

Local Traffic Crash Report

Local Report Number 000180000784

Report Taken <input type="checkbox"/> Headquarters <input checked="" type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>01</u>	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
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In County Of <u>Clemmons</u>	• Within corporate limits of: (If not, file with correct agency)	Date of Crash M <u>1</u> D <u>06</u> Y <u>18</u>	Day <u>Saturday</u>	Time <u>0835</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <u>2011 8/13/11</u>	Within The Intersection Of <u>84132</u>
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ E _____ S _____ Of _____

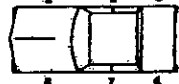
Unit No. <u>01</u>	No. Of Occupants _____	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>Self insured</u>
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Driver - Pedestrian Name (Last, First, MI) <u>Unknown</u>	Address (No., Street, State, Zip Code) <u>Unknown</u>
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Phone No. _____	Birth Date M _____ D _____ Y _____	Age _____	Sex _____	State _____	Drivers License No. <u>UNK</u>	Occupation <u>Driver</u>
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Owner (If Same As Driver, Write Same) <u>Best Way disposal</u>	Address <u>1389 Production Dr. Parkersburg, Ky 41005</u>	Phone _____
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Veh. Year <u>unk</u>	Make <u>unk</u>	Model <u>Sawbox truck</u>	Color <u>unk</u>	Style <u>unk</u>	State <u>Ky</u>	License Plate No. <u>unk</u>	Towing Service <u>N/A</u>	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	Damage Severity <input checked="" 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
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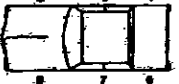
Unit No. _____	No. Of Occupants _____	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent _____
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Driver - Pedestrian Name (Last, First, MI)	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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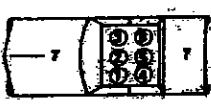

Owner (If Same As Driver, Write Same)	Address	Phone _____
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Veh. Year _____	Make _____	Model _____	Color _____	Style _____	State _____	License Plate No. _____	Towing Service _____	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	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

From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position					
					A	B	C	D	E	F
C										
D										
E										
F										
G					Restraints 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					
H										
I					Ejection 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					

Date Report Filed M <u>01</u> D <u>06</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Sheppard 8520</u>
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Local Report Number: 00080000701
 Describe What Happened: Unit 01 was collecting garbage and struck a light pole in the parking lot, then left the scene. Unit 01 reported the incident to Best Way disposal the owner of unit 01.

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

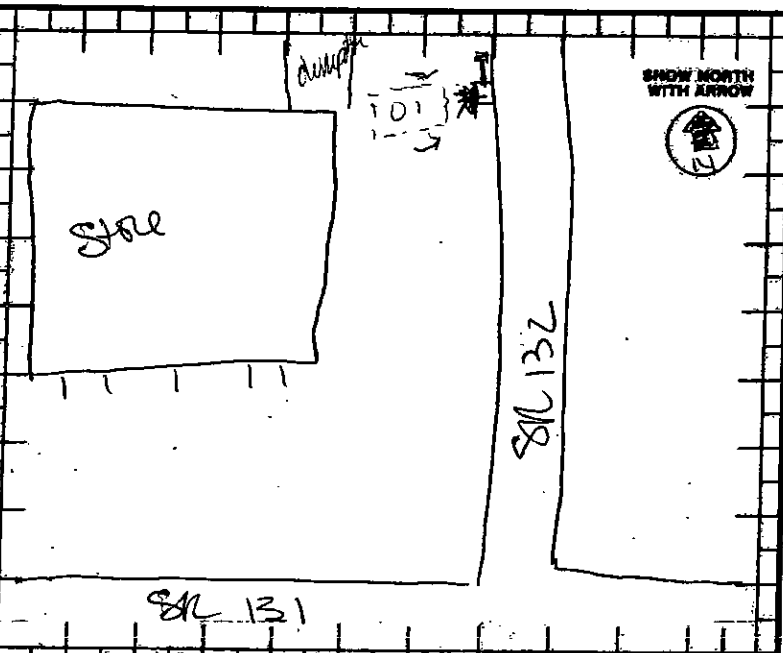
Special Area
 1 Road Construction/Maintenance Area
 2 School Zone

First Harmful Event 13
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 Not Intersection
 8 Private Property



Type of Unit: 01
 Pre-Crash Actions: 10
 Contributing Factor: 10

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 250cc
 13 MC up to 750cc
 14 MC over 750cc
 15 Motorized Bicycle

Bus
 16 School Bus
 17 Charter
 18 Public

Emergency Vehicle
 19 Police Vehicle
 20 Fire Truck
 21 Ambulance/Rescue

Other
 22 Taxi
 23 Motor Home
 24 Train
 25 Farm Vehicle
 26 Farm Equipment
 27 Streetcar
 28 Construction Equip.
 29 Animal W/Driver
 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 Slowing To Turn
 7 Stopped in Traffic
 8 Parking/Unparking
 9 Reared
 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 M X-Walk
 19 Crossing Other than X-Walk
 20 Walking in Flood (W/No Traffic)
 21 Working in Flood (Against Traffic)
 22 Playing in Flood
 23 Working on Road
 24 Entering or Leaving Vehicle
 25 Pushing/Working on Vehicle in Road
 26 Other in Road
 27 On Shoulder or Shoulder

Driver Error
 1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or AGDA
 5 Run Red Light
 6 Run 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

Speed

Unit	Estimated	Legal
A	10	
B		

Motorcycle Helmet Use

Unit	Driver	Pass
A	X	
B	B	

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

Traffic Control
 A 1 B

Fixed Object Struck
 2 B

Driver
 1 No Control
 2 Stop Sign
 3 Yield Sign
 4 Traffic Signal
 5 Traffic Flasher
 6 School Zone
 7 Railroad Crossbucks
 8 Railroad Flatcars
 9 Railroad Gates
 10 Construction Barricades
 11 Police Officer
 12 Pavement Markings
 13 Other

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

Fixed Object
 1 None
 2 Utility Pole
 3 Traffic Sign
 4 Bridge/Culvert
 5 Guard Rail
 6 Fence
 7 Tree
 8 Scrubbery
 9 Car
 10 Ditch
 11 Embankment
 12 Building
 13 Mail Box
 14 Construction Barricade
 15 Fire Hydrant
 16 Other Object

Vehicle Defects
 Code / Contributing Factor is 15

Primary	A	B

Secondary	A	B

Truck Load
 A B

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

Truck Axles
 A B

Tractor Trailer Flip
 A B

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