

# Local Traffic Crash Report

Local Report Number **000100050466**

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation	Total Number of Vehicles and Pedestrians Involved <b>01</b>	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 <b>Clarmont</b>	• Within corporate limits of (If not, file with correct agency)	Date of Crash <b>M 12 0 19 Y 18</b>	Day <b>Wednesday</b>	Time <b>1600</b>	AM PM
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Crash Occurred On <b>105 Tall Trees Dr.</b>	Within The Intersection Of
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If Not In Intersection	Miles	Feet	N	W	E	S	Of	(List Nearest Intersecting Street, Milepost, House No.)
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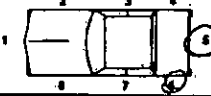
Unit No. <b>A 01</b>	No. Of Occupants <b>01</b>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>	Insurance Co. Or Agent <b>Kelstate</b>
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Driver - Pedestrian Name (Last, First, MI) <b>Haiswood, Dylan J</b>	Address (No., Street, State, Zip Code) <b>103 Tall Trees Dr. Amelia, OH 45103</b>
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Phone No.	Birth Date <b>M 9 0 9 Y 02</b>	Age <b>16</b>	Sex <b>M</b>	State <b>OH</b>	Drivers License No. <b>UX 005464</b>	Occupation <b>Student</b>
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Owner (If Same As Driver, Write Same) <b>Haiswood, Jon L A.</b>	Address <b>103 Tall Trees Dr. 45102</b>	Phone
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Veh. Year <b>2007</b>	Make <b>Toyota</b>	Model <b>Tacoma</b>	Color <b>Silver</b>	Style <b>Truck</b>	State <b>OH</b>	License Plate No. <b>HLL 3312</b>	Towing Service	Veh/Ped Dir From To
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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 checked="" 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 checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
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Unit No. <b>B</b>	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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From Unit No. <b>C</b>	Name (Last, First, MI)	Birth Date M D Y	Age	Position A B C D E F
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
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From Unit No.	Name (Last, First, MI)	Birth Date M D Y	Age	Sex
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Date Report Filed <b>M 12 0 19 Y 18</b>	Desk Officer's Name & Badge <b>Det. F. Shepard 2520</b>
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Driver - Pedestrian - Vehicle Section

Occupant Section

**P-PEDESTRIAN**

1	2	3	4	5	6	7	8
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**Restraints**

1	2	3	4	5	6	7	8
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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
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1 Not Ejected  
2 Partial  
3 Total  
4 Trapped Inside Vehicle

Local Report Number: 000180050106  
 Describe What Happened: Unit 01 was backing into drive and struck the side of the multi unit dwelling and the garage door.

**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 Off Left Side  
 3 Off Right Side  
 4 On Opposing Lane of Divided Highway

**Special Area**  
 1 Road Construction/Maintenance Area  
 2 School Zone

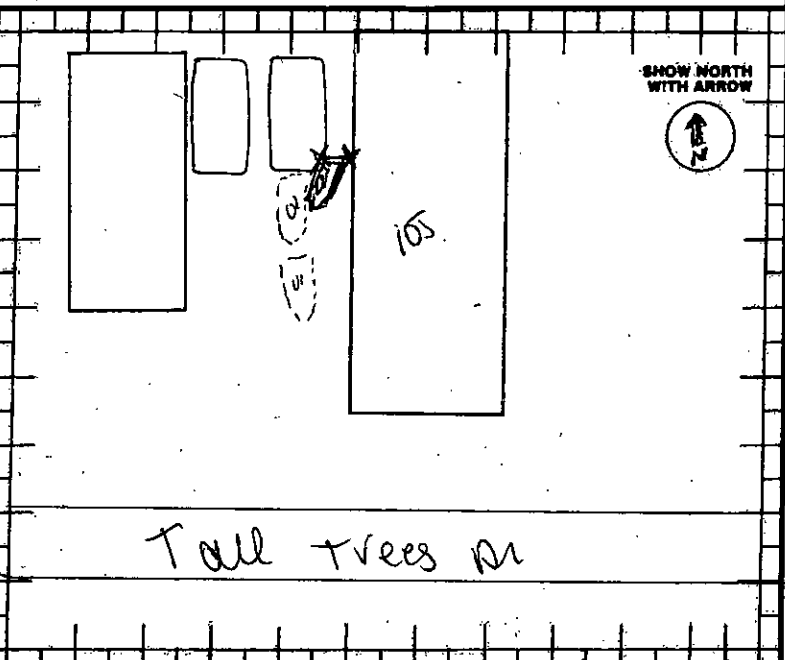
**First Harmful Event** 13

**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** 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



Tall trees in

**Type of Unit** A S 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 751cc  
 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 Showmobile  
 28 Construction Equip.  
 29 Animal W/Buggy  
 30 Animal W/Buggy  
 31 Bicycle  
 32 All Others  
 P = Pedestrian

**Speed**  
 Unit Estimated Legal

**Motorcycle Helmet Use**  
 Unit Driver Pass

1 No Helmet  
 2 Full Face Cover  
 3 Full Coverage  
 4 Other Type Helmet

**Pre-Crash Actions** A B

**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 Shoulder or Shoulder

**Traffic Control** A B

**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 Barricades  
 11 Police Officer  
 12 Reversible Markings  
 13 Other

**Fixed Object Struck** A B

**12**  
 1 None  
 2 Utility Pole  
 3 Traffic Sign  
 4 Bridge/Culvert  
 5 Guard Rail  
 6 Fence  
 7 Tree  
 8 Sign/Billboard  
 9 Curb  
 10 Ditch  
 11 Embankment  
 12 Building  
 13 Mail Box  
 14 Construction Barricade  
 15 Fire Hydrant  
 16 Other Object

**B Pedestrian**  
 14 No Control  
 15 Crosswalk Lines  
 16 Walk Don't Walk Device

**Contributing Factor** A B

**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/Device  
 24 Vision Obstruction  
 25 Animal Actions  
 26 Pedestrian Actions

**Vehicle Defects**  
 Code/Contributing Factor's 18

**Primary** A B

**Secondary** A B

**Truck Load** A B

1 Empty  
 2 Perishable Goods  
 3 General Freight  
 4 Metal/Heavy Machinery  
 5 Hazardous Gas  
 6 Hazardous Liquid  
 7 Hazardous Solid  
 8 Radioactive Material

**Truck Axles** A B

1 Turn Signals  
 2 Head Lamps  
 3 Tail Lamps  
 4 Brakes  
 5 Steering  
 6 Tire Blowout  
 7 Worn or Slack Tires  
 8 Trailer Equipment Defective  
 9 Motor Trouble  
 10 Disabled from Prior Accident  
 11 Other Defects