

# Local Traffic Crash Report

Local Report Number 18-21942

Report Taker: <input type="checkbox"/> Headquarters <input checked="" 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 checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150
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In County Of: <u>Clement</u>	Within Corporate Limits of: (If not, file with correct agency):	Date of Crash: <u>M 5 0 31 Y 18</u>	Day: <u>Thursday</u>	Time: <u>1853</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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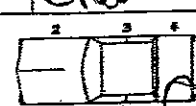
Crash Occurred On: 2305 Leonard Nicholasville  
 Within The Intersection Of

If Not In Intersection: \_\_\_\_\_ N \_\_\_\_\_ E \_\_\_\_\_  
 (List Nearest Intersecting Street, Milepost, House No.)  
 Miles \_\_\_\_\_ Feet \_\_\_\_\_ OF

Unit No.: <u>A 1</u>	No. Of Occupants: _____	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent: <u>Grange/PA1531296</u>
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Driver - Pedestrian Name (Last, First, MI): <u>Bill Jeffrey</u>	Address (No., Street, State, Zip Code): <u>BEAST DIETL ST, MOWRY TOWN, OH 45155</u>				
Birth Date: <u>M 4 0 7 Y 77 41</u>	Age: _____	Sex: <u>Male</u>	State: <u>OH</u>	Drivers License No.: <u>RU 31323e</u>	Occupation: _____

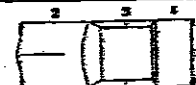
Owner (If Same As Driver, Write Same): Same Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Veh. Year: <u>2010</u>	Make: <u>Chev</u>	Model: <u>4H</u>	Color: <u>Black</u>	Style: <u>4S</u>	State: <u>OH</u>	License Plate No.: <u>GMV-4201</u>	Towing Service: <u>WIA</u>	Veh/Fed Dir: _____
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 type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire				

Unit No.: <u>B</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): _____	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: _____	Veh/Fed Dir: _____
Circle Damage Areas: 	Damage Severity: <input type="checkbox"/> Non-Functional <input checked="" 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				

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

**Restraints**

From Unit No.	Name (Last, First, MI)	Birth Date (M D Y)	Age	Sex	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

Date Report Filed: M 5 31 Y 18 Desk Officer's Name & Badge #: Det T. GORM

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number  
**18-21942**

Describe What Happened  
 Refer To Units  
 By Number

Unit 1 was parked in the parking lot of 2305 Laurel Nicholasville Rd when an unknown vehicle struck unit 1 and drove off.

**Weather Conditions** **2**

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

**Road Conditions** **2**

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

**Light** **1**

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

**Road Contour** **1**

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

**Occurrence** **3**

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** **17**

**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)**

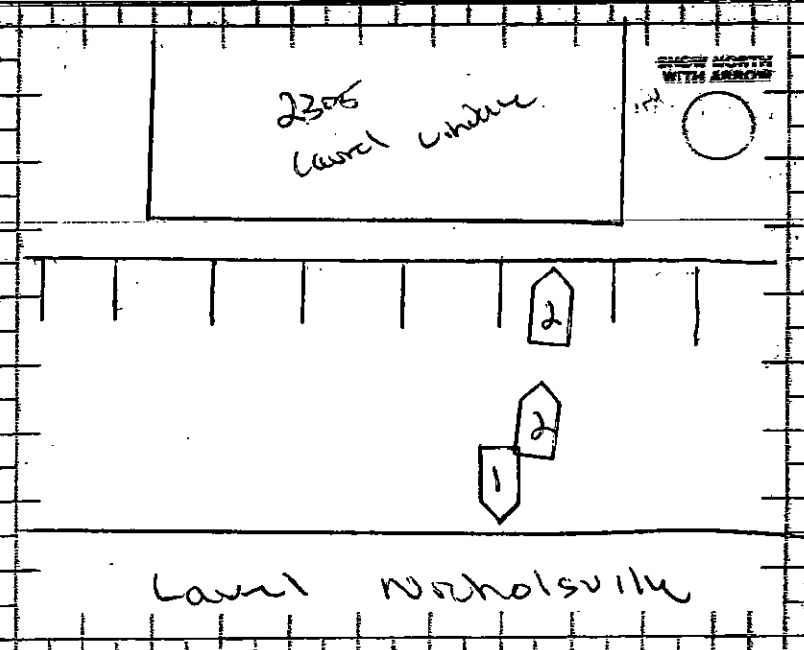
7 Parked  
 8 Pedestrian  
 9 Animal  
 10 Train  
 11 Pedal Cycle  
 12 Other Non-MV  
 13 Fixed Object  
 14 Other Object

**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** **#3** **A** **B**

- |                             |                        |
|-----------------------------|------------------------|
| <b>Car</b>                  | <b>Bus</b>             |
| 1 Sub Compact               | 16 School Bus          |
| 2 Compact                   | 17 Church              |
| 3 Mid-Size                  | 18 Public              |
| 4 Full Size                 |                        |
| <b>Truck</b>                | <b>Emergency</b>       |
| 5 Pickup                    | 19 Police Vehicle      |
| 6 Panel/Van                 | 20 Fire Truck          |
| 7 Straight Truck            | 21 Ambulance/Rescue    |
| 8 Straight Truck & Trailer  |                        |
| 9 Truck Tractor             | <b>Other</b>           |
| 10 Tractor & Semi-Trailer   | 22 Taxi                |
| 11 Tractor & Double Trailer | 23 Motor Home          |
|                             | 24 Train               |
| <b>Motorcycle</b>           | 25 Farm Vehicle        |
| 12 MC up to 350cc           | 26 Farm Equipment      |
| 13 MC up to 750cc           | 27 Snowmobile          |
| 14 MC over 750cc            | 28 Construction Equip. |
| 15 Motorized Bicycle        | 29 Animal W/ Rider     |
|                             | 30 Animal W/ Suggy     |
|                             | 31 Bicycle             |
|                             | 32 All Others          |
- P = Pedestrian

Speed			Motorcycle Helmet Use		
Unit	Estimated	Legal	Unit	Driver	Pass
A			A		
B			B		

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

**Pre-Crash Actions** **A** **B**

- |                         |                                       |
|-------------------------|---------------------------------------|
| <b>Driver Actions</b>   | <b>Pedestrian Actions</b>             |
| 1 Going Straight        | 18 Crossing in X-Walk                 |
| 2 Turning Right         | 19 Crossing Other than X-Walk         |
| 3 Turning Left          | 20 Walking in Road (With Traffic)     |
| 4 Turning on Red Light  | 21 Walking in Road (Against Traffic)  |
| 5 U Turn                | 22 Playing in Road                    |
| 6 Stopped To Turn       | 23 Working on Road                    |
| 7 Stopped in Traffic    | 24 Entering or Leaving Vehicle        |
| 8 Parking/Unparking     | 25 Pushing/Working on Vehicle in Road |
| 9 Parked                | 26 Other in Road                      |
| 10 Backing              | 27 On Sidewalk or Shoulder            |
| 11 Backing              |                                       |
| 12 Changing Lanes       |                                       |
| 13 Merging/Exiting Ramp |                                       |
| 14 Out of Control       |                                       |
| 15 Swerving             |                                       |
| 16 Driverless Vehicle   |                                       |
| 17 Other Driver Action  |                                       |

**Traffic Control** **A** **B** **Fixed Object Struck** **A** **B**

- |                            |                            |
|----------------------------|----------------------------|
| <b>Driver</b>              | <b>Fixed Object Struck</b> |
| 1 No Controls              | 1 None                     |
| 2 Stop Sign                | 2 Utility Pole             |
| 3 Yield Sign               | 3 Traffic Sign             |
| 4 Traffic Signal           | 4 Bridge/Culvert           |
| 5 Traffic Pileups          | 5 Guard Rail               |
| 6 School Zone              | 6 Fence                    |
| 7 Railroad Crossbucks      | 7 Tree                     |
| 8 Railroad Flashers        | 8 Shrubbery                |
| 9 Railroad Signs           | 9 Curb                     |
| 10 Construction Barricades | 10 Ditch                   |
| 11 Police Officer          | 11 Embankment              |
| 12 Pavement Markings       | 12 Building                |
| 13 Other                   | 13 Mail Box                |
|                            | 14 Construction Sarcage    |
| <b>Pedestrian</b>          | 15 Fire Hydrant            |
| 14 No Controls             | 16 Other Object            |
| 15 Crosswalk Lines         |                            |
| 16 Walk/Don't Walk Device  |                            |

**Contributing Factor** **A** **B**

- |  |                                     |
|--|-------------------------------------|
| <b>Driver Error</b>                    | <b>Non-Driver Factor</b>            |
| 1 None                                 | 18 Vehicle Defects                  |
| 2 Failure to Yield                     | 19 Load Shifting, Falling, Spilling |
| 3 Unsafe Speed                         | 20 Pavement Defect                  |
| 4 Following Too Closely or ACDA        | 21 Shoulder Defect                  |
| 5 Ran Red Light                        | 22 Debris on Road                   |
| 6 Ran Stop or Yield Sign               | 23 Downed Traffic Sign/Device       |
| 7 Improper Turn                        | 24 Vision Obstruction               |
| 8 Improper Passing                     | 25 Animal Actions                   |
| 9 Improper Lane Change                 | 26 Pedestrian Actions               |
| 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 Reason Unknown                      |                                     |
| 17 Other Driver Error                  |                                     |

**Vehicle Defects**  
 Code F Contributing Factor is 18

Primary	
A	B
Secondary	
A	B

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <b>Truck Load</b> <b>A</b> <b>B</b> | <b>Truck Axles</b> <b>A</b> <b>B</b> |
| 1 Empty                             | 1 Turn Signals                       |
| 2 Perishable Goods                  | 2 Head Lamps                         |
| 3 General Freight                   | 3 Tail Lamps                         |
| 4 Metal/Heavy Machinery             | 4 Brakes                             |
| 5 Hazardous Gas                     | 5 Steering                           |
| 6 Hazardous Liquid                  | 6 Tire Blowout                       |
| 7 Hazardous Solid                   | 7 Worn or Slick Tires                |
| 8 Radioactive Material              | 8 Trailer Equipment Defective        |
|                                     | 9 Motor Trouble                      |
|                                     | 10 Disabled from Prior Accident      |
|                                     | 11 Other Defects                     |
- Tractor Trailer Pigs