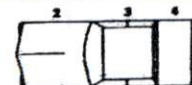
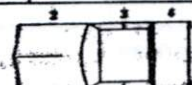


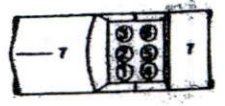
# Local Traffic Crash Report

Local Report Number **215-82139**

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <b>1</b>		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input checked="" type="checkbox"/> Under \$150				
In County Of <b>Clermont</b>		• Within corporate limits of: (if not, file with correct agency)		Date of Crash <b>M 8 D 31 Y 15</b>		Day <b>Monday</b>	Time <b>11:20</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Crash Occurred On <b>Private</b>				Within The Intersection Of				
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <b>700</b> Feet <b>W S</b> of <b>Filager @ E Filager</b>								
<b>A</b>	Unit No. <b>1</b>	No. Of Occupants <b>1</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <b>Grange Ins Co</b>		
Driver - Pedestrian Name (Last, First, MI) <b>Jones, Richard</b>				Address (No., Street, State, Zip Code) <b>6301 N 10th St Philadelphia PA 19141</b>				
Phone No. <b>215-437-5010</b>		Birth Date <b>M 12 D 19 Y 71</b>	Age <b>44</b>	Sex <b>M</b>	State <b>PA</b>	Drivers License No. <b>305-37-126</b>	Occupation <b>Truck Driver</b>	
Owner (If Same As Driver, Write Same) <b>Benjina Foods</b>				Address <b>Willow Grove PA</b>			Phone <b>215-437-5010</b>	
Veh. Year <b>2010</b>	Make <b>UTI</b>	Model <b>REE</b>	Color <b>WHT</b>	Style <b>Semi</b>	State <b>NJ</b>	License Plate No. <b>THE17F</b>	Towing Service	
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 checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
Vehicle Disposition		<input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed		Fire		<input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire		
<b>B</b>	Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent		
Driver - Pedestrian Name (Last, First, MI)				Address (No., Street, State, Zip Code)				
Phone No.		Birth Date	Age	Sex	State	Drivers License No.	Occupation	
Owner (If Same As Driver, Write Same)				Address			Phone	
Veh. Year	Make	Model	Color	Style	State	License Plate No.	Towing Service	
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		
<b>C</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>D</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>E</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>F</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>G</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>H</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>I</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
<b>J</b>	From Unit No.	Name (Last, First, MI)		Birth Date	Age	Position	A/B/C/D/E/F	
Date Report Filed <b>M 8 D 31 Y 15</b>	Desk Officer's Name & Badge # <b>Det Dyer 3039</b>							

Driver - Pedestrian - Vehicle Section

Occupant Section



Restraints					
A	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

Ejection					
A	B	C	D	E	F

- 1 Not Ejected
- 2 Partial
- 3 Total
- 4 Trapped Inside Vehicle

Local Report Number: \_\_\_\_\_ Describe What Happened Refer To Units By Number

Unit 1 advised he was pulling into the parking lot/ loading dock and struck a wooden post while trying to maneuver the truck into the Loading Bay

**Weather Conditions**

1 No Adverse Weather  
2 Rain  
3 Snow  
4 Fog  
5 High Wind  
6 Other

**Road Conditions**

1 Dry  
2 Wet  
3 Snow  
4 Ice  
5 Dirt/Sand  
6 Other

**Light**

1 Daylight  
2 Dawn  
3 Dusk  
4 Dark No Lights  
5 Dark Lighted  
6 Other

**Road Contour**

1 Straight Level  
2 Straight Grade  
3 Curve Level  
4 Curve Grade

**Occurrence**

1 On Roadway  
2 Off Left Side  
3 Off Right Side  
4 On Opposing Lane of Divided Highway

**Special Area**

1 Road Construction/Maintenance Area  
2 School Zone

**First Harmful Event** 15

**Two MV In Transport**

1 Head On  
2 Rear-End  
3 Backing  
4 Sideswipe Meeting  
5 Sideswipe Passing  
6 Angle

**One MV In Transport (Collision)**

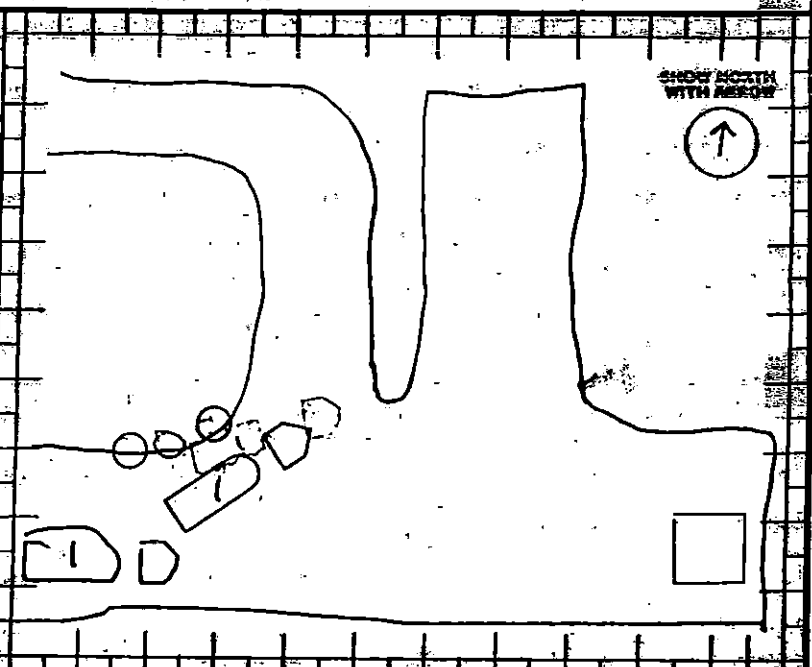
7 Parked  
8 Pedestrian  
9 Animal  
10 Train  
11 Pedal Cycle  
12 Other Non-MV  
13 Fixed Object  
14 Other Object

**Non-Collision**

15 Fall From or In MV  
16 Overturning  
17 Other Non-Collision

**Location** 8

1 Intersection  
2 Intersection-Related  
3 Driveway Access  
4 Railroad Crossing  
5 Bridge Passing Over  
6 Bridge Passing Under  
7 Non-Intersection  
8 Private Property



Type of Unit: 10

A B

Pre-Crash Actions: 2

A B

Contributing Factor: 15

A B

**Car**

1 Sub Compact  
2 Compact  
3 Mid-Size  
4 Full Size

**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

**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/Trailer  
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 Stewalker Shoulder

**Driver Error**

1 None  
2 Failure to Yield  
3 Excessive 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 Drive 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 in Road  
23 Downed Traffic Sign/Device  
24 Vision Obstruction  
25 Animal Actions  
26 Pedestrian Actions

**Speed**

Unit	Estimated	Legal
A	3	
B		

**Motorcycle Helmet Use**

Unit	Driver	Pass
A		
B		

1 No Helmet  
2 Full Coverage  
3 Full Facial Cover  
4 Other Type Helmet

**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

**Pedestrian**

14 No Controls  
15 Crosswalk Lines  
16 Walk/Don't Walk Device

**Truck Load** A B

1 Empty  
2 Perishable Goods  
3 General Freight  
4 Motor/Heavy Machinery  
5 Hazardous Gas  
6 Hazardous Liquid  
7 Hazardous Solid  
8 Radioactive Material

**Truck Axles** A B

1 Empty  
2 Head Lamps  
3 Tail Lamps  
4 Brakes  
5 Steering  
6 Tire Blowout  
7 Worn or Slack Tires  
8 Trailer Equipment Defective  
9 Motor Trouble  
10 Disabled from Prior Accident  
11 Other Defects

**Vehicle Defects** Code if Contributing Factor is 15

Primary	A	B
Secondary	A	B