

Local Traffic Crash Report

Local Report Number 000180033404

Report Taken <input type="checkbox"/> Headquarters <input 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>VERMONT</u>	Date of Crash M <u>8</u> D <u>19</u> Y <u>18</u> Day <u>SUNDAY</u> Time <u>2:35</u> <input checked="" type="radio"/> AM <input type="radio"/> PM
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Crash Occurred On DRIVEWAY OF 2516 HAROLD RD. BATAVIA, OHIO 45703 Within The Intersection Of

If Not In Intersection Miles 13.94 N E S W Of HAROLD ROAD. (Use Nearest Intersection Street Milepost, House No.)

Unit No. <u>1</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 <u>ALL STATE #992839900</u>
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Driver - Pedestrian Name (Last, First, MI) ADAMS, IVANA DE-KARLA Address (No., Street, State, Zip Code) 2516 HAROLD RD. BATAVIA, OH 45703

Phone No. 618 97 21 Birth Date 10 21 Age 18 Sex F State OH Drivers License No. UD048536 Occupation UNEMPLOYED

Owner (If Same As Driver, Write Same) SAME Address Phone

Veh. Year <u>2007</u>	Make <u>HONDA</u>	Model <u>SI</u>	Color <u>BLACK</u>	Style <u>45</u>	State <u>OH</u>	License Plate No. <u>HW69711</u>	Towing Service <u></u>	Veh/Ped Dir From <u></u> To <u></u>	
Circle Damage Areas			Damage Severity <input checked="" 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 checked="" 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. <u>2</u>	No. Of Occupants <u>0</u>	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <u>ALL STATE #926049612</u>
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Driver - Pedestrian Name (Last, First, MI) Chirkowski Holly Address (No., Street, State, Zip Code) 4655 CARDINAL DR. CIO OH 45247

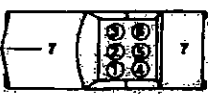
Phone No. Birth Date Age Sex State Drivers License No. Occupation

Owner (If Same As Driver, Write Same) SAME Address Phone

Veh. Year <u>2008</u>	Make <u>HONDA</u>	Model <u>3</u>	Color <u>SILVER</u>	Style <u>HB</u>	State <u>OH</u>	License Plate No. <u>EXA6448</u>	Towing Service <u></u>	Veh/Ped Dir From <u>W</u> To <u>E</u>	
Circle Damage Areas			Damage Severity <input checked="" 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 checked="" 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

Driver - Pedestrian - Vehicle Section

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



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 Reported Filed M 8 D 19 Y 18 Desk Officer's Name & Badge # DeWey Powers #11608

Local Report Number: **00010033407** Describe What Happened: **UNIT 1 STRUCK UNIT 2**
 Refer To Units By Number

While backing in the driveway.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	First Harmful Event 13 Two MV In Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle	<p>2516 Highway DRIVEWAY HERBERT ROAD</p>	<p>SHOW NORTH WITH ARROW</p>
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	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	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	Location 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Not Intersection 8 Private Property		
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	1 2 2 2	Pre-Crash Actions	10 9	Contributing Factor	10 1
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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 Trailer 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Trailer 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 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	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	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: # Contributing Factor's 18 <table border="1"> <tr> <td>Primary</td> <td>A</td> <td>B</td> </tr> <tr> <td>Secondary</td> <td>A</td> <td>B</td> </tr> </table>	Primary	A	B	Secondary	A	B
		Primary	A	B							
Secondary	A	B									
Traffic Control A B 1 No Control 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 A B 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 A B 1 Empty 2 Perishable Goods 3 General Freight 4 Motor/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Truck Axles A B 1 Empty 2 Perishable Goods 3 General Freight 4 Motor/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material								

Speed			Motorcycle Helmet Use		
Unit	Estimated	Legal	Unit	Driver	Pass
A	2		A		
B			B		

1 No Helmet 3 Full Facial Cover	2 Full Coverage 4 Other Type Helmet
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14 No Control 15 Crosswalk Lines 16 No Don't Walk Device
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