

TRAFFIC CRASH REPORT



LOCAL REPORT # *
07-063503

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HTY/SKIP
1 NOT HTY/SKP
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 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
08242007

TIME OF CRASH 2056 DAY OF WEEK FRI CITY * X VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * YOUNGSTOWN COUNTY # * 50 LATITUDE LONGITUDE

CRASH LOCATION MAHONING AVE TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

DATE REFERENCE OFF 10/15/07 NAME REFERENCE Bete ULTA 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 ON ROUTE W/O REFERENCE

UNIT # A 01 # OF OCC. 03 NAME (LAST, FIRST, MIDDLE) WATKINS, DENISE

ADDRESS (STREET, CITY, STATE, ZIP CODE) 987 COMPASS WEST #10 YOUNGSTOWN, OHIO 44515

SOCIAL SECURITY NUMBER DATE OF BIRTH 04/16/1982 AGE 25 SEX F HOME PHONE # 330-792-6733 WORK PHONE #

DL STATE OH DL # RV027124 LP STATE OH LP # DVX5841 INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY Rural Metro INJURED TAKEN TO ST. E'S

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

YEAR 1998 MAKE Pont COLOR Red INSURANCE COMPANY First Acceptance TOWING SERVICE Sophia OWNER PHONE # SAME

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

UNIT # B 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) CRISTON, TRACY

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1996 S. TURNER Road YOUNGSTOWN, OHIO 44515

SOCIAL SECURITY NUMBER DATE OF BIRTH 10/25/1980 AGE 26 SEX F HOME PHONE # 330-792-9179 WORK PHONE #

DL STATE OH DL # RP643712 LP STATE OH LP # CTJ6440 INJURED TAKEN BY 1 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) SAME

YEAR 1999 MAKE Chevy MODEL S-10 COLOR Black INSURANCE COMPANY Progressive TOWING SERVICE N/A OWNER PHONE # SAME

OFFENSE CHARGED 333.03a OFFENSE DESCRIPTION ACDA CITATION # J43682 LOCAL CODE? X IF YES X

UNIT # C 01 NAME (LAST, FIRST, MIDDLE) Bouillon, Kimberly DATE OF BIRTH 05/16/1963 AGE 44 SEX F HOME PHONE # 330-506-0352

ADDRESS (STREET, CITY, STATE, ZIP CODE) 17 S. PORTLAND YOUNGSTOWN, OHIO 44509 INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # D 01 NAME (LAST, FIRST, MIDDLE) WATKINS, Kimberly DATE OF BIRTH 06/22/2004 AGE 03 SEX F HOME PHONE # 330-792-6733

ADDRESS (STREET, CITY, STATE, ZIP CODE) 987 COMPASS WEST #10 YOUNGSTOWN, OHIO 44515 INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY Rural Metro INJURED TAKEN TO ST. E'S

Motorist/Non-Motorist

Occupant

SEATING POSITION
01 FRONT - LEFT (MC DRIVER)
02 FRONT - MIDDLE
03 FRONT - RIGHT
04 SECOND - LEFT (MC PASS)
05 SECOND - MIDDLE
06 SECOND - RIGHT
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 Non-Motorist

SAFETY EQUIPMENT
01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
08 HELMET/SHOULDER
09 NONE USED
10 HELMET USED
11 PROTECTIVE PADS
12 REFLECTIVE CLOTHING
13 LIGHTING
14 OTHER
15 UNKNOWN

AIR BAG
1 NOT-DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

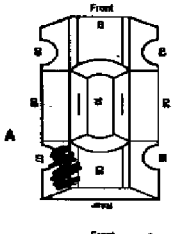
EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED
2 EXTORTICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	DAMAGE AREA 	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>	SEQUENCE OF EVENTS <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">20</td> <td style="border: 1px solid black; padding: 2px;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">39</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">4</td> </tr> </table>	A	B	20	20	2	39	3	3	4	4	POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">35</div> <div style="border: 1px solid black; padding: 2px;">35</div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>
A	B														
20	20														
2	39														
3	3														
4	4														
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 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 	MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div> <ol style="list-style-type: none"> 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 	NON-COLLISION <ol style="list-style-type: none"> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSON 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 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 15 PEDESTRIAN 16 FENCYCLE 17 RAILWAY VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTOR VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT 	TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">04</div> </div> <ol style="list-style-type: none"> 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 	DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 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 1&2 RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING 										
TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">07</div> </div> <ol style="list-style-type: none"> 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 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BORTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHIRT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL ON CONVERTER DOLLY 17 TRACTOR/TRIPLES 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS 	POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div> <ol style="list-style-type: none"> 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 	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">08</div> </div> <ol style="list-style-type: none"> 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 ON PARKED POSITION 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/ALLEGED 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN 	COLLISION WITH FIXED OBJECT <ol style="list-style-type: none"> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON 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/ILLUMINABLE 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 	CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 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 	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: center; align-items: center; width: 40px; height: 40px;">01</div> <ol style="list-style-type: none"> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 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 										
IN EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN 	ACTION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN 	VEHICLE DEFECT CODE (ONLY IF "15" SELECTED ABOVE) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PREVIOUS CRASH 11 OTHER DEFECTS 	FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	ALCOHOL/DRUG SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - MIBD NOT INHAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN 	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN 										
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> 1 NONE 2 NONFUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN 	STRIKING VEHICLE: OVERSIDE / UNDERSIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN 	VEHICLE DEFECT CODE (ONLY IF "15" SELECTED ABOVE) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PREVIOUS CRASH 11 OTHER DEFECTS 	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE 	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: center; align-items: center; width: 40px; height: 40px;">2</div> <ol style="list-style-type: none"> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE 										
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> 1 NONE 2 NONFUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN 	STRIKING VEHICLE: OVERSIDE / UNDERSIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN 	VEHICLE DEFECT CODE (ONLY IF "15" SELECTED ABOVE) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PREVIOUS CRASH 11 OTHER DEFECTS 	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 1 STATED 2 ESTIMATED SPEED 	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	ROAD CONDITIONS <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;">01</td> </tr> </table> <ol style="list-style-type: none"> 01 DRY 02 WET 03 SLUSH 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 <p>**SECONDARY ROAD CONDITIONS ONLY</p>	PRIMARY	SECONDARY	01	01						
PRIMARY	SECONDARY														
01	01														
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> 1 NONE 2 NONFUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN 	STRIKING VEHICLE: OVERSIDE / UNDERSIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN 	VEHICLE DEFECT CODE (ONLY IF "15" SELECTED ABOVE) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PREVIOUS CRASH 11 OTHER DEFECTS 	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 1 STATED 2 ESTIMATED SPEED 	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	ROAD CONDITIONS <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;">01</td> </tr> </table> <ol style="list-style-type: none"> 01 DRY 02 WET 03 SLUSH 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 <p>**SECONDARY ROAD CONDITIONS ONLY</p>	PRIMARY	SECONDARY	01	01						
PRIMARY	SECONDARY														
01	01														
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> 1 NONE 2 NONFUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN 	STRIKING VEHICLE: OVERSIDE / UNDERSIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> 1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN 	VEHICLE DEFECT CODE (ONLY IF "15" SELECTED ABOVE) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PREVIOUS CRASH 11 OTHER DEFECTS 	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div> <ol style="list-style-type: none"> 1 STATED 2 ESTIMATED SPEED 	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	ROAD CONDITIONS <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;">01</td> </tr> </table> <ol style="list-style-type: none"> 01 DRY 02 WET 03 SLUSH 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 <p>**SECONDARY ROAD CONDITIONS ONLY</p>	PRIMARY	SECONDARY	01	01						
PRIMARY	SECONDARY														
01	01														

UNIT #1 stated SHE WAS W/13 ON MATHEWING slowing down FOR the traffic signal AT Belle Vista when she was struck from behind by UNIT #2. UNIT #2 stated she was W/13 ON MATHEWING Ave and was texting then struck unit #1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 HEAD-TO-HEAD 5 BACKING 6 ANGLE 7 SIDEWIP, SAME DIRECTION 8 SIDEWIP, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		Write an "N" on the compass diagram to indicate the direction of north.	
WEATHER <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN			
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 4 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

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 8 PERSONS, INCLUDING DRIVER.	A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVIEWING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
UNIT # <input type="text"/> <input type="text"/>	COMPANY (FROM SHIPPING PAPERS) <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>	

US DOT	ICC MC	PUCO	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DR
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL Class <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVES	CLEARED	OTHER	TOTAL MINUTES	
08242007	2056	2056	2056	2156		60	
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *				
BOOKSING	1037	N/S R. Deichman	08252007				
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES *		LOCAL REPORT # *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION			08252007			