

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
08-008799

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

FIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
OH-2 OH-3 OH-4 OTHER

NCIC # \*  
05009

REPORTING AGENCY \*  
Youngstown Police

# UNITS  
02

UNIT ERROR  
02 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02/11/2008

TIME OF CRASH  
1625

DAY OF WEEK  
MON

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

COUNTY # \*  
50

LATITUDE  
LONGITUDE

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

DIST REFERENCE OR HIGHWAY REFERENCE  
50A E CHAMPION  
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

UNIT # # of Occ.  
A 01 02  
NAME (LAST, FIRST, MIDDLE)  
CLARK VINCENT E

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
3329 TANGENT Youngstown Ohio 44507

SOCIAL SECURITY NUMBER  
DATE OF BIRTH  
09/13/1989  
AGE  
18  
SEX  
M  
HOME PHONE #  
330 783-0465  
WORK PHONE #

DL STATE DL # LP STATE LP #  
OH T J044834 OH ECK3628  
INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")  
HANDMAN TIFFANY  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
1991 TRACY Youngstown Ohio 44509

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1997 Chevy Monte Carlo Gray SAFE AUTO N/A 330 793-4614

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

UNIT # # of Occ.  
B 02 02  
NAME (LAST, FIRST, MIDDLE)  
SHAMROCK PATRICK G

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
73 JENNETTE Boardman Ohio 44512

SOCIAL SECURITY NUMBER  
DATE OF BIRTH  
09/14/1991  
AGE  
16  
SEX  
M  
HOME PHONE #  
330 788-2002  
WORK PHONE #

DL STATE DL # LP STATE LP #  
OH TH 599951 OH EGL5987  
INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")  
SHAMROCK VANESSA  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
73 JENNETTE Boardman Ohio 44512

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1999 Honda Civic Silver State Farm N/A 330 788-2002

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

UNIT # # of Occ.  
C 01  
NAME (LAST, FIRST, MIDDLE)  
Gilbert, Lachelle  
HOME PHONE # 330 783-0465  
DATE OF BIRTH  
12/30/1966  
AGE  
41  
SEX  
F

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
3329 TANGENT Youngstown, Ohio 44507  
INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

UNIT # # of Occ.  
D 02  
NAME (LAST, FIRST, MIDDLE)  
Pikegt, Matt  
HOME PHONE # 330 726-9685  
DATE OF BIRTH  
06/27/1992  
AGE  
15  
SEX  
M

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
7019 Amberst Boardman Ohio 44512  
INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

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 CAR
  - 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 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

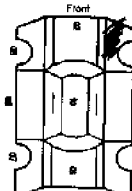
- AIR BAG SWITCH
- 1 NOT PRESENT
  - 2 IN ON POSITION
  - 3 IN OFF POSITION
  - 4 UNKNOWN

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

- TRAPPED
- 1 NOT TRAPPED
  - 2 EXTRICATED 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

SUPPLEMENT #

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	A	B	20	20	2	2	3	3	4	4	<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
20	20														
2	2														
3	3														
4	4														
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="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 (BUT NOT 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> <input type="text" value="03"/> <input type="text" value="09"/>	<b>NON-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/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSED 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD FRONT 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 FATED</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/LUMINAIRE 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	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value="01"/> 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/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTUSCURED 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN										
<b>TYPE OF UNIT</b> <input type="text" value="04"/> <input type="text" value="03"/> <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; 10 TRUCK, 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BORTAL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE END 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOPORIZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAM 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS <b>NON-MOTORIST</b> 36 ANIMAL W/DRIVER 37 ANIMAL W/O DRIVER 38 BICYCLE 39 PEDESTRIAN 40 PEDALCYCLIST 41 SKATER 42 OTHER-NON MOTORIST 43 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="02"/> <b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 IMBAPE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCDA 09 DROVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER BACKING 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>POINT OF IMPACT</b> <input type="text" value="03"/> <input type="text" value="09"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING										
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>VEHICLE DEFECT</b> CODE ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="A"/> <input type="text" value="B"/> <input type="text" value="B"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR BUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> 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>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 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 ON TRAILS 13 UNKNOWN										
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEBATING DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE:</b> OVERSIDE / UNDERSIDE <input type="text" value="A"/> <input type="text" value="B"/> 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	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 STATED 2 ESTIMATED SPEED	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ROAD CONTOUR</b> <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE										
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text" value="2"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEBATING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="A"/> <input type="text" value="B"/> <input type="text" value="B"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, CH, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="A"/> <input type="text" value="B"/> <input type="text" value="B"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, CH, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	<b>SPEED</b> <input type="text" value="00"/> <input type="text" value="05"/> 1 STATED 2 ESTIMATED SPEED	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="A"/> <input type="text" value="B"/> <input type="text" value="B"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, CH, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	<b>LOCAL REPORT #</b> <input type="text" value="08"/> <input type="text" value="06"/> <input type="text" value="8"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="9"/>										

UNIT #1 stated HE WAS WB ON Commerce near Champion  
 And unit #2 pulled out of A Parking space striking his Auto. unit #2  
 stated HE WAS Packed on Commerce near Champion and pulling out  
 of A Parking space and struck unit #1.

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

<b>Truck/Bus</b> UNIT # <input type="checkbox"/> <input type="checkbox"/>	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.	<b>AND</b> 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 #	PLACARD #	PLACARD #
<b>CARGO BODY TYPE</b> <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 GRAM/CHESS/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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL Class</b> <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	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

<b>Police Action</b> DATE CRASH REPORTED: 02112008 THE REC CALL: 1625 DISPATCH: 1606 ARRIVED: 1633 CLEANED: 1706 OTHER: TOTAL MINUTES: 60	
OFFICER'S NAME: BOOKSING BADGE # #: 1037 CHECKED BY: DSP. GARCIA DATE REPORT FILED #: 02122008	REPORT TAKEN BY: <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST REPORT TAKEN AT: <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER SUPPLEMENT "X" IF YES: <input type="checkbox"/> LOCAL REPORT # #: 22-2207061