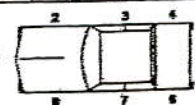
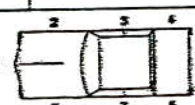


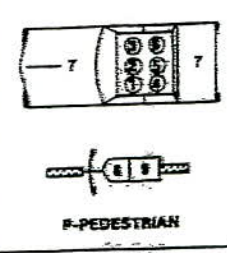
Local Traffic Crash Report

Local Report Number 0001800010203

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	
In County Of <u>Clamont</u>	• Within corporate limits of (if not, file with correct agency) <u>Clamont</u>	Date of Crash M <u>2</u> D <u>12</u> Y <u>18</u>	Day <u>Monday</u>
Crash Occurred On <u>2307 Chesterfield</u>		Within The Intersection Of <u>Westfield / Clamont</u>	
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W _____ E _____ S _____ Of _____			
A Unit No. <u>01</u>	No. Of Occupants <u>unk</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>unknown</u>
Driver - Pedestrian Name (Last, First, MI) <u>MT SKIP</u>		Address (No., Street, State, Zip Code) <u>unknown</u>	
Phone No. <u>unk</u>	Birth Date M <u>unk</u> D <u>unk</u> Y <u>unk</u>	Age <u>unk</u>	Sex <u>unk</u>
Owner (If Same As Driver, Write Same) <u>unknown</u>		Address <u>unk</u>	
Veh. Year <u>unk</u>	Make <u>unk</u>	Model <u>unk</u>	Color <u>unk</u>
Style <u>unk</u>	State <u>unk</u>	License Plate No. <u>unk</u>	Towing Service <u>none</u>
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 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 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
Owner (If Same As Driver, Write Same)		Address	
Veh. Year	Make	Model	Color
Style	State	License Plate No.	Towing Service
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	
C From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
D From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
E From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
F From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
G From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
H From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
I From Unit No.	Name (Last, First, MI)	Birth Date	Age
	Address	Phone	Sex
Date Report Filed M <u>2</u> D <u>12</u> Y <u>18</u>			
Desk Officer's Name & Badge <u>Det V Sheppard 2520</u>			

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: 0001800010203
 Describes What Happened: Unit 01 left the roadway and hit the mailbox of 2307 Chesterfield on
 Continued on leaving the scene.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	5	First Harmful Event 13 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	6	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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	6	Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	Location B 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 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	3		
Special Area 1 Road Construction/Maintenance Area 2 School Zone			

Type of Unit # 01 A B	Pre-Crash Actions A 1 B	Contributing Factor A 14 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	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 1 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 25 Pushing/Working on Vehicle in Road 26 Other In Road 27 On Sidewalk or Shoulder Fixed Object Struck A 13 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	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 Truck Load A B 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 Axes A B Tractor Trailer Rigs	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 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 Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Speed Unit Estimated Legal A 25 25 B Motorcycle Helmet Use Unit Driver Pass A A B B	Motorcycle Helmet Use 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet			