APPLICATION FOR FINANCIAL ASSISTANCE
Revised 4/99 CBL05

IMPORTANT: Please consult the "Instructions for Completing the Project Application" for assistance in completion of this form.

SUBDIVISION: Hamilton County **CODE#** 061- 00061

DISTRICT NUMBER: 2 **COUNTY:** Hamilton **DATE** 09 / 01 / 99

CONTACT: Ted Hubbard **PHONE #** (513) 946 - 4268

(THE PROJECT CONTACT PERSON SHOULD BE THE INDIVIDUAL WHO WILL BE AVAILABLE ON A DAY-TO-DAY BASISDURING THE APPLICATION REVIEW AND SELECTION PROCESS AND WHO CAN BEST ANSWER OR COORDINATE THE RESPONSE TO QUESTIONS)

FAX (513) 946-4288 **E-MAIL** ted.hubbard@engineer.hamilton-co.org

PROJECT NAME: HARRISON/WESSELMAN/JOHNSON INTERSECTION IMPROVEMENT

SUBDIVISION TYPE
(Check only 1)
X 1. County
__2. City
__3. Township
__4. Village
__5. Water/Sanitary District (Section 6119 O.R.C.)

FUNDING TYPE REQUESTED
(Check All Requested & Enter Amount)
X 1. Grant $ 770,000.00
__2. Loan $_____
__3. Loan Assistance $_____

PROJECT TYPE
(Check Largest Component)
X 1. Road
__2. Bridge/Culvert
__3. Water Supply
__4. Wastewater
__5. Solid Waste
__6. Stormwater

TOTAL PROJECT COST: $ 1,100,000.00 FUNDING REQUESTED: $ 770,000.00

DISTRICT RECOMMENDATION
To be completed by the District Committee ONLY

GRANT:$ 770,000.00 LOAN ASSISTANCE:$_____
SCIP LOAN: $_____ RATE:_____% TERM: _____yrs.
RLP LOAN: $_____ RATE:_____% TERM: _____yrs.

(Check only 1)
__State Capital Improvement Program __Small Government Program
X Local Transportation Improvements Program

FOR OPWC USE ONLY

PROJECT NUMBER: C_____/C_____
Local Participation _____%
OPWC Participation _____%
Project Release Date: ___/___/___
OPWC Approval: _____

APPROVED FUNDING: $_____
Loan Interest Rate: _____%
Loan Term: _____years
Maturity Date: _____
Date Approved: ___/___/___
SCIP Loan _____ RLP Loan_____

1.0 PROJECT FINANCIAL INFORMATION

			TOTAL DOLLARS	FORCE ACCOUNT DOLLARS
1.1	**PROJECT ESTIMATED COSTS:** (Round to Nearest Dollar)			
a.)	Basic Engineering Services:		$_____.00	_____
	Preliminary Design	$_____. 00		
	Final Design	$_____. 00		
	Bidding	$_____. 00		
	Construction Phase	$_____. 00		
	Additional Engineering Services *Identify services and costs below.		$_____.00	_____
b.)	Acquisition Expenses: Land and/or Right-of-Way		$_____.00	_____
c.)	Construction Costs:		$ 1,100,000.00	_____
d.)	Equipment Purchased Directly:		$_____.00	
e.)	Permits, Advertising, Legal: (Or Interest Costs for Loan Assistance Applications Only)		$_____.00	
f.)	Construction Contingencies:		$_____.00	
g.)	TOTAL ESTIMATED COSTS:		$ 1,100,000.00	

*List Additional Engineering Services here:
Service: Cost:

1.2 PROJECT FINANCIAL RESOURCES:
(Round to Nearest Dollar and Percent)

		DOLLARS	%
a.)	Local In-Kind Contributions	$ .00	
b.)	Local Revenues	$ 330,000.00	30
c.)	Other Public Revenues	$ .00	
	ODOT	$ .00	
	Rural Development	$ .00	
	OEPA	$ .00	
	OWDA	$ .00	
	CDBG	$ .00	
	OTHER _____	$ .00	
	SUBTOTAL LOCAL RESOURCES:	$ 330,000.00	30
d.)	OPWC Funds		
	1. Grant	$ 770,000.00	70
	2. Loan	$ .00	
	3. Loan Assistance	$ .00	
	SUBTOTAL OPWC RESOURCES:	$ 770,000.00	70
e.)	TOTAL FINANCIAL RESOURCES:	$ 1,100,000.00	100%

1.3 AVAILABILITY OF LOCAL FUNDS:

Attach a statement signed by the Chief Financial Officer listed in section 5.2 certifying all local share funds required for the project will be available on or before the earliest date listed in the Project Schedule section.

ODOT PID# _____ Sale Date: _____

STATUS: (Check one)

Traditional _____

Local Planning Agency (LPA) _____

State Infrastructure Bank _____

2.0 PROJECT INFORMATION

If project is multi-jurisdictional, information must be consolidated in this section.

2.1 PROJECT NAME: HARRISON/WESSELMAN/JOHNSON INTERSECTION IMPROVEMENT

2.2 BRIEF PROJECT DESCRIPTION - (Sections A through C):

A: SPECIFIC LOCATION:

The project is located in Green Township at the intersection of Harrison Pike, Wesselman Road, and Johnson Road. The construction limits are as follows:

Harrison Pike: 800 feet each side of intersection
Wesselman & Johnson: 650 feet each (*see attached location map*).

PROJECT ZIP CODE: 45247

B: PROJECT COMPONENTS:

1.) Remove existing asphalt surface
2.) Widen roadways to accommodate left turn lanes on each leg of intersection
3.) Install storm sewer system
4.) Resurface with asphaltic concrete
5.) Signalize intersection
6.) Pavement striping
7.) Grading, seeding and mulching as required
8.) Water works items as necessary

C: PHYSICAL DIMENSIONS / CHARACTERISTICS:

This project is 2,900 feet in length, with a varying width of between 24 to 36 feet.

D: DESIGN SERVICE CAPACITY:

Detail current service capacity vs. proposed service level.

Road or Bridge: Current ADT 32,312 Year: 1999 Projected ADT: _____ Year: ____

Water/Wastewater: Based on monthly usage of 7,756 gallons per household, attach current rate ordinance. Current Residential Rate: $_____ Proposed Rate: $_____

Stormwater: Number of households served: _____

2.3 USEFUL LIFE / COST ESTIMATE: Project Useful Life: 25 Years.

Attach Registered Professional Engineer's statement, with original seal and signature confirming the project's useful life indicated above and estimated cost.

3.0 REPAIR/REPLACEMENT or NEW/EXPANSION:

TOTAL PORTION OF PROJECT REPAIR/REPLACEMENT	**$ 1,100,000.00**
TOTAL PORTION OF PROJECT NEW/EXPANSION	**$ 0.00**

4.0 PROJECT SCHEDULE: *

		BEGIN DATE	END DATE
4.1	**Engineering/Design:**	**01 / 02 / 97**	**08 / 31 / 98**
4.2	**Bid Advertisement and Award:**	**11 / 15 / 00**	**12 / 15 / 00**
4.3	**Construction:**	**03 / 15 / 01**	**10 / 30 / 02**
4.4	**Right-of-Way/Land Acquisition:**	**01 / 01 / 00**	**11 / 30 / 00**

* Failure to meet project schedule may result in termination of agreement for approved projects. Modification of dates must be requested in writing by the CEO of record and approved by the commission once the Project Agreement has been executed. The project schedule should be planned around receiving a Project Agreement on or about July 1st.

5.0 APPLICANT INFORMATION:

5.1 CHIEF EXECUTIVE OFFICER

OFFICER	William W. Brayshaw
TITLE	Hamilton County Engineer
STREET	138 E. Court Street
	Room 700, CAB
CITY/ZIP	Cincinnati, OH 45202
PHONE	(513) 946 - 4287
FAX	(513) 946 - 4288
E-MAIL	william.brayshaw@engineer.hamilton-co.org

5.2 CHIEF FINANCIAL OFFICER

OFFICER	Dusty Rhodes
TITLE	Hamilton County Auditor
STREET	138 East Court Street
	Room 304, CAB
CITY/ZIP	Cincinnati, OH 45202
PHONE	(513) 946 - 4045
FAX	(513) 946 - 4043
E-MAIL	auditor@fuse.net

5.3 PROJECT MANAGER

PROJECT MANAGER	Timothy Gilday
TITLE	Planning & Design Engineer
STREET	138 E. Court Street
	Room 700, CAB
CITY/ZIP	Cincinnati, OH 45202
PHONE	(513) 946 - 4261
FAX	(513) 946 - 4288
E-MAIL	tim.gilday@engineer.hamilton-co.org

Changes in Project Officials must be submitted in writing from the CEO.

6.0 ATTACHMENTS/COMPLETENESS REVIEW:

Confirm in the blocks [ ] below that each item listed is attached.

[X] A certified copy of the legislation by the governing body of the applicant authorizing a designated official to sign and submit this application and execute contracts. This individual should sign under 7.0, Applicant Certification, below.

[X] A certification signed by the applicant's chief financial officer stating all local share funds required for the project will be available on or before the dates listed in the Project Schedule section. If the application involves a request for loan (RLP or SCIP), a certification signed by the CFO which identifies a specific revenue source for repaying the loan also must be attached. Both certifications can be accomplished in the same letter.

[X] A registered professional engineer's detailed cost estimate and useful life statement, as required in 164-1-13, 164-1-14, and 164-1-16 of the Ohio Administrative Code. Estimates shall contain an engineer's original seal or stamp and signature.

[ ] A cooperation agreement (if the project involves more than one subdivision or district) which identifies the fiscal and administrative responsibilities of each participant.

[ ] Projects which include new and expansion components and potentially affect productive farmland should include a statement evaluating the potential impact. If there is a potential impact, the Governor's Executive Order 98-VII and the OPWC Farmland Preservation Review Advisory apply.

[X] Capital Improvements Report: (Required by O.R.C. Chapter 164.06 on standard form)

[X] Supporting Documentation: Materials such as additional project description, photographs, economic impact (temporary and/or full time jobs likely to be created as a result of the project), accident reports, impact on school zones, and other information to assist your district committee in ranking your project. Be sure to include supplements which may be required by your *local* District Public Works Integrating Committee.

7.0 APPLICANT CERTIFICATION:

The undersigned certifies that: (1) he/she is legally authorized to request and accept financial assistance from the Ohio Public Works Commission; (2) to the best of his/her knowledge and belief, all representations that are part of this application are true and correct; (3) all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and, (4) should the requested financial assistance be provided, that in the execution of this project, the applicant will comply with all assurances required by Ohio Law, including those involving Buy Ohio and prevailing wages.

Applicant certifies that physical construction on the project as defined in the application has NOT begun, and will not begin until a Project Agreement on this project has been executed with the Ohio Public Works Commission. Action to the contrary will result in termination of the agreement and withdrawal of Ohio Public Works Commission funding of the project.

William W. Brayshaw, P.E., P.S., Hamilton County Engineer
Certifying Representative (Type or Print Name and Title)

William W. Brayshaw 9-17-99
Signature/Date Signed

County of Hamilton

WILLIAM W. BRAYSHAW, P.E.-P.S. COUNTY ENGINEER

700 COUNTY ADMINISTRATION BUILDING

138 EAST COURT STREET

CINCINNATI, OHIO 45202-1232

PHONE (513) 946-4250 FAX (513) 946-4288

STATEMENT OF USEFUL LIFE

As required by Chapter 164-1-13 of the Ohio Administrative Code, I hereby certify that the Harrison/Wesselman/Johnson Intersection Improvement project will have a useful life of at least 25 years.

CONSTRUCTION COSTS:

The opinion of Project Construction Costs is based on current unit price experience and is subject to adjustment upon completion of detailed plans and receipt of an acceptable proposal by a qualified contractor.

William W. Brayshaw

WILLIAM W. BRAYSHAW, P.E., - P.S.
HAMILTON COUNTY ENGINEER

PROJECT : HARRISON @ JOHNSON/WESSELMAN INTERSECTION IMPROVEMENT
ENG. EST.: $1,100,000.00

REF. NO.	ITEM NO.	DESCRIPTION	UNIT	QUANT	ENGINEER'S ESTIMATE UNIT	TOTAL
1	201	CLEARING & GRUBBING	LS	1	25,000.00	$25,000.00
2	202	CATCH BASINS REMOVED	EA	7	500.00	$3,500.00
3	202	MANHOLE REMOVED	EA	1	750.00	$750.00
4	202	PIPE REMOVED (300mm)	M	26	15.00	$390.00
5	202	FENCE REMOVED	M	26	10.00	$260.00
6	202	WEARING COURSE REMOVED	SM	50	5.00	$250.00
7	202	CONCRETE CURB REMOVED	M	164	2.00	$328.00
8	202	CONCRETE WALK REMOVED	SM	550	2.00	$1,100.00
9	202	PAVEMENT REMOVED	SM	1857	2.00	$3,714.00
10	202	ASPHALT DRIVEWAY REMOVED	SM	1715	3.00	$5,145.00
11	202	CONCRETE DRIVEWAY REMOVED	SM	532	5.00	$2,660.00
12	203	EXCAVATION NOT INCLUDING EMBANKMENT	CM	811	15.00	$12,165.00
13	203	EMBANKMENT	CM	1926	15.00	$28,890.00
14	203	SUBGRADE COMPACTION	SM	3987	2.50	$9,967.50
15	252	PAVEMENT SAWING	M	54	5.00	$270.00
16	301	BITUMINOUS AGGREGATE BASE	CM	810	110.00	$89,100.00
17	301	BITUMINOUS AGGREGATE BASE (DRIVES)	CM	159	125.00	$19,875.00
18	402	ASPHALT CONCRETE, AC-20	CM	180	140.00	$25,200.00
19	404	ASPHALT CONCRETE, AC-20, AS PER PLAN	CM	128	140.00	$17,920.00
20	404	ASPHALT CONCRETE, AC-20, AS PER PLAN (DRIVES)	CM	52	175.00	$9,100.00
21	452	PPCCP (DRIVES)	SM	91	100.00	$9,100.00
22	452	PPCCP (WALKS, COMMERCIAL DRIVES)	SM	293	150.00	$43,950.00
23	601	ROCK CHANNEL PROTECTION, TYPE B, W/FILTER	CM	3	90.00	$270.00
24	601	ROCK CHANNEL PROTECTION, TYPE C, W/O FILTER	CM	1.4	100.00	$140.00
25	601	ROCK CHANNEL PROTECTION, TYPE C, GROUT IN PLACE	CM	2.8	110.00	$308.00
26	603	6" CONDUIT, TYPE B, 706.02, CLASS IV	M	10	75.00	$750.00
27	603	12" CONDUIT, TYPE B, 706.02, CLASS IV	M	384.9	140.00	$53,886.00
28	603	12" CONDUIT, TYPE C, 706.02, CLASS IV	M	25	140.00	$3,500.00
29	603	15" CONDUIT, TYPE B, 706.02, CLASS IV	M	46.8	150.00	$7,020.00
30	603	15" CONDUIT, TYPE C, 706.02, CLASS IV	M	5.9	150.00	$885.00
31	603	18" CONDUIT, TYPE B, 706.02, CLASS IV	M	2.4	160.00	$384.00
32	604	CATCH BASIN, TYPE CB-3MH W/ VANE GRATES	EA	8	1,500.00	$12,000.00
33	604	CATCH BASIN, TYPE CB-2.2M W/ VANE GRATES	EA	1	1,200.00	$1,200.00
34	604	CATCH BASIN, TYPE CB-2.1M W/ VANE GRATES	EA	10	1,200.00	$12,000.00
35	604	CATCH BASIN, TYPE CB-1.1M W/ VANE GRATES	EA	7	1,000.00	$7,000.00
36	604	HEADWALL TYPE HW 1.1M	EA	4	1,500.00	$6,000.00
37	604	HEADWALL TYPE HW 2.2M	EA	2	1,700.00	$3,400.00
38	604	MANHOLE, TYPE MH-2.1M	EA	3	1,750.00	$5,250.00
39	604	MANHOLE ADJ. TO GRADE	EA	1	500.00	$500.00
40	607	CHAIN LINK FENCE	M	13	45.00	$585.00
41	608	CONCRETE WALK	SM	620	35.00	$21,700.00
42	608	CURB RAMP, TYPE 1	EA	2	250.00	$500.00
43	609	CURB, TYPE 6	M	1420	50.00	$71,000.00
44	609	ASPHALT CURB, TYPE 1	M	8	25.00	$200.00
45	614	MAINTAINING TRAFFIC	LS	1	50,000.00	$50,000.00
46	619	FIELD OFFICE	LS	1	5,000.00	$5,000.00
47	621	RAISED PAVEMENT MARKERS (RED/WHITE)	EA	131	25.00	$3,275.00
48	621	RAISED PAVEMENT MARKERS (YELLOW/YELLOW)	EA	103	25.00	$2,575.00
49	623	CONSTRUCTION LAYOUT STAKES	LS	1	7,500.00	$7,500.00
50	625	CONDUIT, 25mm, 713.04	M	7	4.00	$28.00
51	625	CONDUIT, 51mm, 713.04	M	200	8.00	$1,600.00
52	625	CONDUIT, 76mm, 713.04	M	9	10.00	$90.00
53	625	TRENCH	M	207	4.00	$828.00
54	625	PULL BOX, 713.08, 457mm	EA	7	600.00	$4,200.00
55	625	PULL BOX, 713.08, 610mm	EA	1	600.00	$600.00
56	625	GROUND ROD	EA	5	100.00	$500.00

57	625	BRACKET ARM, 5M (AS PER PLAN)	EA	1	100.00	$100.00
58	630	SIGN HANGER ASSEMBLY, SPAN WIRE	EA	4	130.00	$520.00
59	630	SIGN, FLAT SHEET, TYPE G - OVERHEAD	SM	2.8	25.00	$70.00
60	630	SIGN, FLAT SHEET, TYPE G - GROUND MOUNTED	SM	7.7	20.00	$154.00
61	630	NO. 3 POST	EA	69	8.00	$552.00
62	632	VEHICULAR SIGNAL HEAD, 3 SECTION, 12" LENS, 1 WAY	EA	6	420.00	$2,520.00
63	632	VEHICULAR SIGNAL HEAD, 5 SECTION, 12" LENS, 2 WAY	EA	2.0	420.00	$840.00
64	632	PEDESTRIAN SIGNAL HEAD, TYPE A2, AS PER PLAN	EA	2	450.00	$900.00
65	632	PEDESTRIAN PUSHBUTTON WITH SIGNS	EA	2	125.00	$250.00
66	632	LOOP DETECTOR PAVEMENT CUTTING	M	278	10.00	$2,780.00
67	632	SIGNAL CABLE, 5-CONDUCTOR, NO. 14 AWG	M	265	4.00	$1,060.00
68	632	SIGNAL CABLE, 7-CONDUCTOR, NO. 14 AWG	M	25	5.00	$125.00
69	632	POWER CABLE, 2-CONDUCTOR, NO. 6 AWG	M	14	4.00	$56.00
70	632	LOOP DETECTOR WIRE, TYPE E	M	460	1.00	$460.00
71	632	LOOP DETECTOR LEAD IN CABLE	M	798	2.00	$1,596.00
72	632	CABLE SUPPORT ASSEMBLY	EA	7	50.00	$350.00
73	632	COMBINATION SIGNAL STRAIN POLE, TYPE TC-81.10M, DESIGN 6	EA	1	5,000.00	$5,000.00
74	632	SIGNAL STRAIN POLE, TYPE TC-81.10M, DESIGN 6	EA	3	5,000.00	$15,000.00
75	632	PEDESTAL, 2.5M	EA	1	200.00	$200.00
76	632	WORK PAD	SM	5.23	100.00	$523.00
77	632	CONCRETE FOR ANCHOR BASE FOUNDATION	CM	8.12	500.00	$4,060.00
78	632	POWER SERVICE	EA	1	900.00	$900.00
79	632	COVERING OF VEHICULAR SIGNAL HEAD	EA	8.00	25.00	$200.00
80	632	COVERING OF PEDESTRIAN SIGNAL HEAD	EA	2	25.00	$50.00
81	633	CONCRETE FOR CABINET FOUNDATION	CM	0.72	500.00	$360.00
82	633	CONTROLLER, ACTUATED, 8 PHASE, SOLID STATE, AS PER PLAN	EA	1	20,000.00	$20,000.00
83	641	CENTERLINE, DOUBLE YELLOW	KM	0.876	3.00	$2.63
84	641	TRANSVERSE LINES, YELLOW	M	88	6.00	$528.00
85	641	CHANNELIZING LINES, WHITE	M	376	6.00	$2,256.00
86	641	LANE LINE, WHITE	KM	0.741	3.00	$2.22
87	641	CROSSWALK LINE, WHITE	M	46	15.00	$690.00
88	641	STOP LINE, WHITE	M	39	21.00	$819.00
89	641	LANE ARROWS, WHITE	EA	13	100.00	$1,300.00
90	641	WORD "ONLY" ON PAVEMENT, WHITE	EA	10	125.00	$1,250.00
91	653	TOPSOIL FURNISHED AND PLACED	CM	169	100.00	$16,900.00
92	660	SODDING	SM	3374	10.00	$33,740.00
93	SPL	STRUCTURE ADJUSTED TO GRADE	EA	1	10,000.00	$10,000.00
94	SPL	MAILBOXES REMOVED & RESET	EA	12	100.00	$1,200.00
95	SPL	PERFORMANCE BOND	LS	1	1,000.00	$1,000.00
96	SPL	AS BUILT STORM SEWER DRAWINGS	LS	1	5,000.00	$5,000.00
	SPL	WATER WORKS ITEMS	LS	1	249,415.00	$249,415.00
	SPL	CONTINGENCIES	LS	1	123,962.65	$123,962.65

$1,100,000.00

County of Hamilton

WILLIAM W. BRAYSHAW, P.E.-P.S. COUNTY ENGINEER

700 COUNTY ADMINISTRATION BUILDING

138 EAST COURT STREET

CINCINNATI, OHIO 45202-1232

PHONE (513) 946-4250 FAX (513) 946-4288

September 21, 1999

STATUS OF FUNDS REPORT

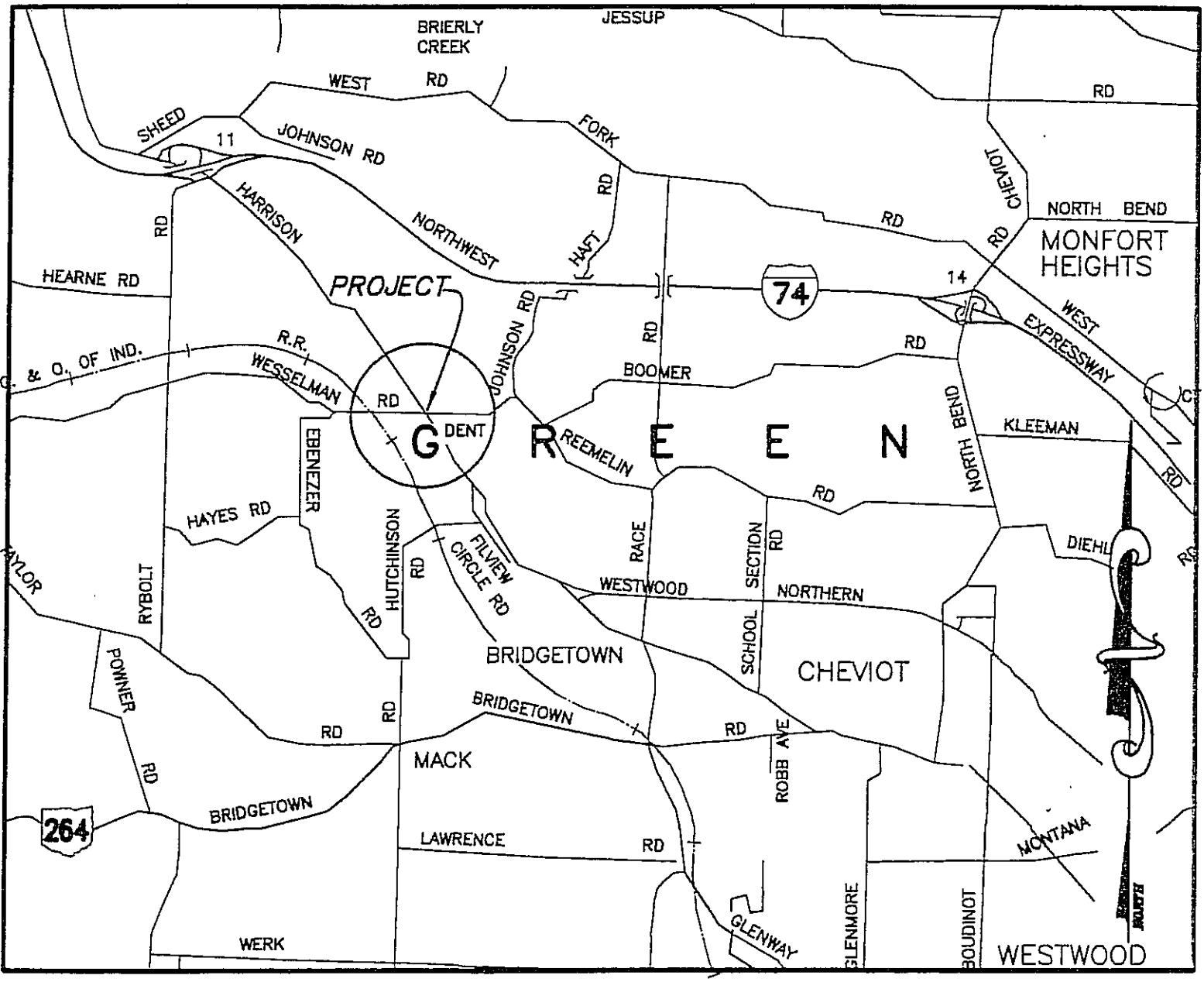
Project: **HARRISON/WESSELMAN/JOHNSON INTERSECTION IMPROVEMENT**

This is to certify that the sum of $330,000.00 is available as the local matching funds in connection with the application for State Capital Improvement Funds for the above mentioned project.

The source of the local match will be Road and Bridge Funds. Local matching funds will be encumbered and certified upon completion of the Project Agreement with the Ohio Public Works Commission.

Chief Executive Officer: William W. Brayshaw
WILLIAM W. BRAYSHAW, P.E.-P.S.
HAMILTON COUNTY ENGINEER

Chief Financial Officer:
DUSTY RHODES
HAMILTON COUNTY AUDITOR



VICINITY MAP

N.T.S

COM'RS MIN.
VOL. 263
AUG 28 199
IMAGE 5785

RESOLUTION

APPOINTING WILLIAM W. BRAYSHAW, P.E., P.S., HAMILTON COUNTY ENGINEER, AS CHIEF EXECUTIVE OFFICER OF HAMILTON COUNTY FOR PURPOSES OF APPLYING FOR INFRASTRUCTURE FUNDING

BY THE BOARD:

WHEREAS, the State Capital Improvement Program and Local Transportation Improvement Program provide for infrastructure funding; and

WHEREAS, the District 2 Integrating Committee is accepting applications for projects within Hamilton County, the State of Ohio; and

WHEREAS, Hamilton County is applying for infrastructure repair and replacement projects; and

WHEREAS, the Ohio Public Works Commission requires that a Chief Executive Officer be appointed;

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Hamilton County, Ohio, that William W. Brayshaw be appointed to the position of Chief Executive Officer for the Political Subdivision of Hamilton County for the purpose of applying for infrastructure funding and to execute such agreements with the Ohio Public Works Commission.

ADOPTED at a regularly adjourned meeting of the Board of County Commissioners of Hamilton County, Ohio, this 28th day of August, 1996.

Mr. Bedinghaus AYE Mr. Dowlin AYE Mr. Guckenberger AYE

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution adopted by the Board of County Commissioners in session the 28th day of August, 1996.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal of the Office of the Board of County Commissioners of Hamilton County, Ohio, this 28th day of August, 1996.

Jacqueline Panioto

Jacqueline Panioto, Clerk
Board of County Commissioners
Hamilton County, Ohio

County of Hamilton

WILLIAM W. BRAYSHAW, P.E.-P.S. COUNTY ENGINEER

700 COUNTY ADMINISTRATION BUILDING

138 EAST COURT STREET

CINCINNATI, OHIO 45202-1232

PHONE (513) 946-4250 FAX (513) 946-4288

CERTIFICATION OF TRAFFIC COUNT

As required by the District 2 Integrating Committee, I hereby certify that the traffic counts herein attached to the **Harrison/Wesselman/Johnson Intersection Improvement project application** are a true and accurate count done by the Hamilton County Engineer's Office, Traffic Division.

William W. Brayshaw

WILLIAM W. BRAYSHAW, P.E.- P.S.
HAMILTON COUNTY ENGINEER

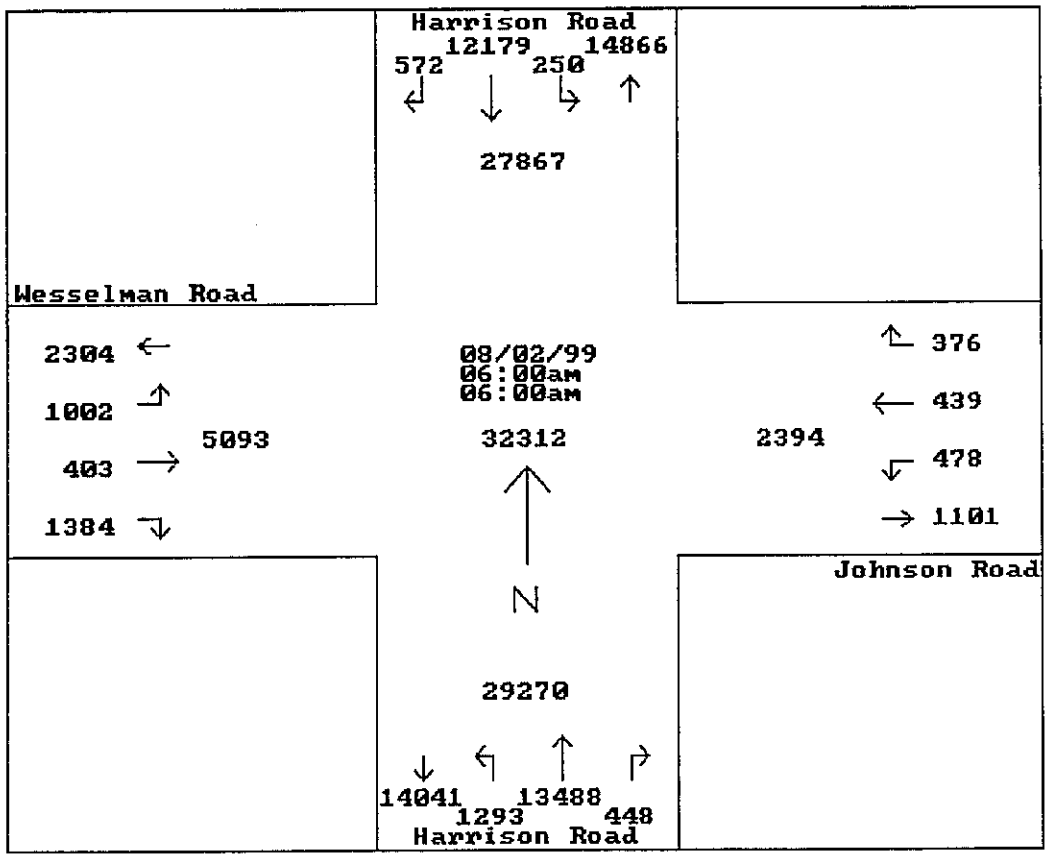
Weather : Sunny & Mild
Counted By: A. Dole
Count Days: Monday & Tuesday
Township : Green Township

William W. Brayshaw P.E.-P.S.
Hamilton County Engineer
Traffic Department
Tom Langenbrunner, Traffic Supervisor

Study Name: HARJONWS
Site Code : 00000000
Start Date: 08/02/99
Page : 1

Vehicle group 1

Start Time	Harrison Road From North			Johnson Road From East			Harrison Road From South			Wesselman Road From West			Intrvl. Total
	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	
Grp 1	1.430	1.430	1.430	1.430	1.430	1.430	1.430	1.430	1.430	1.430	1.430	1.430	
08/02/99													
06:00	250	12179	572	478	439	376	1293	13488	448	1002	403	1384	32312
% Apr.	1.9	93.6	4.3	36.9	33.9	29.0	8.4	88.5	2.9	35.9	14.4	49.6	-
% Int.	0.7	37.6	1.7	1.4	1.3	1.1	4.0	41.7	1.3	3.1	1.2	4.2	-



24 Hour Count (Factor = 1.43)

Harrison, Johnson & Wesselman Roads

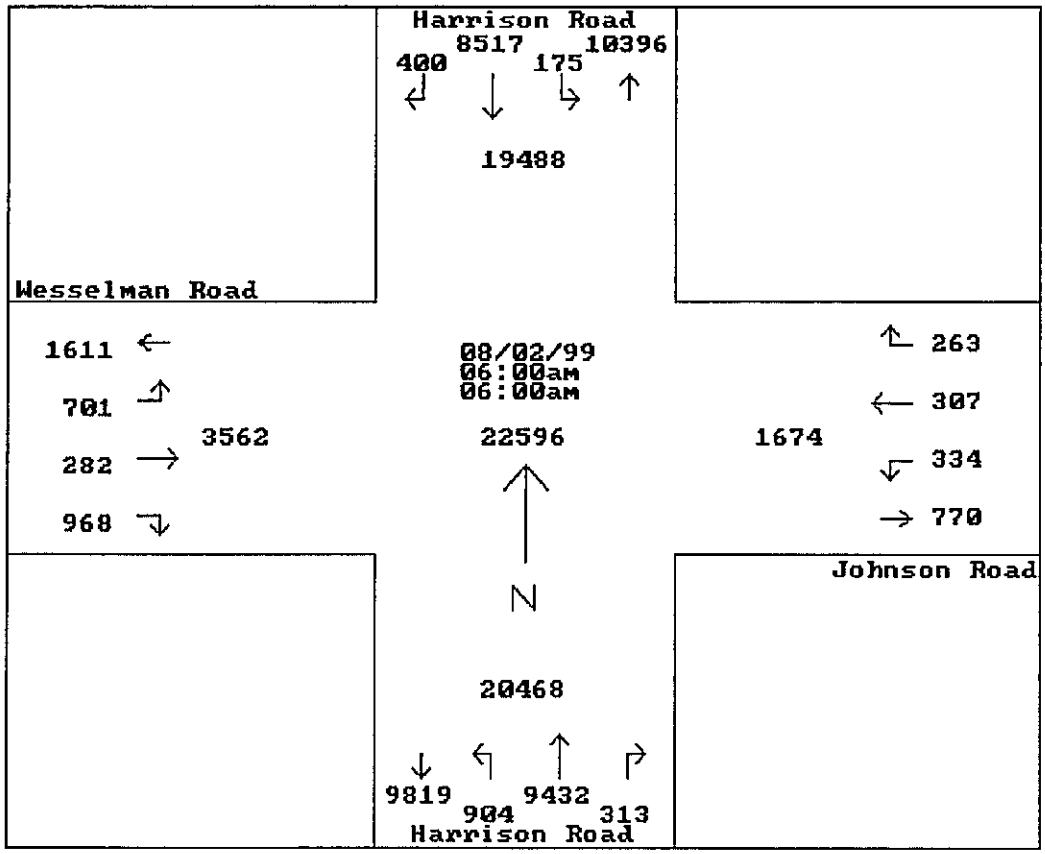
William W. Brayshaw P.E.-P.S.
Hamilton County Engineer
Traffic Department
Tom Langenbrunner, Traffic Supervisor

Weather : Sunny & Mild
Counted By: A. Dole
Count Days: Monday & Tuesday
Township : Green Township

Study Name: HARJONWS
Site Code : 00000000
Start Date: 08/02/99
Page : 1

Vehicle group 1

Start Time	Harrison Road From North			Johnson Road From East			Harrison Road From South			Wesselman Road From West			Intrvl. Total
	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	
08/02/99													
06:00	175	8517	400	334	307	263	904	9432	313	701	282	968	22596
% Apr.	1.9	93.6	4.3	36.9	33.9	29.0	8.4	88.5	2.9	35.9	14.4	49.6	-
% Int.	0.7	37.6	1.7	1.4	1.3	1.1	4.0	41.7	1.3	3.1	1.2	4.2	-



12 Hour Count

Harrison, Johnson & Wesselman Roads

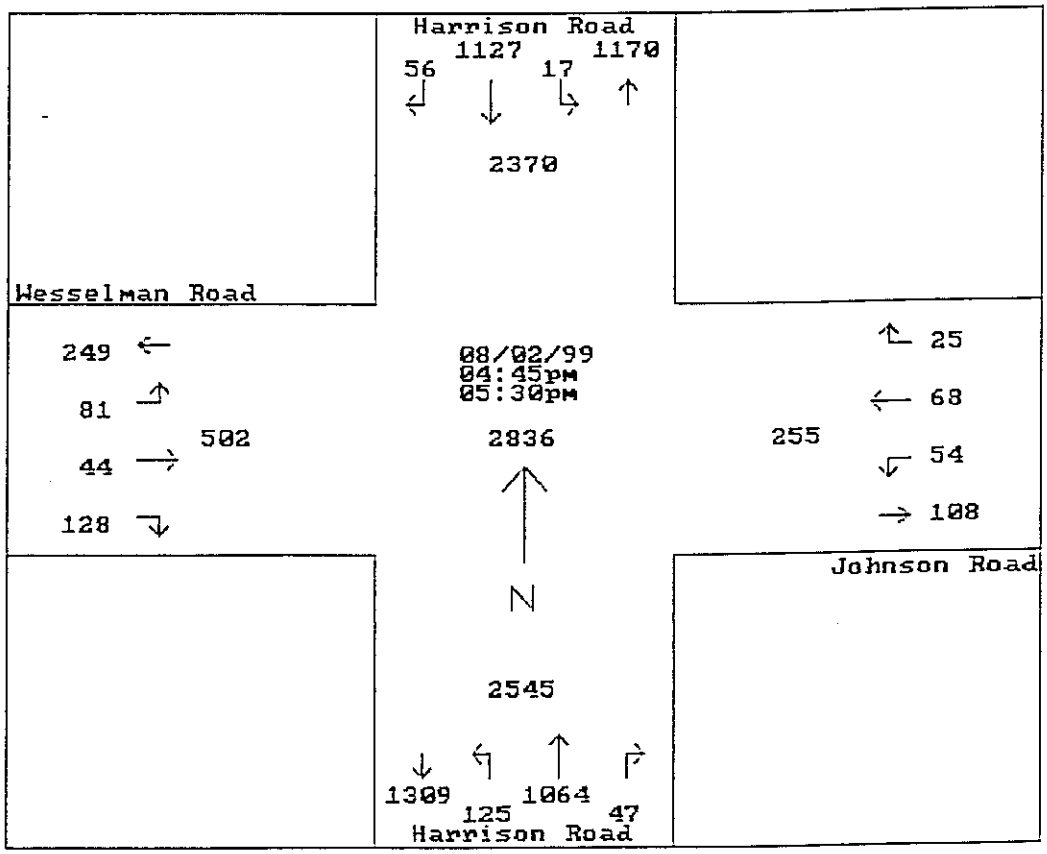
William W. Brayshaw P.E.-P.S.
Hamilton County Engineer
Traffic Department
Tom Langenbrunner, Traffic Supervisor

Weather : Sunny & Mild
Counted By: A. Dole
Count Days: Monday & Tuesday
Township : Green Township

Study Name: HARJONWS
Site Code : 00000000
Start Date: 08/02/99
Page : 4

Vehicle group 1

Start Time	Harrison Road From North Left	Thru	Right	Johnson Road From East Left	Thru	Right	Harrison Road From South Left	Thru	Right	Wesselman Road From West Left	Thru	Right	Intrvl. Total
Peak Hour Analysis By Entire Intersection for the Period: 12:00 on 08/02/99 to 17:45 on 08/02/99													
Time	16:45			16:45			16:45			16:45			
Vol.	17	1127	56	54	68	25	125	1064	47	81	44	128	
Pct.	1.4	93.9	4.6	36.7	46.2	17.0	10.1	86.0	3.8	32.0	17.3	50.5	
Total	1200			147			1236			253			
High	17:00			17:15			17:15			16:45			
Vol.	2	301	7	14	29	7	34	280	14	32	11	54	
Total	310			50			328			97			
PHF	0.967			0.735			0.942			0.652			



Harrison, Johnson & Wesselman Roads

P.M. PEAK HOUR

HCM: SIGNALIZED INTERSECTION SUMMARY Version 2.4e 09-16-1999
Center For Microcomputers In Transportation

Streets: (E-W) Wesselman-Johnson (N-S) Harrison
Analyst: TBH File Name: HARWESE9.HC9
Area Type: Other 9-16-99 PM PK
Comment: Existing traffic and existing geometrics

	Eastbound			Westbound			Northbound			Southbound		
	L	T	R	L	T	R	L	T	R	L	T	R
No. Lanes	0	> 1	< 0	0	> 1	< 0	0	> 2	< 0	0	> 2	< 0
Volumes	81	44	128	54	68	25	125	1064	47	17	1127	56
Lane W (ft)		12.0			12.0			12.0			12.0	
RTOR Vols			0			0			0			0
Lost Time	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Signal Operations

Phase Combination		1	2	3	4			5	6	7	8
EB	Left	*				NB	Left	*	*		
	Thru	*					Thru	*	*		
	Right	*					Right	*	*		
	Peds						Peds				
WB	Left	*				SB	Left		*	*	
	Thru	*					Thru		*	*	
	Right	*					Right		*	*	
	Peds						Peds				
NB	Right					EB	Right				
SB	Right					WB	Right				
Green		35.0P				Green		14.0P	49.0P	6.0P	
Yellow/AR		4.0				Yellow/AR		4.0	4.0	4.0	

Cycle Length: 120 secs Phase combination order: #1 #5 #6 #7

Intersection Performance Summary

	Lane Group: Mvmts	Cap	Adj Sat Flow	v/c Ratio	g/C Ratio	Delay	LOS	Approach: Delay	LOS
EB	LTR	362	1207	0.776	0.300	36.1	D	36.1	D
WB	LTR	321	1071	0.510	0.300	27.5	D	27.5	D
NB	LTR	1440	2541	1.002	0.567	38.4	D	38.4	D
SB	LTR	1738	3475	0.806	0.500	21.1	C	21.1	C

Intersection Delay = 30.3 sec/veh Intersection LOS = D

Lost Time/Cycle, L = 0.0 sec Critical v/c(x) = 0.000

HCM: SIGNALIZED INTERSECTION SUMMARY Version 2.4e 09-16-1999
Center For Microcomputers In Transportation

Streets: (E-W) Wesselman-Johnson (N-S) Harrison
Analyst: TBH File Name: HARWESP9.HC9
Area Type: Other 9-16-99 PM PK
Comment: Existing traffic and proposed geometrics

	Eastbound			Westbound			Northbound			Southbound		
	L	T	R	L	T	R	L	T	R	L	T	R
No. Lanes	1	1	< 0	1	1	< 0	1	2	< 0	1	2	< 0
Volumes	81	44	128	54	68	25	125	1064	47	17	1127	56
Lane W (ft)	10.0	11.0		10.0	11.0		10.0	11.0		10.0	11.0	
RTOR Vols			0			0			0			0
Lost Time	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Signal Operations

Phase Combination		1	2	3	4			5	6	7	8
EB	Left	*				NB	Left	*	*		
	Thru	*					Thru	*	*		
	Right	*					Right	*	*		
	Peds						Peds				
WB	Left	*				SB	Left		*	*	
	Thru	*					Thru		*	*	
	Right	*					Right		*	*	
	Peds						Peds				
NB	Right					EB	Right				
SB	Right					WB	Right				
Green		39.0P				Green		12.0P	41.0A	12.0P	
Yellow/AR		4.0				Yellow/AR		4.0	4.0	4.0	

Cycle Length: 120 secs Phase combination order: #1 #5 #6 #7

Intersection Performance Summary

	Lane Group: Mvmts	Cap	Adj Sat Flow	v/c Ratio	g/C Ratio	Delay	LOS	Approach: Delay	LOS
EB	L	383	1150	0.235	0.333	22.0	C	22.8	C
	TR	533	1600	0.358	0.333	23.2	C		
WB	L	275	824	0.218	0.333	21.9	C	21.7	C
	TR	576	1728	0.181	0.333	21.6	C		
NB	L	239	1652	0.582	0.483	21.3	C	20.5	C
	TR	1730	3579	0.749	0.483	20.4	C		
SB	L	280	1652	0.068	0.483	20.7	C	21.7	C
	TR	1728	3576	0.798	0.483	21.8	C		

Intersection Delay = 21.3 sec/veh Intersection LOS = C
Lost Time/Cycle, L = 9.0 sec Critical v/c(x) = 0.637

HCM: SIGNALIZED INTERSECTION SUMMARY Version 2.4e 09-16-1999
Center For Microcomputers In Transportation

Streets: (E-W) Wesselman-Johnson (N-S) Harrison
Analyst: TBH File Name: HARWES10.HC9
Area Type: Other 9-16-99 PM PK
Comment: 10 year projected traffic and proposed geometrics

	Eastbound			Westbound			Northbound			Southbound		
	L	T	R	L	T	R	L	T	R	L	T	R
No. Lanes	1	1	< 0	1	1	< 0	1	2	< 0	1	2	< 0
Volumes	92	50	145	61	77	28	141	1202	53	19	1274	63
Lane W (ft)	10.0	11.0		10.0	11.0		10.0	11.0		10.0	11.0	
RTOR Vols			0			0			0			0
Lost Time	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Signal Operations

Phase Combination		1	2	3	4			5	6	7	8
EB	Left	*				NB	Left	*	*		
	Thru	*					Thru	*	*		
	Right	*					Right	*	*		
	Peds						Peds				
WB	Left	*				SB	Left		*	*	
	Thru	*					Thru		*	*	
	Right	*					Right		*	*	
	Peds						Peds				
NB	Right					EB	Right				
SB	Right					WB	Right				
Green		35.0P				Green		12.0P	45.0P	12.0P	
Yellow/AR		4.0				Yellow/AR		4.0	4.0	4.0	

Cycle Length: 120 secs Phase combination order: #1 #5 #6 #7

Intersection Performance Summary

	Lane Group: Mvmts	Cap	Adj Sat Flow	v/c Ratio	g/C Ratio	Delay	LOS	Approach: Delay	LOS
EB	L	323	1076	0.316	0.300	24.9	C	25.9	D
	TR	480	1600	0.452	0.300	26.3	D		
WB	L	207	689	0.329	0.300	25.1	D	24.4	C
	TR	519	1729	0.226	0.300	24.0	C		
NB	L	239	1652	0.657	0.517	25.0	C	20.3	C
	TR	1849	3578	0.792	0.517	19.8	C		
SB	L	280	1652	0.075	0.517	21.3	C	21.6	C
	TR	1848	3576	0.844	0.517	21.6	C		

Intersection Delay = 21.5 sec/veh Intersection LOS = C
Lost Time/Cycle, L = 9.0 sec Critical v/c(x) = 0.721

HCM: SIGNALIZED INTERSECTION SUMMARY Version 2.4e 09-16-1999
Center For Microcomputers In Transportation

Streets: (E-W) Wesselman-Johnson (N-S) Harrison
Analyst: TBH File Name: HARWES20.HC9
Area Type: Other 9-16-99 PM PK
Comment: 20 year projected traffic and proposed geometrics

	Eastbound			Westbound			Northbound			Southbound		
	L	T	R	L	T	R	L	T	R	L	T	R
No. Lanes	1	1	< 0	1	1	< 0	1	2	< 0	1	2	< 0
Volumes	102	55	161	68	86	32	158	1341	59	21	1420	71
Lane W (ft)	10.0	11.0		10.0	11.0		10.0	11.0		10.0	11.0	
RTOR Vols			0			0			0			0
Lost Time	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00

Signal Operations

Phase Combination		1	2	3	4			5	6	7	8
EB	Left	*				NB	Left	*	*		
	Thru	*					Thru	*	*		
	Right	*					Right	*	*		
	Peds						Peds				
WB	Left	*				SB	Left		*	*	
	Thru	*					Thru		*	*	
	Right	*					Right		*	*	
	Peds						Peds				
NB	Right					EB	Right				
SB	Right					WB	Right				
Green		35.0P				Green		12.0P	45.0P	12.0P	
Yellow/AR		4.0				Yellow/AR		4.0	4.0	4.0	

Cycle Length: 120 secs Phase combination order: #1 #5 #6 #7

Intersection Performance Summary

	Lane Group: Mvmts	Cap	Adj Sat Flow	v/c Ratio	g/C Ratio	Delay	LOS	Approach: Delay	LOS
EB	L	303	1011	0.372	0.300	25.5	D	26.5	D
	TR	480	1599	0.500	0.300	27.0	D		
WB	L	180	600	0.422	0.300	26.6	D	25.1	D
	TR	518	1727	0.255	0.300	24.3	C		
NB	L	239	1652	0.736	0.517	30.6	D	24.2	C
	TR	1849	3578	0.884	0.517	23.6	C		
SB	L	280	1652	0.082	0.517	25.5	D	28.3	D
	TR	1847	3576	0.942	0.517	28.3	D		

Intersection Delay = 26.2 sec/veh Intersection LOS = D
Lost Time/Cycle, L = 9.0 sec Critical v/c(x) = 0.804

William W. Brayshaw P.E.-P.S.
Hamilton County Engineer
Traffic Department
Tom Langenbrunner, Traffic Supervisor

Weather : Sunny & Mild
Counted By: A. Dole
Count Days: Monday & Tuesday
Township : Green Township

Study Name: HARJONWS
Site Code : 00000000
Start Date: 08/02/99
Page : 1

Vehicle group 1

Start Time	Harrison Road From North			Johnson Road From East			Harrison Road From South			Wesselman Road From West			Intrvl. Total
	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	
08/02/99													
06:00	1	34	2	2	1	6	4	78	1	7	4	1	141
06:15	0	57	2	1	2	4	4	152	1	16	4	5	248
06:30	0	82	4	1	1	3	7	160	4	15	9	9	295
06:45	1	101	5	8	6	7	5	160	1	20	5	13	332
Hour	2	274	13	12	10	20	20	550	7	58	22	28	1016
07:00	0	95	12	5	2	5	14	199	4	26	4	16	382
07:15	3	125	9	7	6	9	10	278	3	28	10	29	517
07:30	4	154	9	3	4	5	17	313	5	32	10	47	603
07:45	7	172	15	5	11	15	20	271	5	37	13	30	601
Hour	14	546	45	20	23	34	61	1061	17	123	37	122	2103
08:00	2	150	5	7	9	7	10	170	3	22	8	25	418
08:15	3	148	3	3	5	9	14	149	3	12	10	27	386
08:30	6	134	4	5	3	3	10	188	4	28	8	24	417
08:45	1	149	6	8	6	3	8	136	3	15	11	23	369
Hour	12	581	18	23	23	22	42	643	13	77	37	99	1590
09:00	2	141	11	5	2	7	10	149	4	14	2	25	372
09:15	1	191	5	3	4	7	10	154	7	9	3	17	411
09:30	2	167	13	5	2	3	11	135	10	9	3	18	378
09:45	1	135	4	6	2	8	12	177	1	13	4	10	373
Hour	6	634	33	19	10	25	43	615	22	45	12	70	1534
10:00	1	161	8	5	4	1	16	152	7	9	1	13	378
10:15	6	139	7	6	8	4	19	163	3	10	5	16	386
10:30	2	152	4	6	2	6	10	169	3	13	3	14	384
10:45	5	128	6	5	3	3	7	183	7	7	5	14	373
Hour	14	580	25	22	17	14	52	667	20	39	14	57	1521
11:00	3	163	7	6	4	4	16	182	4	10	2	15	416
11:15	6	193	9	12	5	6	21	175	5	17	4	20	473
11:30	3	185	4	8	3	9	12	197	4	11	3	36	475
11:45	4	157	8	7	4	5	24	176	10	11	5	18	429
Hour	16	698	28	33	16	24	73	730	23	49	14	89	1793
12:00	9	141	4	4	7	7	25	161	8	10	8	26	410
12:15	9	193	6	6	11	3	34	173	6	8	5	15	469
12:30	4	189	5	5	4	7	26	200	7	10	5	14	476
12:45	3	170	8	9	11	3	23	188	6	17	1	16	455
Hour	25	693	23	24	33	20	108	722	27	45	19	71	1810

William W. Brayshaw P.R.-P.S.
Hamilton County Engineer
Traffic Department
Tom Langenbrunner, Traffic Supervisor

Weather : Sunny & Mild
Counted By: A. Dole
Count Days: Monday & Tuesday
Township : Green Township

Study Name: HARJONWS
Site Code : 00000000
Start Date: 08/02/99
Page : 2

Vehicle group 1

Start Time	Harrison Road From North			Johnson Road From East			Harrison Road From South			Wesselman Road From West			Intrvl. Total
	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	Left	Thru	Right	
13:00	1	204	4	10	9	4	19	191	7	11	5	17	482
13:15	1	166	11	6	6	4	12	191	6	2	4	28	437
13:30	6	199	9	5	3	6	27	206	12	9	3	15	500
13:45	10	182	9	5	3	3	21	214	6	4	3	15	475
Hour	18	751	33	26	21	17	79	802	31	26	15	75	1894
14:00	3	168	9	11	4	3	20	198	7	16	4	11	454
14:15	5	169	8	13	3	2	18	189	5	13	5	13	443
14:30	3	180	5	8	7	7	22	235	14	8	3	19	511
14:45	4	188	10	6	0	3	23	222	6	9	4	15	490
Hour	15	705	32	38	14	15	83	844	32	46	16	58	1898
15:00	2	213	5	6	5	3	27	153	5	7	5	22	453
15:15	2	192	12	6	9	2	21	220	5	16	8	16	509
15:30	5	255	9	10	7	5	27	253	10	11	7	17	616
15:45	2	228	9	10	4	7	26	232	8	16	7	21	570
Hour	11	888	35	32	25	17	101	858	28	50	27	76	2148
16:00	6	251	14	9	11	7	30	194	15	17	5	23	582
16:15	4	256	8	3	10	7	29	213	10	18	7	26	591
16:30	8	249	15	10	12	4	33	248	7	15	7	19	627
16:45	4	275	13	15	10	4	28	251	11	32	11	54	708
Hour	22	1031	50	37	43	22	120	906	43	82	30	122	2508
17:00	2	301	7	14	14	5	34	256	13	21	7	26	700
17:15	6	268	17	14	29	7	34	280	14	10	18	24	721
17:30	5	283	19	11	15	9	29	277	9	18	8	24	707
17:45	7	284	22	9	14	12	25	221	14	12	6	27	653
Hour	20	1136	65	48	72	33	122	1034	50	61	39	101	2781
Total	175	8517	400	334	307	263	904	9432	313	701	282	968	22596
% Apr.	1.9	93.6	4.3	36.9	33.9	29.0	8.4	88.5	2.9	35.9	14.4	49.6	-
% Int.	0.7	37.6	1.7	1.4	1.3	1.1	4.0	41.7	1.3	3.1	1.2	4.2	-

II. HARRISON AVENUE, WESSELMAN ROAD, AND JOHNSON ROAD

Accident History

The accident rate at this location per million vehicles is 2.15 which is more than twice the statewide average. This location has the highest number of accidents (65) for the three year period.

Most of the accidents at this location were of the rear-end type (approximately 50%). The statewide average for this type of accident is 30%. There were also some 22 accidents involving angle collisions. This represents 34% of the accident total and is about the same as the statewide average. However, in a closer look at this type of accident, the collision diagrams show that there were 16 angle collisions involving left turn vehicles. This represents approximately 25% of the total number of accidents. The greatest contributing factor(s) to these accidents is the absence of left turn storage lanes coupled with a significant volume of turning traffic that has no protected turning phase.

In addition, 28% of all accident occurred during rain or wet pavement situations. This represents a 100% increase over the statewide average. Also, most of the accidents occurred between 4:00 p.m. and 6:00 p.m. (31%). This is during the heavier volume p.m. peak hours.

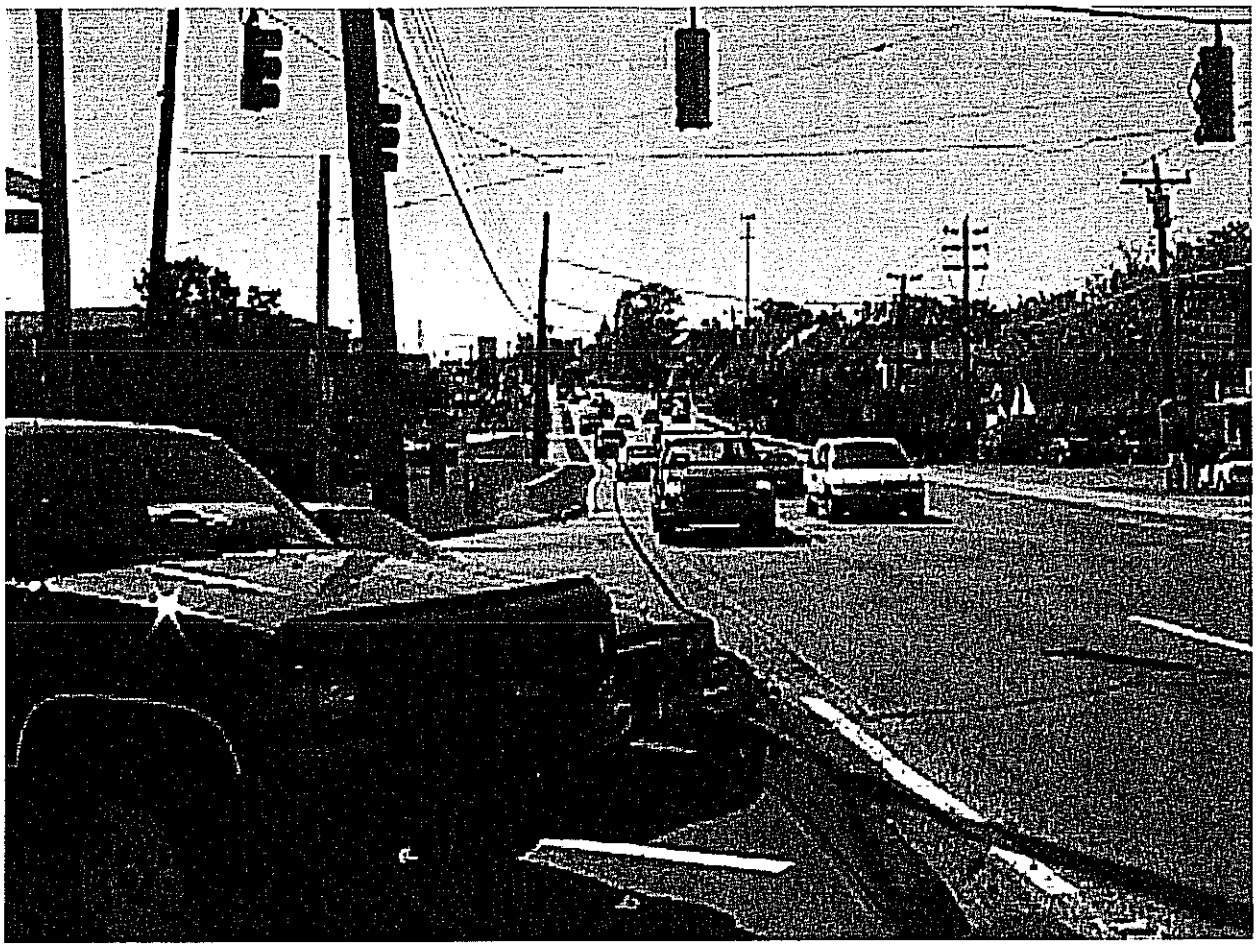
WESSELMAN INTERSECTION WITH HARRISON FACING EAST

WESSELMAN INTERSECTION AT HARRISON FACING NORTH

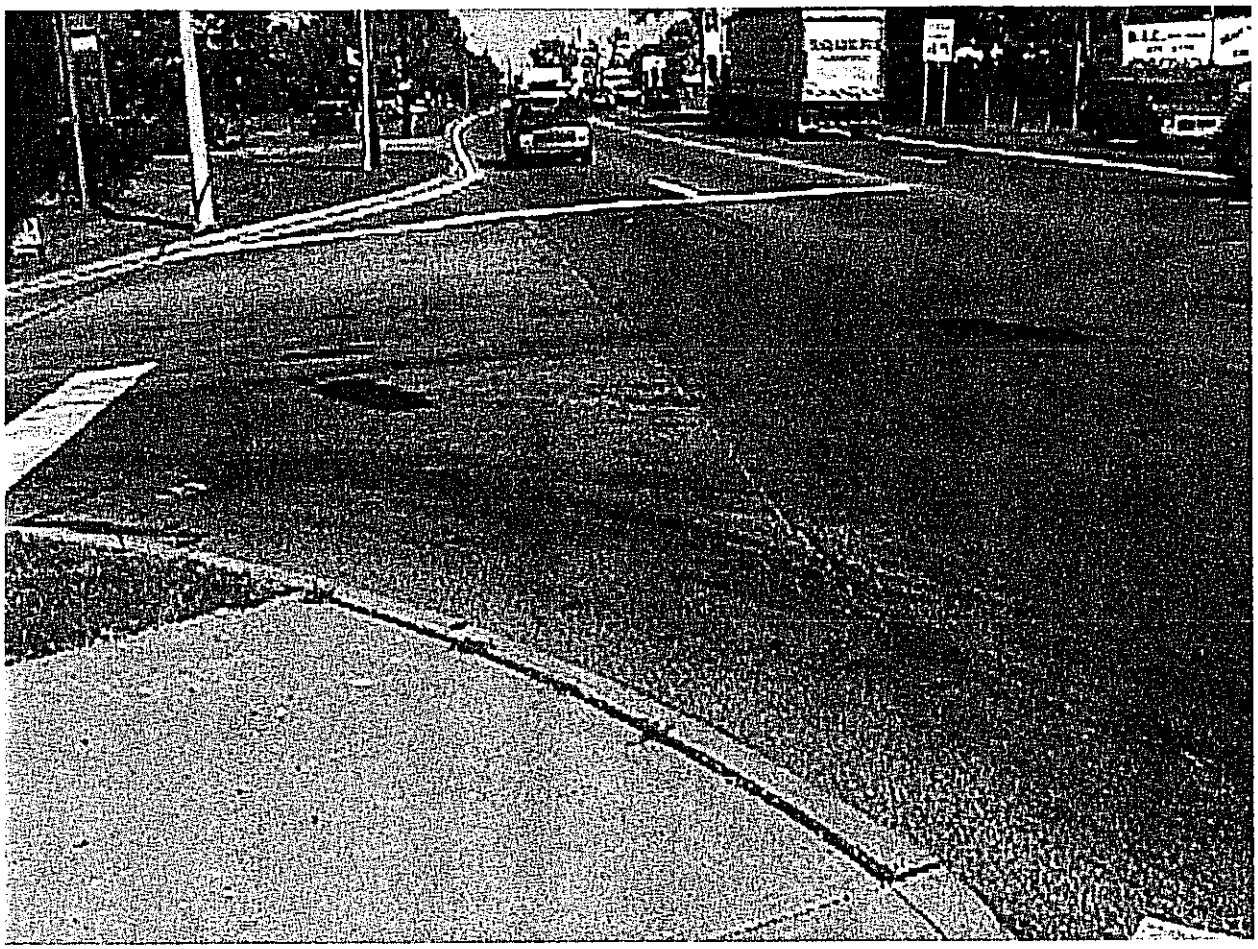
WESSELMAN & JOHNSON AT HARRISON AVENUE

JOHNSON INTERSECTION AT HARRISON FACING WEST

WESSELMAN AT HARRISON FACING WEST

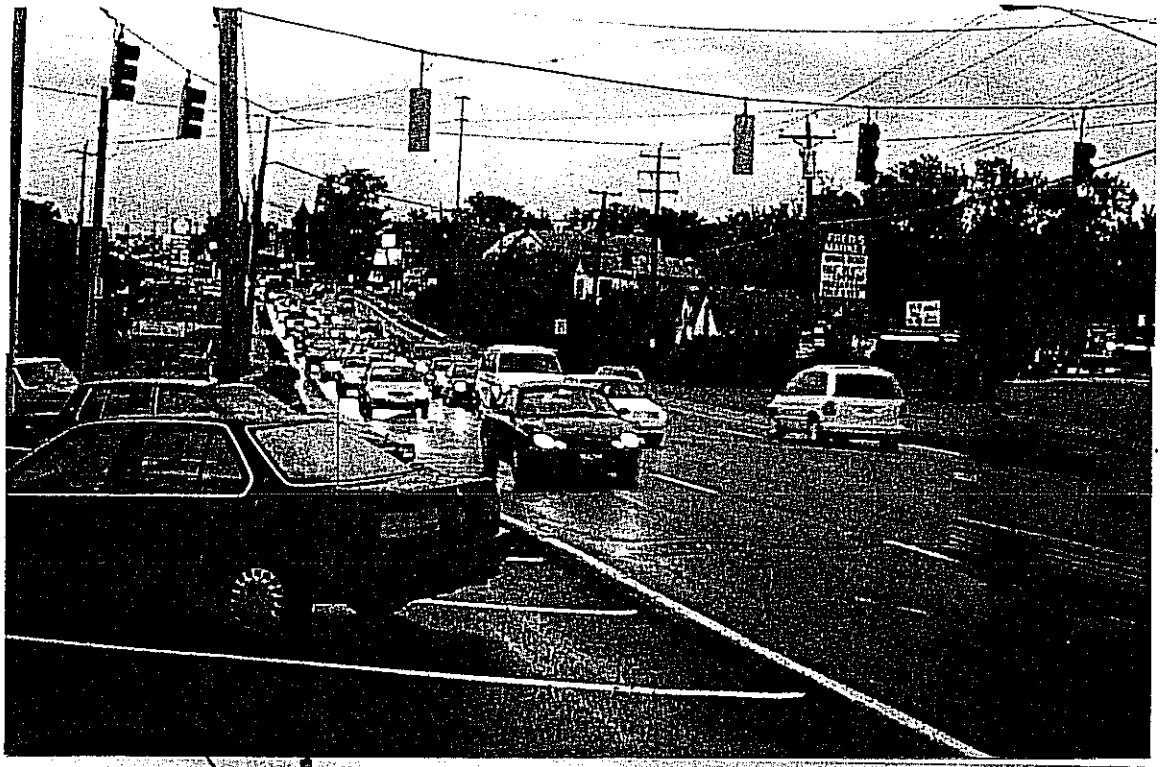


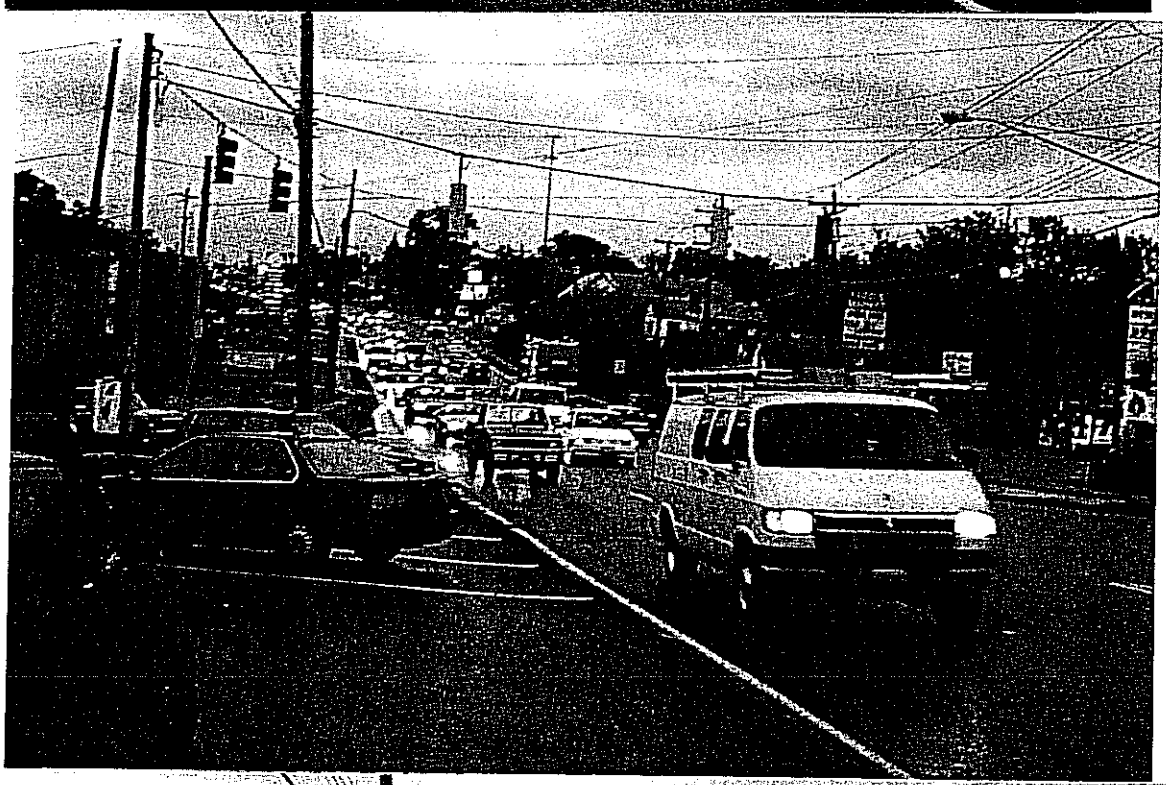
JOHNSON INTERSECTION WITH HARRISON FACING SOUTH

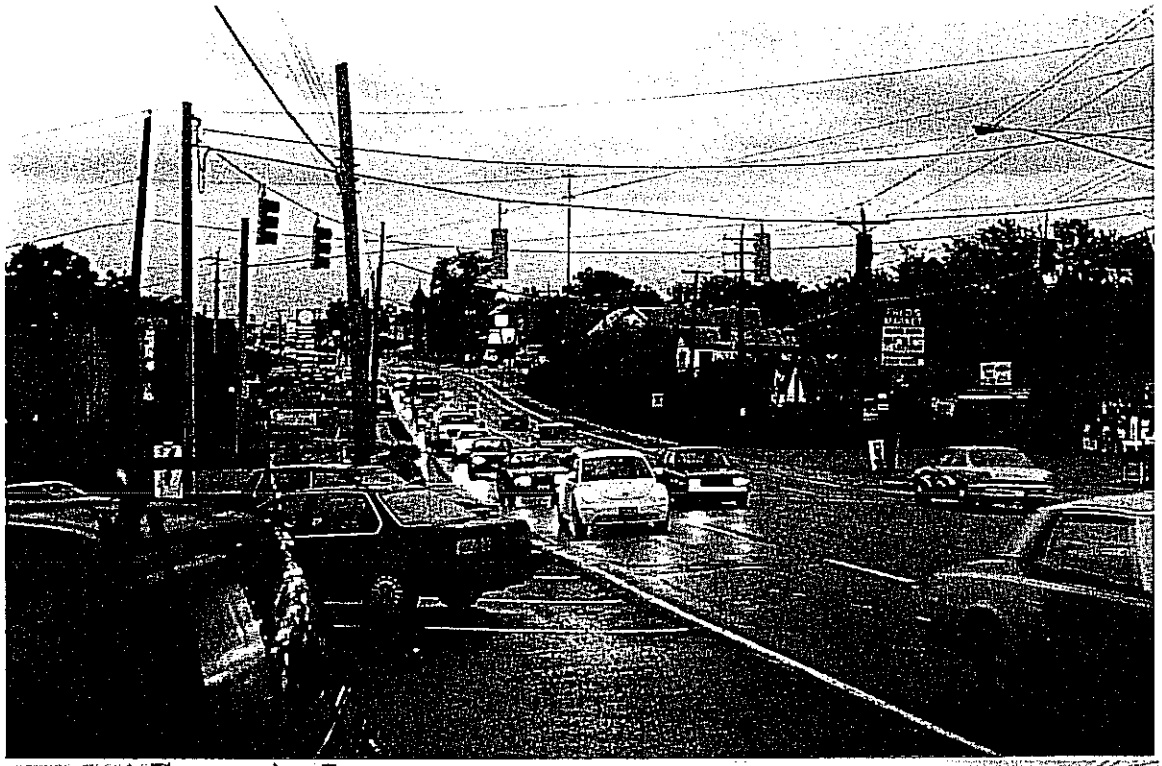


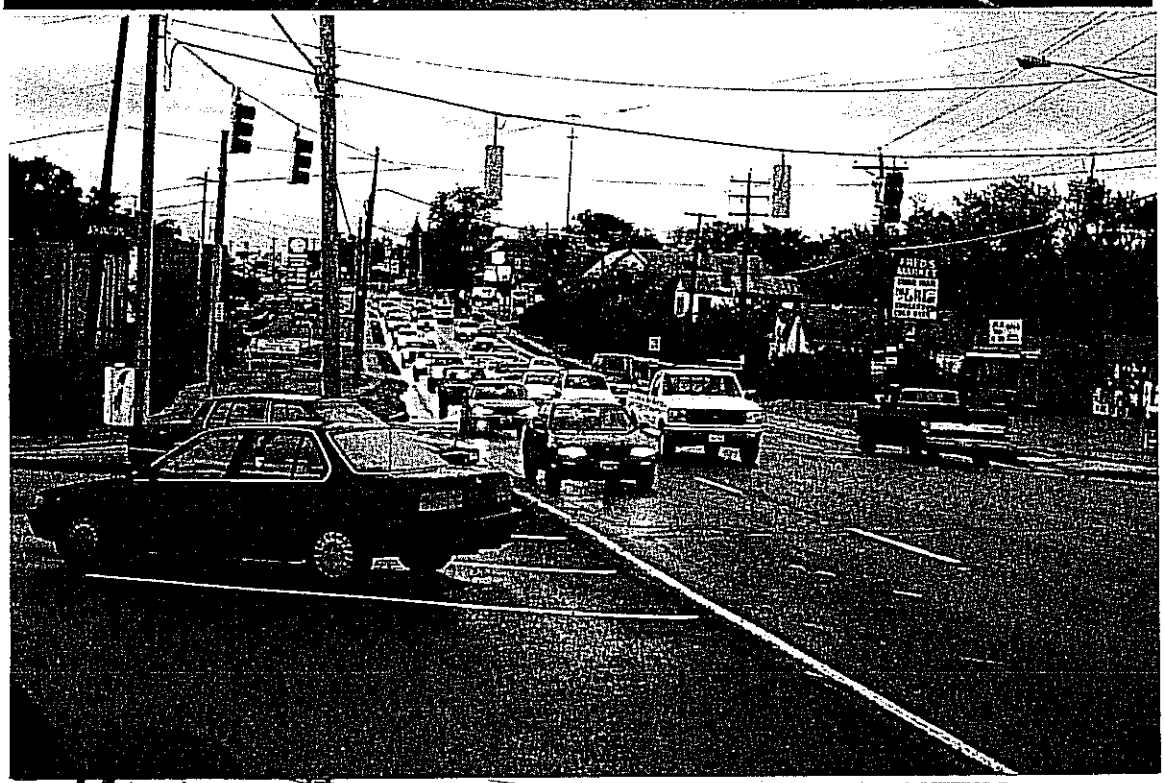
JOHNSON INTERSECTION AT HARRISON AVENUE

JOHNSON INTERSECTION AT HARRISON AVENUE









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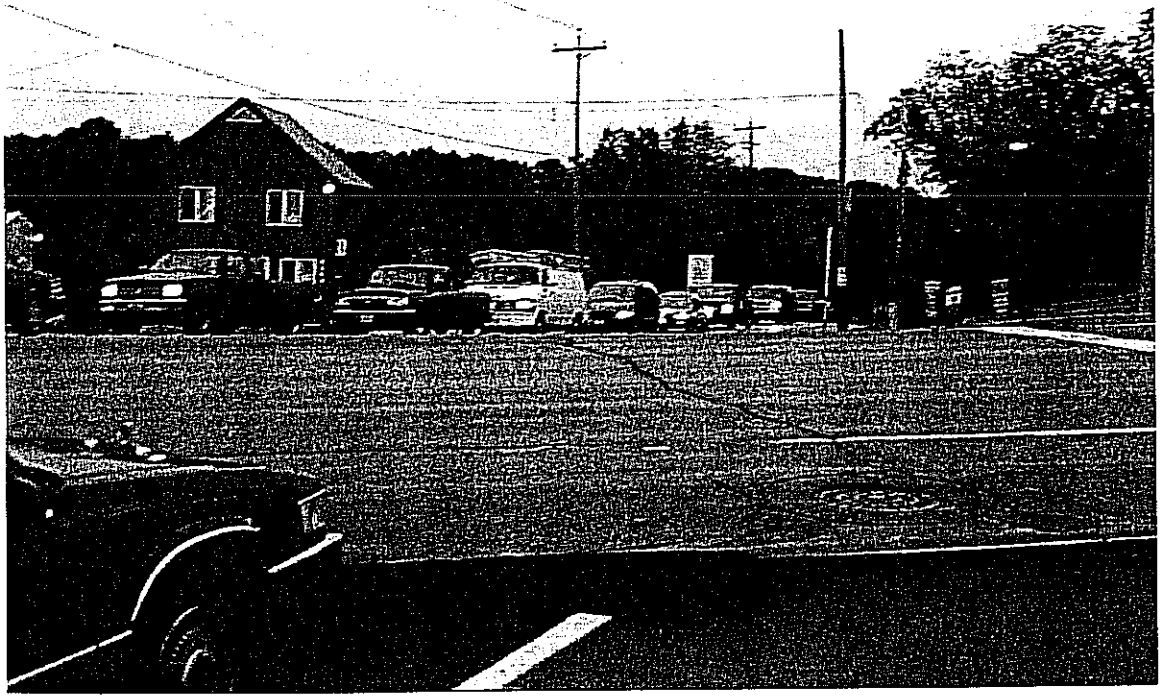


OHIO TRAFFIC CRASH REPORT OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☒ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 1498-0513

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☒ UNSOLVED

IN COUNTY OF: HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF: GREEN '7' | DATE OF CRASH: M 4 D 22 Y 98 | DAY: WED | TIME: MILITARY: 0735

CRASH OCCURRED ON: 6024 HARRISON AVE | WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 100 FEET N W S (E) OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): JOHNSON Rd 'CR' | CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS: 2 | OHIO DL: 2623

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): DONALDSON TR. | ADDRESS: 45211

PHONE NO.: 661 7379 | OCCUPATION: AND INS

OWNER (IF SAME AS DRIVER, WRITE SAME): SAM. | ADDRESS: SAME

VEH YR: 19 90 | MAKE: CHEV | VEH/PED DIR: FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS: | BOS1460L CO

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): HERRON MIC | ADDRESS: 45248

PHONE NO.: 574 4184 | OCCUPATION: UNDERGRADUATE

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 90	JEEP	COMANCHE	[illegible]	[illegible]	OH	AQQ 1409	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POSITION: A 1 B 1 C D E F

7 ③ ⑥ ② ⑤ ① ④ 7

8 9

P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A ☒ O.R.C. ☐ CITY ORD.: OFFENSE CHARGED AND DESCRIPTION: ASSURED CLEAR DISTANCE 4511.21 A

B ☐ O.R.C. ☐ CITY ORD.: OFFENSE CHARGED AND DESCRIPTION: -

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	0735	0735	0815	N/A	40 MIN

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 4 D 22 Y 98	☐ YES ☒ NO	Ed FISCHER	14	S-83

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL FILE NO. 7798-811

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

REPORT TAKEN	NO. OF VEH/PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
Hamilton	IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green - 7	M 5 D 29 Y 98	Friday	0710

CRASH OCCURRED ON (C.R.) 6008 Harrison Ave. WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION 1.0 MILES: ____ FEET W N S E OF (C.R.) Wesselman Rd (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE

LOG 1	LOG 2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	K 110 8193 SAFECO

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Kallmeyer, J. Pete	3549 Meadow Rd. Cinti, OH 45211

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
481-8943	M 7 D 21 Y 70	27	M	290846991	OH	RG537853	CAB MGR.

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 89	NISSAN	P/U	MAR	P/U	OH	NL36BV	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	1	☒	☐	☐	☐	☐	288 0521 D15 358 STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Hornbuck, Vicki S.	5967 Calmhaven Dr. Cin, OH 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-1457	M 4 D 2 Y 62	36	F	278640172	OH	RU298487	Graphic Des

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	FORD	BRONCO	GRN	2DR	OHIO	SIP 350	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C			M D Y	
		ADDRESS	PHONE	SEX
D				
E		N		
		A		
F				

POSITION	INJURIES
A 1, B 1, C, D, E, F	A 5, B 5, C, D, E, F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION
A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS
A 4, B 4, C, D, E, F

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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION
A 1, B 1, C, D, E, F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

POLICE ACTION

A ☒ O.R.C. ☐ CITY ORD: 4511.21 - A.C.D.

B ☐ O.R.C. ☐ CITY ORD: None

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	0714	0728	0810	—	42 mins

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 5 D 29 Y 98	☐ YES ☒ NO	G. Maley	644	SB

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL FILE NO. 98-0835

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.
		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH 2 PEDESTRIANS INVOLVED | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF Hamilton | IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green 7 | DATE OF CRASH: M 6 D 3 Y 98 | DAY WED | TIME: MILITARY 1125

CRASH OCCURRED ON 6200 C.R. Harrison Ave. | WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION .5 MILES: ____ FEET (W) N E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) C.R. Wesselman Rd | CITY CODE

LOC ON	LOC 2ND	LOC	DIR	DIST	FEET	DESC							

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT CAP 5004767 MURPHY'S

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Fortman, Thomas L. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4441 W. 8th St. #7C Cin'ti, Ohio 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
471-7472	M 9 D 12 Y 65	32	M	286782692	OH	RT208305	Truck Driver

OWNER (IF SAME AS DRIVER, WRITE SAME): Roe II Bros. | ADDRESS: 6006 Bender Rd. Cin, Oh. 45205 | PHONE: 922-3382

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 85	Freightliner	1260	Red	Dump	OH	PP239V	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 6 (2, 3, 4, 5, 6, 7, 8) | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 1549738 Universal Underwriters

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Williams, Rowan M. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 599 Dew Drop Cir. Cin'ti, Oh. 45240

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
742-8078	M 6 D 12 Y 75	22	M	300824306	OH	RN 696320	Delivery

OWNER (IF SAME AS DRIVER, WRITE SAME): I.B.S. Cincinnati Inc. | ADDRESS: 4753 Interstate Dr. Cin, OH 45246 | PHONE: 874-2414

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	Ford	Econoline	White	VAN	OHIO	PC316G	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 (2, 3, 4, 5, 6, 7, 8) | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

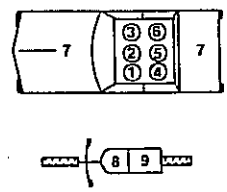
D FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

E FROM UNIT NO. | NAME (LAST, FIRST, MI): N | BIRTHDATE M D Y | AGE | ADDRESS: N | PHONE | SEX

F FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POSITION: A 1 B 1 C D E F



P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 3 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A ☒ O.R.C. ☐ CITY ORD: 4511.21 - ACD

B ☐ O.R.C. ☐ CITY ORD: None

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1130	1135	1240	—	69 mins

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 6 D 3 Y 98	☐ YES ☒ NO	G. Maley	644	(FRL)

HSY 7004

PCI RATING SCALE

PCI		M & R NEEDS
EXCELLENT	100	ROUTINE & PREVENTIVE
VERY GOOD	85	
GOOD	70	LIFE CYCLE COST ANALYSIS REQUIRED
FAIR	55	
POOR	40	MAJOR REHABILITATION
VERY POOR	25	RECONSTRUCTION
FAILED	10	
	0	

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "457" And SectionID = "K"
Sort Criteria: None

Network: NONE **Name:** HAMILTON COUNTY ENGINEER
Branch: 457 **Name:** HARRISON AV **Use:** ROADWAY
Section: K **Surface:** ABR **Family** ABR **Last Const:** 6/ 1/87
From: PVMT CHANGE 59656 **To:** JOHNSON/WESSELMAN 66836
Category: N **Zone:** GR **Rank:** P **Street Type:** **Shoulder:** **Grade:** 0.00 **Lanes:** 0

Length	Width	Area
7,180.00	45.00	323,100.01

Inspections

Last Insp Date	Total Samples	PCI	Ride	SN	Shoulder	Overall	FOD	SN40	SN60
ACNPCN PCTOPER	MARKING	Samples Surveyed							
08/23/1993		16. 48							

Sample Number	Type	Size	Units
02	R	2,000.	SF

Sample Number	Type	Size	Units
12	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	21.	LF
10	LONGITUDINAL/TRANSVERSE C	L	56.	LF
11	PATCH/UTILITY CUT	L	5.	SF
11	PATCH/UTILITY CUT	M	4.	SF
15	RUTTING	H	400.	SF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
22	R	2,300.	SF

Distress	Description	Sev	Quantity	Units
10	LONGITUDINAL/TRANSVERSE C	L	111.	LF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "457" And SectionID = "K"
Sort Criteria: None

15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
32	R	2,700.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	M	27.	LF
10	LONGITUDINAL/TRANSVERSE C	L	149.	LF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
42	R	2,700.	SF

Distress	Description	Sev	Quantity	Units
10	LONGITUDINAL/TRANSVERSE C	L	115.	LF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
52	R	2,700.	SF

Distress	Description	Sev	Quantity	Units
10	LONGITUDINAL/TRANSVERSE C	L	35.	LF
11	PATCH/UTILITY CUT	L	15.	SF
15	RUTTING	M	200.	SF

Sample Number	Type	Size	Units
62	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	20.	LF
10	LONGITUDINAL/TRANSVERSE C	L	75.	LF
15	RUTTING	M	200.	SF

Sample Number	Type	Size	Units
72	R	2,000.	SF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "457" And SectionID = "K"
Sort Criteria: None

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	22.	LF
10	LONGITUDINAL/TRANSVERSE C	L	63.	LF
15	RUTTING	M	200.	SF

Sample Number	Type	Size	Units
A02	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	M	100.	LF
10	LONGITUDINAL/TRANSVERSE C	L	205.	LF
10	LONGITUDINAL/TRANSVERSE C	M	100.	LF
11	PATCH/UTILITY CUT	L	2.	SF
15	RUTTING	H	400.	SF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
A12	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	100.	LF
10	LONGITUDINAL/TRANSVERSE C	L	52.	LF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
A22	R	2,300.	SF

Distress	Description	Sev	Quantity	Units
10	LONGITUDINAL/TRANSVERSE C	L	20.	LF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
A32	R	2,700.	SF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "457" And SectionID = "K"
Sort Criteria: None

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	24.	LF
10	LONGITUDINAL/TRANSVERSE C	L	95.	LF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
A42	R	2,700.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	29.	LF
10	LONGITUDINAL/TRANSVERSE C	L	81.	LF
15	RUTTING	M	400.	SF

Sample Number	Type	Size	Units
A52	R	2,700.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	48.	LF
10	LONGITUDINAL/TRANSVERSE C	L	1,265.	LF
11	PATCH/UTILITY CUT	L	24.	SF
15	RUTTING	M	200.	SF

Sample Number	Type	Size	Units
A62	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	37.	LF
10	LONGITUDINAL/TRANSVERSE C	L	67.	LF
15	RUTTING	M	200.	SF

Sample Number	Type	Size	Units
A72	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	10.	LF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "457" And SectionID = "K"
Sort Criteria: None

7	EDGE CRACKING	M	83.	LF
10	LONGITUDINAL/TRANSVERSE C	L	68.	LF
15	RUTTING	M	200.	SF

Extrapolated Distress Quantities

Distress	Description	Sev	Quantity	Units	Density %	Deduct
7	EDGE CR	L	2,728.02	LF	.84	2.48
7	EDGE CR	M	1,842.07	LF	.57	6.27
10	L & T CR	L	21,552.22	LF	6.67	12.88
10	L & T CR	M	877.18	LF	.27	1.79
11	PATCH/UT CUT	L	403.5	SF	.12	.24
11	PATCH/UT CUT	M	35.09	SF	.1	3.
15	RUTTING	H	7,017.41	SF	2.17	36.38
15	RUTTING	M	42,104.46	SF	13.03	47.63

*** Percent of Deduct Values Based on Distress Mechanism ***

Load	Related Distress =	84.0	Percent Deduct Value
Climate/Durability	Related Distress =	13.0	Percent Deduct Value
Other	Related Distress =	3.0	Percent Deduct Value

Date:8/18/99

Network ID	Branch ID	Section ID	Activity Date	Activity	Condition	Age
NONE	457	K	8/23/93	Inspection	48.00	6.23
NONE	457	K	2/18/99	Prediction	28.00	11.72
NONE	457	K	2/18/00	Prediction	25.00	12.72
NONE	457	K	2/18/01	Prediction	21.00	13.72
NONE	457	K	2/18/02	Prediction	18.00	14.72
NONE	457	K	2/18/03	Prediction	14.00	15.72

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "137" And SectionID = "C"
Sort Criteria: None

Network: NONE **Name:** HAMILTON COUNTY ENGINEER
Branch: 137 **Name:** JOHNSON **Use:** ROADWAY
Section: C **Surface:** AAC **Family** NEW AC AAC **Last Const:** 5/ 1/88
From: REEMELIN (L) 2363 **To:** HARRISON 4335 88-03
Category: E **Zone:** GR **Rank:** S **Street Type:** **Shoulder:** **Grade:** 0.00 **Lanes:** 2

Length	Width	Area
1,972.00	24.00	47,328.00

Inspections

Last Insp Date	Total Samples	PCI	Ride	SN	Shoulder	Overall	FOD	SN40	SN60
ACNPCN PCTOPER	MARKING Samples	Surveyed							
04/18/1995	4.	82							

Sample Number	Type	Size	Units
04	R	2,100.	SF

Distress Description	Sev	Quantity	Units
7 EDGE CR	L	63.02	LF
9 LANE SH DROP	M	57.01	LF
10 L & T CR	L	182.05	LF

Sample Number	Type	Size	Units
09	R	2,100.	SF

Distress Description	Sev	Quantity	Units
7 EDGE CR	L	96.02	LF
9 LANE SH DROP	M	50.01	LF
10 L & T CR	L	297.08	LF

Sample Number	Type	Size	Units
14	R	2,100.	SF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "137" And SectionID = "C"
Sort Criteria: None

Distress Description	Sev	Quantity	Units
1 ALLIGATOR CR	L	16.	SF
10 L & T CR	L	198.05	LF

Sample Number	Type	Size	Units
19	R	2,100.	SF

Distress Description	Sev	Quantity	Units
10 L & T CR	L	91.02	LF

Extrapolated Distress Quantities

Distress Description	Sev	Quantity	Units	Density %	Deduct
1 ALLIGATOR CR	L	90.19	SF	.19	3.09
7 EDGE CR	L	896.52	LF	1.89	3.87
9 LANE SH DROP	M	603.32	LF	1.28	4.77
10 L & T CR	L	4,330.38	LF	9.15	15.73

*** Percent of Deduct Values Based on Distress Mechanism ***

Load	Related Distress =	25.0	Percent Deduct Value
Climate/Durability	Related Distress =	58.0	Percent Deduct Value
Other	Related Distress =	17.0	Percent Deduct Value

Date:8/18/99

Network ID	Branch ID	Section ID	Activity Date	Activity	Condition	Age
NONE	137	C	4/18/95	Inspection	82.00	6.96
NONE	137	C	2/18/99	Prediction	71.00	10.80
NONE	137	C	2/18/00	Prediction	69.00	11.80
NONE	137	C	2/18/01	Prediction	67.00	12.80
NONE	137	C	2/18/02	Prediction	66.00	13.80
NONE	137	C	2/18/03	Prediction	64.00	14.80

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "184" And SectionID = "C"
Sort Criteria: None

Network: NONE **Name:** HAMILTON COUNTY ENGINEER
Branch: 184 **Name:** WESSELMAN **Use:** ROADWAY
Section: C **Surface:** APC **Family** APC **Last Const:** 7/ 1/80
From: MIA/GR TWP LINE 14628 **To:** HARRISON AV 25968
Category: E **Zone:** GR **Rank:** S **Street Type:** **Shoulder:** **Grade:** 0.00 **Lanes:** 2

Length	Width	Area
11,340.00	21.00	238,140.01

Inspections

Last Insp Date	Total Samples	PCI	Ride	SN	Shoulder	Overall	FOD	SN40	SN60
ACNPCN PCTOPER	MARKING	Samples	Surveyed						
09/12/1994		12.	66						

Sample Number	Type	Size	Units
03	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
11	PATCH/UTILITY CUT	L	2,000.	SF

Sample Number	Type	Size	Units
103	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
1	ALLIGATOR CRACKING	L	45.	SF
7	EDGE CRACKING	L	39.	LF
7	EDGE CRACKING	M	28.	LF
10	LONGITUDINAL/TRANSVERSE C	L	157.	LF
10	LONGITUDINAL/TRANSVERSE C	M	150.	LF
11	PATCH/UTILITY CUT	L	57.	SF

Sample Number	Type	Size	Units
111	R	2,100.	SF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "184" And SectionID = "C"
Sort Criteria: None

Distress	Description	Sev	Quantity	Units
1	ALLIGATOR CRACKING	L	8.	SF
7	EDGE CRACKING	M	26.	LF
10	LONGITUDINAL/TRANSVERSE C	L	76.	LF
10	LONGITUDINAL/TRANSVERSE C	M	36.	LF
11	PATCH/UTILITY CUT	L	1,424.	SF
11	PATCH/UTILITY CUT	M	80.	SF

Sample Number	Type	Size	Units
13	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
11	PATCH/UTILITY CUT	L	2,000.	SF

Sample Number	Type	Size	Units
23	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
11	PATCH/UTILITY CUT	L	2,000.	SF

Sample Number	Type	Size	Units
33	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
11	PATCH/UTILITY CUT	L	2,000.	SF

Sample Number	Type	Size	Units
43	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
11	PATCH/UTILITY CUT	L	2,000.	SF

Sample Number	Type	Size	Units
53	R	2,000.	SF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "184" And SectionID = "C"
Sort Criteria: None

Distress	Description	Sev	Quantity	Units
11	PATCH/UTILITY CUT	L	2,000.	SF

Sample Number	Type	Size	Units
63	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	113.	LF
7	EDGE CRACKING	M	5.	LF
10	LONGITUDINAL/TRANSVERSE C	L	173.	LF
11	PATCH/UTILITY CUT	L	100.	SF
11	PATCH/UTILITY CUT	M	92.	SF

Sample Number	Type	Size	Units
73	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
7	EDGE CRACKING	L	48.	LF
10	LONGITUDINAL/TRANSVERSE C	L	29.	LF
10	LONGITUDINAL/TRANSVERSE C	M	150.	LF

Sample Number	Type	Size	Units
83	R	2,000.	SF

Distress	Description	Sev	Quantity	Units
1	ALLIGATOR CRACKING	L	22.	SF
6	DEPRESSION	L	6.	SF
7	EDGE CRACKING	L	109.	LF
7	EDGE CRACKING	M	10.	LF
10	LONGITUDINAL/TRANSVERSE C	L	216.	LF

Sample Number	Type	Size	Units
93	R	2,200.	SF

Inspection Report

Pavement Database:HAMCO97

Report Date: 8/18/99
Site Name:
Selection Criteria: Where BranchID = "184" And SectionID = "C"
Sort Criteria: None

Distress	Description	Sev	Quantity	Units
1	ALLIGATOR CRACKING	L	24.	SF
6	DEPRESSION	L	12.	SF
7	EDGE CRACKING	L	86.	LF
7	EDGE CRACKING	M	75.	LF
10	LONGITUDINAL/TRANSVERSE C	L	296.	LF

Extrapolated Distress Quantities

Distress	Description	Sev	Quantity	Units	Density %	Deduct
1	ALLIGATOR CR	L	969.57	SF	.41	6.62
6	DEPRESSION	L	176.29	SF	.1	4.
7	EDGE CR	L	3,868.51	LF	1.62	3.51
7	EDGE CR	M	1,410.29	LF	.59	6.37
10	L & T CR	L	9,274.62	LF	3.9	8.69
10	L & T CR	M	3,290.68	LF	1.38	10.77
11	PATCH/UT CUT	L	133,008.01	SF	50.	33.12
11	PATCH/UT CUT	M	1,684.51	SF	.71	7.93

*** Percent of Deduct Values Based on Distress Mechanism ***

Load	Related Distress =	20.0 Percent Deduct Value
Climate/Durability	Related Distress =	24.0 Percent Deduct Value
Other	Related Distress =	56.0 Percent Deduct Value

Date:8/18/99

Network ID	Branch ID	Section ID	Activity Date	Activity	Condition	Age
NONE	184	C	9/12/94	Inspection	66.00	14.20
NONE	184	C	2/18/99	Prediction	54.00	18.63
NONE	184	C	2/18/00	Prediction	52.00	19.63
NONE	184	C	2/18/01	Prediction	50.00	20.64
NONE	184	C	2/18/02	Prediction	49.00	21.63
NONE	184	C	2/18/03	Prediction	48.00	22.63

Hit-Skip

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
[N] OH-2 [ ] OH-3 A	GREEN TWP POLICE	03144	

LOCAL FILE NO. 7698-1049

REPORT TAKEN: [X] AT STATION [ ] AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED:

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [ ] OVER $150 [X] UNDER $150

HIT SKIP: [ ] SOLVED [ ] UNSOLVED

IN COUNTY OF: Hamilton

IN [ ] CITY [ ] VILLAGE [X] TWP OF: Green (7)

DATE OF CRASH: M 7 D 17 Y 98

DAY: Fri

TIME: MILITARY: 0740

CRASH OCCURRED ON: Harrison Ave (CR)

WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 300 FEET (W) N S E OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): Wesselman Rd (CR)

CITY CODE:

LOC 1 | LOC 2 | LOC 3 | LOC 4 | SUB | STREET | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.: 1 | NO. OF OCCUPANTS: 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: National Union Rmca1439502

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Pangallo, Vincent A.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3944 Hutchinson Rd. Cinti, OH 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
598-8134	M 11 D 20 Y 72	25	M	286-84-3693	OH	RU255996	Installer

OWNER (IF SAME AS DRIVER, WRITE SAME): G.E. Capital

ADDRESS: 3 Capital Dr. Eden Prairie, MN

PHONE: 1-800-231-1044

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 98	Chevy	Astro	White	SW	OH	PAS2526	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

B

UNIT NO.: | NO. OF OCCUPANTS: | OPERATING [ ] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT:

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI):

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME):

ADDRESS:

PHONE:

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19								FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [ ] LIGHT [ ] HEAVY

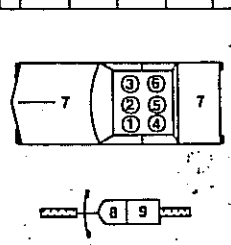
VEHICLE DISPOSITION: [ ] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [ ] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C			M D Y				
D			M D Y				
E			M D Y				
F			M D Y				

POSITION: A 1 | B | C | D | E | F



P-PEDESTRIAN

INJURIES: A 5 | B | C | D | E | F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 | B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 | B | C | D | E | F

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

ALCOHOL: A 1 TESTED [ ] YES [X] NO | B TESTED [ ] YES [ ] NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 | B | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED [ ] YES [X] NO | B TESTED [ ] YES [ ] NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

A: [ ] O.R.C. [ ] CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B: [ ] O.R.C. [ ] CITY ORD: OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
0935	0935	0935	0955		

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 7 D 17 Y 98	[ ] YES [X] NO	House	2	

HSY 7004

OHIO TRAFFIC CRASH REPORT — OH-4 (Rev. 1/82)

LOCAL REPORT NO.	OH-2 / OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7498-1130

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☒ SOLVED ☒ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH: M 8 D 4 Y 98	DAY	TIME: MILITARY
Ham. Ho	GREEN (7)		TUES	0750

CRASH OCCURRED ON (C.R) HARRISON AVE — WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION — MILES: ____ FEET (W) N E S OF (C.R) WESSELMAN Rd (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) — CITY CODE

COG-5	COG-2	TIP	LOC	JUR	AFHE	FELT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: murphy Ins

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): MILLER, DAVID W. — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3800 Hubble Rd Cinti Ohio 45247

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
385-6227	M 3 D 5 Y 57	41	M	291-58-1732	OH	RR527941	WATER PROOFING

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Boiman + Myers Inc	3883 CHATWOOD CT. Cinti Ohio 45248	598-8600

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 97	Ford	10 TON F-SERIES	Red/BLK	TK	OH	PAS 3030	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☒ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

C — UNIT NO. 2 — NO. OF OCCUPANTS 2 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: OH STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): WELLS, KELLY A — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5412 NORTHCREST LN #10 Cinti Ohio 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-4344	M 11 D 16 Y 74	23	F	277-82-6778	OH	RM215158	CUSTOMER SERVICE

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	TOYOTA	COROLLA	TAN	4DR	OH	ANB-1085	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1	—	—	—	—	5	5	—	—	—	—

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	
A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
1	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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1	1	—	—	—	—

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A — ☒ O.R.C. ☐ CITY ORD: 4511.33 — OFFENSE CHARGED AND DESCRIPTION: Failed to Drive in Marked Lanes

B — ☐ O.R.C. ☐ CITY ORD: N/A — OFFENSE CHARGED AND DESCRIPTION:

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	0754	0756	0821	—	25

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 4 Y 98	☐ YES ☒ NO	M. Rosing	220	WB

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL FILE NO. 798-1327

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.
		GREEN TWP POLICE	03144

ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150

HIT SKIP: N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: HAMILTON

IN ☐ CITY ☐ VILLAGE ☒ TWP OF: GREEN (7)

DATE OF CRASH: M 9 D 9 Y 98

DAY: WED.

TIME: MILITARY: 1445

CRASH OCCURRED ON: (CR) HARRISON AVE

WITHIN THE INTERSECTION OF: —

IF NOT IN INTERSECTION: ____ MILES: 75 FEET (W) N E S OF (CR) WESSELMAN

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE: 4-C

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	PROGRESSIVE 039225807

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): ARWOOD, MARY L

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3034 BRACKENWOODS LN CINTI OHIO 45211

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
662 8014	M 11 D 1 Y 40	59	F	241367791	OHIO	RP 233611	WAITRESS

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME

ADDRESS: SAME

PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 83	CHEVY	CITATION	BLUE	2DR	OHIO	MFH 150	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 2 3 4 1 5 8 7 6 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	1	☒	☐	☐	☐	☐	STATE FARM CO 998 60 F10 35

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): HORNSBY SARAH A

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5203 EAGLESNEST DR #94 CINTI OHIO 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574 3206	M 6 D 7 Y 81	17	F	279 86 5348	OHIO	RR 574841	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME): ROGER G HORNSBY

ADDRESS: SAME

PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 90	VW	JETTA	WHT	4DR	OHIO	AEA 1494	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 2 3 4 1 5 8 7 6 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	WIT.	YOUNG, JEFF	—	—	N/A	939 3308	M
D		N/A			N/A		
E							
F							

POSITION: A 1, B 1, C, D, E, F

INJURIES: A 4, B 5, C, D, E, F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

7 — ③ ⑥ ② ⑤ ① ④ — 7

8 9

P-PEDESTRIAN

CONDITION: A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4, B 4, C, D, E, F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1, B 1, C, D, E, F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F	NONE	
A	B	C	INJURED TAKEN TO	BY
D	E	F	NONE	

A ☒ O.R.C. ☐ CITY ORD: 4511.21 ACDA 44-414703 — OFFENSE CHARGED AND DESCRIPTION

B ☐ O.R.C. ☐ CITY ORD: NONE — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
—	1452	1452	1517	—	25

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 9 D 9 Y 98	☐ YES ☒ NO	C.A. BADER	10	[illegible]

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.
		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 7498-1470

REPORT TAKEN ☒ AT STATION ☐ AT SCENE | NO. OF VEH. PEDESTRIANS INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF Hamilton | IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green - 7 | DATE OF CRASH M 10 D 2 Y 98 | DAY Fri | TIME: MILITARY 0700

CRASH OCCURRED ON C.R.) Harrison Ave. | WITHIN THE INTERSECTION OF C.R.) Wesselman Rd

IF NOT IN INTERSECTION ____ MILES: ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) N/A | CITY CODE

LOC-1	LOC-2	LOC	INJ-1	FHE	FEL	DESC

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 91E487626 NATIONWIDE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Szoke, Silvia | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 7365 Wesselman Rd. Cleves, Oh. 45002

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
941-3719	M 10 D 22 Y 46	51	F	272468142	Ohio	RG601821	Buyer

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 92	Plymouth	Sundance	Red	2DR	Ohio	KAH-950	N/A	FROM N TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER | DAMAGE SEVERITY ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 2092256 F09 356 STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Meridieth, James W. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6719 Jim Jon Ct. Cin, Ohio 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-0118	M 1 D 1 Y 56	42	M	298582083	Ohio	RU327151	Teacher

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 89	Chev	Cavalier	Red	2DR	Ohio	CJX-424	N/A	FROM N TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER | DAMAGE SEVERITY ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING | DAMAGE SCALE ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY | VEHICLE DISPOSITION ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED | FIRE ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C FROM UNIT NO. 2	Meridieth, Audrey E	M 6 D 5 Y 96	2	6719 Jim Jon Ct. Cin, Ohio 45248	574-0118	F
D FROM UNIT NO.		M D Y				
E FROM UNIT NO.		M D Y				
F FROM UNIT NO.		M D Y				

N A

A B C / D E F	INJURED TAKEN TO	BY	
A B C / D E F	INJURED TAKEN TO	BY	

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: None

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: None

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1050	1050	1125	—	35 mins

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 10 D 3 Y 98	☐ YES ☒ NO	G. Maley	644	

POSITION: A 1 B 7 C 5 D E F

INJURIES: A 5 B 5 C 5 D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C 6 D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C 1 D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

PEDESTRIAN SECTION

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 78-1562

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	M 10 D 23 Y 98	FRIDAY	2128

CRASH OCCURRED ON HARRISON AVE (CR) WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION ____ MILES: 250 FEET N W (E) S OF WESSELMAN RD (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE

LOC 1	LOC 2	LOC 3	JUR	THE	FEET	DESC							

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 4 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. ~~OR AGENT~~ 259 2148-E21-35F STATE FARM

DRIVER-~~PEDESTRIAN~~ NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
BLACK, ANDRIA M	4136 EASTVILLAGE DR. MASON, OH 45040

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
398-8414	M 09 D 27 Y 82	16	F	404-21-7613	OH	RV888910	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
DARLA J. BLACK	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/~~PED~~ DIR
19 96	DODGE	INTREPID	MAROON	4 DOOR	OH	ANK-1254	AAA (CR)	FROM S TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. ~~OR AGENT~~ 481034-2303 OHIO

DRIVER/~~PEDESTRIAN~~ NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
BACH, THOMAS J	3678 JESSUP RD CINTI, OH 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
385-9484	M 08 D 23 Y 66	32	M	286-78-4578	OH	RS476165	MANAGER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/~~PED~~ DIR
19 94	FORD	RANGER	BLACK	P/U	OH	AMZ-9965	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		BITTERMAN, MICHAEL	M D Y	31
WITNESS		ADDRESS: 1000 SYCAMORE ST. CINTI, OH 45202	PHONE: 763-5180	SEX: M
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

N/A

POSITION					
A	B	C	D	E	F
1	1				

INJURIES					
A	B	C	D	E	F
4	5				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION					
A	B				
1	1				

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
4	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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY	
D	E	F			
A	B	C	INJURED TAKEN TO	BY	
D	E	F			

A ☒ O.R.C. ☐ CITY ORD: 4511.44 FTY PRIVATE DRIVE

B ☐ O.R.C. ☐ CITY ORD: NONE

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	2131	2137	2232	Ø	55

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 10 D 23 Y 98	☐ YES ☒ NO	S. SABERS (9239)	484	S87

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☒ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.
		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 98-1610

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH ~~PEDESTRIANS~~ INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY | COMBINED VEH/~~PROP~~ LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (T) | DATE OF CRASH: M 10 D 25 Y 98 | DAY: SUNDAY | TIME: MILITARY: 0150

CRASH OCCURRED ON: HARRISON AVE (CR) | WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: 1/4 MILES: ____ FEET (W) N S E OF WESSELMAN RD (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOG 1	LOG 2	LOC	JUR	FHE	FLP	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: UNKNOWN

DRIVER-~~PEDESTRIAN~~ NAME (LAST, FIRST, MI): BOWLING, FRANCES A. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4724 GLENWAY AVE #106 CINTI, OH 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
UNKNOWN	M 03 D 18 Y 52	46	F	275-52-3590	OH	RH139089	UNKNOWN

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/~~PED~~ DIR
19 93	BUICK	SKYLARK	BLUE	2 DOOR	OH	ADZ-8983	J & M	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: UNKNOWN

DRIVER/~~PEDESTRIAN~~ NAME (LAST, FIRST, MI): WEISSMAN TONY | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 8564 MARTION PAULINE FRANKLIN, OH 45005

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
746-4506	M 06 D 09 Y 60	38	M	296-44-8245	OH	RH697615	BUS. OWNER

OWNER (IF SAME AS DRIVER, WRITE SAME): TRACY WEISSMAN | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/~~PED~~ DIR
19 94	JEEP	CHEROKEE	BLUE	4 DOOR	OH	PMD-112	SCHAFFERS	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	1	MASSA, TIMOTHY C	M 08 D 07 Y 58	40	5360 LEES CROSSING DR #10 45239	662-7236	M
D			M D Y				
E		N			A		
F							

POSITION: A 1, B 1, C 3

INJURIES: A 3, B 2, C 3

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 1, B 1, C 1

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

ALCOHOL: A 4 TESTED ☒ YES ☐ NO | B 4 TESTED ☒ YES ☐ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1, B 1, C 4

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

☒ B ☒	INJURED TAKEN TO	BY
D E F	FRANCISCAN WEST HOSPITAL	GRTP SQUAD
A ☒ C	INJURED TAKEN TO	BY
D E F	UNIVERSITY HOSPITAL	GRTP SQUAD

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.33 MARK LANES 4511.19A1 DUI 4513.263B SEAT BELT

B ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.19A1 DUI 4513.263B SEAT BELT

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	0151	0154	0238	217	261

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 10 D 25 Y 98	☐ YES ☒ NO	S. SABERS 9236	484	

HSY 7004

OHIO TRAFFIC CRASH R OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
	GREEN TWP POLICE	03144	

LOCAL FILE NO. 1799-95

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☐ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: Hamilton | IN ☐ CITY ☐ VILLAGE ☒ TWP OF: GREEN (7) | DATE OF CRASH: M 2 D 18 Y 99 | DAY: Thursday | TIME: MILITARY: 0740 Hrs

CRASH OCCURRED ON: Harrison Avenue (CR) | WITHIN THE INTERSECTION OF: 6116 Harrison Avenue (CR)

IF NOT IN INTERSECTION: ____ MILES: ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): Wesselman Road (CR) | CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: State Farm Ins.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Knepfle, Pamela R. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4274 Copperfield Drive Cincinnati - Ohio 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
513-244-7495	M 06 D 20 Y 82	16	F	284-80-9704	Ohio	RV 285559	Student

OWNER (IF SAME AS DRIVER, WRITE SAME): Knepfle, Ray | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 91	Pontiac	Lemans	white	4DR	Ohio	AIG-7233	AAA	FROM E TO W

CIRCLE DAMAGE AREAS: 0, 2, 3, 4, 5, 6, 7, 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Colonial Ins. Company

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Bross, Joann | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1873 Westwood Avenue Cincinnati - Ohio 45214

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
513-251-3181	M 06 D 15 Y 76	22	F	290-70-5500	Ohio	RR513164	—

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 95	Chevrolet	Beretta	Red	2DR	Ohio	AUA-8962	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1, 2, 3, 4, 5, 6, 7, 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N

A

POSITION: A 1 B 1 C — D — E — F —

INJURIES: A 5 B 5 C — D — E — F —

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 4 B 4 C — D — E — F —

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C — D — E — F —

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

	B	C	INJURED TAKEN TO	BY
☒			None Reported	
D	E	F		

	B	C	INJURED TAKEN TO	BY
☒			None Reported	
D	E	F		

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.21 ACD

B ☐ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
0740	0740	0744	0844	—	64 mins

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 2 D 18 Y 99	☐ YES ☒ NO	DR Hatmaker	7	[illegible]

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL FILE NO. 98-1036

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.
		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH ~~PEDESTRIANS~~ INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☒ UNSOLVED

IN COUNTY OF: HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (7) | DATE OF CRASH: M 12 D 19 Y 98 | DAY SATURDAY | TIME: MILITARY 0705

CRASH OCCURRED ON HARRISON AV. (C.R.) | WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION ____ MILES: 40 FEET (W) N E S OF WESSELMAN RD (C.R.) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOC-1	LOC-2	LOC	JUR	FHE	FLT	DESC-1	DESC-2

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT SAFECO

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): WILKE, ELIZABETH | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5403 BLOASKY AV. #2 CINCINNATI OH 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-9236	M 8 D 29 Y 76	22	F	301-80-3097	OH	RS434854	MANAGER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	FORD	GRAND AM	BLK	4DR	OH	XLN177	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): KINNARD, MATTHEW S | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3284 GLADDEN RD LUCAS, OH 44843

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
419-892-2136	M 11 D 26 Y 78	20	M	300-74-4581	OH	RK048430	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	HONDA	ACCORD	GLD	4DR	OH	AXV775L	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

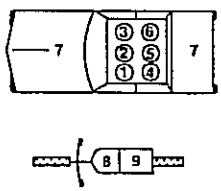
FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N A

POSITION	A	B	C	D	E	F
	1	1				



P-PEDESTRIAN

INJURIES	A	B	C	D	E	F
	5	5				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION	A	B
	1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS	A	B	C	D	E	F
	4	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

ALCOHOL	A	TESTED	B	TESTED
	1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION	A	B	C	D	E	F
	1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS	A	TESTED	B	TESTED
	1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☒ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.33 - MARKED LANES CIT. #738916 CHRG 1/7/99

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	0718	0730	0815	N/A	45 MINS

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 12 D 19 Y 98	☐ YES ☒ NO	M. BARSLIN	139	#81

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
☐ OH-2 ☐ OH-3	Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 748-947

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH ~~PEDESTRIANS~~ INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT & SKIP N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (7) | DATE OF CRASH: M 5 D 18 Y 98 | DAY MON | TIME: MILITARY 2110

CRASH OCCURRED ON HARRISON AVE (CR) | WITHIN THE INTERSECTION OF WESSELMAN RD (CR)

IF NOT IN INTERSECTION ____ MILES: ____ FEET N W E S OF N/A (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOC-1	LOC-2	LOC	JUR	THE	FLT	DESC					

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT C07 9482 C01-35A STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): RILEY, JONATHAN S | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6794 HARRISON AVE. CINCINNATI OHIO 45247

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-9629	M 2 D 18 Y 59	39	M	305-72-3989	OH	RK255980	Unemployed

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	GEO	PRIZM	RED	4DR	OH	ADZ7936	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 55 PHD479593-419691 HARTFORD

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): McMURRAY, SHIRLEY ANN | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4186 LOCUSTRIDGE DR Cleves OH 45002

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
941-6187	M 2 D 18 Y 38	60	F	287-30-4252	OH	RQ648233	Secretary

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 92	DODGE	DYNASTY	WHT	4DR	OH	LWC319	N/A	FROM E TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☒ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

D FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

E FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

F FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

N A

POSITION	A	B	C	D	E	F
	1	1				

INJURIES	A	B	C	D	E	F
	5	5				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		

A	B	C	INJURED TAKEN TO	BY
D	E	F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☒ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION 4511.42 R.O.W. LEFT TURN Cite # 730779

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	2112	2114	2144	Ø	30

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 5 D 18 Y 98	☐ YES ☒ NO	J. KILEY	96	SBY

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.
☒ OH-2 ☐ OH-3	Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 7598-528

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH PEDESTRIANS INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT & SKIP ☐ SOLVED ☒ UNSOLVED

IN COUNTY OF HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (17) | DATE OF CRASH: M 04 D 14 Y 98 | DAY TUESDAY | TIME: MILITARY 1335

CRASH OCCURRED ON (C/R) HARRISON AVE | WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION ____ MILES: 20 FEET W N E S OF (C/R) WESSELMAN RD (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOG-1	LOG-2	COC	JUR	FHEN	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT PROGRESSIVE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): EVERETT ERIC P | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3673 HILLSIDE AVE CINTI OHIO 45204

PHONE NO. 921-3908 | BIRTH DATE M 07 D 20 Y 78 | AGE 20 | SEX M | SOCIAL SECURITY NO. 300-74-5164 | STATE OH | DRIVER'S LICENSE NO. RS433299 | OCCUPATION LANE INSPECTOR

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR 19 86 | MAKE CADILLAC | MODEL DEVILLE | COLOR PURPLE | STYLE 4D | STATE OH | LICENSE PLATE NO. AEC 8607 | TOWING SERVICE N/A | VEH/PED DIR FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT NATIONWIDE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): GONZALES LUCIEN A | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5250 RALSTON AVE CINTI OHIO 45212

PHONE NO. 631-5985 | BIRTHDATE M 08 D 20 Y 51 | AGE 46 | SEX M | SOCIAL SECURITY NO. 297-76-2614 | STATE OH | DRIVER'S LICENSE NO. RS454857 | OCCUPATION MAINTENANCE

OWNER (IF SAME AS DRIVER, WRITE SAME): HAMILTON CITY BOARD OF MENTAL RETARDATION | ADDRESS: 4370 MALSBARY RD CINTI OHIO 45242 | PHONE 794-3300

VEH YR 19 90 | MAKE DODGE | MODEL RAM | COLOR WHITE | STYLE VAN | STATE OH | LICENSE PLATE NO. OB6580 | TOWING SERVICE N/A | VEH/PED DIR FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N A

POSITION: A 1 B 1 C D E F

INJURIES: A 4 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☒ O.R.C.: 4511.33 ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: FAILED TO DRIVE IN A MARKED LANE

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
UNK	1338	1338	1410	N/A	32

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 04 D 14 Y 98	☐ YES ☒ NO	MIKE HILGIN	526	S82

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.
	☐ OH-2 ☐ OH-3 Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 1498-495

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150

HIT SKIP: ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: Hamilton

IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (7)

DATE OF CRASH: M 04 D 03 Y 98 | DAY: FRIDAY | TIME: MILITARY: 2015

CRASH OCCURRED ON: HARRISON AVE CR

WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 75 FEET (W) N E S OF WESSELMAN RD (CR)

CITY CODE:

LOC	LOC	LOC	NUR	AHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	#BPA1092148 STATE AUTO MUTUAL

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
PETERS, THOMAS J	3016 WEST TOWER AVE CINCINNATI, OHIO 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
922-6645	M 06 D 19 Y 32	65	M	281-28-1059	OHIO	RH862660	RETIRED

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
MARY STACKELFORD	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 89	NISSAN	SENTRA	SILVER	4DR	OHIO	UGH-619	J & M towing (O)	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	5	☒	☐	☐	☐	☐	# 293 4574-E20-352 STATEFARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
GRAFF, ALISA A	6817 MARCHWIND CT. CINCINNATI, OHIO 45239

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
385-4353	M 04 D 23 Y 71	26	F	298-58-2170	OHIO	RJ334371	HOUSEWIFE

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	DODGE	CARAVAN	BLUE	VAN	OHIO	LIS-921	SANDERS (O)	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C	2	VANDERLIT, JOAN	M 5 D 24 Y 66	31
		ADDRESS: 5450 NORTHCREST CN #4 CINTI, OH. 45247	PHONE: 598-5940	SEX: F
D	2	VANDERLIT, AUSTIN	M 6 D 1 Y 95	2
		ADDRESS: 5450 NORTHCREST CN #4 CINTI, OHIO 45247	PHONE: 598-5940	SEX: M
E	2	GRAFF, KRISTIN	M 1 D 9 Y 95	3
		ADDRESS: 6817 MARCHWIND CINTI, OHIO 45239	PHONE: 385-4353	SEX: F
F	2	GRAFF, MEGAN	M 9 D 24 Y 96	1
		ADDRESS: 6817 MARCHWIND CT CINTI, OHIO 45239	PHONE: 385 4383	SEX: F

POSITION

A	B	C	D	E	F
1	1	3	6	4	6

INJURIES

A	B	C	D	E	F
5	5	5	4	4	4

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION

A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS

A	B	C	D	E	F
4	4	4	6	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

ALCOHOL

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION

A	B	C	D	E	F
1	1	1	1	1	1

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F	N/A	
A	B	C	INJURED TAKEN TO	BY
D	E	F	N/A	

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: A.C.D. 4511.21 ORC

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	N/A	2020	2101	0	41

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 04 D 03 Y 98	☐ YES ☒ NO	DEP. C. ARNOLD	942	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 1H58-0839

REPORT TAKEN	NO. OF VEH / PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH: M D Y	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	6 3 98	WED	1700

CRASH OCCURRED ON: HARRISON AVE (CR) WITHIN THE INTERSECTION OF: JOHNSON RD (CR)

IF NOT IN INTERSECTION: ___ MILES: ___ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE

LOC 1	LOC 2	LOC	JUR	FHE	FLT	H	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	2	☒	☐	☐	☐	☐	C102783F-24-35 STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
SIMONSON, ANGELA	5413 TILBURY CT CINN OHIO 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
922-3260	M 11 D 29 Y 80	17	F	273888350	OH	RT226007	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
RICHARD SIMONSON	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 97	NISSAN	200SX	GRN	2D	OH	AKP8704	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	1	☒	☐	☐	☐	☐	026671171 10/13 ALLSTATE

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
SANDLING, TIMOTHY	5413 VOLLMER AVE CLEVES OHIO 45002

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
353-3939	M 7 D 21 Y 80	17	M	282880713	OH	RP241038	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
MICHAEL SANDLING	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	DODGE	SHADOW	RED	2D	OH	ADJ5404	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX

POSITION	INJURIES
A 1 B 1 C D E F	A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION
A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS
A 4 B 4 C D E F

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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION
A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A — OFFENSE CHARGED AND DESCRIPTION: ☒ O.R.C. ☐ CITY ORD: NONE

B — OFFENSE CHARGED AND DESCRIPTION: ☒ O.R.C. ☐ CITY ORD: ACDA 4511.21

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1704	1706	1713	1743	—	30

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 6 D 3 Y 98	☐ YES ☒ NO	Wm Crock JR	1002	A.C.9226

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 7452-0513

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☒ SOLVED ☒ UNSOLVED

IN COUNTY OF		DATE OF CRASH: M D Y	DAY	TIME: MILITARY
HAMILTON	IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN '71	4 22 78	WED	0735

CRASH OCCURRED ON: 6824 HARRISON AVE ☐ WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 100 FEET W N S (E) OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): JOHNSON Rd 'CR' CITY CODE:

LOG-1	LOG-2	LOC	JUR	THE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: 92 37 N 2 2623 NATIONWIDE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
DONALDSON TRISHA L	4105 HARRISON #2 CINTI OHIO 45211

PHONE NO.	BIRTH DATE M D Y	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
661 7379	8 11 66	31	F	287-74-2121	OH	RP231399	DHO INS

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO
19 90	CHEV	CAVALIER	RED	2DR	OH	ADZ 3116	SCHAEFFER'S	E W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 — NO. OF OCCUPANTS 1 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT: AFA805146L CINTI INS CO

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
HERRON MICHAEL T	3638 LAKEWOOD DR CINTI OHIO 45248

PHONE NO.	BIRTHDATE M D Y	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574 4184	12 3 65	32	M	285-60-3243	OH	RH165279	UNDERWRITER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO
19 90	JEEP	COMANCHE	RED	PU	OH	AQQ1409	N/A	E W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

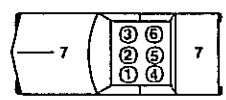
DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE M D Y	AGE
		ADDRESS	PHONE	SEX

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

POSITION: A 1, B 1, C, D, E, F



P-PEDESTRIAN

INJURIES: A 5, B 5, C, D, E, F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4, B 4, C, D, E, F

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

ALCOHOL: A ☐ TESTED ☐ YES ☒ NO; B ☐ TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1, B 1, C, D, E, F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A ☐ TESTED ☐ YES ☒ NO; B ☐ TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A — ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: ASSURED CLEAR DISTANCE 4511.21 A

B — ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: -

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	0735	0735	0815	N/A	40 MIN

DATE REPORT FILED M D Y	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
4 22 78	☐ YES ☒ NO	Ed FISCHER	14	S-83

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7468-569

REPORT TAKEN ☒ AT STATION ☐ AT SCENE | NO. OF VEH ~~PEDESTRIANS~~ INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN 61 | DATE OF CRASH: M 4 D 21 Y 98 | DAY TUE | TIME: MILITARY 1705

CRASH OCCURRED ON HARRISON AVE (CR) | WITHIN THE INTERSECTION OF JOHNSON RD (CR)

IF NOT IN INTERSECTION ___ MILES: ___ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) NA | CITY CODE

LOG 1 | LOG 2 | LOC | JUR | FHE | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT NONE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): POTRAFFKE, ADAM | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6603 HEARNE RD #84 CINN OHIO 45248

PHONE NO. 598-6832 | BIRTH DATE M 5 D 21 Y 65 | AGE 33 | SEX M | SOCIAL SECURITY NO. 272760535 | STATE OH | DRIVER'S LICENSE NO. RS473669 | OCCUPATION CLERK

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR 19 91 | MAKE CHEVY | MODEL 2500 | COLOR BLU | STYLE 2D | STATE OH | LICENSE PLATE NO. NK48WF | TOWING SERVICE NONE | VEH/PED DIR FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT SAFE AUTO

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): NIX, JEFF | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2469 BOUDINOT #02 CINN OHIO 45238

PHONE NO. 451-0356 | BIRTHDATE M 11 D 3 Y 71 | AGE 26 | SEX M | SOCIAL SECURITY NO. 295722604 | STATE OH | DRIVER'S LICENSE NO. RJ119100 | OCCUPATION COM AR

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR 19 87 | MAKE FORD | MODEL TAURUS | COLOR BLU | STYLE 4D | STATE OH | LICENSE PLATE NO. XAG781 | TOWING SERVICE NONE | VEH/PED DIR FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

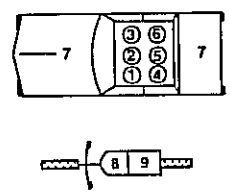
VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

POSITION: A 1 B 1 C D E F



P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION (SF) FRA 4507.02B1

B ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION MARKED LANES 4511.33

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1708	1710	1711	1755	—	44

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 4 D 21 Y 98	☐ YES ☒ NO	Wm Crockett	1000	[illegible]

USY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL FILE NO. TA58-469

LOCAL REPORT NO.

☐ OH-2 ☐ OH-3

REPORTING AGENCY: Hamilton Co. Sheriff

N.C.I.C.: 03100

ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE

NO. OF VEH ~~PEDESTRIANS~~ INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150

HIT SKIP: ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: HAMILTON

IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (T)

DATE OF CRASH: M 4 D 7 Y 98

DAY: TUE

TIME: MILITARY: 1900

CRASH OCCURRED ON: HARRISON AVE (CR)

WITHIN THE INTERSECTION OF: -NA-

IF NOT IN INTERSECTION: MILES: .250 FEET N W [E] S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) JOHNSON RD (CR)

CITY CODE:

LOG-1 | LOG-2 | LOC | JUR | VEH | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.: 1

NO. OF OCCUPANTS: 1

OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐

INSURANCE CO. OR AGENT: #MG2106 475-77 MONROE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): FLICK, EDWARD

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1617 DEVILSBACKBONE CINTI OHIO 45233

PHONE NO.: 467-9399

BIRTH DATE: M 1 D 19 Y 39

AGE: 59

SEX: M

SOCIAL SECURITY NO.: 285325276

STATE: OH

DRIVER'S LICENSE NO.: RU 242177

OCCUPATION: SELF

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME

ADDRESS: SAME

PHONE: SAME

VEH YR: 19 97

MAKE: OLDS

MODEL: BRAVADO

COLOR: BLA

STYLE: 4D

STATE: OH

LICENSE PLATE NO.: ADU3131

TOWING SERVICE: NONE

VEH/PED DIR: FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 4 5 8 7 6

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.: 2

NO. OF OCCUPANTS: 1

OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐

INSURANCE CO. OR AGENT: #4U 370470 PROGRESSIVE

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): NIENABER, DANIEL

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2714 ERLENE DR CINTI OHIO 45238

PHONE NO.: 662-5826

BIRTHDATE: M 1 D 25 Y 78

AGE: 20

SEX: M

SOCIAL SECURITY NO.: 279785977

STATE: OH

DRIVER'S LICENSE NO.: RG604585

OCCUPATION: WAREHOUSE

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME

ADDRESS: SAME

PHONE: SAME

VEH YR: 19 96

MAKE: FORD

MODEL: RANGER

COLOR: GRN

STYLE: 2D

STATE: OH

LICENSE PLATE NO.: AUB2707

TOWING SERVICE: NONE

VEH/PED DIR: FROM N TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 8 7 6

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C FROM UNIT NO.: NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

D FROM UNIT NO.: NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

E FROM UNIT NO.: NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

F FROM UNIT NO.: NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

A B C D E F — INJURED TAKEN TO — BY

A B C D E F — INJURED TAKEN TO — BY

POSITION: A 1 B 1 C D E F

P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B ☒ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.44 FTY (PRIVATE DRIVE)

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1907	1908	1913	1945	—	32

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 4 D 7 Y 98	☐ YES ☒ NO	Wm Cook JR	1002	A.C. 9826

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.
	☐ OH-2 ☐ OH-3 GREEN TWP POLICE	03144

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 7498-170

REPORT TAKEN: ☒ AT STATION ☐ AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150

HIT SKIP: ☒ SOLVED ☐ UNSOLVED

IN COUNTY OF: HAMILTON

IN ☐ CITY ☐ VILLAGE ☒ TWP OF: GREEN (7)

DATE OF CRASH: M 2 D 5 Y 98

DAY: THURSDAY

TIME: MILITARY: 1500

CRASH OCCURRED ON: HARRISON AVE (CR)

WITHIN THE INTERSECTION OF: JOHNSON RD. (CR)

IF NOT IN INTERSECTION: ____ MILES: ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): N/A

CITY CODE:

LOG 1 | LOG 2 | LOC | JUR | FHE | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): HAMILTON, THOMAS

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1591 HUNTER RD. FAIRFIELD OH. 45014

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
829-9566	M 2 D 25 Y 56	41	M	281-42-6980	OH	RG962424	REAL ESTATE

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 92	JEEP	CHEROKEE	BLUE	S/W	OH	CEU 935	NONE	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: FARMERS

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): CHANCEY, ERIN M.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 7064 WILLOWDALE DR. CINTI OH 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-0218	M 12 D 14 Y 78	19	F	400-13-9691	OH	RM213529	STUDENT - UC

OWNER (IF SAME AS DRIVER, WRITE SAME): ROMANS, CHERYL | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 92	GEO	METRO	BLUE	2DR	OH	QAT-525	NONE	FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N A N A

POSITION: A 1 B 1 C D E F

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 7 B 7

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A TESTED ☐ YES ☒ NO UNK | B TESTED ☐ YES ☒ NO UNK

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☒ NO UNK | B TESTED ☐ YES ☒ NO UNK

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

N

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☐ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
—	—	1445	1515	n/a	30

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 2 D 6 Y 98	☐ YES ☒ NO	Poppe	9	SRL

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
N/A	GREEN TWP POLICE	03144	

LOCAL FILE NO. 1198-1066

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150

HIT SKIP: N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF: Hamilton | IN ☐ CITY ☐ VILLAGE ☒ TWP OF: Green (7) | DATE OF CRASH: M 7 D 21 Y 98 | DAY: Tue | TIME: MILITARY: 17:00

CRASH OCCURRED ON: Wesselman Rd. (CR) | WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 200 FEET W N E S OF Harrison Ave. (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOG-1 | LOG-2 | LOC | DUR | FHE | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Dabbelt Ins.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Bohning, Jane L. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6103 Johnson Rd. Cinti. OH 45247

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-6762	M 3 D 18 Y 24	74	F	297-12-8643	OH	RG606854	Retired

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	Ford	Aerostar	Teal	Van	OH	CIH-864	N/A	FROM S TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Motorists Mutual

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Pope, Jessica L. | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4324 Sunburst Cinti. OH 45238

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
921-7278	M 3 D 18 Y 81	17	F	299-76-0793	OH	RU053527	Student

OWNER (IF SAME AS DRIVER, WRITE SAME): Same | ADDRESS: Same | PHONE: Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 90	Chev.	Cavalier	Red	2Dr.	OH	AUP-5549	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

C FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

D FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

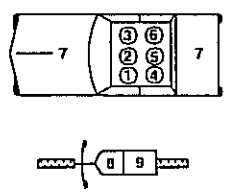
E FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

F FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

N A

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POSITION: A 1 B 1 C D E F



P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
17:04	17:07	17:16	17:36	10 min	32

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 7 D 21 Y 98	☐ YES ☒ NO	Sgt. G. Wilhelm	81	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 7458-621

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	1	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH: M D Y	DAY	TIME: MILITARY
Hamilton	Green	5 2 98	Sat	0226

CRASH OCCURRED ON	WITHIN THE INTERSECTION OF
Wesselman Rd (CR)	N/A

IF NOT IN INTERSECTION — MILES: ____ FEET N ☐ W ☐ E ☒ S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): Harrison Ave (CR) — CITY CODE

LOG-1	LOG-2	RD	LOC	JUR	FHE	OLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1		☒	☐	☐	☐	☐	Colonial Int CA.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Bruker Sandee R	5018 Rybolt Rd Cinti Oh 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-8269	M 1 D 4 Y 68	30	F	533-76-8665	Oh	RE958956	Sys Eng Guide

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Bruker David A	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 90	Ford	F150	Blk Orn	P/U	Oh	ADU7845	Lambert	FROM W TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
		☐	☐	☐	☐	☐	

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
	N/A	

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19								FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

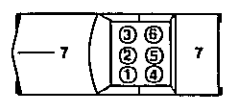
9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

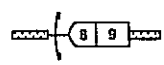
DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE (M D Y)	AGE
C				
		ADDRESS	PHONE	SEX
D				
		ADDRESS	PHONE	SEX
E		N		
		ADDRESS	PHONE	SEX
F		A		
		ADDRESS	PHONE	SEX

POSITION					
A	B	C	D	E	F
1					





P-PEDESTRIAN

INJURIES					
A	B	C	D	E	F
5					

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION	
A	B
7	

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
1					

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

ALCOHOL			
A	TESTED	B	TESTED
4	☐ YES ☒ NO		☐ YES ☐ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1					

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO		☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

INJURED TAKEN TO	BY
A B C D E F	
INJURED TAKEN TO	BY
A B C D E F	

POLICE ACTION

		OFFENSE CHARGED AND DESCRIPTION
A	☒ O.R.C. ☐ CITY ORD:	Reckless 4511.20 Safety Restraint 4513.263 Exp DL 4507.02
B	☐ O.R.C. ☐ CITY ORD:	N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	N/A	0226		N/A	N/A

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 5 D 2 Y 98	☐ YES ☒ NO	Sgt J. Kruminan	582	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 1798-1176

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	M 8 D 12 Y 98	WED	1610

CRASH OCCURRED ON (CR) WESSELMAN

WITHIN THE INTERSECTION OF (CR) HARRISON

IF NOT IN INTERSECTION — MILES: — FEET N W E S OF — (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE

LOC 1	LOC 2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	2	☒	☐	☐	☐	☐	WEST AMERICAN

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
TOPICZ, AUGUST	5049 BOOMER RD CINTI OHIO 45247

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574 9035	M 7 D 19 Y 19	79	M	287 10 0545	OHIO	RN 704919	RETIRED

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
HELEN H TOPICZ	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	CADILLAC	SEDAN DEVILLE	MAR	4DR	OHIO	KAH 588	N/A	FROM S TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	1	☒	☐	☐	☐	☐	NATIONWIDE 9134 729958

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
MORGENROTH JACK W	7734 ZION HILL RD CLEVES OHIO 45002

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
941 5056	M 3 D 3 Y 27	71	M	290 22 8336	OHIO	RU 296849	RETIRED

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 89	CHEVY	CELEBRITY	WHT	4DR	OHIO	ADZ 5743	N/A	FROM S TO N

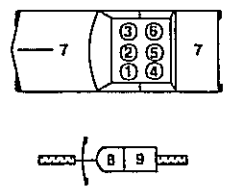
CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D					N/A		
E							
F							

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1					5	5				



P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION

A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS

A	B	C	D	E	F
4	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

ALCOHOL

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION

A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F	NONE	
A	B	C	INJURED TAKEN TO	BY
D	E	F	NONE	

A — ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B — ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
—	1615	1623	1644	—	29

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 12 Y 98	☐ YES ☒ NO	C.A. BADER	10	SBZ

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-1 ☐ OH-4	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 94-0944

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT & RUN
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☒ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	M 6 D 24 Y 98	WED	2337

CRASH OCCURRED ON: HARRISON (CR) WITHIN THE INTERSECTION OF: JOHNSON (CR)

IF NOT IN INTERSECTION: ____ MILES: ____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): — CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: UNK

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
SISSON, CHRISTINE	6611 HEARNE RD #106 CINTI OH 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
UNK	M 12 D 11 Y 54	43	F	297-54-4392	OH	RT 211785	

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	—	—

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 91	FORD	TEMPO	WHT	4DR	OH	WGQ-918	HUBBARD	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
HERRON, DIANA	5902 SNYDER CINTI OH 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
598-9938	M 2 D 1 Y 60	38	F	362-68-2983	OH	RM218345	—

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
HERRON, DENNIS	5902 SNYDER CINTI OH 45247	598-4938

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	TOYOTA	PU	RED	PU	OH	NK15VN	SANDERS	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	2	HEAGY, BRIAN C.	M 10 D 13 Y 82		5902 SNYDER RD CINTI OH	598-9938	
D			M D Y				
E			M D Y				
F			M D Y				

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1	3				2	4	4			

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION						
A	B					
1	1					

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
4	4	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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1	1	1			

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A (B) C	INJURED TAKEN TO	BY			
D E F	FRANSICAN WESTWOOD	MEDIC 53			
A B C	INJURED TAKEN TO	BY			
D E F					

A — ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: FAILURE TO CONTROL 4511.202 44-41954

B — ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION:

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
		2337	0618	10	41

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 6 D 25 Y 98	☐ YES ☒ NO	WARNKEN	16	S-83

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.
	GREEN TWP POLICE	03144

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 98-1135

REPORT TAKEN: [ ] AT STATION [X] AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [X] INJURY [ ] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [X] OVER $150 [ ] UNDER $150

HIT SKIP: [ ] SOLVED [X] UNSOLVED

IN COUNTY OF: HAMILTON

IN [ ] CITY [ ] VILLAGE [X] TWP OF: GREEN (7)

DATE OF CRASH: M 8 D 4 Y 98

DAY: TUES

TIME: MILITARY: 1600

CRASH OCCURRED ON: HARRISON AVE (CR)

WITHIN THE INTERSECTION OF: JOHNSON (CR)

IF NOT IN INTERSECTION: _____ MILES: _____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): N/A

CITY CODE:

LOG 1	LOG 2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: 9234H926638 NATIONWIDE

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): DASE, Clifford

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 4085 REEMLIN Rd CINTI OH 45211

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
661-0830	M 12 D 23 Y 51	46	M	400-78-1619	OH	RG604451	FORKLIFT OPERATOR

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 96	PONTIAC	GRANDAM	TAN	4-dR	OH	WGQ 459	N/A	FROM W TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [X] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [ ] LIGHT [X] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: PPA0006281485-8 AMCO INS.

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): RACE, Timothy K

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 8071 Strimple CLEVES OH 45002

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
353-1791	M 9 D 05 Y 59		M	277-60-1019	OH	RS474221	MAINTENANCE

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	Ford	TAURUS	TAN	4-dR	OH	AXK 1213	SANDERS	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [ ] FUNCTIONAL [X] DISABLING

DAMAGE SCALE: [ ] NONE [X] MODERATE [ ] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [ ] REMAINED AT SCENE [X] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N A

A B C	INJURED TAKEN TO	BY	
D E F			
A B C	INJURED TAKEN TO	BY	
D E F			

N A

POSITION: A 1 B 1 C — D N/A E — F —

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

INJURIES: A 4 B 4 C — D N/A E — F —

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 4 B 4 C — D N/A E — F —

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

ALCOHOL: A 1 TESTED [ ] YES [X] NO | B 1 TESTED [ ] YES [X] NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C — D N/A E — F —

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED [ ] YES [X] NO | B 1 TESTED [ ] YES [X] NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A [X] O.R.C. [ ] CITY ORD: 4511.42 FAILURE to YIELD while TURNING LEFT

B [ ] O.R.C. [ ] CITY ORD: — N/A —

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1559	1600	1605	1634	—	34

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 4 Y 98	[ ] YES [X] NO	M. LAMPE	22	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL FILE NO. 1458-1145

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	
		GREEN TWP POLICE	03144	ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH PEDESTRIANS INVOLVED 2 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☒ SOLVED ☐ UNSOLVED

IN COUNTY OF HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (7) | DATE OF CRASH: M 8 D 6 Y 98 | DAY THURSDAY | TIME: MILITARY 1759

CRASH OCCURRED ON HARRISON AVE (CR) | WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION ____ MILES: 100 FEET (W) N E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) WESSELMAN RD - EAST / JOHNSON RD (CR5) | CITY CODE

LOG 1	LOG 2	LOC	JURI	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): VAIVE, THEODORE L.
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3339 ROBINET DR. CINTI OH 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
451-0922	M 11 D 12 Y 62	35	M	386-74-0793	OH	RS484406	MANAGER

OWNER (IF SAME AS DRIVER, WRITE SAME): VAIVE, EMILY | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 92	TOYOTA	TERCEL	BLU	2DR	OH	KAL 476	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING
DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY
VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED
FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 3 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT ALL STATE

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): SCHEIDT, ROXANN
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5525 EDGER DR. CINTI OH 45239

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
385-5292	M 4 D 6 Y 60	38	F	285-64-4838	OH	RN165450	BUS DRIVER

OWNER (IF SAME AS DRIVER, WRITE SAME): SCHULTE, BETTY A. | ADDRESS: 6109 WOODHALL DR. CINTI OH 45247 | PHONE: 574-4612

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 91	CHEVROLET	VAN	WHT	VAN	OH	XLQ-145	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING
DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY
VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED
FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	2	SCHULTE, BETTY A.	M 5 D 4 Y 30	68	6109 WOODHALL DR. CINTI OH 45247	574-4612	F
D	2	ESTERKAMP, DIANA	M 2 D 14 Y 82	16	6247 WESTFORK RD. CINTI OH 45247	574-6233	F
E		N					
F		A					

POSITION: A 1 | B 1 | C 3 | D 4 | E — | F —
1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

INJURIES: A 5 | B 5 | C 5 | D 5 | E — | F —

P-PEDESTRIAN

CONDITION: A 1 | B 1
1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 | B 4 | C 4 | D 4 | E — | F —
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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO
1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 | B 1 | C 1 | D 1 | E — | F —
1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B 1 TESTED ☐ YES ☒ NO
1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

A B C / D E F — INJURED TAKED TO N BY
A B C / D E F — INJURED TAKEN TO N BY

POLICE ACTION

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: IMPROPER LANE CHANGE 4511.39 ORC

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1759	1759	1803	1832	N/A	34

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 6 Y 98	☐ YES ☐ NO	POPPE	9	SB

HSY 7004

Page 1 of 2

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 1198-1181

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	3	☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (1)	M 8 D 13 Y 98	THU	1710

CRASH OCCURRED ON: HARRISON AVE (CR) WITHIN THE INTERSECTION OF: JOHNSON RD (CR)

IF NOT IN INTERSECTION: ___ MILES: ___ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): NA CITY CODE:

LOC 1 | LOC 2 | LOC 3 | LOC 4 | JUR | CFHE | PETS | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	2	☒	☐	☐	☐	☐	# C13 8 864 A0835 STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
SNYDER JO ANN	10753 HARRISON #21 HARRISON, OH 45030

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
367-9782	M 4 D 10 Y 79	19	F	313901240	OH	RS472932	REP CUSTOMER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
BRIAN BAER	10191 WEST RD HARRISON OH 45030	367-1340

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	CHEVY	BERETTA	BLU	2D	OH	ALT 5283	J & M (1)	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	1	☒	☐	☐	☐	☐	# 296 1143 Q 035A STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
DRENNAN, BARBARA	4875 TYSON CINTI OHIO 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-8641	M 10 D 5 Y 40	57	F	271364232	OH	RG606137	HOUSEWIFE

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 85	PONTIAC	SUNBIRD	GRY	4D	OH	NMP 455	SCHAFFER'S (6)	FROM W TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	2	BAER, BRIAN	M 11 D 22 Y 78	19	10191 WEST RD 45030	367-1340	M
D							
E							
F							

POSITION A	B	C	D	E	F	INJURIES A	B	C	D	E	F
1	1	3				5	5	3			

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C 4 D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B ☒	INJURED TAKEN TO: FWH	BY: GREEN TWP PARAMEDICS	
D E F			
A B C	INJURED TAKEN TO:	BY:	
D E F			

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.42 FTY LEFT TURNS

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1712	1712	1721	1815	—	54

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 13 Y 98	☐ YES ☒ NO	Wm Crock Jr	1002	#81

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.
		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO.

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH ~~PEDESTRIANS~~ INVOLVED 3 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (T) | DATE OF CRASH: M 8 D 13 Y 98 | DAY THU | TIME: MILITARY 1710

CRASH OCCURRED ON HARRISON AVE (CR) | WITHIN THE INTERSECTION OF JOHNSON RD (CR)

IF NOT IN INTERSECTION ___ MILES: ___ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) NA | CITY CODE

LOC 1 | LOC 2 | LOC | JUR | FHE | TRT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 3 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT # 06 34 0535485 AMERICAN STATES

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): LUCKEY, PAUL | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5521 BOOMER RD CINN OHIO 45239

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
598-8683	M 9 D 13 Y 43	54	M	282 38 3755	OH	RF412474	TEACHER

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	CHEVY	LUMINA	RED	4D	OH	FAB658	NONE	FROM N TO S

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. ___ | NO. OF ~~OCCUPANTS~~ | OPERATING ☐ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19								FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

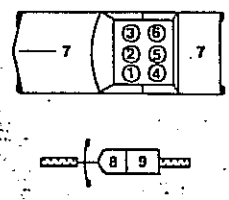
C — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

D — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

E — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

F — FROM UNIT NO. | NAME (LAST, FIRST, MI) | BIRTHDATE M D Y | AGE | ADDRESS | PHONE | SEX

POSITION: A 1 B C D E F



P-PEDESTRIAN

INJURIES: A 5 B C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO | B TESTED ☐ YES ☐ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO | B TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C INJURED TAKEN TO BY

D E F

A B C INJURED TAKEN TO BY

D E F

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1712	1712	1721	1815	—	54

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 13 Y 98	☐ YES ☒ NO	Wm Crock Jr	1002	#81

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
	GREEN TWP POLICE	03144	

LOCAL FILE NO. 7988-1409

REPORT TAKEN: ☐ AT STATION ☒ AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): ☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: ☒ OVER $150 ☐ UNDER $150

HIT SKIP: ☐ SOLVED ☐ UNSOLVED N/A

IN COUNTY OF: HAMILTON

IN ☐ CITY ☐ VILLAGE ☒ TWP OF: GREEN CTR

DATE OF CRASH: M 9 D 21 Y 98

DAY: TUESDAY

TIME: MILITARY: 0752 Hours

CRASH OCCURRED ON: Harrison Avenue (SR)

WITHIN THE INTERSECTION OF: 6020 Harrison Avenue (SR)

IF NOT IN INTERSECTION: ____ MILES: 250 FEET N W S (E) OF

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): Johnson Road (CR)

CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: PENN. INS. GROUP

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): KAthman, Janet L.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5470 Greenacres Drive, Cincinnati, Ohio 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-5195	M 11 D 1 Y 50	47	F	302-50-0680	OHIO	RG601806	Group Sales

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	Chevrolet	Nova	Blue	4Door	OHIO	AKU-5345	WADDIE Bros.	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT: Allstate Ins

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): Flynn, Shirley R.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 6215 Eagles Lake Court, Cincinnati, Ohio 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
598 9837	M 6 D 21 Y 34	64	F	281-28-5447	OHIO	RK235538	Retired

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 96	Buick	Century	Blue	4DR	OHIO	AXF-4134	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E		N/A					
F							

POSITION: A 1, B 1, C —, D —, E —, F —

INJURIES: A 5, B 5, C —, D —, E —, F —

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

7 ③ ⑥ ② ⑤ ① ④ 7

8 9

P-PEDESTRIAN

CONDITION: A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4, B 4, C —, D —, E —, F —

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

ALCOHOL: A TESTED ☐ YES ☒ NO; B TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1, B 1, C —, D —, E —, F —

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☒ NO; B TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

	B	C	INJURED TAKEN TO	BY
~~A~~			None Requested/Reported	
D	E	F		

	B	C	INJURED TAKEN TO	BY
~~A~~			None Requested/Reported	
D	E	F		

A — ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

B — ☒ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: None Issued

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
0755	0755	0758	0843	—	48 mins

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 9 D 21 Y 98	☐ YES ☒ NO	DR Hatmaker	7	SR

HSY 7004

OHIO TRAFFIC CRASH REPORT — OH-4 (Rev. 1/82)

LOCAL REPORT NO.	OH-2 / OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 1746-1540

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	1	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☒ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
Hamilton	GREEN (7)	M 10 D 14 Y 98	WEDNESDAY	0823

CRASH OCCURRED ON (R.R.) JOHNSON Rd — WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION 1/10 MILES: ____ FEET (N) W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) C.R. HARRISON AVE — CITY CODE

COC-1	COC-2	COC-3	INJURY	PHES	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	4	☒	☐	☐	☐	☐	STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
BECKER, JOSEPH D	7863 BRIDGETOWN ROAD CLEVES OHIO 45002

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
941-7591	M 2 D 4 Y 82	16	M	294-86-6020	OH	RU 317779	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
JENNIFER CROSS	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 85	CHEV	CAPRICE	WHITE	4DR	OH	AUN 2750	(R) SANDERS	FROM S TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
N/A	~~1~~	☐	☒	☐	☐	☐	N/A

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
GUARD RAIL	6120 Rd JOHNSON Rd Cinti OHIO 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
HAMILTON COUNTY ENGINEERS	138 E. COURT ST. Cinti OHIO 45202	632-8521

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19				N				FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C			M D Y				
D			M D Y				
E			M D Y				
F			M D Y				

POSITION	INJURIES
A: 1	A: 5

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	
A: 1	B:

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS	ALCOHOL	DRUGS
A: 4	A: 1 TESTED ☐ YES ☒ NO	A: 1 TESTED ☐ YES ☒ NO
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 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

EJECTION
A: 1
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	0824	0825	0852	—	27

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 10 D 14 Y 98	☐ YES ☒ NO	M. ROSING	220	WB

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7748-1591

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (T)	M 10 D 20 Y 90	TUE	1938

CRASH OCCURRED ON: HARRISON AVE (CR) — WITHIN THE INTERSECTION OF: — NA —

IF NOT IN INTERSECTION: — MILES: 160 FEET (W) N E S OF JOHNSON RD (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) — CITY CODE:

LOC 1	LOC 2	LOC 3	JUR	THE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT: 291601876 METROPOLITAN

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
NOVOTNE LORI	3419 STANN #02 CINTI OHIO 45211

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
481-8485	M 7 D 17 Y 69	29	F	291601876	OH	RF320800	TRAVEL AGENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	MERCURY	TRACER	WHI	4D	OH	CKV869	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 — NO. OF OCCUPANTS 1 — OPERATING ☐ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT: RFA 3859406 CINCINNATI

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
WRIGHT, NANCIE	2885 SPRINGWOOD CT CINTI OHIO 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
451-3626	M 12 D 2 Y 70	28	F	277843936	OH	RQ643597	HAIRSTYLIST

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	MITSIBISHI	ECLIPSE	GRN	2D	OH	ARY9657	NONE	FROM S TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

POSITION	INJURIES
A 1, B 1	A 5, B 5

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION: A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4, B 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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1, B 1

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY	
D E F			
A B C	INJURED TAKEN TO	BY	
D E F			

A — ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B — ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.44 FAILURE TO YIELD (PRIVATE DRIVE)

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1939	1940	1948	2015	—	27

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 10 D 20 Y 90	☐ YES ☒ NO	Wm Crock Jr	1002	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
	Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 1710-190

REPORT TAKEN: [ ] AT STATION [X] AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [X] OVER $150 [ ] UNDER $150

HIT SKIP: N/A [ ] SOLVED [ ] UNSOLVED

IN COUNTY OF: HAMILTON

IN [ ] CITY [ ] VILLAGE [X] TWP OF: GREEN (7)

DATE OF CRASH: M 04 D 07 Y 99

DAY: WEDS

TIME: MILITARY: 1335

CRASH OCCURRED ON: (CR) HARRISON AVE

WITHIN THE INTERSECTION OF: (CR) JOHNSON RD.

IF NOT IN INTERSECTION: ____ MILES: ____ FEET N W E S OF

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): N/A

CITY CODE:

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.: 1 | NO. OF OCCUPANTS: 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): COSSMAN, CARL J. JR

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 9980 HOWARD RD. HARRISON, OH 45030

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
738-7255	M 5 D 5 Y 43	55	M	278-38-1421	OH	RU292481	RETIRED

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 99	HONDA	VALKYRIE	GRN/SIL	MC	OH	43DJZ	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

B

UNIT NO.: 2 | NO. OF OCCUPANTS: 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: OHIO CASUALTY DPO 30160917

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): COLONY HELEN L.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5176 VALLEYRIDGE RD CINTI, OH 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-6825	M 3 D 4 Y 16	83	F	299-18-6544	OH	RU297078	RETIRED

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME | ADDRESS: SAME | PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 86	PLYM	CARAVELLE	HNT	4DR	OH	KAH-378	N/A	FROM W TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C FROM UNIT NO. WIT.	JACKSCHEIDER JACK		
	ADDRESS	PHONE 574-2084	SEX
D FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
	ADDRESS	PHONE	SEX
E FROM UNIT NO.	NAME (LAST, FIRST, MI) N	BIRTHDATE	AGE
	ADDRESS	PHONE	SEX
F FROM UNIT NO.	NAME (LAST, FIRST, MI) A	BIRTHDATE	AGE
	ADDRESS	PHONE	SEX

POSITION: A 8 B 1 C D E F

P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 2 B 4 C D E F

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

ALCOHOL: A 1 TESTED [ ] YES [X] NO | B 1 TESTED [ ] YES [X] NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED [ ] YES [X] NO | B 1 TESTED [ ] YES [X] NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C D E F INJURED TAKEN TO: BY

A B C D E F INJURED TAKEN TO: BY

A [ ] O.R.C. [ ] CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

B [X] O.R.C. [ ] CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.42 F-T-Y WHEN TURNING LEFT

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	N/A	1334	1410	N/A	36

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 4 D 7 Y 99	[ ] YES [X] NO	SGT H. BALLY	142	SR

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 94-523

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
Hamilton	Green (7)	M 4 D 7 Y 99	Wednesday	1115 Hours

CRASH OCCURRED ON: Harrison Avenue (SR264) WITHIN THE INTERSECTION OF: Johnson Road (CR)

IF NOT IN INTERSECTION: ___ MILES: ___ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): N/A — CITY CODE

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	AU0003526 Reliance Ins. Co.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Bova, Joseph C.	5891 Snyder Road, Cincinnati - Ohio 45247

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
513-574-6276	M 8 D 17 Y 26	77	M	286-20-0227	Ohio	RL152105	Bus. Adm

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 91	Infiniti	Q45	white	4DR	Ohio	AXF-2902	N/A	FROM W TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	1	☒	☐	☐	☐	☐	Nationwide Ins

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Minges, Donald J.	6939 Thompson Road Cincinnati, Ohio 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
513-385-2421	M 8 D 29 Y 40	48	M	278-38-0283	Ohio	RP230169	

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 86	Chevrolet	Chevette	Tan	2DR	Ohio	COG-720	J & M Tow	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	W	Simmons, Rollie	M D Y		3024 Montclair Ave Cinti, Ohio	662-8660	M
D			M D Y				
E		N	M D Y		A		
F			M D Y				

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1	—	—	—	—	5	4	—	—	—	—

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	
A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
4	8	—	—	—	—

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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1	1	—	—	—	—

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

			INJURED TAKEN TO	BY
☒	B	C	None Claimed	N/A
D	E	F		
☒	B	C	Western Hills Franciscan	Green Township F/S
D	E	F		

POLICE ACTION

		OFFENSE CHARGED AND DESCRIPTION
A	☒ O.R.C. ☐ CITY ORD:	Failed to yield 4511.42 ORC
B	☐ O.R.C.: ☐ CITY ORD:	N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1116	1116	1116	1239	—	89 mins

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 4 D 7 Y 99	☐ YES ☒ NO	DR Hartman	7	SB

HSY 7004

OHIO TRAFFIC CRASH REPORT — OH-4 (Rev. 1/82)

LOCAL FILE NO. 79-573

LOCAL REPORT NO.	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
	Hamilton Co. Sheriff	03100	

REPORT TAKEN: [ ] AT STATION [X] AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [X] OVER $150 [ ] UNDER $150

HIT SKIP: [ ] SOLVED [X] UNSOLVED

IN COUNTY OF: Hamilton — IN [ ] CITY [ ] VILLAGE [X] TWP OF GREEN (7)

DATE OF CRASH: M 04 D 21 Y 99 — DAY: WED — TIME: MILITARY: 1700

CRASH OCCURRED ON: W/B Harrison Ave (CR.) — WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: — MILES: 25 FEET W N (E) S OF Johnson Rd. (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) — CITY CODE:

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING [X] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON-CONTACT [ ]

INSURANCE CO. OR AGENT: #91-13-E-503263 NATIONWIDE INS. CO.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): MEUER, DARRELL R.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 7018 WHITCOMB RD. Brookville IND 47012

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
(765) 647-5025	M 7 D 7 Y 58	40	M	313-70-6929	OH.	8944-35-2420	PLUMBER

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME — ADDRESS: SAME — PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 97	TOYOTA	TOCOMA	GRN	P/U	IN.	166828L	NONE	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

B — UNIT NO. 2 — NO. OF OCCUPANTS 1 — OPERATING [X] PARKED [ ] DRIVERLESS [ ] HIT & RUN [ ] NON-CONTACT [ ]

INSURANCE CO. OR AGENT: #133-649329-5 CAI INS. AGENCY

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): SHEEHAN, Louis C.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3225 MAYRIDGE CT. Cinti, OH. 45211 #2

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
389-1943	M 4 D 28 Y 79	19	M	300-80-2633	OH.	RT 208020	SERVICE TECH

OWNER (IF SAME AS DRIVER, WRITE SAME): PIONEER SERVICES INC. — ADDRESS: 3726 KESSEN AV. Cinti, OH. 45211 — PHONE: 661-5000

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 97	CHEV.	S-10	WHT	P/U	OH.	PAL 6543	NONE	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

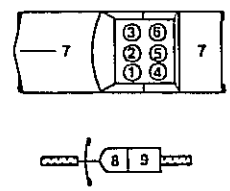
VEHICLE DISPOSITION: [X] DRIVEN AWAY [ ] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

POSITION: A 1 B 1 C D E F



P-PEDESTRIAN

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED [ ] YES [X] NO — B 1 TESTED [ ] YES [X] NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED [ ] YES [X] NO — B 1 TESTED [ ] YES [X] NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C D E F — INJURED TAKEN TO — BY

A B C D E F — INJURED TAKEN TO — BY

A [X] O.R.C. [ ] CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: 4511.21 ACDA / #748025(6)

B [ ] O.R.C. [ ] CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1702	1702	1702	1740	0	

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 04 D 21 Y 99	[ ] YES [X] NO	V.A. Clark	574	582

HSY 7004

OHIO TRAFFIC CRASH REPORT — OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7459-659

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
Hamilton	IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green (7)	M 5 D 7 Y 99	FRI	1650

CRASH OCCURRED ON Harrison Av (CR) — WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION — MILES: ____ FEET (W) N S E OF Johnson Rd (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) — CITY CODE

LOC 1	LOC 2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT HRA 8689917 Auto Ins

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Nolting Benjamin	4697 Faircrest Ct. Cinti OH 45247

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
741-9969	M 1 D 3 Y 82	17	M	110 66 9765	OH	RU316409	Student

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Victor Nolting	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 90	Lexus	ES250	Silv	Hdr	OH	ADU 7892	None	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 — NO. OF OCCUPANTS 1 — OPERATING ☒ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT Allstate 092185949 05164

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
Madison Pam Scott	3520 Markay Ct. Cinti OH 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574 6513	M 5 D 8 Y 51	47	F	282 50 1636	OH	RQ 670234	Diabetes Cond.

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 89	Volkswagen	Jetta	Blk	Hdr	OH	AXK 1567	None	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☒ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C			M D Y				
D			M D Y				
E			M D Y				
F			M D Y				

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1					5	5				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	
A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
4	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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

A — ☒ O.R.C. ☐ CITY ORD: 4511.21A ACDA — OFFENSE CHARGED AND DESCRIPTION

B — ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
—	1652	1655	1739	—	44

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 5 D 7 Y 99	☐ YES ☒ NO	M. Petersman	512	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7647-88

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	M 6 D 17 Y 99	THU	1613

CRASH OCCURRED ON (6000) HARRISON AVE (CR) WITHIN THE INTERSECTION OF — NA —

IF NOT IN INTERSECTION ____ MILES: 100 FEET W N S E OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) JOHNSON RD (CR) CITY CODE

LOC 1	LOC 2	LOC 3	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 57263-35 AMERICAN INTERNATIONAL

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
BURNS, JOHN	6464 SPRINGMEYER CINTI OHIO 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-5832	M 2 D 2 Y 35	64	M	280288250	OH	RQ642819	RETIRED

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	BUICK	ROADMASTER	WHT	4D	OH	TUA037	NONE	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT #2452.62327 ATLANTIC MUTUAL

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
FAXON, PAULA	4309 EBENEZER CINTI OHIO 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-4677	M 3 D 20 Y 59	40	F	2860 6982	OH	RJ38 1425	DESIGNER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 99	JEEP	CHEROKEE	GOLD	4D	OH	BOB4154	NONE	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

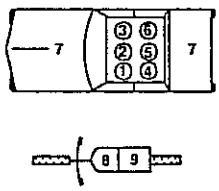
OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

POSITION: A 1 B 1 C D E F

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED



P-PEDESTRIAN

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B ☒ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 451.33 MARKED LANES

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1613	1613	1617	1645	—	28

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 6 D 17 Y 99	☐ YES ☒ NO	Wm Crockett	1002	PD

HSY 7004

OHIO TRAFFIC CRASH REPORT OH-4 (Rev. 1/82)

LOCAL REPORT NO.	OH-2 / OH-3	REPORTING AGENCY	N.C.I.C.
		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. TRACY - 1045

REPORT TAKEN: [ ] AT STATION [X] AT SCENE

NO. OF VEH PEDESTRIANS INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [X] OVER $150 [ ] UNDER $150

HIT SKIP: [ ] SOLVED [X] UNSOLVED

IN COUNTY OF: Hamilton

IN [ ] CITY [ ] VILLAGE [X] TWP OF: GREEN (1)

DATE OF CRASH: M 7 D 23 Y 99

DAY: FRIDAY

TIME: MILITARY: 1325

CRASH OCCURRED ON: (C.R) HARRISON AVE

WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 700 FEET (W) N S E OF (C.R) JOHNSON RD.

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE:

LOG 1	LOG 2	LOC	JUR	THE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: ALL STATE #6263247506 6/4

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): LAWRENCE, DONALD L.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 1034 HARRISON AVE DEFIANCE OHIO 43512

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
419-782-7930	M 6 D 7 Y 78	21	M	292-80-9622	OH	RU449216	R.R CONDUCTOR

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
INTEGRITY DEFIANCE Auto Body	20390 U.S. 24 W DEFIANCE OHIO 43512	419-784-4808

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
1994	BUICK	Regal	BLK	2DR	OH	ALA 5203	Schaffer (R)	FROM S TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [ ] FUNCTIONAL [X] DISABLING

DAMAGE SCALE: [ ] NONE [X] MODERATE [ ] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [ ] REMAINED AT SCENE [X] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

B

UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ]

INSURANCE CO. OR AGENT: PROGRESSIVE #40576656-1

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): HEUSLER, AMANDA D

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5060 VALLEY RIDGE Cin. OHIO 45247

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-8197	M 8 D 8 Y 79	19	F	298-76-8252	OH	RM249665	UNK

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
1998	PLYMOUTH	NEON	STRAW-BERRY	4DR	OH	BDC-5670	J+M (R)	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [ ] FUNCTIONAL [X] DISABLING

DAMAGE SCALE: [ ] NONE [X] MODERATE [ ] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [ ] REMAINED AT SCENE [X] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

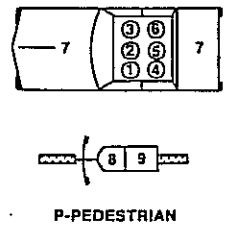
	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

N

A

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POSITION: A 1 B 1 C – D – E – F –



P-PEDESTRIAN

INJURIES: A 5 B 5 C – D – E – F –

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 B 4 C – D – E – F –

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

ALCOHOL: A 1 TESTED [ ] YES [X] NO; B 1 TESTED [ ] YES [X] NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C – D – E – F –

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED [ ] YES [X] NO; B 1 TESTED [ ] YES [X] NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A [X] O.R.C. [ ] CITY ORD: 4511.44 OFFENSE CHARGED AND DESCRIPTION: Failed to yield from Private Dr.

B [ ] O.R.C. [ ] CITY ORD: N/A OFFENSE CHARGED AND DESCRIPTION:

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1359	1404	1446	—	42

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 7 D 23 Y 99	[ ] YES [X] NO	M. ROSING	220	SRL

HSY 7004

OHIO TRAFFIC CRASH REPORT — OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 1-282

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH: M D Y	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	8 25 99	TUED	1546

CRASH OCCURRED ON (6019) HARRISON AVE — WITHIN THE INTERSECTION OF — NA —

IF NOT IN INTERSECTION — MILES: — FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) JOHNSON RD (CR) — CITY CODE

LOC | LOC | LOC | JUR | FHE | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT #2250455C2135C STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): SCHNIEBEL, ROBERT — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 3427 ALTA VISTA CINTI OHIO 45211

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
481-7617	M 8 D 1 Y 47	52	M	292421533	OH	R547486G	PIPEFITTER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	CHEVY	VAN	BLU	SW	OH	CK2318	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING — DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY — VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED — FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 — NO. OF OCCUPANTS 1 — OPERATING ☒ — PARKED ☐ — DRIVERLESS ☐ — HIT & RUN ☐ — NON-CONTACT ☐ — INSURANCE CO. OR AGENT #2938787033SF STATE FARM

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): METZ, JENA — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 11863 KITRUN CT CINTI OHIO 45231

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
674-1520	M 3 D 19 Y 76	23	F	007707583	OH	RR245499	POLICE OFFICER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 98	DODGE	DURANGO	RED	4D	OH	CAM4307	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING — DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY — VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED — FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

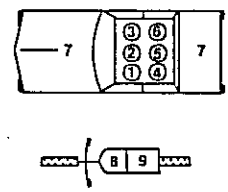
C FROM UNIT NO. — NAME (LAST, FIRST, MI) — BIRTHDATE M D Y — AGE — ADDRESS — PHONE — SEX

D FROM UNIT NO. — NAME (LAST, FIRST, MI) — BIRTHDATE M D Y — AGE — ADDRESS — PHONE — SEX

E FROM UNIT NO. — NAME (LAST, FIRST, MI) — BIRTHDATE M D Y — AGE — ADDRESS — PHONE — SEX

F FROM UNIT NO. — NAME (LAST, FIRST, MI) — BIRTHDATE M D Y — AGE — ADDRESS — PHONE — SEX

POSITION	INJURIES
A 1, B 1, C, D, E, F	A 5, B 5, C, D, E, F



P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1, B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4, B 4, C, D, E, F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO — B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1, B 1, C, D, E, F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO — B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

INJURED TAKEN TO — BY

INJURED TAKEN TO — BY

POLICE ACTION

A — ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: NONE

B — ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: NONE

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1546	1546	1553	1617	—	24

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 25 Y 99	☐ YES ☒ NO	Wm Crock Jr	1002	SR

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 99CI-1348

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	M 8 D 26 Y 99	THU	1817

CRASH OCCURRED ON: HARRISON AVE (CR) — WITHIN THE INTERSECTION OF: —

IF NOT IN INTERSECTION: — MILES: 40 FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.): JOHNSON RD (CR) — CITY CODE:

LOG 1	LOG 2	LOC	JUR	FHE	FLT	DESC					

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	#144A938664 PRUDENTIAL

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
SUNDERHAUS, DAVE	4453 ABBY CT CINTI OHIO 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-2988	M 12 D 29 Y 61	37	M	298729543	OH	RM165725	SALES

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 87	GMC	S15	BLA	TK	OH	BHT1454	NONE	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	2	☒	☐	☐	☐	☐	#9234N375906 NATIONWIDE

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
HECKLER, JENNIFER	6458 DUET LN CINTI OHIO 45239

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
385-6458	M 3 D 18 Y 80	19	F	284 88 5265	OH	RP232239	DENTAL ASSISTANCE

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 86	HONDA	ACCORD	SIL	2D	OH	BGM2664	NONE	FROM W TO E

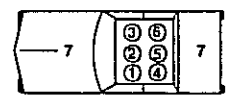
CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

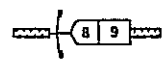
DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C	WIT	HERTH, PAUL	M 9 D 28 Y 63		8548 HARRISON AVE 45002	353-4910	
D			M D Y				
E			M D Y				
F			M D Y				

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1					5	5				





P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION

A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS

A	B	C	D	E	F
4	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

ALCOHOL

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION

A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POLICE ACTION

A ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: NONE

B ☒ O.R.C.: ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: 4511.21 ACDA

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1817	1817	1823	1855	—	32

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 8 D 26 Y 99	☐ YES ☒ NO	WM CROCK JR	1002	Q.C.9R25

HSY 7004

OHIO TRAFFIC CRASH REPORT OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 99-888

REPORT TAKEN	NO. OF VEH/PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	1	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green-7	M 6 D 17 Y 99	THURS.	1340

CRASH OCCURRED ON (C.R.) JOHNSON RD. WITHIN THE INTERSECTION OF (C.R.) HARRISON AVE

IF NOT IN INTERSECTION _____ MILES: _____ FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) N/A CITY CODE

LOG 1	LOG 2	LOC	JUR	THE	BELT	DESC							

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	24112 WESTFIELD INS. CO.

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
JOHNSON, EDWARD J.	3633 HILLVIEW CIR. CIN, OH. 45238

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
218 3597	M 11 D 5 Y 70	28	M	286640065	OHIO	RU290969	TK. DRIVER

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 83	FORD	F-350	RED	DUMP	OHIO	PBM-4321	SCHAFFER'S	FROM W TO N

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☒ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☒ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
		☐	☐	☐	☐	☐	

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y			N/A			

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
	N/A	

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19								FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C FROM UNIT NO.		M D Y				
D FROM UNIT NO.		M D Y				
E FROM UNIT NO.	N/A	M D Y		N/A		
F FROM UNIT NO.		M D Y				

POSITION	INJURIES
A 1 B C D E F	A 5 B C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION
A 1 B X X X X X X

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS
A 4 B C D E F

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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	N/A	☐ YES ☐ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION
A 1 B C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	N/A	☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: NONE

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	1344	1346	1435	—	49 MINS

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 6 D 17 Y 99	☐ YES ☒ NO	G. Maley	644	[illegible]

HSY 7004

LOCAL REPORT NO.

DESCRIBE WHAT HAPPENED
REFER TO UNITS
BY NUMBER

Unit 2 was eastbound on Harrison at Wesselman in the left lane, when he was struck on the right side by Unit 1, who entered the intersection from northbound Wesselman. Driver of Unit 1 states that as he came up to the light and went to apply the brake, he stepped on both the brakes and the accelerator, causing the car to jump forward into the intersection and striking Unit 2. Moderate damage; no injury.

Driver #1 cited to Chariot 4-1-99 for Failure to control, 4511.202

WEATHER	1
1 NO ADVERSE WEATHER, 2 RAIN, 3 SNOW, 4 FOG, 5 HIGH WIND, 6 OTHER	

ROAD CONDITIONS	1
1 DRY, 2 WET, 3 SNOW, 4 ICE, 5 DIRT/SAND, 6 OTHER	

LIGHT	1
1 DAYLIGHT, 2 DAWN, 3 DUSK, 4 DARK NO LIGHTS, 5 DARK-LIGHTED, 6 OTHER	

ROAD CONTOUR	2
1 STRAIGHT LEVEL, 2 STRAIGHT GRADE, 3 CURVE LEVEL, 4 CURVE GRADE	

OCCURRENCE	1
1 ON ROADWAY, 2 OFF LEFT SIDE, 3 OFF RIGHT SIDE, 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY	

SPECIAL AREA	N/A
1 ROAD CONSTRUCTION MAINTENANCE AREA, 2 SCHOOL ZONE	

FIRST HARMFUL EVENT	6

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 MOTOR VEH
8 PEDESTRIAN
9 ANIMAL
10 TRAIN
11 PEDALCYCLE
12 OTHER NON-M V
13 FIXED OBJECT
14 OTHER OBJECT

(NON-COLLISION)
15 FALL FROM OR IN VEH
16 OVERTURNING
17 OTHER NON-COLLISION

LOCATION	1

1 INTERSECTION
2 INTERSECTION-RELATED
3 DRIVEWAY ACCESS
4 RAILROAD CROSSING
5 BRIDGE-PASSNG OVER
6 BRIDGE-PASSING UNDER
7 NON-INTERSECTION
8 PRIVATE PROPERTY

RAMP LETTER CODE

VEHICLES MOVED

SHOW NORTH WITH ARROW

TYPE OF UNIT	# 1	A 2	# 2	B 5

CAR
1 SUB-COMPACT
2 COMPACT
3 MID SIZE
4 FULL SIZE

TRUCK
5 PICKUP
6 PANEL/VAN
7 STRAIGHT TRUCK
8 STRAIGHT TRUCK AND TRAILER
9 TRUCK TRACTOR
10 TRACTOR & SEMI--TRAILER
11 TRACTOR & DOUBLE TRAILER

MOTORCYCLE
12 MC UP TO 350CC
13 MC351CC TO 750CC
14 MC OVER 751CC
15 MOTORIZED BICYCLE

BUS
16 SCHOOL
17 CHURCH
18 PUBLIC BUS

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

PRE-CRASH ACTIONS	A 14	B 1

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 VEH
17 OTHER DRV ACTIONS

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
25 PUSHING/WORKING ON VEH IN ROAD
26 OTHER IN ROAD
27 ON SIDEWALK OR SHOULDER

TRAFFIC CONTROL	A 4	B 4

DRIVER
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 CONSTR BARRICADES
11 POLICE OFFICER
12 PAVEMENT MARKINGS
13 OTHER

PEDESTRIAN
14 NO CONTROLS
15 CROSSWALK LINES
16 WALK/DON'T WALK DEVICE

FIXED OBJECT STRUCK	A 1	B 1

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

CONTRIBUTING FACTOR	A 14	B 1

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

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 IF CONTRIBUTING FACTOR IS 18

	A	B
PRIMARY	—	—
SECONDARY	—	—

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

TRUCK LOAD	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

TRUCK AXLES	A —	B —

TRACTOR-TRAILER RIGS

SPEED

UNIT	EST.	LEGAL
A	App 5	45
B	45	45

MC HELMET USE

UNIT	DRIVER	PASS
A	N	
B		A

1 NO HELMET
2 FULL COVERAGE
3 FULL FACIAL COVER
4 OTHER TYPE HELMET

PLEASE CHECK TO SEE THAT ALL BOXES ARE CLEAR ENOUGH TO BE MICROFILMED

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	OH-2 / OH-3	REPORTING AGENCY	N.C.I.C.
N/A		Hamilton Co. Sheriff	03100

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. TAG-428

REPORT TAKEN: [ ] AT STATION [X] AT SCENE

NO. OF VEH ~~PEDESTRIANS~~ INVOLVED: 2

CRASH SEVERITY (CHECK MOST SEVERE): [ ] FATAL [ ] INJURY [X] PROPERTY DAMAGE ONLY

COMBINED VEH/PROP LOSS: [X] OVER $150 [ ] UNDER $150

HIT SKIP: [ ] SOLVED [X] UNSOLVED

IN COUNTY OF: HAMILTON | IN [ ] CITY [ ] VILLAGE [X] TWP OF: GREEN (T) | DATE OF CRASH: 05 D 18 Y 99 | DAY: TUESDAY | TIME: MILITARY: 0850

CRASH OCCURRED ON: HARRISON AV. (C.R.) | WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: ____ MILES: 50 FEET (W) N E S OF WESSELMAN RD. (C.R.) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE:

LOG-1 | LOG-2 | LOC | SUR | SHE | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ] | INSURANCE CO. OR AGENT: AAA 9096124 MURPHY INS

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): DECKER, MOLLY C.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 7355 LACLA CREEK RD CIN. 45247 OH.

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
353-4280	01 17 36	63	F	287-30-0096	OH	RQ643953	RELATOR

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 98	FORD	EXPLORER	WH	S.W.	OH	AZC 5899	SANDMS TOW.	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: [X] NON-FUNCTIONAL [ ] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [X] MODERATE [ ] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [ ] REMAINED AT SCENE [X] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING [X] | PARKED [ ] | DRIVERLESS [ ] | HIT & RUN [ ] | NON-CONTACT [ ] | INSURANCE CO. OR ~~AGENT~~: 626097359-0001 ALLSTATE INS

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): GOAD, JAMES E. JR.

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2754 BLACKBERRY TRAIL CIN. 45230 OH

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
347-3352	M 09 D 18 Y 74	24	M	270-90-9170	OH	RK 79691	SALES

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
SAME	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 99	JEEP	WRANGLER	BR/GY	CONV.	OH	T485808	N/A	FROM S TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 | 9 TOP | 10 UNDERCAR | 11 LOAD | 12 TRAILER

DAMAGE SEVERITY: [ ] NON-FUNCTIONAL [X] FUNCTIONAL [ ] DISABLING

DAMAGE SCALE: [ ] NONE [ ] MODERATE [X] LIGHT [ ] HEAVY

VEHICLE DISPOSITION: [ ] DRIVEN AWAY [X] REMAINED AT SCENE [ ] TOWED

FIRE: [X] NO FIRE [ ] FIRE DUE TO CRASH [ ] OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N/A

POSITION	A	B	C	D	E	F
	1	1				

INJURIES	A	B	C	D	E	F
	5	5				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	A	B
	1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS	A	B	C	D	E	F
	4	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

ALCOHOL	A	TESTED	B	TESTED
	1	[ ] YES [X] NO	1	[ ] YES [X] NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION	A	B	C	D	E	F
	1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS	A	TESTED	B	TESTED
	1	[ ] YES [X] NO	1	[ ] YES [X] NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

A [ ] O.R.C. [ ] CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B [X] O.R.C. [ ] CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.44 - F.T.Y. MIN. MOT. #46691 - CARL 6/3

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	0855	0858	0947	N/A	49 MINS

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 05 D 18 Y 99	[ ] YES [X] NO	M. BARSLIN	139	SB

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7459-782

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☒ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	COLERAIN (3)	M 05 D 28 Y 99	FRIDAY	2225

CRASH OCCURRED ON: HARRISON AVE (CR) — WITHIN THE INTERSECTION OF: N/A

IF NOT IN INTERSECTION: 1/4 MILES: ____ FEET (W) N S E OF WESSELMAN RD (CR) → WESTERN (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) — CITY CODE

LOG-1	LOG-2	LOC	JUR	EHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A — UNIT NO. 1 — NO. OF OCCUPANTS 1 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. OR AGENT

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): ____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): ____

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME): ____ ADDRESS: ____ PHONE: ____

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/~~PED~~ DIR
19							N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B — UNIT NO. 2 — NO. OF OCCUPANTS 1 — OPERATING ☒ PARKED ☐ DRIVERLESS ☐ HIT & RUN ☐ NON-CONTACT ☐ — INSURANCE CO. ~~OR AGENT~~ 402-238-758830-009 LIBERTY MUTUAL

DRIVER/~~PEDESTRIAN~~ NAME (LAST, FIRST, MI): HOUSE, MICHELLE A — ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 5148 ALBERT NEW LONDON RD. HAMILTON, OH 45013

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
738-2146	M 07 D 29 Y 75	23	F	296-86-6417	OH	RN686509	CASHIER

OWNER (IF SAME AS DRIVER, WRITE SAME): SAME — ADDRESS: SAME — PHONE: SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 95	CHEVY	BERETTA	PURPLE	2 DR	OH	RQJ-548	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☒ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		ADDRESS	PHONE	SEX
D		ADDRESS	PHONE	SEX
E		N A		
F		ADDRESS	PHONE	SEX

POSITION	A	B	C	D	E	F
	1	1				

INJURIES	A	B	C	D	E	F
		4				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	A	B
		1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

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

ALCOHOL	A	TESTED	B	TESTED
		☐ YES ☐ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION	A	B	C	D	E	F
		1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS	A	TESTED	B	TESTED
		☐ YES ☐ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POLICE ACTION

A — ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION

B — ☐ O.R.C. ☐ CITY ORD: — OFFENSE CHARGED AND DESCRIPTION: NONE

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	2239	2245	2302	Ø	17

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 05 D 28 Y 99	☐ YES ☒ NO	S. SABERS 4234	484	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☒ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. TFS-8915

REPORT TAKEN	NO. OF VEH. PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED N/A

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green-7	M 6 D 14 Y 99	MONDAY	0815

CRASH OCCURRED ON (CR) 6094 Harrison Ave. WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION 10 MILES: ____ FEET (W) N S E OF (CR) Weselman Rd. (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE

LOG-1	LOG-2	LOC	JUR	SEHE	FL	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	1	☒	☐	☐	☐	☐	923YN111984 NATIONWIDE MUTUAL

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
PLogman, Mary C	10077 Fairglen Dr. Cinti, Oh. 45251

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
741-3630	M 8 D 28 Y 66	32	F	287 62 6928	OHIO	RH834619	Travel Agent

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Same	Same	Same

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	OLDS	Cutlass	Red	2DR	Ohio	ADZ 6296	None	FROM W TO E

CIRCLE DAMAGE AREAS: N/A (1, 2, 3, 4, 5, 6, 7, 8)

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING N/A

DAMAGE SCALE: ☒ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	30	☒	☐	☐	☐	☐	RMCA 1438747 MIMS INTERNATIONAL

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
SPARKS, TAJUANA S.	1520 Elkton Pl. Cinti, Oh 45224

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
542-0549	M 7 D 11 Y 70	28	F	272707357	Ohio	RF 534195	Sch. Bus

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
Laidlaw Transit Co. (Settles)	4014 Colerain Ave Cinti, Oh. 45223	853-3080

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	International	Genesis	Yellow	School Bus	OH	75297	Wade's Schaffer's	FROM W TO E

CIRCLE DAMAGE AREAS: (1, 2, 3, 4, 5, 6, 7, 8)

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☒ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

N A

POSITION: A 1 B 1 C D E F

INJURIES: A 5 B 5 C D E F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A 1 B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A 4 B 3 C D E F

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

ALCOHOL: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 B 1 C D E F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 TESTED ☐ YES ☒ NO; B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

INJURED TAKEN TO ____ BY ____

INJURED TAKEN TO ____ BY ____

POLICE ACTION

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: 4511.33(A) Unsafe Lane Change

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION: None

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	0856	0856	1035	—	99 MINS

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 6 D 14 Y 99	☐ YES ☒ NO	G. Mnley	644	S-83

HSY 7004

OHIO TRAFFIC CRASH REPORT OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☒ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		Hamilton Co. Sheriff	03100	

LOCAL FILE NO. 7-99-1004

REPORT TAKEN	NO. OF VEH ~~PEDESTRIANS~~ INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT, SKIP
☒ AT STATION ☐ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	N/A ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN (7)	M 7 D 26 Y 99	MON	1805

CRASH OCCURRED ON HARRISON AVE (CR) WITHIN THE INTERSECTION OF N/A

IF NOT IN INTERSECTION ____ MILES: 150 FEET N W E S OF WESSELMAN RD (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 2 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 595 4466 A16-35 STATE FARM

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
KIPHART, COURTNEY N	6617 HEARNE RD #132 Cinti OHIO 45248

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
598-8095	M 12 D 27 Y 82	16	F	300-86-9081	OH	RV255892	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
DEBORAH JOHNSON	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 93	TOYOTA	COROLLA	BLU	4DR	OH	BGN3310	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT FPW 2531 5524 WEST AMERICAN

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
BACKSCHEIDER SCOTT M	4025 WILDCHERRY CT. Cinti OHIO 45248

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
574-5723	M 3 D 10 Y 82	17	M	273-86-0386	OH	RU297430	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
THOMAS BACKSCHEIDER	SAME	SAME

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 86	CHEV	MONT CARL	BLU	2DR	OH	XLP380	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

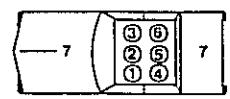
DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING	☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C			M D Y	
		ADDRESS	PHONE	SEX
D				
E				
F				

N A

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1					5	5				



P-PEDESTRIAN

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION

A	B				
1	1	X	X	X	X

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS

A	B	C	D	E	F
4	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

ALCOHOL

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION

A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS

A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A B C	INJURED TAKEN TO	BY
D E F		
A B C	INJURED TAKEN TO	BY
D E F		

A ☒ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☒ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION 4511.21-ACDA Cite # 757437

RECEIVED/ CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
N/A	1816	1828	1854	0	26

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 7 D 26 Y 99	☐ YES ☒ NO	J. KILEY	96	

HSY 7004

OHIO TRAFFIC CRASH REPORT OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	
		GREEN TWP POLICE	03144	ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO. 1464-1307

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	3	☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY	☒ OVER $150 ☐ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF		DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	IN ☐ CITY ☐ VILLAGE ☒ TWP OF GREEN (7)	M 9 D 15 Y 99	Wed	1350

CRASH OCCURRED ON: HARRISON AVE (CR)

WITHIN THE INTERSECTION OF: — N/A —

IF NOT IN INTERSECTION: ____ MILES: 600 FEET (W) N S E OF Wesselman Rd (CR)

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) CITY CODE:

LOG-1 | LOG-2 | LOC | JUR | FHE | FLT | DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 1 | NO. OF OCCUPANTS 1 | OPERATING ☐ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☒ | INSURANCE CO. OR AGENT

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. | BIRTH DATE M D Y | AGE | SEX | SOCIAL SECURITY NO. | STATE | DRIVER'S LICENSE NO. | OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19	Ford	RANGER	Red	P/U.				FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☒ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. 2 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT 426806972 Leonard INS

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI): WIECZORKOWSKI, JOSEPH | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 2821 Rosebud Cinti OH 45238

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
451-8387	M 3 D 8 Y 46	53	M	271-42-6616	OH	RU330246	Sprinkler.

OWNER (IF SAME AS DRIVER, WRITE SAME): SA Commerce Co | ADDRESS: 2200 NEW PARK NATON OH 44203. | PHONE: 755-2232.

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 94	Ford	ECONLINE	WHITE	VAN	OH	PY929S	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	ADDRESS	PHONE	SEX
C							
D							
E							
F							

POSITION: A | B 1 | C | D | E | F

INJURIES: A | B 3 | C | D | E | F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

CONDITION: A | B 1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

P-PEDESTRIAN

RESTRAINTS: A | B 4 | C | D | E | F

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

ALCOHOL: A TESTED ☐ YES ☐ NO | B 1 TESTED ☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A | B 1 | C | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A TESTED ☐ YES ☐ NO | B 1 TESTED ☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION

B ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION — N/A —

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1601	1601	1603	1618		

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 9 D 15 Y 99	☐ YES ☒ NO	M Lampe	22	

HSY 7004

OHIO TRAFFIC CRASH REPORT OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	
		GREEN TWP POLICE	03144	ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO.

REPORT TAKEN ☐ AT STATION ☒ AT SCENE | NO. OF VEH PEDESTRIANS INVOLVED 3 | CRASH SEVERITY (CHECK MOST SEVERE) ☐ FATAL ☒ INJURY ☐ PROPERTY DAMAGE ONLY | COMBINED VEH/PROP LOSS ☒ OVER $150 ☐ UNDER $150 | HIT SKIP ☐ SOLVED ☐ UNSOLVED

IN COUNTY OF HAMILTON | IN ☐ CITY ☐ VILLAGE ☒ TWP OF Green (7) | DATE OF CRASH: M 9 D 15 Y 99 | DAY Wed | TIME: MILITARY 1550

CRASH OCCURRED ON HARRISON AVE (CR) | WITHIN THE INTERSECTION OF — N/A —

IF NOT IN INTERSECTION ____ MILES: 6000 FEET (W) N S E OF Wesselman rd (CR) (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | CITY CODE

LOG-1	LOG-2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A UNIT NO. 3 | NO. OF OCCUPANTS 1 | OPERATING ☒ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT WESTFIELD CWP39006841

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI): Picard, donald | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE): 100 Sammy dr Fairfield OH 45014

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
829-7179	M 6 D 17 Y 59	40	M	331-60-5789	OH	RM102040	CONST.

OWNER (IF SAME AS DRIVER, WRITE SAME): HEYER Builders | ADDRESS: 5917 HARRISON AVE Cinti 45248 | PHONE: 574-4726

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 98	Ford	Econoline	White	VAN	OH	PAX 9039	N/A	FROM E TO W

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☒ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B UNIT NO. | NO. OF OCCUPANTS | OPERATING ☐ | PARKED ☐ | DRIVERLESS ☐ | HIT & RUN ☐ | NON-CONTACT ☐ | INSURANCE CO. OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
	M D Y						

OWNER (IF SAME AS DRIVER, WRITE SAME) | ADDRESS: N | PHONE

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19					A			FROM TO

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 — 9 TOP, 10 UNDERCAR, 11 LOAD, 12 TRAILER

DAMAGE SEVERITY: ☐ NON-FUNCTIONAL ☐ FUNCTIONAL ☐ DISABLING

DAMAGE SCALE: ☐ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY

VEHICLE DISPOSITION: ☐ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED

FIRE: ☐ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE (M D Y)	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE (M D Y)	AGE
		ADDRESS: N	PHONE	SEX
E		NAME (LAST, FIRST, MI): A	BIRTHDATE (M D Y)	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE (M D Y)	AGE
		ADDRESS	PHONE	SEX

POSITION: A 1 | B — | C N/A | D | E | F

INJURIES: A 5 | B — | C N/A | D | E | F

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

7 — 3 6 2 5 1 4 — 7

8 9 P-PEDESTRIAN

CONDITION: A 1 | B

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS: A 4 | B — | C N/A | D | E | F

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

ALCOHOL: A 1 | TESTED ☐ YES ☒ NO | B | TESTED ☐ YES ☐ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION: A 1 | B — | C N/A | D | E | F

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS: A 1 | TESTED ☐ YES ☒ NO | B | TESTED ☐ YES ☐ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	B	C	INJURED TAKEN TO N	BY
D	E	F		
A	B	C	INJURED TAKEN TO A	BY
D	E	F		

A ☐ O.R.C. ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION N

B ☐ O.R.C.: ☐ CITY ORD: OFFENSE CHARGED AND DESCRIPTION A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1601	1601	1603	1618		

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 9 D 15 Y 99	☐ YES ☒ NO	M Lamb	22	

HSY 7004

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.	☐ OH-2 ☐ OH-3	REPORTING AGENCY	N.C.I.C.	ODHS USE ONLY - DO NOT MARK ABOVE
		GREEN TWP POLICE	03144	

LOCAL FILE NO. 99-325

REPORT TAKEN	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)	COMBINED VEH/PROP LOSS	HIT SKIP
☐ AT STATION ☒ AT SCENE	2	☐ FATAL ☐ INJURY ☒ PROPERTY DAMAGE ONLY	☐ OVER $150 ☒ UNDER $150	☐ SOLVED ☐ UNSOLVED

IN COUNTY OF	IN ☐ CITY ☐ VILLAGE ☒ TWP OF	DATE OF CRASH:	DAY	TIME: MILITARY
HAMILTON	GREEN	M 3 D 6 Y 99	SAT	840

CRASH OCCURRED ON HARRISON (CR) WITHIN THE INTERSECTION OF WESCEC MAIN (CR)

IF NOT IN INTERSECTION: N/A MILES/FEET N W E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) N/A CITY CODE

LOC 1	LOC 2	LOC	JUR	FHE	FLT	DESC

DRIVER-PEDESTRIAN-VEHICLE SECTION

A

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
1	3	☒	☐	☐	☐	☐	UNK

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
MEISTER SHAYNE E	461 N CITY RD 850W HOLTON IN 47023

PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
812 689-4065	M 5 D 24 Y 81	17	F	269-78-4078	IN	1100 060556	STUDENT

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
LISA KRAUSE	S/A	

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 89	FORD	PROBE	GLD	2DR	IN	69B6958	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☒ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

B

UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
2	2	☒	☐	☐	☐	☐	CINTI INS

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
RISCE STEVEN M	5486 IVANHOE DR FAIRFIELD OH 45014

PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
829-0032	M 9 D 10 Y 55	43	M	293-56-1222	OH	RG415832	CHEM ENG

OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
S/A	S/A	S/A

VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
19 88	OLDS	CUTLASS	GREY	2DR	OHIO	661 WAX	N/A	FROM W TO E

CIRCLE DAMAGE AREAS: 1 2 3 4 5 6 7 8 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER

DAMAGE SEVERITY	DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
☐ NON-FUNCTIONAL ☒ FUNCTIONAL ☐ DISABLING	☒ NONE ☐ MODERATE ☐ LIGHT ☐ HEAVY	☒ DRIVEN AWAY ☐ REMAINED AT SCENE ☐ TOWED	☒ NO FIRE ☐ FIRE DUE TO CRASH ☐ OTHER FIRE

OCCUPANT SECTION

	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
C		ADDRESS	PHONE	SEX
D		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
E		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX
F		NAME (LAST, FIRST, MI)	BIRTHDATE	AGE
		ADDRESS	PHONE	SEX

A	B	C	INJURED TAKEN TO	BY
D	E	F		
A	B	C	INJURED TAKEN TO	BY
D	E	F		

POSITION						INJURIES					
A	B	C	D	E	F	A	B	C	D	E	F
1	1					4	4				

1 FATAL
2 SERIOUS VISIBLE
3 MINOR VISIBLE
4 NO VISIBLE INJURY
5 NOT INJURED

P-PEDESTRIAN

CONDITION	
A	B
1	1

1 APPARENTLY NORMAL
2 SICK
3 FATIGUED
4 APPARENTLY ASLEEP
5 PHYSICAL DEFECT
6 OTHER CONDITION
7 UNKNOWN

RESTRAINTS					
A	B	C	D	E	F
4	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

ALCOHOL			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO ALCOHOL DETECTED
2 HBD ABILITY IMPAIRED
3 HBD ABILITY NOT IMPAIRED
4 HBD ABILITY UNKNOWN

EJECTION					
A	B	C	D	E	F
1	1				

1 NOT EJECTED
2 PARTIAL
3 TOTAL
4 TRAPPED INSIDE VEHICLE

DRUGS			
A	TESTED	B	TESTED
1	☐ YES ☒ NO	1	☐ YES ☒ NO

1 NO DRUGS DETECTED
2 USING PRESCRIBED DRUG
3 USING ILLICIT DRUG

POLICE ACTION

A	☒ O.R.C. ☐ CITY ORD:	OFFENSE CHARGED AND DESCRIPTION: A C D 4511.21
B	☐ O.R.C. ☐ CITY ORD:	OFFENSE CHARGED AND DESCRIPTION: N/A

RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
	910	9:20	1010	—	60 MIN

DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY
M 3 D 6 Y 99	☐ YES ☒ NO	W SCHWAB	12	#81

HSY 7004

ADDITIONAL SUPPORT INFORMATION

For Program Year 2000 (July 1, 2000 through June 30, 2001), jurisdictions shall provide the following support information to help determine which projects will be funded. Information on this form must be accurate, and where called for, based on sound engineering principles. Documentation to substantiate the individual items may be required by the Support Staff if information does not appear to be accurate.

1) What is the condition of the existing infrastructure to be replaced, repaired, or expanded? For bridges, submit a copy of the current State form BR-86.

Closed _____ Poor ___X___

Fair _____ Good_____

Give a brief statement of the nature of the deficiency of the present facility such as: inadequate load capacity (bridge); surface type and width; number of lanes; structural condition; substandard design elements such as berm width, grades, curves, sight distances, drainage structures, or inadequate service capacity. If known, give the approximate age of the infrastructure to be replaced, repaired, or expanded.

The existing pavement is not wide enough to accommodate left turn lanes at each leg of the intersection. With an ADT of 32,312, this intersection backs up during morning and evening rush hours. The additional lanes will help alleviate the situation. The existing conditions contain no left turn storage lanes which is undesirable and potentially dangerous. The accident records indicate 17 crashes occurred in 1996 and 11 crashes in 1998. The potential for additional accidents will increase as the demand for left turn movements increases. The 1995 Harrison Road Safety Study reported that the accident rate at the subject intersection was over two times the State of Ohio average.

2) If State Capital Improvement Program funds are awarded, how soon (in weeks or months) after receiving the Project Agreement from OPWC (tentatively set for July 1, 2000) would the project be under contract? The Support Staff will be reviewing status reports of previous projects to help judge the accuracy of a particular jurisdiction's anticipated project schedule.

___5___ weeks/months (Circle one)

Are preliminary plans or engineering completed? (Yes) No

Are detailed construction plans completed? (Yes) No

Are all right-of-way and easements acquired?* Yes (No) N/A

*Please answer the following if applicable:

No. of parcels needed for project: ___ Of these, how many are Takes ___0___, Temporary ___, Permanent ___0___

On a separate sheet, explain the status of the ROW acquisition process of this project for any parcels not yet acquired.

Are all utility coordination's completed? Yes (No) N/A

Give an estimate of time, in ~~weeks or~~ months, to complete any item above not yet completed. ___3___ weeks/months

3) How will the proposed project affect the general health and safety of the service area? (Typical examples may include the effects of the completed project on accident rates, emergency response time, fire protection, health hazards, user benefits, commerce, and highway capacity.) Please be specific and provide documentation if necessary to substantiate the data.

This project will help improve the safety of the service area with the addition of left turn lanes and with a wider lane width meeting current standards. Safety will also be improved by upgrading to current standards and by providing more capacity with the addition of turn lanes and signal modification.

4) What types of funds and what percent of the project cost are to be utilized for matching funds for this project ?

Federal _____ _____% ODOT _____ _____% Local X 30 %

MRF _____ _____% OWDA _____ _____% CDBG _____ _____%

Other _____ _____%

Note: If MRF funds are being used for matching funds, the MRF application must have been filed by August 6, 1999 for this project with the Hamilton County Engineer's Office.

5) Has any formal action by a federal, state, or local government agency resulted in a ban of the use or expansion of use for the involved infrastructure? (Typical examples include weight limits, truck restrictions, and moratoriums or limitations on issuance of building permits.) A copy of the approved legislation must be submitted with the application. THE BAN MUST HAVE BEEN CAUSED BY A STRUCTURAL/OPERATIONAL PROBLEM TO BE VALID.

Complete Ban _____ Other Ban _____
(specify)

No Ban X

Will the ban be removed after the project is completed?

Yes _____ No _____

6) What is the total number of existing users that will benefit as a result of the proposed project?

ADT = 32,312 X 1.20 = 38,775 users/day

For roads and bridges, multiply current documented Average Daily Traffic by 1.20. For public transit, submit documentation substantiating the count. Where the facility currently has any restrictions or is partially closed, use documented traffic counts prior to the restriction. For storm sewers, sanitary sewers, water lines, and other related facilities, multiply the number of households in the service area by 4.

7) Has the jurisdiction prioritized PY 2000 applications from one through five? (See attached sheet to list projects.)

Yes X No_____

8) Give a brief statement concerning the regional significance of the infrastructure to be replaced, repaired, or expanded.

Harrison Pike is a major east-west connector. It directly connects into I-74, as well as other State Routes, County roads, and Township roads. Harrison Avenue is classified as a major arterial on the Hamilton County Thoroughfare Plan and has a major regional impact.

9) For roadway betterment projects, provide the existing and proposed Level of Service (LOS) of the facility using the methodology outlined within AASHTO'S "Geometric Design of Highways and Streets" and the 1985 Highway Capacity Manual.

Existing LOS D Proposed LOS C

If the proposed LOS is not "C" or better, explain why LOS "C" cannot be achieved. (Attach separate sheets if necessary.)

_____

_____

How will the proposed project alleviate serious traffic problems or hazards?

The existing geometrics and signalized traffic control provide an LOS of D as demonstrated with the capacity analysis. The construction of the left turn lanes and with improved signalization would improve the LOS to C. The 10 year projected traffic volumes with proposed improvements will continue to provide an LOS of C. The 20 year projected traffic volumes with proposed improvements will provide an LOS of D. The projected traffic volumes are based on the population growth as anticipated in the Hamilton County Commission approved Western Hamilton County Collaborative Plan (WHCCP). The subject proposed improvement is located within the limits of the WHCCp. The population is expected to grow from 141,000 (1990) to 196,000 (2020) or 39% over 30 years. The annual growth rate is expected to be 1.3%. Therefore, a 10 year growth factor of 1.13 and a 20 year growth factor of 1.26 was used for traffic projections.

10) Will the proposed project generate user fees or assessments?

Yes ____ No ___X___

If yes, what user fees and/or assessments will be utilized?

_____

11) How will the proposed project enhance economic growth? (Please be specific)

_____

_____

_____

_____

12) What fees, levies or taxes pertains to the proposed project? (Note: Item must be related to the type of infrastructure applied for. Example: a road improvement project may not count fees to water customers for points, or vice-versa)

License plate fees

_____

_____

ADDITIONAL SUPPORT INFORMATION

PRIORITY LIST OF PROJECTS
PROGRAM YEAR 2000
ROUND 14

Name of Jurisdiction: Hamilton County

Please supply the Integrating Committee a listing, *in order of priority*, of all projects applied for in this round of funding. A maximum of five projects may be listed for the purpose of assigning priority.

Priority	Name of Project (*as listed on the application*)
1	Clough/Wolfangel Intersection Improvement
2	Harrison/Rybolt Intersection Improvement
3	Harrison/Wesselman/Johnson Intersection Improvement
4	Wyoming Avenue Bridge
5	Banning/Hanley Intersection Improvement

SCIP/LTIP PROGRAM
ROUND 14 - PROGRAM YEAR 2000
PROJECT SELECTION CRITERIA
JULY 1, 2000 TO JUNE 30, 2001

NAME OF APPLICANT: HAMILTON COUNTY

NAME OF PROJECT: HARRISON / WESSELMAN / JOHNSON

SCIP	LTIP
FIELD SCORE: 297 (307)	FIELD SCORE: 316
APPEAL SCORE:	APPEAL SCORE:
FINAL SCORE:	FINAL SCORE:

NOTE: See the attached "*Addendum To The Rating System*" for definitions, explanations and clarifications to each of the criterion points of this rating system.

1) What is the physical condition of the existing infrastructure that is to be replaced or repaired?

25 - Failed
23 - Critical
20 - Very Poor
17 - Poor
15 - Moderately Poor
10 - Moderately Fair
5 - Fair Condition
0 - Good or Better

PVMT. MGMT. SYSTEM = POOR TO VERY POOR

SCIP	15	X	5	=	75
LTIP	15	X	1	=	15

2) How important is the project to the *safety* of the Public and the citizens of the District and/or service area?

25 - Highly significant importance
20 - Considerably significant importance
15 - Moderate importance
10 - Minimal importance
0 - No measurable impact

ACCIDENT RESPONSE

SCIP	25	X	1	=	25
LTIP	25	X	4	=	100

3) How important is the project to the *health* of the Public and the citizens of the District and/or service area?

25 - Highly significant importance
20 - Considerably significant importance
15 - Moderate importance
10 - Minimal importance
0 - No measurable impact

SCIP	10 0	X	1	=	10 0
LTIP	18	X	0	=	0

4) Does the project help meet the infrastructure repair and replacement needs of the applying jurisdiction?
Note: Jurisdiction's priority listing (part of the Additional Support Information) must be filed with application(s).

25 - First priority project
20 - Second priority project
15 - Third priority project
10 - Fourth priority project
5 - Fifth priority project or lower

SCIP	15	X	3	=	45
LTIP	15	X	1	=	15

5) Will the completed project generate user fees or assessments?

10 - No
0 - Yes

SCIP 10 X 5 = 50
LTIP 10 X 0 = 0

6) Economic Growth – How the completed project will enhance economic growth *(See definitions).*

10 – The project will *directly* secure *significant* new employers
7 - The project will *directly* secure new employers
5 – The project will secure new employers
3 – The project will permit more development
0 – The project will not impact development

SCIP 0 X 0 = 0
LTIP 0 X 4 = 0

7) Matching Funds - LOCAL

10 - This project is a loan or credit enhancement
10 – 50% or higher
8 – 40% to 49.99%
6 – 30% to 39.99%
4 – 20% to 29.99%
2 – 10% to 19.99%
0 – Less than 10%

30%

SCIP 6 X 5 = 30
LTIP 6 X 1 = 6

8) Matching Funds - OTHER

10 – 50% or higher
8 – 40% to 49.99%
6 – 30% to 39.99%
4 – 20% to 29.99%
2 – 10% to 19.99%
1 – 1% to 9.99%
0 – Less than 1%

0%

SCIP 0 X 2 = 0
LTIP 0 X 5 = 0

9) Will the project alleviate serious traffic problems or hazards or respond to the future level of service needs of the district? *(See Addendum for definitions)*

10 - Project design is for future demand.
8 - Project design is for partial future demand.
6 - Project design is for current demand.
4 - Project design is for minimal increase in capacity.
2 - Project design is for no increase in capacity.

SCIP 8 X 0 = 0
LTIP 8 X 10 = 80

10) Ability to Proceed - If *SCIP/LTIP* funds are granted, when would the construction contract be awarded? *(See Addendum concerning delinquent projects)*

SCIP 5 X 5 = 25
LTIP 5 X 5 = 25

5 - Will be under contract by December 31, 2000 and no delinquent projects in Rounds 11 & 12

3 - Will be under contract by March 31, 2001 and/or one delinquent project in Rounds 11 & 12

0 - Will not be under contract by March 31, 2001 and/or more than one delinquent project in Rounds 11 & 12

11) Does the infrastructure have regional impact? Consider origination and destination of traffic, functional classifications, size of service area, number of jurisdictions served, etc. *(See Addendum for definitions)*

10 - Major impact
8 -
6 - Moderate impact
4 -
2 - Minimal or no impact

SCIP 10 x 0 = 0
LTIP 10 x 1 = 10

12) What is the overall economic health of the jurisdiction?

10 Points
8 Points
6 Points
4 Points
2 Points

SCIP 6 x 2 = 12
LTIP 6 x 0 = 0

13) Has any formal action by a federal, state, or local government agency resulted in a partial or complete ban of the usage or expansion of the usage for the involved infrastructure?

10 - Complete ban, facility closed
8 – 80% reduction in legal load or 4 wheeled vehicles only
7 – Moratorium on future development, *not* functioning for current demand
6 – 60% reduction in legal load
5 - Moratorium on future development, functioning for current demand
4 – 40% reduction in legal load
2 – 20% reduction in legal load
0 – Less than 20% reduction in legal load

SCIP 0 x 2 = 0
LTIP 0 x 2 = 0

14) What is the total number of existing daily users that will benefit as a result of the proposed project?

10 - 16,000 or more
8 - 12,000 to 15,999
6 - 8,000 to 11,999
4 - 4,000 to 7,999
2 - 3,999 and under

38,795

SCIP 10 x 2 = 20
LTIP 10 x 5 = 50

15) Has the jurisdiction enacted the optional $5 license plate fee, an infrastructure levy, a user fee, or dedicated tax for the pertinent infrastructure? *(Provide certification of which fees have been enacted.)*

5 - Two or more of the above
3 - One of the above
0 - None of the above

SCIP 3 x 5 = 15
LTIP 3 x 5 = 15

ADDENDUM TO THE RATING SYSTEM

General Statement

Points awarded for all items will be based on engineering experience, field verification, application information and other information supplied by the applicant, which is deemed to be relevant by the Support Staff. **The examples listed below are not a complete list, but only a small sampling of situations that may be relevant to a given project.**

Criterion 1 - Condition

Condition is based on the amount of deterioration that is field verified or documented exclusive of capacity, serviceability, or health and safety issues. Condition is rated only on the facility being repaired or abandoned. (Documentation may include: ODOT BR86 reports, pavement management condition reports, televised underground system reports, age inventory reports, maintenance records, etc., and will only be considered if included in the original application.)

Definitions:

Failed Condition - requires complete reconstruction where no part of the existing facility is salvageable. (E.g. Roads: complete reconstruction of roadway, curbs and base; Bridges: complete removal and replacement of bridge; Underground: removal and replacement of an underground drainage or water system; Hydrants: completely non functioning and replacement parts are unavailable.)

Critical Condition - requires moderate or partial reconstruction to maintain integrity. (E.g. Roads: reconstruction of roadway/curbs can be saved; Bridges: removal and replacement of bridge with abutment modification; Underground: removal and replacement of part of an underground drainage or water system; Hydrants: some non-functioning, others obsolete and replacement parts are unavailable.)

Very Poor Condition - requires extensive rehabilitation to maintain integrity. (E.g. Roads: extensive full depth, partial depth and curb repair of a roadway with a structural overlay; Bridges: superstructure replacement; Underground: repair of joints and/or minor replacement of pipe sections; Hydrants: non-functioning and replacement parts are available.)

Poor Condition - requires standard rehabilitation to maintain integrity (E.g. Roads: moderate full depth, partial depth and curb repair to a roadway with no structural overlay needed or structural overlay with minor repairs to a roadway needed; Bridges: extensive patching of substructure and replacement of deck; Underground: insituform or other in ground repairs; Hydrants: functional, but leaking and replacement parts are unavailable.

Moderately Poor Condition - requires minor rehabilitation to maintain integrity. (E.g. Roads: minor full depth, partial depth or curb repairs to a roadway with either a thin overlay or no overlay needed; Bridges: major structural patching and/or major deck repair; Hydrants: functional and replacement parts are available.)

Moderately Fair Condition - requires extensive maintenance to maintain integrity. (E.g. Roads: thin or no overlay with extensive crack sealing, minor partial depth and/or slurry or rejuvenation; Bridges: minor structural patching, deck repair, erosion control.)

Fair Condition - requires routine maintenance to maintain integrity. (E.g. Roads: slurry seal, rejuvenation or routine crack sealing to the roadway; Bridges: minor structural patching.)

Good or Better Condition - little to no maintenance required to maintain integrity.

Note: If the infrastructure is in "good" or better condition, it will *NOT* be considered for SCIP/LTIP funding unless it is an expansion Project that will improve serviceability.

Criterion 2 – Safety

Definitions:

The design of the project is intended to reduce existing accident rate, promote safer conditions, and reduce the danger of risk, liability or injury (e.g. widening existing roadway lanes to standard widths, adding lanes to a roadway or bridge to increase capacity or alleviate congestion, replacing non functioning hydrants, increasing capacity to a water system, etc. (***Documentation required.***)

Note: Examples listed above are not a complete list, but only a small sampling of situations that may be relevant to a given project. Each project is looked at on an individual basis to determine if any aspects of this category apply.

Criterion 3 – Health

Definitions:
The design of the project will improve the overall condition of the facility so as to reduce or eliminate potential for disease, or correct concerns regarding the environmental health of the area (e.g. Improving or adding storm drainage or sanitary facilities, replacing lead jointed water lines, etc.)

Note: Examples listed above are not a complete list, but only a small sampling of situations that may be relevant to a given project. Each project is looked at on an individual basis to determine if any aspects of this category apply.

Criterion 4 – Jurisdiction's Priority Listing

The jurisdiction ***shall*** submit a listing in priority order of the projects for which it is applying. Points will be awarded on the basis of most to least importance. The form is included in the Additional Support Information.

Criterion 5 – Generate Fees

Will the local jurisdiction assess fees for the usage of the facility or its products once the project is completed (example: rates for water or sewer). ***The applying jurisdiction must submit documentation.***

Criterion 6 – Economic Growth

Will the completed project enhance economic growth and/or development in the service area?
Definitions:
Directly secure significant new employers: The project is specifically designed to secure a particular development/employer(s), which will add at least 100 or more new employees. The applicant agency must supply specific details of the development, the employer(s), and number of new permanent employees.
Directly secure new employers: The project is specifically designed to secure development/employers, which will add at least 50 new permanent employees. The applying agency must supply details of the development and the type and number of new permanent employees.
Secure new employers: The project is specifically designed to secure development/employers, which will add 10 or more new permanent employees. The applying agency must submit details.
Permit more development: The project is designed to permit additional business development. The applicant must supply details.
The project will not impact development: The project will have no impact on business development.

Criterion 7 – Matching Funds - Local

The percentage of matching funds which come directly from the budget of the applying local government.

Criterion 8 – Matching Funds - Other

The percentage of matching funds that come directly from outside funding sources.

Criterion 9 – Alleviate Traffic Problems

The jurisdiction shall provide a narrative, along with pertinent support documentation, describing the existing deficiencies and showing how congestion or hazards will be reduced or eliminated and how service will be improved to meet the needs of any expected growth or development. A formal capacity analysis accompanying the application would be beneficial. Projected traffic or demand should be calculated as follows:

Existing users x design year factor = projected users

Design Year	Design year factor		
	Urban	Suburban	Rural
20	1.40	1.70	1.60
10	1.20	1.35	1.30

Definitions:

Future demand – Project will eliminate existing congestion or deficiencies and will provide sufficient capacity or service for twenty-year projected demand or fully developed area conditions. Justification must be supplied if the area is already largely developed or undevelopable and thus the projection factors used deviate from the above table.

Criterion 9 – Alleviate Traffic Problems - continued

Partial future demand – Project will eliminate existing congestion or deficiencies and will provide sufficient capacity or service for ten-year projected demand or partially developed area conditions. Justification must be supplied if the area is already largely developed or undevelopable and thus the projection factors used deviate from the above table.

Current demand – Project will eliminate existing congestion or deficiencies and will provide sufficient capacity or service only for existing demand and conditions.

Minimal increase – Project will reduce but not eliminate existing congestion or deficiencies and will provide a minimal but less than sufficient increase in existing capacity or service for existing demand and conditions.

No increase – Project will have no effect on existing congestion or deficiencies and provide no increase in capacity or service for existing demand and conditions.

Criterion 10 - Ability to Proceed

The Support Staff will assign points based on engineering experience and OPWC defined delinquent projects. A project is considered delinquent when it has not received a notice to proceed within the time stated on the original application and no time extension has been granted by the OPWC. A jurisdiction receiving approval for a project and subsequently canceling the same after the bid date on the application may be considered as having a delinquent project.

Criterion 11 - Regional Impact

Definitions:

Major Impact - Roads: major multi-jurisdictional route, primary feed route to an Interstate, Federal Aid Primary routes.

Moderate Impact - Roads: principal thoroughfares, Federal Aid Urban routes

Minimal / No Impact - Roads: cul-de-sacs, subdivision streets

Criterion 12 – Economic Health

The jurisdiction's economic health is predetermined by the District 2 Integrating Committee. The economic health of a jurisdiction may periodically be adjusted when census and other budgetary data are updated.

Criterion 13 - Ban

The jurisdiction shall provide documentation to show that a facility ban or moratorium has been placed. The ban or moratorium must have been caused by a structural or operational problem. Points will only be awarded if the end result of the project will cause the ban to be lifted.

Criterion 14 - Users

The applying jurisdiction shall provide documentation. Appropriate documentation may include current traffic counts, households served, when converted to a measurement of persons. Public transit users are permitted to be counted for the roads and bridges, but only when certifiable ridership figures are provided.

Criterion 15 – Fees, Levies, Etc.

The applying jurisdiction shall provide documentation to show which fees, levies or taxes is dedicated toward the type of infrastructure being applied for.