

# Local Traffic Crash Report

Local Report Number 000180042533

Report Taken	<input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <u>1</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
In County Of	<u>VERMONT</u>	• Within corporate limits of: (If not, file with correct agency)	Date of Crash M <u>10</u> D <u>22</u> Y <u>2018</u> Day <u>MONDAY</u> Time <u>1030</u> <sup>AM</sup> <u>PM</u>
Crash Occurred On	<u>LIBERTY ST.</u>	Within The Intersection Of <u>N/A</u>	
If Not In Intersection	(List Nearest Intersecting Street, Milepost, House No.) <u>518</u>		
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>NATION WIDE</u>	
Driver - Pedestrian Name (Last, First, MI) <u>McCollum, JOHN A</u>		Address (No., Street, State, Zip Code) <u>5609 WITTMER ESTATE DR. MILFORD, OH</u>	
Phone No.	<u></u>	Birth Date	<u>M 11 D 15 Y 1988</u>
Age	<u>99</u>	Sex	<u>M</u>
State	<u>OH</u>	Drivers License No.	<u>RG 448812</u>
Occupation	<u>N/A</u>		
Owner (If Same As Driver, Write Same) <u>McCollum, NANCY</u>		Address <u>5609 WITTMER ESTATE DR. MILFORD, OH</u>	
Veh. Year	<u>2017</u>	Make	<u>LINCOLN</u>
Model	<u></u>	Color	<u>WHITE</u>
Style	<u>SW</u>	State	<u>OH</u>
License Plate No.	<u>2WW 4636</u>		
Towing Service	<u></u>		
Veh/Ped Dir	<u>From S To N</u>		
Circle Damage Areas		Damage Severity <input checked="" 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 checked="" 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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Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)	
Phone No.	<u></u>	Birth Date	<u></u>
Age	<u></u>	Sex	<u></u>
State	<u></u>	Drivers License No.	<u></u>
Occupation	<u></u>		
Owner (If Same As Driver, Write Same)		Address	
Veh. Year	<u></u>	Make	<u></u>
Model	<u></u>	Color	<u></u>
Style	<u></u>	State	<u></u>
License Plate No.	<u></u>		
Towing Service	<u></u>		
Veh/Ped Dir	<u></u>		
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
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<b>C</b>	From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex	Position A B C D E F
		Address				
		Phone				

  

Date Report Filed	<u>M 10 D 22 Y 2018</u>	Desk Officer's Name & Badge	<u>Deputy Summers / 2039</u>
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Driver - Pedestrian - Vehicle Section

Occupant Section

- RESTRAINTS**
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | C | D | E | F |
| 4 |   |   |   |   |   |
- 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 |   |   |   |   |   |
- 1 Not Ejected
  - 2 Partial
  - 3 Total
  - 4 Trapped Inside Vehicle

Local Report Number: \_\_\_\_\_ Describe What Happened: **UNIT #1 WAS PARKED AT THE CHURCH.**

Refer To Units By Number: \_\_\_\_\_

**UNIT #1 PUT THE VEHICLE IN DRIVE INSTEAD OF REVERSE.**

**UNIT #1 PRESSED THE GAS AND STRUCK BUILDING.**

**NO INJURIES REPORTED.**

<b>Weather Conditions</b> 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		<b>First Harmful Event</b> <b>13</b> <b>Two MV in Transport</b> 1 Head On 2 Rear-End 3 Backing 4 Side-slap Meeting 5 Side-slap Passing 6 Angle <b>One MV in Transport (Collision)</b> 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object <b>Non-Collision</b> 15 Fall From or In MV 16 Overturning 17 Other Non-Collision	
<b>Road Conditions</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		<b>Location</b> <b>8</b> 1 Intersection 2 Intersection-Partial 3 Off-Road Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property	
<b>Light</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other			
<b>Road Contour</b> 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade			
<b>Occurrence</b> 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway			
<b>Special Area</b> 1 Road Construction/Maintenance Area 2 School Zone			

<b>Type of Unit</b> # <b>4</b> A   B Car: 1 Sub-Compact, 2 Compact, 3 Mid-Size, 4 Full-Size Bus: 16 School Bus, 17 Church, 18 Public 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		<b>Pre-Crash Actions</b> <b>9</b> A   B <b>Driver Actions</b> 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 Backing/Impacting 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 <b>Traffic Control</b> <b>1</b> A   B 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 Constitution Barricades 11 Police Officer 12 Pavement Markings 13 Other <b>Fixed Object Struck</b> <b>12</b> A   B 1 Bone 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		<b>Contributing Factor</b> <b>11</b> A   B <b>Driver Error</b> 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 Snow Off Road 17 Reason Unknown 17 Other Driver Error <b>Non-Driver Factor</b> 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 <b>Vehicle Defects</b> Code F Contributing Factor to 18 <b>Primary</b> A   B <b>Secondary</b> A   B <b>Truck Load</b> A   B 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Iron Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material <b>Truck Axles</b> A   B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Sock Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects <b>Tractor Trailer Rigs</b> A   B	
<b>Speed</b> Unit Estimated Legal A <b>10</b>     B		<b>Motorcycle Helmet Use</b> Unit Driver Pass A     B		<b>Motorcycle Helmet Use</b> 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet	