

Local Traffic Crash Report

Local Report Number 18-22948

Report Taken	<input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>2 VEHICLES</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>Deerport</u>	Date of Crash M <u>07</u> Y <u>18</u>	Day <u>Thursday</u>	Time <u>2236</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
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Crash Occurred On <u>Private Property (273052722 Lot 48)</u>	Within The Intersection Of
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If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)
Miles _____ Feet _____ W _____ S _____ E _____ OF _____

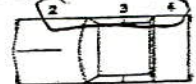
Unit No. <u>A</u>	No. Of Occupants <u>0</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>USSA / 035718246R</u>
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Driver - Pedestrian Name (Last, First, MI) <u>273052722 Lot 48 Behind OH 45106</u>	Address (No., Street, State, Zip Code)
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Phone No.	Birth Date M <u>12</u> D <u>2</u> Y <u>80</u>	Age <u>37</u>	Sex <u>Male</u>	State <u>OH</u>	Drivers License No. <u>PO 45443</u>	Occupation
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Owner (If Same As Driver, Write Same) <u>Matthew ADNER</u>	Address <u>273052722 Lot 48 Behind OH 45106</u>
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Veh. Year <u>2007</u>	Make <u>HONDA</u>	Model <u>LS</u>	Color <u>Blue</u>	Style	State <u>OH</u>	License Plate No. <u>FWP-2944</u>	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	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 checked="" 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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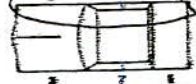
Unit No. <u>B</u>	No. Of Occupants <u>1</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI) <u>HIT SKIT Sonia Wiggins</u>	Address (No., Street, State, Zip Code) <u>1346 Locust Lake R Amherst OH 43102</u>
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Phone No.	Birth Date M <u>4</u> D <u>11</u> Y <u>88</u>	Age <u>30</u>	Sex <u>Female</u>	State <u>OH</u>	Drivers License No. <u>SU341398</u>	Occupation
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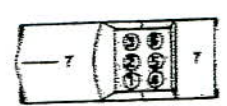
Owner (If Same As Driver, Write Same) <u>Same</u>	Address
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Veh. Year <u>2006</u>	Make <u>Honda</u>	Model <u>SW</u>	Color <u>Blue</u>	Style <u>SW</u>	State <u>OH</u>	License Plate No. <u>HJJ-533</u>	Towing Service	Veh/Ped Dir From _____ To _____
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Circle Damage Areas 	9 Top 10 Undercar 11 Load 12 Trailer	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale <input type="checkbox"/> None <input type="checkbox"/> Light <input checked="" 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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Driver - Pedestrian - Vehicle Section

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>										



F-PEDESTRIAN

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

Occupant Section

Date Report Filed M <u>07</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Dep T. Lewis</u>
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Local Report Number: 18-22948
 Describe What Happened: UNIT 1 was parked when unit 2 hit unit 1.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Harmful Event 4 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	LOT	LOT	LOT 48	SHOW NORTH WITH ARROW LOT
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	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	4	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 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	LOT	LOT	LOT	NOT TO SCALE
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	1					
Special Area 1 Road Construction/Maintenance Area 2 School Zone						

Type of Unit	# 1	A 3	B 6	Pre-Crash Actions	A 9	B 1	Contributing Factor	A 1	B 1
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size				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	Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With 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	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AQDA 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, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Devices 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions	Vehicle Defects Code F Contributing Factor is 18	
Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer				Traffic Control 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	Fixed Object Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	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	Primary A / B /	Secondary A / B /	
Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle				Driver 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	Truck Axes A / B / Tractor Trailer Rigs	Non-Driver Factor 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									
Motorcycle Helmet Use Unit Driver Pass									
1 No Helmet 3 Full Facial Cover			2 Full Coverage 4 Other Type Helmet						