u>Dodge</u>		Model <u>2500</u>		Color <u>Blue</u>		Style <u>TR</u>		State <u>OH.</u>	
License Plate No. <u>FRU5715</u>		Towing Service		Veh/Ped Dir From <u>S</u> To <u>N</u>							
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 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											
<b>C</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
<b>D</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
<b>E</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
<b>F</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
<b>G</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
<b>H</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
<b>I</b> From Unit No. _____ Name (Last, First, MI) _____ Birth Date M D Y _____ Age _____ Position A B C D E F _____ Address _____ Phone _____ Sex _____											
Date Report Filed <u>M 10 D 12 Y 18</u> Desk Officer's Name & Badge # <u>Tracy Ruedel # 3052</u>											

Driver - Pedestrian - Vehicle Section

Occupant Section



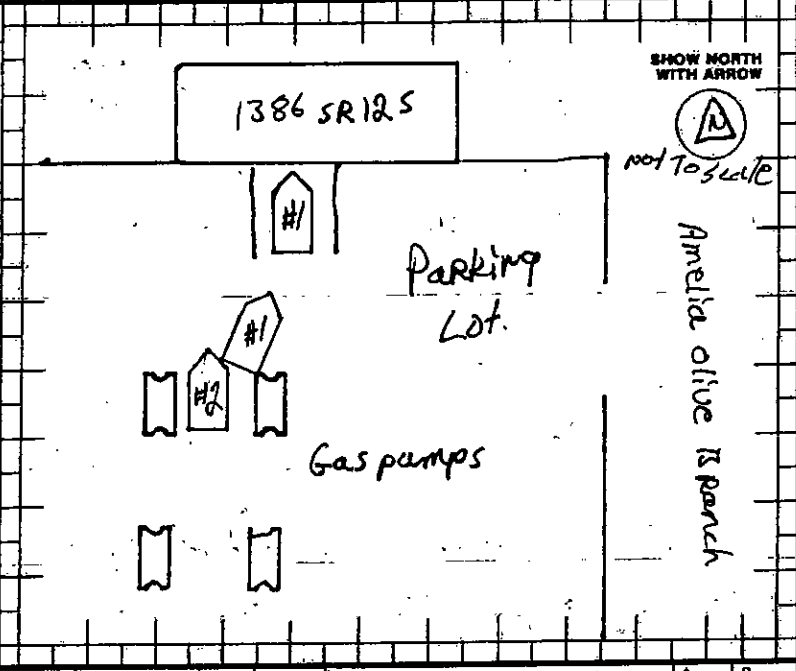
- RESTRAINTS**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 4 |   |   |   |   |   |
- 1 Not Used
  - 2 None Available
  - 3 Lap Belt Used
  - 4 Lap/Shoulder Belt Used
  - 5 Shoulder Belt Used
  - 6 Child Safety Seat
  - 7 Air Bag Used
  - 8 Use Not Reported

- EJECTION**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
|   |   |   |   |   |   |
- 1 Not Ejected
  - 2 Partial
  - 3 Total
  - 4 Trapped Inside Vehicle

Local Report Number: 001800641192  
 Describe What Happened: Refer To Units By Number: Unit #1 was backing out of parking spot and backed into unit #2. Unit #2 was parked at the gas pumps and the driver of unit #2 was inside paying. DRIVER of Unit #1 did not have a DRIVERS Licence and did not have insurance. Unit #1 was towed by Danbury's.

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1
<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	
<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone	

<b>First Harmful Event</b> Two MV In Trasport 1 Head On 2 Rear-End 3 Backing 4 Skidswipe Meeting 5 Skidswipe Passing 6 Angle One MV In Trasport (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	3
<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	8



<b>Type of Unit</b> # 1 4 2 5	A	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 W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	
<b>Speed</b> Unit Estimated Legal	<b>Motorcycle Helmet Use</b> Unit Driver Pass	
A 5	A	
B	B	
1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet	

<b>Pre-Crash Actions</b> <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>Traffic Control</b> A 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>Pedestrian</b> 14 No Controls 15 Crossover Lines 16 Warning Walk Device	<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 In Road 25 Pushing/Working on Vehicle In Road 26 Other In Road 27 On Sidewalk or Shoulder <b>Fixed Object Struck</b> A B 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Car 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object
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<b>Contributing Factor</b> A B 10 1	<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>Truck Load</b> A 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>Truck Axles</b> A B Tractor Trailer Flgs	<b>Non-Driver Factor</b> 18 Vehicle Defects 19 Used 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>Vehicle Defects</b> (Code if Contributing Factor is 18) <b>Primary</b> A B <b>Secondary</b> 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
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