

Local Traffic Crash Report

Local Report Number 000180049531

Report Taken <input checked="" 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
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In County Of <u>CUMMERT</u>	• Within corporate limits of (If not, file with correct agency) <u>BATAVIA TWP</u>	Date of Crash <u>M 12 0 13</u> <u>Y 18</u> Day <u>TU</u> Time <u>1644</u> <u>PM</u>
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Crash Occurred On <u>TWIN GATES</u>	Within The Intersection Of <u>1179</u>
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If Not In Intersection	(List Nearest Intersecting Street, Milepost, House No.)
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A 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>ICRAMER MYERS</u>
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Driver - Pedestrian Name (Last, First, MI) <u>MULVANY, SHARON</u>	Address (No., Street, State, Zip Code) <u>1179 TWIN GATES AMERICA OH 45102</u>
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Phone No.	Birth Date <u>M 10 21</u> <u>Y 46</u> Age <u>72</u> Sex <u>F</u> State <u>OH</u> Drivers License No. <u>RT109340</u> Occupation
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Owner (If Same As Driver, Write Same) <u>SAME</u>	Address	Phone
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Veh. Year <u>14</u> Make <u>HONDA</u> Model <u>CRV</u> Color <u>RED</u> Style <u>4DR</u> State <u>OH</u> License Plate No. <u>EX08549</u> Towing Service <u>NO</u> Veh/Ped Dir From <u>E</u> To <u>W</u>
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Circle Damage Areas	Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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 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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B Unit No.	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	Age	Sex	State	Drivers License No.	Occupation
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Owner (If Same As Driver, Write Same)	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	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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Driver - Pedestrian - Vehicle-Section

Occupant Section

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

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

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

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

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

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

I From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Position 1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
	Address	Phone	Sex	

Date Report Filed <u>M 12 0 13</u> <u>Y 18</u>	Desk Officer's Name & Badge # <u>ROSS # 2064</u>
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Local Report Number: 18-49531
 Describe What Happened: UNIT 1 STRUCK GUTTER EQUIPMENT LEFT BY MOLLETT SEAMLESS GUTTERS WHILE BACKING DOWN DRIVEWAY. PHOTOGRAPHS TAKEN. NO INJURIES MOLLETT SEAMLESS GUTTERS. (513) 825-0500
 Witness: Justin Probst (513) 825-0500

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	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 On 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 14 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 3 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	
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Type of Unit 1 Car 2 Bus 3 Truck 4 Motorcycle	Pre-Crash Actions A 10 B	Contributing Factor A 24 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/Holder 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 Side Walk or Shoulder
Speed Unit Estimated Legal A 5 - B	Motorcycle Helmet Use Unit Driver Pass A B	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Red Red Light 6 Red Stopper-Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parking 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
Truck Load 1 Empty 2 Perishable Goods 3 General Freight 4 Mobile Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Weight or Sack Ties 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects	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
Truck Axles A B	Tractor Trailer Pigs A B	Fixed Object Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Scrubbery 9 Car 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barriage 15 Fire Hydrant 16 Other Object
Driver 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 Barriades 11 Police Officer 12 Pavement Markings 13 Other Pedestrian 14 No Control 15 Crosswalk Lines 16 Walkway/Walk Device	Truck Control A 1 B	Fixed Object Struck A 16 B