

Local Traffic Crash Report

Local Report Number 2015-46009

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 02	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
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In County Of CLEMONT	• Within corporate limits of: (if not, file with correct agency):	Date of Crash M 05 D 19 Y 15	Day TUESDAY	Time 1646	AM <input checked="" type="checkbox"/>
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Crash Occurred On FOMORON TWP RD	Within The Intersection Of
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If Not In Intersection	Miles _____ Feet _____	W _____ S (E)	(List Nearest Intersecting Street, Milepost, House No.) SHIL FOMORON TWP
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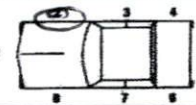
Unit No. A 01	No. Of Occupants 00	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent ALLSTATE
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M D Y	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same) MCGEE ASHLEY NICHAOLE	Address 3136 PLEASANT HILL MT ORA'S OH 45154
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Veh. Year 06	Make DODGE	Model STRATUS	Color WHITE	Style HD	State OH	License Plate No. 6JA5194	Towing Service	Veh/Ped Dir From S To N
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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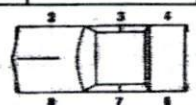
Unit No. B 02	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M D Y	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	Address
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Veh. Year	Make GREEN	Model	Color	Style	State	License Plate No.	Towing Service	Veh/Ped Dir From To
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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Driver - Pedestrian - Vehicle Section

Occupant Section

C	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F					
		Address	Phone	Sex						
D	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age						
		Address	Phone	Sex	P-PEDESTRIAN					
E	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age						
		Address	Phone	Sex <th colspan="6">Restraints A B C D E F</th>	Restraints A B C D E F					
F	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	<ul style="list-style-type: none"> 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 					
		Address	Phone	Sex <th colspan="6">Ejection A B C D E F</th>	Ejection A B C D E F					
G	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	<ul style="list-style-type: none"> 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle 					
		Address	Phone	Sex <th colspan="6"></th>						
H	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age						
		Address	Phone	Sex <th colspan="6"></th>						
I	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age						
		Address	Phone	Sex <th colspan="6"></th>						

Date Report Filed M 05 D 19 Y 15	Desk Officer's Name & Badge # BAILEY - 1895
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Local Report Number: 2015-46009
 Describe What Happened Refer To Units By Number

OWNER OF UNIT 1 STATED SHE PARKED HER VEHICLE OFF THE ROADWAY ACROSS FROM SHII FOMORIO. OWNER ADVISED SHE CAME BACK LATER AND OBSERVED A DEBT ON THE RIGHT FRONT FENDER W/ GREEN PAINT TRANSFER. AT THE TIME OF REPORT IT'S UNKNOWN WHAT TYPE OF VEHICLE UNIT 2 WOULD BE. UNIT 1 WASH OFF THE ROADWAY. PHOTO'S TAKEN

Weather Conditions		1	First Harmful Event	7
1 No Adverse Weather 2 Rain 3 Snow	4 Fog 5 High Wind 6 Other		Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions		1	One MV in Transport (Collision)	
1 Dry 2 Wet 3 Snow	4 Ice 5 Dirt/Sand 6 Other		7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object	
Light		1	Non-Collision	
1 Daylight 2 Dawn 3 Dusk	4 Dark No Lights 5 Dark Lighted 6 Other		15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	
Road Contour		1	Location	8
1 Straight Level 2 Straight Grade	3 Curve Level 4 Curve Grade		1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non Intersection 8 Private Property	
Occurrence		3	SHII	
1 On Roadway 2 Off Left Side	3 Off Right Side 4 On Opposing Lane of Divided Highway		SHII	
Special Area			SHII	
1 Road Construction/Maintenance Area 2 School Zone			SHII	



Type of Unit	# 01	A 3	B	Pre-Crash Actions	A 9	B 17	Contributing Factor	A 1	B 14	
Cer 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size	Bus 16 School Bus 17 Church 18 Public	Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue	Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Rider 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	Driver Actions 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped In Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action	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 Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	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 Owned Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions	Vehicle Defects Code if Contributing Factor is 18	Primary A B	Secondary A B
Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer	Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle	Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Truck Axles A B	Traffic Control A B 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other	Fixed Object Struck A B 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	Tractor Trailer Rigs A B	1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects			