

TRAFFIC CRASH REPORT



LOCAL REPORT # *
07-062395

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SKIP
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
02

UNIT ERROR
02 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
08202007

TIME OF CRASH 2027 DAY OF WEEK MON CITY * YOUNGSTOWN VILLAGE * TWP * COUNTY # * 50 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX (CRASH LOCATION) FIFTH AVE TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

ATL REFERENCE DIST REFERENCE OR PREFIX REFERENCE LINCOLN REF POINT 02 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) HAMILTON, CHARLES H

ADDRESS (STREET, CITY, STATE, ZIP CODE) 461 GYPSY LANE APT 28 Youngstown, OH 44505

SOCIAL SECURITY NUMBER DATE OF BIRTH 02091951 AGE 56 SEX M HOME PHONE # 3307463370 WORK PHONE #

DL STATE OH RP834312 LP STATE OH LP # 5XG7463 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

YEAR 2003 MAKE LADI MODEL DEVILLE COLOR TEARL INSURANCE COMPANY PROGRESSIVE TOWING SERVICE OWNER PHONE #

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

B UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) GRIFFIN JR., ALFRED A

ADDRESS (STREET, CITY, STATE, ZIP CODE) 70 LEMANS APT 3 BOARDMAN, OH 44512

SOCIAL SECURITY NUMBER DATE OF BIRTH 11151973 AGE 33 SEX M HOME PHONE # 3307472751 WORK PHONE #

DL STATE OH RQ294802 LP STATE OH LP # P629406 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") TORRES, WILBERT ADDRESS (STREET, CITY, STATE, ZIP CODE) 443 E. MYRTLE YO OH 44507

YEAR 1989 MAKE JEEP MODEL TRUCK COLOR RED INSURANCE COMPANY TOWING SERVICE LUATS OWNER PHONE #

OFFENSE CHARGED 313.03(C)1 OFFENSE DESCRIPTION DISOBEYED TRAF. CONTROL DEV CITATION # 28220 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

D 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

Motorist/Non-Motorist

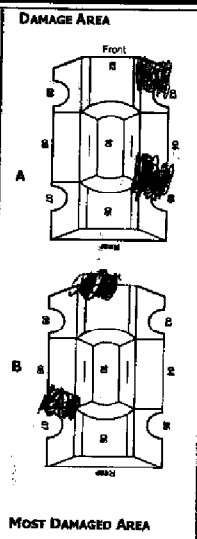
Occupant

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

UNIT NUMBERS
 01 03

Non-Motorist Location
 A B

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



PRE-CRASH ACTIONS
 01 01 01

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

SEQUENCE OF EVENTS

A	B
20	20
2	2
3	3
4	4

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 RIGHT
 09 RAN OFF ROAD LEFT
 10 CROSS MEDIAN/CENTERLINE
 11 DOWNHILL RUNAWAY
 12 OTHER NON-COLLISION

COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
 13 UNKNOWN NON-COLLISION
 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 LIGHT/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

POSTED SPEED
 25 25

TRAFFIC CONTROL
 04 04

01 NO CONTROLS
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSBUCKS
 08 RAILROAD FLASHERS
 09 RAILROAD GATES
 10 CONSTRUCTION BARRICADE
 11 POLICE OFFICER
 12 PAVEMENT MARKINGS
 13 CROSSWALK LINES
 14 WALK/DON'T WALK SIGNAL
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
 16 OTHER

DIRECTION
 FROM TO FROM TO
 34 12

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHEAST
 6 NORTHWEST
 7 SOUTHEAST
 8 SOUTHWEST
 9 UNKNOWN

DRUG TEST STATUS
 1A 1B

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

DRUG TEST TYPE
 1A 1B

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1&2 RESULT
 1 2 1 2

1 NONE
 2 MARIJUANA
 3 COCAINE
 4 OPiates
 5 AMPHETAMINES
 6 PCP
 7 OTHER
 8 UNKNOWN AT TIME OF REPORTING

TYPE OF UNIT
 04 06

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 (BOBTAI)
 13 TRACTOR/SEM-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/RIDER
 36 ANIMAL W/BUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER NON MOTORIST
 42 UNKNOWN

POINT OF IMPACT
 03 02

01 NONE
 02 CENTER FRONT
 03 RIGHT FRONT
 04 RIGHT SIDE
 05 RIGHT REAR
 06 REAR CENTER
 07 LEFT REAR
 08 LEFT SIDE
 09 LEFT FRONT
 10 TOP AND WINDOWS
 11 UNDERCARRIAGE
 12 LOAD/TRAILER
 13 TOTAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

ACTION
 4 3

1 NON-CONTACT
 2 NON-COLLISION
 3 STRUCK
 4 STRUCK
 5 BOTH STRIKING AND STRUCK
 6 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
 01 03

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/ACDA
 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)

NON-MOTORIST
 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

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
 1A 1B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT
 1A 1B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED
 1A 2B

1 STATED
 2 ESTIMATED SPEED

SPEED
 20A 20B

CONDITION
 1A 6B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL
 4 ILLNESS
 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED
 1A 5B

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - HBD NOT IMPAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL/DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS
 1A 2B

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE
 1A 1B

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 1A 1B

TYPE OF INTERSECTION
 02

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

OCCURRENCE
 1

1 ON ROADWAY
 2 ON SHOULDER
 3 IN MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR
 1

1 STRAIGHT LEVEL
 2 STRAIGHT GRADE
 3 CURVE LEVEL
 4 CURVE GRADE

ROAD CONDITIONS
 PRIMARY SECONDARY
 02

01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND, MUD, DIRT, OIL, GRAVEL
 06 WATER (STANDING, MOVING)
 07 SLUSH
 08 DEBRIS**
 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
 10 OTHER
 11 UNKNOWN
 **SECONDARY ROAD CONDITIONS ONLY

IN EMERGENCY RESPONSE
 1A 1B

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 2 3

1 NONE
 2 NON-FUNCTIONAL DAMAGE
 3 FUNCTIONAL DAMAGE
 4 DISABLING DAMAGE
 5 SEVERE
 6 UNKNOWN

STRIKING VEHICLE! OVERRIDE/ UNDERRIDE
 1A 1B

1 NO OVERRIDE OR UNDERRIDE
 2 UNDERRIDE, COMPARTMENT INTRUSION
 3 UNDERRIDE, NO COMPARTMENT INTRUSION
 4 OVERRIDE, COMPARTMENT INTRUSION UNKNOWN
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
 6 OVERRIDE, OTHER VEHICLE
 7 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
 1A 1B

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

ALCOHOL TEST STATUS
 1A 2B

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE
 1A 1B

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 1A 1B

LOCAL REPORT #
 07-062395

SUPPLEMENT * "X" IF YES

Narrative

UNIT 1 WAS TRAVELING WESTBOUND ON LINCOLN TOWARDS FIFTH. UNIT 2 WAS TRAVELING SOUTHBOUND ON FIFTH TOWARDS LINCOLN. UNIT 2 RAN THROUGH THE RED LIGHT AND STRUCK UNIT 1 IN THE INTERSECTION.

* DRAWN NOT TO SCALE *

MANNER OF COLLISION OR IMPACT

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWIPE, SAME DIRECTION
- SIDESWIPE, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

1

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

LOCATION OF CRASH IN WORK ZONE

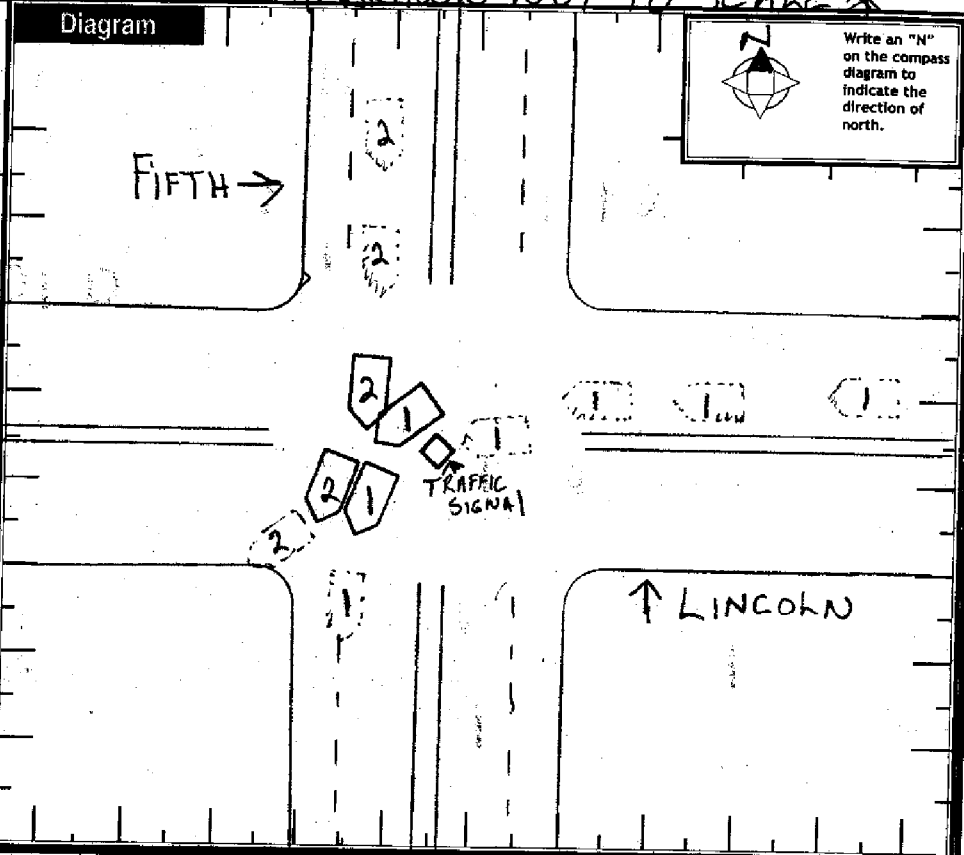
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- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

WORKERS PRESENT

1

- NO
- YES
- UNKNOWN



WEATHER

04

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN/DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

Primary: 3 Secondary: 4

- DAYLIGHT
- DAWN
- DUK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN

Truck/Bus

Unit #

1 2

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVIEWING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____
 ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT _____ ICC MC _____ PUCO _____ TRAILER LP ST# _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ # DR _____

CARGO BODY TYPE

01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER
03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE
04 GRAM/CHIPS/GRAVEL	08 DUMP	12 OTHER
		13 UNKNOWN

Weight (GVWR)

1 LESS/EQUAL 10,000
 2 10,001 - 26,000
 3 MORE THAN 26,000

CDL Class

1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS M
 5 CLASS D

Hazardous Materials Placard

1 No
 2 Yes
 3 UNKNOWN

Hazardous Materials Released

1 No
 2 YES
 3 NOT APPLICABLE
 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 08 20 2007 TIME REC CALL: 2027 DISPATCH: 2027 ARRIVED: 2027 CLEARED: 2230 OTHER: 45 TOTAL MINUTES: 123

OFFICER'S NAME: CARTER BADGE # 11110 CHECKED BY: D/S R. Deuchman DATE REPORT FILED: 08 21 2007

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT * X IF YES LOCAL REPORT # * 07-062395