

Local Traffic Crash Report

Local Report Number 2015-90169

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2</u>	Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
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In County Of <u>DELRONT</u>	Date of Crash <u>UNK</u> M <u> </u> D <u> </u> Y <u> </u>	Day <u>UNK</u>	Time <u>UNK</u>	AM PM
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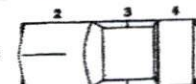
Crash Occurred On PRIVATE PROPERTY Within The Intersection Of _____

If Not In Intersection _____ (List Nearest Intersecting Street, Milepost, House No.)
2264 E. GARRISON RD. BETHEL OH. 45706

Unit No. <u>01</u>	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) UNK Address (No., Street, State, Zip Code) _____

Veh. Year <u>UNK</u>	Make <u>UNK</u>	Model <u>UNK</u>	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: Non-Functional, Functional, Disabling

Damage Scale: None, Light, Moderate, Heavy

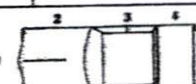
Vehicle Disposition: Driven Away, Remained At Scene, Towed

Fire: No Fire, Fire Due To Crash, Other Fire

Unit No. <u>02</u>	No. Of Occupants _____	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>ALL STATE</u>
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Driver - Pedestrian Name (Last, First, MI) _____ Address (No., Street, State, Zip Code) _____

Veh. Year _____	Make <u>COOPER</u>	Model <u>ODYSSEY</u>	Color <u>BEIGE</u>	Style <u>BOAT</u>	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: Non-Functional, Functional, Disabling

Damage Scale: None, Light, Moderate, Heavy

Vehicle Disposition: Driven Away, Remained At Scene, Towed

Fire: No Fire, Fire Due To Crash, Other Fire

From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	Position					
						A	B	C	D	E	F
C											
D											
E											
F											
G											
H											
I											

RESTRAINTS

A	B	C	D	E	F
<u>8</u>					

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

Driver - Pedestrian - Vehicle Section

Occupant Section

Date Report Filed _____ Desk Officer's Name & Badge DED. D. SCOTT

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Describe What Happened
Refer To Units
By Number

THE OWNER OF UNIT #2 REPORTS THAT BETWEEN 09-14-2015 & 09-18-2015 SOMEONE STRUCK HER PONTOON BOAT THAT WAS PARKED @ HER HOUSE. MRS. COOPER REPORTS THAT DAMAGE IS TO THE BOW & IT IS SCRAPES & GAUGES FROM A VEHICLE DRIVING INTO THE SIDE OF IT. TIRE TRACKS FROM HER DRIVEWAY LEAD TO IT.

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 Oil/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 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 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
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NO DIAGRAM REPORT
TAKEN VIA PUBLIC SERVICE
PHONE CALL.

SHOW NORTH WITH ARROW



Type of Unit # 1 32, 2 32	Pre-Crash Actions A 1, B	Contributing Factor A 17, 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	Sus 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 Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Red Flag Light 6 Red 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 17 Other Driver Error 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
Speed Unit Estimated Legal A B Motorcycle Helmet Use Unit Driver Pass A B	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 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 Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	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 in Road 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder 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
Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Sack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects		