

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)



LOCAL REPORT # *	CRASH SEVERITY	PRIVATE PROPERTY	HIT/SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
07-063764	3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN	X	1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED	X				

NCIC # *	REPORTING AGENCY *	UNITS	UNIT ERROR	DATE OF CRASH *
05009	Youngstown Police	02	02 98 = ANIMAL 99 = UNKNOWN	10/25/2007

TIME OF CRASH	DAY OF WEEK	CITY *	VILLAGE *	TWP *	NAME (OF CITY, VILLAGE OR TOWNSHIP) *	COUNTY # *	LATITUDE	LONGITUDE
7:35	SAT	7			Youngstown	50		

CRASH OCCURRED ON	CRASH LOCATION	TYPE LOC	TYPE LOCATION POINT USED	LOCAL INFORMATION
	LENOYNE AVE	01	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	
AT/REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE	
DIST REFERENCE DR PREFIX REFERENCE	REF POINT	05 TOWNSHIP BOUNDARY	09 DRIVEWAY	
01 01 01 Thalia Ave	2	06 MILE POST	10 STREET OR ROUTE W/O REFERENCE	
		07 CORPORATION LIMIT		

UNCL #	DOB	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	WORK PHONE #
01	03	Dubiel, Mark D.	788-7437	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
1540 Wakefield Ave Youngstown Ohio 44514				
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY
OH	RJ94115	OH	DEK1134	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME")		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
SAMA		1540 Wakefield Ave Youngstown Ohio 44514		
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY
1994	CHEVY	Lumina Van	Black	Progressive
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? X	YES

UNCL #	DOB	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	WORK PHONE #
02	01	Scott, Robert J.	707-1805	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
5330 JEANNE LYNN DR. Youngstown, Ohio 44514				
DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY
OH	RF641029	OH	EC99CL	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME")		ADDRESS (STREET, CITY, STATE, ZIP CODE)		
SCOTT, KATHLEEN		5330 JEANNE LYNN Youngstown Ohio 44514		
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY
1992	Buick	Park Ave	White	Lightning Red Mt.
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? X	YES
313.01	STOP SIGN VIOLATION	I27232		

UNCL #	DOB	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
01	01	Dubiel, Mark D.	788-7437	05/10/2005	02	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)						
1540 Wakefield Ave Youngstown, Ohio 44514						
UNCL #	DOB	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
01	01	Dubiel, Kristina N	788-7437	03/19/2007		F
ADDRESS (STREET, CITY, STATE, ZIP CODE)						
1540 Wakefield Ave Youngstown, Ohio 44514						

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

UNIT NUMBERS
01 02

NON-MOTORIST LOCATION
A B

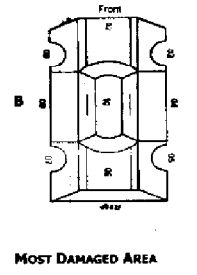
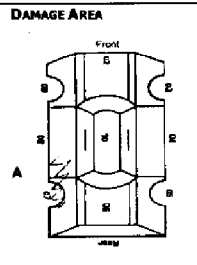
- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT
05 04

- 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 (BOBTAIL)
 - 13 TRACTOR/SEMI-TRAILER
 - 14 TRACTOR/DOUBLE SHORT
 - 15 TRACTOR/DOUBLE LONG
 - 16 FIFTH WHEEL OR 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 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

IN EMERGENCY RESPONSE
1 A 1 B

DAMAGE SCALE
2 A 2 B



MOST DAMAGED AREA
08 09

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 HIGH 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

POINT OF IMPACT
08 09

ACTION
4 A 3 B

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE
A B

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

PRE-CRASH ACTIONS
06 A 01 E

- 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

CONTRIBUTING CIRCUMSTANCES
01 A 03 B

- 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)
 - 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

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

- 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

SEQUENCE OF EVENTS
A B
25 1 26 1

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
 - 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 LIGHT/LUMINARIES SUPPORT
 - 36 UTILITY POLE
 - 37 OTHER POST, POLE OR SUPPORT
 - 38 CURBVERT
 - 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

FIRST HARMFUL EVENT
A B

MOST HARMFUL EVENT
A B

SPEED DETECTED
A B

SPEED
A B

SUPPLEMENT "X" IF YES
LOCAL REPORT # *
07-063764

POSTED SPEED
25 A 25 B

TRAFFIC CONTROL
02 A 02 B

- 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 PAYMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION FROM TO FROM TO
4 1 1 2

CONDITION
A B

ALCOHOL/DRUG SUSPECTED
A B

ALCOHOL TEST STATUS
A B

ALCOHOL TEST TYPE
A B

ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
1 1 1 1

- 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
1 1 1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT
A B

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

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 01 SECONDARY 01

- 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

Narrative

Driver of unit #1 was turning N/B from Thailin when unit #2 struck his vehicle. Driver of unit #2 states he was S/B on LeRoyne, wasn't paying attention, and went through the stop sign (not doing so he struck unit #1). Driver of unit #2 cited for the stop sign violation.

<p>MANNER OF COLLISION OR IMPACT</p> <p><input checked="" 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 SIDEWIPER, SAME DIRECTION</p> <p><input type="checkbox"/> 8 SIDEWIPER, OPPOSITE DIRECTION</p> <p><input type="checkbox"/> 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p><input checked="" 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>Write an "N" on the compass diagram to indicate the direction of north.</p>	
<p>WEATHER</p> <p><input checked="" type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input 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>LIGHT CONDITIONS</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 GLARE</p> <p><input type="checkbox"/> 8 OTHER</p> <p><input type="checkbox"/> 9 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>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>			

Truck/Bus

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

N

D

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	PUCO	TRAILER LP #	TRAILER LP YEAR	TRAILER LP #		
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials: Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER				
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 25,000	2 CLASS B	2 YES	2 YES
	04 GRAIN/CHIPS/GRAVEL	08 DUMP	12 OTHER	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

Police Action

DATE CRASH REPORTED: 08/25/2007

TIME REC'D CALL: 2039

DISPATCH: 2039

ARRIVED: 2043

CLEARED: 2130

OTHER: 0

TOTAL INJURIES: 5/2

OFFICER'S NAME: M. Lee

BADGE # 11049

CHECKED BY: D/S R. Deichman

DATE REPORT FILLED: 08/27/2007