



**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

MASTER FILE #
72856100

INVESTIGATING AGENCY: LOUISVILLE METRO POLICE DEPT
 AGENCY ORI NUMBER: 0568000
 LOCAL CODE: 8023004383

ROADWAY NAME: SHEPHERDSVILLE RD
 PARKING LOT: N
 INTERSECTION WITH: N
 BETWEEN STREETS: N

ROADWAY # KY2052	DISTANCE FROM MILEPOINT	MILEPOINT # 3.291	INJURED 0	KILLED 0	# UNITS INVOLVED 2	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 45 MPH
---------------------	-------------------------	----------------------	--------------	-------------	-----------------------	-----------------	---------------	-----------------------

IN CITY LIMITS? YES	LATITUDE DEG: 38 MIN: 11.174	COLLISION DATE AND TIME 01/19/2023 15:49
MILES FROM CITY	LONGITUDE DEG: 85 MIN: 39.578	

CITY/TOWN: 05602 - LOUISVILLE	RAMP: NO
COUNTY: 056 - JEFFERSON	FROM: DIR:
SECONDARY COLLISION: NO	TO: DIR:
MEDIAN CROSSOVER: NO	

MANNER OF COLLISION 08 - SIDESWIPE-SAME DIRECTION	LOCATION 1ST EVENT 03 - ON ROADWAY	TRAFFIC CONTROL 99 - NONE
--	---------------------------------------	------------------------------

ROADWAY TYPE 03 - STATE <input type="checkbox"/> Frontage Rd	TOTAL LANES 4	ROADWAY CHARACTER 06 - STRAIGHT & LEVEL	RDWY SURFACE 02 - CONCRETE	ROADWAY CONDITION 01 - DRY
---	------------------	--	-------------------------------	-------------------------------

WEATHER 03 - CLOUDY	LIGHT CONDITION 02 - DAYLIGHT	LAND USE 01 - BUSINESS	SCHOOL BUS RELATED 03 - NOT APPLICABLE
------------------------	----------------------------------	---------------------------	---

FIRST AID AT SCENE NO FIRST AID GIVEN BY

INJURED REMOVED TO

EMS AGENCY AND RUN #	EMS AGENCY AND RUN #	EMS AGENCY AND RUN #						
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL

INJURED OR DECEASED REMOVED BY

1 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
OWNER/ADDRESS	

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
OWNER/ADDRESS	

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
OWNER/ADDRESS	

INV. COMPLETE <input type="checkbox"/> NO	RECONSTRUCTION PENDING <input type="checkbox"/> NO	PHOTOS <input type="checkbox"/> NO	PHOTOGRAPHER UNIT NO.		
INVESTIGATOR HILL, ADAM	ID NUMBER 7864	BEAT OR POST # 624	TIME NOTIFIED 15:55	TIME ARRIVED 16:05	RDWY OPENED 16:05

REVIEWED BY
Fleener, Monica

PAGE 1 OF 4

MASTER FILE # 72856100

INVESTIGATING AGENCY LOUISVILLE METRO POLICE DEPT

AGENCY ORI 0568000

LOCAL CODE 8023004383

Unit 1 was turning onto Shepherdsville road from a parking lot of Accuprop. Unit 2 was on shepherdsville going towards Newburg Road. Unit 2 stated that Unit 1 began to merge across all lanes when he turned from the parking lot and struck her vehicle. Unit 1 stated that when he switched lanes the units collided. Both units refused EMS at the scene.

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # 72856100

INVESTIGATING AGENCY LOUISVILLE METRO POLICE DEPT AGENCY ORI 0568000 LOCAL CODE 8023004383

UNIT # 1	TOWED? NO	TOWED DUE TO DISABLED? NO	# OCCUPANTS 2	PEDESTRIAN FACTORS							
-------------	--------------	------------------------------	------------------	--------------------	--	--	--	--	--	--	--

OPERATOR'S LIC. NO. C92448721	STATE KY	LIC. CLASS D	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS							
----------------------------------	-------------	-----------------	-------------	--------------------------------	--	--	--	--	--	--	--

CDL NO	CO. RESIDENT NO	OWNER YES								
--------	-----------------	-----------	--	--	--	--	--	--	--	--

OPERATOR NAME (LN, FN, MI)
CAREY, OTIS

BIRTH DATE 06/10/1952	ADDRESS 572 FOX LAIR BLVD FISHERVILLE, KY 40023	COMPLIANT YES								
--------------------------	---	---------------	--	--	--	--	--	--	--	--

A. PRE-COLLISION VEHICLE ACTION 03 - CHANGING LANES	B. UNIT TYPE 08 - LT TRUCK(VAN/SPORTS UTILITY/PICKUP)	C. FIRE NO	D. OVERTURNED NO								
--	--	---------------	---------------------	--	--	--	--	--	--	--	--

E. HUMAN FACTORS 14 - INATTENTION

F-H. EVENT COLLISION
1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED	J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED								
--	--	--	--	--	--	--	--	--	--

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
CAREY, OTIS 572 FOX LAIR BLVD FISHERVILLE, KY 40023	MALE 06/10/1952	08,01	NO	11	05		01	01	01	01	01
CAREY, MARIA 572 FOX LAIR BLVD FISHERVILLE, KY 40023	FEMALE 08/15/1963	02	NO	23	05		01	01	01	01	01

VEH YEAR 2020	MAKE BUICK	MODEL ENCLAVE	TYPE LL	STATE KY	REGISTRATION NUMBER BJZ461	YEAR 2022
------------------	---------------	------------------	------------	-------------	-------------------------------	--------------

VIN (VEHICLE ID #) 5GAERBKWLJ215944	VEH INSURED YES	NAME OF INSURANCE CO. MERIDIAN SECURITY	INSURANCE POLICY # AKY0164976	COLOR OF VEH BLACK
--	--------------------	--	----------------------------------	-----------------------

1ST AREA OF CONTACT 03 - 3 O'CLOCK	1ST AREA CONTACT - COMBINATION VEH	EXTENT OF DAMAGE MINOR/MOD	AIR BAG SWITCH ON	TRAVEL DIRECTION SOUTH
---------------------------------------	------------------------------------	-------------------------------	----------------------	---------------------------

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT

COMMERCIAL VEH NO	LARGE TRUCK / BUS NO	PLACARD PRESENT	HAZ CARGO	HAZ SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY	NAS SAFETY REPORT #
----------------------	-------------------------	-----------------	-----------	-----------	-------------	----------------------	---------------------

HM CLASS CARRIER TYPE

SINGLE/ COMBINATION/BOBTAIL	NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)
-----------------------------	-----------	--------------	----------	----------	------------------------------

VEHICLE CONFIGURATION	CARGO BODY TYPE	BUS USE
-----------------------	-----------------	---------

GVWR TOTAL	MOTOR CARRIER NAME	CARRIER NAME SOURCE
------------	--------------------	---------------------

MOTOR CARRIER ADDRESS

VIOL CODES	CITATION #	CASE NUMBER	SUSPECTED DRINKING DRIVER NO	METHOD OF DETERMINATION 02 - OBSERVATION
------------	------------	-------------	---------------------------------	---

TAKEN BY

TEST OFFER'D NO	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS	PAGE 3 OF 4
--------------------	---------------	------------	---------	---------	----------------

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # 72856100

INVESTIGATING AGENCY LOUISVILLE METRO POLICE DEPT AGENCY ORI 0568000 LOCAL CODE 8023004383

UNIT # 2	TOWED? YES - LMPD TOW LOT	TOWED DUE TO DISABLED? YES	# OCCUPANTS 2	PEDESTRIAN FACTORS
-------------	------------------------------	-------------------------------	------------------	--------------------

OPERATOR'S LIC. NO. F260398067866	STATE MI	LIC. CLASS D	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS
--------------------------------------	-------------	-----------------	-------------	--------------------------------

CDL NO	CO. RESIDENT NO	OWNER YES
--------	-----------------	-----------

OPERATOR NAME (LN, FN, MI)
FISHER, JENNIFER

BIRTH DATE 11/11/1980	ADDRESS 65 JUDD RD MILAN, MI 48160	COMPLIANT YES
--------------------------	--	---------------

A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD	B. UNIT TYPE 08 - LT TRUCK(VAN/SPORTS UTILITY/PICKUP)	C. FIRE NO	D. OVERTURNED NO
--	--	---------------	---------------------

E. HUMAN FACTORS 99 - NONE DETECTED

F-H. EVENT COLLISION
1ST: 05 - OTHER MOTOR VEHICLE

I. VEHICULAR FACTORS 99 - NONE DETECTED	J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED
--	--

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
FISHER, JENNIFER 65 JUDD RD MILAN, MI 48160	FEMALE 11/11/1980	08,01	NO	11	05		01	01	01	01	01
STEPHENS, JEREMIAH 65 JUDD RD MILAN, MI 48160	MALE 11/24/2008	02	NO	23	05		01	01	01	01	01

VEH YEAR 2016	MAKE FORD	MODEL FLEX	TYPE LL	STATE MI	REGISTRATION NUMBER DQE0717	YEAR 2023
------------------	--------------	---------------	------------	-------------	--------------------------------	--------------

VIN (VEHICLE ID #) 2FMGK5C8XGBA06531	VEH INSURED YES	NAME OF INSURANCE CO. STATE FARM	INSURANCE POLICY # 4199348E0622D	COLOR OF VEH SILVER/ALUM
---	--------------------	-------------------------------------	-------------------------------------	-----------------------------

1ST AREA OF CONTACT 11 - 11 O'CLOCK	1ST AREA CONTACT - COMBINATION VEH	EXTENT OF DAMAGE MINOR/MOD	AIR BAG SWITCH ON	TRAVEL DIRECTION SOUTH
--	------------------------------------	-------------------------------	----------------------	---------------------------

ESTIMATED TRAVEL SPEED MOST HARMFUL EVENT

COMMERCIAL VEH NO	LARGE TRUCK / BUS NO	PLACARD PRESENT	HAZ CARGO	HAZ SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY	NAS SAFETY REPORT #
----------------------	-------------------------	-----------------	-----------	-----------	-------------	----------------------	---------------------

HM CLASS CARRIER TYPE

SINGLE/ COMBINATION/BOBTAIL	NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)
-----------------------------	-----------	--------------	----------	----------	------------------------------

VEHICLE CONFIGURATION	CARGO BODY TYPE	BUS USE
-----------------------	-----------------	---------

GVWR TOTAL	MOTOR CARRIER NAME	CARRIER NAME SOURCE
------------	--------------------	---------------------

MOTOR CARRIER ADDRESS

VIOL CODES	CITATION #	CASE NUMBER	SUSPECTED DRINKING DRIVER NO	METHOD OF DETERMINATION 02 - OBSERVATION
------------	------------	-------------	---------------------------------	---

TAKEN BY

TEST OFFER'D NO	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS	PAGE 4 OF 4
--------------------	---------------	------------	---------	---------	----------------