

Local Traffic Crash Report

Local Report Number **000180013006**

Report Taker <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved 2	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
In County CLAY COUNTY	Within Corporate Limits of: (If not, file with correct agency) BATAVA COMMUNITY CENTER ENTRANCE/EXIT	Date of Crash M 4 D 1 Y 18 Day SUNDAY Time 3:15 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Crash Occurred On BATAVA COMMUNITY CENTER ENTRANCE/EXIT	Within The Intersection Of	If Not In Intersection N Miles _____ Feet _____ W E OF BOTH VEHICLES LEFT SCENE
Unit No. 1	No. Of Occupants 1	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>
Driver: Name (Last, First, MI) WABELANCO, JOSEPH P	Address (No., Street, State, Zip Code) 1773 CROUCH HILL BATAVA OH 45103	Insurance Co. Or Agent HABERYS
Phone No. 12 31 63 54	Age 54 Sex M State OH Driver's License No. TK290611	Occupation TRUCK DRIVER/ENGINEER
Owner (If Same As Driver, Write Same) SHAW	Address	Phone
Veh. Year 1996 Make FORD Model MUSTANG Color RED Style 2000 State OH License Plate No. 6092AT	Towing Service	Veh/Ped Dir From E To W
Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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	
Unit No. 2	No. Of Occupants 2	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>
Driver: Name (Last, First, MI) VORNHOFF, DAVID L.	Address (No., Street, State, Zip Code) 310 SUSANNA WAY NEW RICHMOND, OH 45157	Insurance Co. Or Agent FAIRFARM
Phone No. 3 3 44 74	Age 74 Sex M State OH Driver's License No. DM451795	Occupation SELF EMPLOYED
Owner (If Same As Driver, Write Same) VORNHOFF, DAVID, L.	Address 310 SUSANNA WAY NEW RICHMOND OH 45157	Phone
Veh. Year 2011 Make KIA Model SOUL Color SILVER Style SW State OH License Plate No. GG88100	Towing Service	Veh/Ped Dir From W To E
Circle Damage Areas 	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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	
From Unit No. C	Name (Last, First, MI) BERTRAND SUSANNE	Birth Date M 9 D 12 Y 1980 Age 67
Address 2913 MOHAWK TR, MILWAU OH 45150	Phone	Sex
From Unit No. D	Name (Last, First, MI)	Birth Date
Address	Phone	Sex
From Unit No. E	Name (Last, First, MI)	Birth Date
Address	Phone	Sex
From Unit No. F	Name (Last, First, MI)	Birth Date
Address	Phone	Sex
From Unit No. G	Name (Last, First, MI)	Birth Date
Address	Phone	Sex
From Unit No. H	Name (Last, First, MI)	Birth Date
Address	Phone	Sex
From Unit No. I	Name (Last, First, MI)	Birth Date
Address	Phone	Sex
Date Report Filed M 4 D 1 Y 18	Reporting Officer's Name & Badge PO [Signature] #11008	Position A B C D E F 1 1 1 1 1 1

Driver - Pedestrian - Vehicle Section

Occupant Section

- 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

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

Local Report Number: **000180013006** Describe What Happened
 Enter To Units By Number

UNIT 1 WAS BEHIND UNIT 2 WHILE EXITING THE PARKING LOT. UNIT 2 BACKED INTO UNIT 1.

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

Road Conditions 1
 1 Dry 4 Ice
 2 Wet 5 Dirt/Gravel
 3 Snow 6 Other

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

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

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

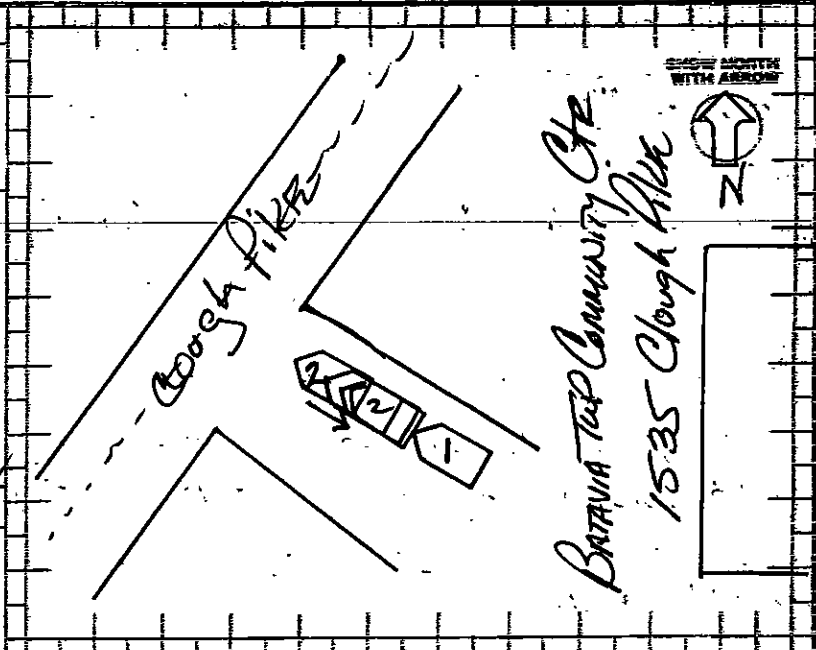
Special Area
 1 Road Construction/Maintenance Area
 2 School Zone

First Harmful Event 3
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 Pedestrian
 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-Partial
 3 Driveway Access
 4 Railroad Crossing
 5 Bridge-Passing Over
 6 Bridge-Passing Under
 7 Non-Intersection
 8 Private Property



Type of Unit # 1 3 2 2

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 750cc
 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/ Rider
 30 Animal W/ Buggy
 31 Buggy
 32 All Others
 P = Pedestrian

Speed

Unit	Estimated	Legal	Unit	Driver	Pass
A	0		A		
B	0		B		

Motorcycle Helmet Use

Unit	Driver	Pass
A		
B		

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

Pre-Crash Actions A 1 B 2

Driver Actions
 1 Going Straight
 2 Turning Right
 3 Turning Left
 4 Turning on Red Light
 5 U Turn
 6 Skipped 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

Traffic Control A 2 B 2

Driver
 1 No Controls
 2 Stop Sign
 3 Yield Sign
 4 Traffic Signet
 5 Traffic Flashers
 6 School Zone
 7 Railroad Crossbucks
 8 Railroad Flashers
 9 Railroad Gates
 10 Construction Barreleds
 11 Police Officer
 12 Pavement Markings
 13 Other

Fixed Object Struck A 1 B 1

Driver
 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 Barriage
 15 Fire Hydrant
 16 Other Object

Contributing Factor A 1 B 10

Driver Error
 1 None
 2 Failure to Yield
 3 Unsafe Speed
 4 Following Too Closely or AGDA
 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, Fading, 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 F Contributing Factor is 18

Primary	A	B

Secondary

A	B

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 Axles A B

Factor Trailer Rigs

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