

Local Traffic Crash Report

Local Report Number 18-26285

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved	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>Clement</u>	• Within corporate limits of (if not, file with correct agency)	Date of Crash M <u>unk</u> Day <u>unk</u> Time <u>unk</u> AM/PM
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Crash Occurred On <u>1958 02 125</u> <u>America OH 45102</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 _____

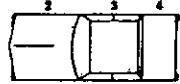
Unit No. <u>A 01</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent
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Driver - Pedestrian Name (Last, First, MI)	Address (No., Street, State, Zip Code)
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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) <u>Unknown</u>	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 	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 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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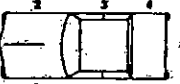
Unit No. <u>B 02</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>USAA</u>
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Driver - Pedestrian Name (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) <u>Heald Bruce</u>	Address <u>10000 Springfield Pike Centi, OH 45215</u>	Phone
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Veh. Year	Make <u>Carson</u>	Model <u>DC150</u>	Color <u>White</u>	Style <u>Boat OH</u>	State	License Plate No.	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 checked="" type="checkbox"/> Non-Functional <input 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 type="checkbox"/> Driven Away <input checked="" 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	Position					
	Address	Phone	Sex	A	B	C	D	E	F
				  P-PEDESTRIAN					
From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Restraints					
	Address	Phone	Sex	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					
From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Ejection					
	Address	Phone	Sex	A	B	C	D	E	F
				1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle					

Date Report Filed M <u>7</u> D <u>18</u> Y <u>18</u>	Desk Officer's Name & Badge # <u>Deputy Gebhardt #10278</u>
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Local Report Number: 18-#6285

Describe What Happened Refer To Units By Number: Complainant reports damage was caused to the side of his boat. Complainant relates the boat was parked at the storage unit located at 1958 SE 125. Complainant did not witness the incident.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		First Harmful Event 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		SHOW NORTH WITH ARROW 
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		Location 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		
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				

Type of Unit	A		B		Pre-Crash Actions		A		B		Contributing Factor		A		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 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 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 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 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, 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 <table border="1"> <tr> <td>A</td> <td>B</td> </tr> </table> Secondary <table border="1"> <tr> <td>A</td> <td>B</td> </tr> </table>		A	B	A	B																																																																																																																																																																					
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