

# TRAFFIC CRASH REPORT



**CRASH SEVERITY**  
 1 FATAL 3 PDO  
 2 INJURY 4 UNKNOWN

**PRIVATE PROPERTY**  
**HIT/SKIP**  
 1 NOT HIT/SKIP  
 2 SOLVED  
 3 UNSOLVED

**PHOTOS TAKEN**  
 OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY #  
 \_\_\_\_\_

98 = ANIMAL  
 99 = UNKNOWN

DAY OF WEEK  
 \_\_\_\_\_

NAME (OF CITY, VILLAGE OR TOWNSHIP) #  
 \_\_\_\_\_

LATITUDE \_\_\_\_\_ LONGITUDE \_\_\_\_\_

**CRASH OCCURRED ON**  
 PREP# CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
 1 NAMED STREET 3 NUMBERED ROUTE  
 2 NUMBERED STREET

**ATY REFERENCE**  
 DIST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED  
 01 STATE LINE 04 HOUSE NUMBER 08 PLACD NAME W/O REFERENCE  
 02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
 03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
 07 CORPORATION LIMIT

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

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

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

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

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

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NAME (LAST, FIRST, MIDDLE)

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

- 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  
 17 UNKNOWN

- SAFETY EQUIPMENT**  
**MOTORIST**  
 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  
**NON-MOTORIST**  
 08 NONE USED  
 09 HELMET USED  
 10 PROTECTIVE PADS  
 11 REFLECTIVE CLOTHING  
 12 LIGHTING  
 13 OTHER  
 14 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 EJECTED BY MECHANICAL MEANS  
 3 FREED BY NON-MECHANICAL MEANS  
 4 UNKNOWN

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

BLANK FOR WITNESS

Motorist/Non-Motorist

Occupant

UNIT NUMBERS	DAMAGE AREA	PRE-CRASH ACTIONS	SEQUENCE OF EVENTS	POSTED SPEED	DRUG TEST STATUS
<b>NON-MOTORIST LOCATION</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	  <b>MOST DAMAGED AREA</b> 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	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/TOLLOVER 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 <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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 CULTVERT 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	<b>TRAFFIC CONTROL</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 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	<b>DRUG TEST STATUS</b> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN <b>DRUG TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1&amp;2 RESULT</b> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING <b>TYPE OF INTERSECTION</b> 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 <b>OCCURRENCE</b> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GOING 6 OUTSIDE TRAFFICWAY 7 UNKNOWN <b>ROAD CONTOUR</b> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE <b>ROAD CONDITIONS</b> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN *SECONDARY ROAD CONDITIONS ONLY
<b>TYPE OF UNIT</b> <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN <b>IN EMERGENCY RESPONSE</b> 1 NO 2 YES 3 UNKNOWN	<b>POINT OF IMPACT</b> 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 <b>ACTION</b> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> 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 <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <b>MOST HARMFUL EVENT</b> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <b>SPEED DETECTED</b> 1 STATED 2 ESTIMATED SPEED <b>SPEED</b> 35	<b>POSTED SPEED</b> 35 <b>DIRECTION</b> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN <b>CONDITION</b> 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 <b>ALCOHOL/DRUG SUSPECTED</b> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN <b>ALCOHOL TEST STATUS</b> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN <b>ALCOHOL TEST TYPE</b> 1 NONE 4 BREATH 2 BLOOD 5 OTHER 3 URINE <b>ALCOHOL TEST RESULT</b>	



# TRAFFIC CRASH REPORT



07-069971

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY \*  
05009 Youngstown Police 01 01

98 = ANIMAL  
99 = UNKNOWN  
08302007

DAY OF WEEK  
0613 THU X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown SD

LATITUDE LONGITUDE

CRASH OCCURRED ON  
PREFIX CRASH LOCATION TYPE LOC  
422 G

LOCAL INFORMATION  
Matti Water King

ATY REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE REF POINT  
Division St 02

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

01 01 NAME (LAST, FIRST, MIDDLE)  
Thomas Marcus

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
567 St Louis YO, OH 44571

DL STATE DL # LP STATE LP # INJURED TAKEN BY  
OH X JN 20033 OH D 2592 2

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Mayabella 49 E. Chalmers YO, OH 44507

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1992 Oldsmobile Delta 88 BLK Unknown Wdt's JJK.

OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 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 #

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INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

Motorist/Non-Motorist

Occupant

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

BLANK FOR



**Narrative**

unit #1 was travelling eastbound on MLK (U.S. 422) just west of Division St in the right lane when driver lost control, travelled off the roadway right and struck an aluminum V+M Star Sign resting with front end stuck on the sign in mid air + rear end buried in the ground

**MANNER OF COLLISION OR IMPACT** SCHOOL BUS RELATED

- |  |                            |
|--|----------------------------|
| 1 NO COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 NO                       |
| 2 REAR-END                                       | 2 YES, DIRECTLY INVOLVED   |
| 3 HEAD-ON  | 3 YES, INDIRECTLY INVOLVED |
| 4 REAR-TO-REAR                                   | 4 UNKNOWN                  |
| 5 BACKING  |                            |
| 6 ANGLE  |                            |
| 7 SIDESWIPE, SAME DIRECTION                      |                            |
| 8 SIDESWIPE, OPPOSITE DIRECTION                  |                            |
| 9 UNKNOWN  |                            |

**WEATHER**  
01

- |  |                              |
|--|------------------------------|
| 01 CLEAR                               | 1 LANE CLOSURE               |
| 02 CLOUDY                              | 2 LANE SHIFT/CROSSOVER       |
| 03 FOG, SMOG, SAIGKE                   | 3 WORK ON SHOULDER OR MEDIAN |
| 04 RAIN                                | 4 INTERMITTENT/ MOVING WORK  |
| 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) | 5 OTHER                      |
| 06 SNOW                                |                              |
| 07 SEVERE CROSSWINDS                   |                              |
| 08 BLOWING SAND, SOIL, DIRT, SNOW      |                              |
| 09 OTHER                               |                              |
| 10 UNKNOWN                             |                              |

**LIGHT CONDITIONS**

4

- |                           |                                       |
|---------------------------|---------------------------------------|
| 1 DAYLIGHT                | 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 2 DAWN                    | 2 ADVANCE WARNING AREA                |
| 3 DUSK                    | 3 TRANSITION AREA                     |
| 4 DARK - LIGHTED ROADWAY  | 4 ACTIVITY AREA                       |
| 5 DARK - NOT LIGHTED      |                                       |
| 6 DARK - UNKNOWN LIGHTING |                                       |
| 7 CLARE                   |                                       |
| 8 OTHER                   |                                       |
| 9 UNKNOWN                 |                                       |

**SCHOOL BUS RELATED**

- |                            |
|----------------------------|
| 1 NO                       |
| 2 YES, DIRECTLY INVOLVED   |
| 3 YES, INDIRECTLY INVOLVED |
| 4 UNKNOWN                  |

**WORK ZONE RELATED**

- |           |
|-----------|
| 1 NO      |
| 2 YES     |
| 3 UNKNOWN |

**TYPE OF WORK ZONE**

- |                              |
|------------------------------|
| 1 LANE CLOSURE               |
| 2 LANE SHIFT/CROSSOVER       |
| 3 WORK ON SHOULDER OR MEDIAN |
| 4 INTERMITTENT/ MOVING WORK  |
| 5 OTHER                      |

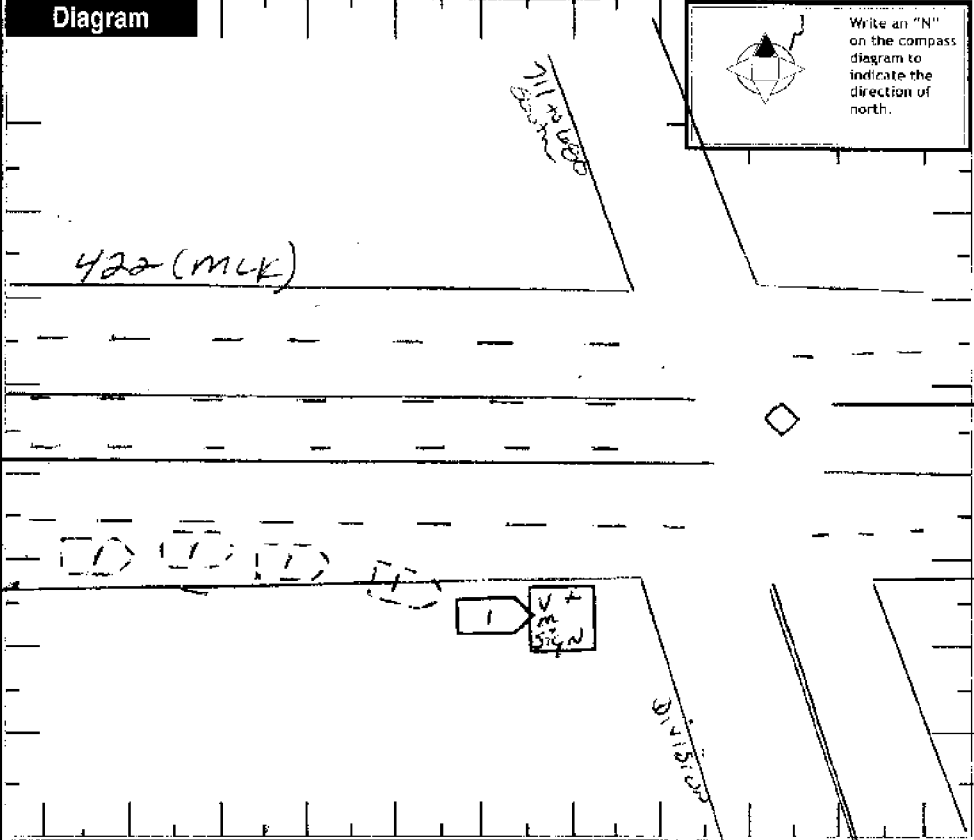
**LOCATION OF CRASH IN WORK ZONE**

- |                                       |
|---------------------------------------|
| 1 BEFORE FIRST WORK ZONE WARNING SIGN |
| 2 ADVANCE WARNING AREA                |
| 3 TRANSITION AREA                     |
| 4 ACTIVITY AREA                       |

**WORKERS PRESENT**

- |           |
|-----------|
| 1 NO      |
| 2 YES     |
| 3 UNKNOWN |

**Diagram**



**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 9 PERSONS, INCLUDING DRIVER.

AND 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.

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 #

**CARGO BODY TYPE**

- |                                |
|--------------------------------|
| 01 NOT APPLICABLE              |
| 02 BUS (9-15 INCLUDING DRIVER) |
| 03 VAN/ENCLOSED BOX            |
| 04 GRAN/CHIPS/GRAVEL           |

- |               |
|---------------|
| 05 POLE       |
| 06 CARGO TANK |
| 07 FLATBED    |
| 08 DUMP       |

- |                     |
|---------------------|
| 09 CONCRETE MIXER   |
| 10 AUTO TRANSPORTER |
| 11 GARBAGE/REFUSE   |
| 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**

08302007 0613 0619 0618 0720 67

OFFICER'S NAME \*

C. V. ILLIO

CHECKED BY

DISP. GARCAR

DATE REPORT FILED \*

08312007

REPORT TAKEN BY

- |                 |
|-----------------|
| 1 POLICE AGENCY |
| 2 MOTORIST      |

REPORT TAKEN AT

- |           |
|-----------|
| 1 SCENE   |
| 2 STATION |

07-01-09-71