

TRAFFIC CRASH REPORT



LOCAL REPORT # * **07-062179**

CRASH SEVERITY: **2** (1 FATAL, 3 PDO, 2 INJURY, 4 UNKNOWN)

PRIVATE PROPERTY: 'X' IF YES

HIT/SKIP: **1** (1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED)

PHOTOS TAKEN: 'X' IF YES

OH-2: OH-3: OH-1P: OTHER:

N.C.I.C. # * **05009** REPORTING AGENCY # * **YOUNGSTOWN POLICE** # UNITS **01**

UNIT ERROR: **9** (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH * **08192007**

TIME OF CRASH: **2118** DAY OF WEEK: **SUN** CITY * **YOUNGSTOWN** VILLAGE * TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) * **YOUNGSTOWN** COUNTY # * **50** LATITUDE: LONGITUDE:

CRASH OCCURRED ON: PREFIX **OAK HILL** TYPE LOC **T** TYPE LOCATION POINT USED: 1 NAMED STREET, 3 NUMBERED ROUTE, 2 NUMBERED STREET

LOCAL INFORMATION:

AT / REFERENCE: DIST REFERENCE (DR) PREFIX REFERENCE **720 OAK HILL** REF POINT **04**

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

A UNIT # **01** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **RUSHING, JUANITA**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1630 OVERLANDS AVE YOUNGSTOWN OH 44511**

SOCIAL SECURITY NUMBER: DATE OF BIRTH: **04051958** AGE: **49** SEX: **F** HOME PHONE #: **3307884291** WORK PHONE #:

DL STATE **OH** DL # **RV022990** LP STATE **OH** LP # **ECK354** INJURED TAKEN BY: **4** (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY: **DAUGHTER** INJURED TAKEN TO: **ST. E**

OWNER NAME (IF SAME, WRITE "SAME") **SAME** ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR: **1993** MAKE: **CHEVY** MODEL: **LUMINA** COLOR: **BLUE** INSURANCE COMPANY: **FOUNDERS** TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE? 'X' IF YES

B UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER: DATE OF BIRTH: AGE: SEX: HOME PHONE #: WORK PHONE #:

DL STATE DL # LP STATE LP # INJURED TAKEN BY: (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY: INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR: MAKE: MODEL: COLOR: INSURANCE COMPANY: TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE? 'X' IF YES

C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE #: DATE OF BIRTH: AGE: SEX:

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY: INJURED TAKEN TO:

HOME PHONE #: DATE OF BIRTH: AGE: SEX:

ADDRESS (STREET, CITY, STATE, ZIP CODE)

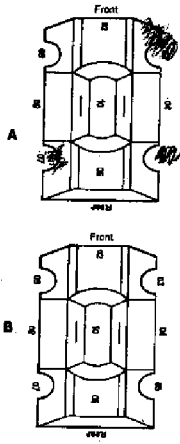
INJURED TAKEN BY: (1 NONE, 4 OTHER, 2 EMS, 5 UNKNOWN, 3 POLICE) TRANSPORTED BY: INJURED TAKEN TO:

01	SEATING POSITION 01 FRONT - LEFT (MC DRIVER)	04	SAFETY EQUIPMENT 01 NONE USED	<input type="checkbox"/>	AIR BAG 1 NOT DEPLOYED	<input type="checkbox"/>	AIR BAG SWITCH 1 NOT PRESENT	<input type="checkbox"/>	EJECTION 1 NOT EJECTED	<input type="checkbox"/>	TRAPPED 1 NOT TRAPPED	3	INJURIES 1 NO INJURY
<input type="checkbox"/>	02 FRONT - MIDDLE	<input type="checkbox"/>	02 SHOULDER BELT ONLY	<input type="checkbox"/>	2 DEPLOYED-FRONT	<input type="checkbox"/>	2 IN ON POSITION	<input type="checkbox"/>	2 TOTALLY EJECTED	<input type="checkbox"/>	2 EXTRICATED BY	<input type="checkbox"/>	2 POSSIBLE
<input type="checkbox"/>	03 FRONT - RIGHT	<input type="checkbox"/>	03 LAP BELT ONLY	<input type="checkbox"/>	3 DEPLOYED-SIDE	<input type="checkbox"/>	3 IN OFF POSITION	<input type="checkbox"/>	3 PARTIALLY EJECTED	<input type="checkbox"/>	3 MECHANICAL MEANS	<input type="checkbox"/>	3 NON-INCAPACITATING
<input type="checkbox"/>	04 SECOND - LEFT (MC PASS)	<input type="checkbox"/>	04 SHOULDERLAP BELT	<input type="checkbox"/>	4 DEPLOYED BOTH FRONT/SIDE	<input type="checkbox"/>	4 UNKNOWN	<input type="checkbox"/>	4 NOT APPLICABLE	<input type="checkbox"/>	4 FREED BY NON-MECHANICAL MEANS	<input type="checkbox"/>	4 INCAPACITATING
<input type="checkbox"/>	05 SECOND - MIDDLE	<input type="checkbox"/>	05 CHILD SAFETY SEAT	<input type="checkbox"/>	5 NOT APPLICABLE	<input type="checkbox"/>		<input type="checkbox"/>	5 UNKNOWN	<input type="checkbox"/>	5 UNKNOWN	<input type="checkbox"/>	5 FATAL INJURY
<input type="checkbox"/>	06 SECOND - RIGHT	<input type="checkbox"/>	06 MC HELMET USED	<input type="checkbox"/>	6 UNKNOWN	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	6 UNKNOWN
<input type="checkbox"/>	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	<input type="checkbox"/>	07 USE UNKNOWN	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	08 THIRD - MIDDLE	<input type="checkbox"/>	08 NON-MOTORIST	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	09 THIRD - RIGHT	<input type="checkbox"/>	09 NONE USED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	10 SLEEPER SECTION OF CAB	<input type="checkbox"/>	10 HELMET USED	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	11 ENCLOSED CARGO AREA	<input type="checkbox"/>	11 PROTECTIVE PADS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	12 UNENCLOSED CARGO AREA	<input type="checkbox"/>	11 REFLECTIVE CLOTHING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	13 TRAILING UNIT	<input type="checkbox"/>	12 LIGHTING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	14 EXTERIOR	<input type="checkbox"/>	13 OTHER	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	15 OTHER	<input type="checkbox"/>	14 UNKNOWN	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	16 NON-MOTORIST	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	17 UNKNOWN	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

BLANK FOR WITNESS

SUPPLEMENT # 'X' IF YES

Motorist/Non-Motorist
Occupant

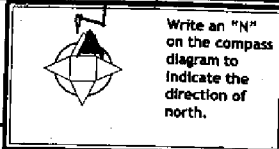
UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	DAMAGE AREA 	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">36</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	A	B	36	1	2	2	3	3	4	4	POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">25</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>
A	B														
36	1														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	MOTORIST 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD LEFT 09 RAN OFF ROAD RIGHT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHTS/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>										
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBSTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIMPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/PIPER 36 ANIMAL W/BOGUY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">119</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/JACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	DRUG TEST 1&2 RESULT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	DRUG TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 OTHER										
DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">04</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	TYPE OF INTERSECTION 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	ALCOHOL/DRUG SUSPECTED 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN								
IN EMERGENCY RESPONSE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	ACTION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	ALCOHOL TEST STATUS 1 NONE 2 TEST REUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN										
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE / UNDERIDE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	MOST HARMFUL EVENT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">B</div>	ALCOHOL TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER										
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Narrative

UNIT 1 WAS TRAVELING NORTHBOUND ON OAK HILL AVE.
 UNIT 1 LOSS THE BRAKING SYSTEM IN THE VEHICLE AND
 HIT UTILITY POLE # D53-AB.

* DRAWN NOT TO SCALE *

<p>MANNER OF COLLISION OR IMPACT</p> <p><input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT</p> <p><input type="checkbox"/> 2 REAR-END</p> <p><input type="checkbox"/> 3 HEAD-ON</p> <p><input type="checkbox"/> 4 REAR-TO-REAR</p> <p><input type="checkbox"/> 5 BACKING</p> <p><input type="checkbox"/> 6 ANGLE</p> <p><input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION</p> <p><input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION</p> <p><input type="checkbox"/> 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES, DIRECTLY INVOLVED</p> <p><input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED</p> <p><input type="checkbox"/> 4 UNKNOWN</p>	<p>Diagram</p>	<p>WEATHER</p> <p><input type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input checked="" type="checkbox"/> 04 RAIN</p> <p><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)</p> <p><input type="checkbox"/> 06 SNOW</p> <p><input type="checkbox"/> 07 SEVERE CROSSWINDS</p> <p><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW</p> <p><input type="checkbox"/> 09 OTHER</p> <p><input type="checkbox"/> 10 UNKNOWN</p>
<p>WORK ZONE RELATED</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/> 1 LANE CLOSURE</p> <p><input type="checkbox"/> 2 LANE SHIFT/CROSSOVER</p> <p><input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN</p> <p><input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK</p> <p><input type="checkbox"/> 5 OTHER</p>		
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> 1 DAYLIGHT</p> <p><input type="checkbox"/> 2 DAWN</p> <p><input type="checkbox"/> 3 DUSK</p> <p><input type="checkbox"/> 4 DARK - LIGHTED ROADWAY</p> <p><input type="checkbox"/> 5 DARK - NOT LIGHTED</p> <p><input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING</p> <p><input type="checkbox"/> 7 CLARE</p> <p><input type="checkbox"/> 8 OTHER</p> <p><input type="checkbox"/> 9 UNKNOWN</p>	<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN</p> <p><input type="checkbox"/> 2 ADVANCE WARNING AREA</p> <p><input type="checkbox"/> 3 TRANSITION AREA</p> <p><input type="checkbox"/> 4 ACTIVITY AREA</p>		
<p>WORKERS PRESENT</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p>			



Pole # D53-AB

<p>Truck/Bus</p> <p>UNIT # <input type="checkbox"/></p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</p> <p>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR</p> <p>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR</p> <p>A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.</p>	<p>AND</p> <p>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</p> <p>A FATALITY; OR</p> <p>AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR</p> <p>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>
<p>COMPANY (FROM SHIPPING PAPERS)</p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p>	<p>COMPANY PHONE</p>	

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DR.
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE</p> <p><input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER)</p> <p><input type="checkbox"/> 03 VAN/ENCLOSED BOX</p> <p><input type="checkbox"/> 04 GRAM/CHPS/GRAVEL</p> <p><input type="checkbox"/> 05 POLE</p> <p><input type="checkbox"/> 06 CARGO TANK</p> <p><input type="checkbox"/> 07 FLATBED</p> <p><input type="checkbox"/> 08 DUMP</p> <p><input type="checkbox"/> 09 CONCRETE MIXER</p> <p><input type="checkbox"/> 10 AUTO TRANSPORTER</p> <p><input type="checkbox"/> 11 GARBAGE/REFUSE</p> <p><input type="checkbox"/> 12 OTHER</p> <p><input type="checkbox"/> 13 UNKNOWN</p>	<p>Weight (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000</p> <p><input type="checkbox"/> 2 10,001 - 26,000</p> <p><input type="checkbox"/> 3 MORE THAN 26,000</p>	<p>CDL Class</p> <p><input type="checkbox"/> 1 CLASS A</p> <p><input type="checkbox"/> 2 CLASS B</p> <p><input type="checkbox"/> 3 CLASS C</p> <p><input type="checkbox"/> 4 CLASS M</p> <p><input type="checkbox"/> 5 CLASS D</p>	<p>Hazardous Materials Placard</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p>	<p>Hazardous Materials Released</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 NOT APPLICABLE</p> <p><input type="checkbox"/> 4 UNKNOWN</p>			

Police Action

DATE CRASH REPORTED: 08/19/2007

TIME REC CALL: 2118

DISPATCH: 2118

ARRIVED: 2123

CLEARED: 2230

OTHER: []

TOTAL MINUTES: 72

OFFICER'S NAME: CARTER

BADGE # : 11110

CHECKED BY: D/S R. Dechman

DATE REPORT FILED: 08/20/07

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

SUPPLEMENT # * YES

LOCAL REPORT # * 07-062179