

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
08-009853

CRASH SEVERITY  
3  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/SKID  
1 NOT HIT/SKID  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # \*

05009

REPORTING AGENCY \*

Youngstown PD

# UNITS

07

UNIT ERROR

01

99 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH \*

02162008

TIME OF CRASH

1622

DAY OF WEEK

SAT

CITY \*

X

VILLAGE \*

TWP \*

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

Youngstown

COUNTY # \*

56

LATITUDE

LONGITUDE

CRASH LOCATION

W US 422 WB

TYPE LOC

3

TYPE LOCATION

1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

POINT USED

Madison expressway

CRASH REFERENCE (CITY, STATE, ZIP CODE)

MA 9

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

Motorist/Non-Motorist

A

UNIT # # OF OCC.  
01 01

NAME (LAST, FIRST, MIDDLE)

Diballo Joseph C.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

3214 Deer trail Suite 10, Cortland OH 44410

SOCIAL SECURITY NUMBER

DATE OF BIRTH

12 21 1970

AGE

36

SEX

M

HOME PHONE #

330 372 7449

WORK PHONE #

DL STATE DL #

OH RF9671085

LP STATE LP #

OH DXK387

INURED TAKEN BY

1

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

"SAME"

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2003

MAKE

Dodge

MODEL

Neon

COLOR

Blue

INSURANCE COMPANY

Progressive

TOWING SERVICE

Ludts

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

B

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE DL #

LP STATE LP #

INURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

"SAME"

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

Occupant

C

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

D

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

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

BLANK FOR WITNESS

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 NON-FIXED SEATBELT

09 HELMET USED

10 PROTECTIVE PADS

11 REFLECTIVE CLOTHING

12 LIGHTS

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 POSSIBLE

2 NON-INCAPACITATING

3 INCAPACITATING

4 FATAL INJURY

5 UNKNOWN

SUPPLEMENT # X IF YES

**UNIT NUMBERS**

01			
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**NON-MOTORIST LOCATION**

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01 MARKED CROSSWALK AT INTERSECTION  
 02 INTERSECTION NO CROSSWALK  
 03 NON-INTERSECTION CROSSWALK  
 04 DREWEWAY 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 ON TRAILS  
 15 UNKNOWN

**TYPE OF UNIT**

02			
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**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 (BOWTIE)  
 13 TRACTOR/SEMI-TRAILER  
 14 TRACTOR/DOUBLE SHORT  
 15 TRACTOR/DOUBLE LONG  
 16 FIFTH WHEEL OR CONVERTER DOLLY  
 17 TRACTOR/TRAILER  
 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 TRAILER  
 30 FARM VEHICLE  
 31 FARM EQUIPMENT  
 32 SNOWMOBILE  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

**NON-MOTORIST**

35 ANIMAL W/DRIVER  
 36 ANIMAL W/DRIVER  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST  
 40 SKATER  
 41 OTHER-NON MOTORIST  
 42 UNKNOWN

**IN EMERGENCY RESPONSE**

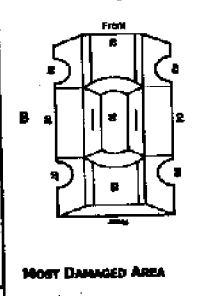
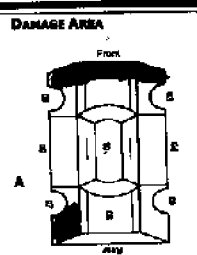
1			
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1 NONE  
 2 YES  
 3 UNKNOWN

**DAMAGE SCALE**

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



**POINT OF IMPACT**

02			
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**POINT OF IMPACT**

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

**ACTION**

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

**STRIKING VEHICLE: OVERSIDE/ UNDERSIDE**

1			
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1 NO UNDERSIDE ON 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**

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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 PRIOR CRASH  
 11 OTHER DEFECTS

**PRE-CRASH ACTIONS**

01			
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**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 PARED  
 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**

15			
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**MOTORIST**

01 NONE  
 02 FAILED TO YIELD  
 03 RAN RED LIGHT OR STOP SIGN  
 04 EXCEEDED SPEED LIMIT  
 05 UNLAWFUL SPEED  
 06 IMPROPER TURN  
 07 LEFT OF CENTER  
 08 FOLLOWED TOO CLOSELY/ACDA  
 09 IMPROPER LANE CHANGE/ IMPROPER PASSING  
 10 IMPROPER BACKING  
 11 IMPROPER START FROM PARKED POSITION  
 12 STOPPED ON PARKED ILLEGALLY  
 13 OPERATING VEHICLE IN ERATIC, 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 INATTENTION  
 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER  
 31 WRONG SIDE OF THE ROAD  
 32 OTHER  
 33 UNKNOWN

**VEHICLE DEFECT**

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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 PRIOR CRASH  
 11 OTHER DEFECTS

**SEQUENCE OF EVENTS**

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**SEQUENCE OF EVENTS**

3	2		
3	0		

**NON-COLLISION**

01 OVERTAKE/FOLLOWER  
 02 FIRE/EXPLOSION  
 03 IMPERSON  
 04 JACKKING  
 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 TRAVEL  
 12 OTHER NON-COLLISION  
 13 UNKNOWN NON-COLLISION

**COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT POKED**

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 POKED OBJECT**

25 IMPACT ATTENUATOR/CRASH CUSHION  
 26 BRIDGE OVERHEAD STRUCTURE  
 27 BRIDGE PIER OR ABUTMENT  
 28 BRIDGE PARAPET  
 29 BRIDGE RAIL  
 30 GUARDRAIL END  
 31 GUARDRAIL FACE  
 32 MEDIAN BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 LIGHT/ILLUMINATED SUPPORT  
 36 UTILITY POLE  
 37 OTHER POST, POLE ON 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

**FIRST HARMFUL EVENT**

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

**MOST HARMFUL EVENT**

3			
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OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**SPEED DETECTED**

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1 STATED  
 2 ESTIMATED SPEED

**SPEED**

--	--	--	--

**VEHICLE DEFECT**

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**POSTED SPEED**

5	9		
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**TRAFFIC CONTROL**

1	2		
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**TRAFFIC CONTROL**

01 NO CONTROLS  
 02 STOP SIGN  
 03 YIELD SIGN  
 04 TRAFFIC SIGNAL  
 05 TRAFFIC PLANES  
 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**

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

**CONDITION**

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

**ALCOHOL/DRUG SUSPECTED**

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

**ALCOHOL TEST STATUS**

1			
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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**

1			
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1 NONE  
 2 BLOOD  
 3 URINE  
 4 BREATH  
 5 OTHER

**ALCOHOL TEST RESULT**

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**DRUG TEST STATUS**

1			
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**DRUG TEST STATUS**

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			
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1 NONE  
 2 BLOOD  
 3 URINE  
 4 OTHER

**DRUG TEST 1&2 RESULT**

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

**TYPE OF INTERSECTION**

01			
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01 NOT AN INTERSECTION  
 02 FOUR-WAY INTERSECTION  
 03 T-INTERSECTION  
 04 Y-INTERSECTION  
 05 TRAFFIC CIRCLE/ROUNDABOUT  
 06 FIVE-POINT, ON MORE  
 07 ON RAMP  
 08 OFF RAMP  
 09 CROSOVER  
 10 DRIVEWAY/ACCESS  
 11 RAILWAY GRADE CROSSING  
 12 SHARED-USE PATHS ON TRAILS  
 13 UNKNOWN

**OCCURRENCE**

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

**ROAD CONTOUR**

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

**ROAD CONDITIONS**

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

**SUPPLEMENT #**

LOCAL REPORT #

08-009853

Unit 1 was traveling west bound on Rt 422, the madison expressway. Unit 1 lost control of the vehicle when it started to "fish tail" unit tried gaining control of the vehicle, the vehicle struck the median then the guard rail on the opposite side of the median.

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

<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> <input type="checkbox"/> A TRUCK (BOSTON VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR <input type="checkbox"/> A TRUCK (BOSTON VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR <input type="checkbox"/> A BUS DESIGNED FOR AT LEAST 9 PASSENGERS, INCLUDING DRIVER.	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> <input type="checkbox"/> A FATALITY; OR <input type="checkbox"/> AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR <input type="checkbox"/> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING 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"/>	COMPANY PHONE <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 #	SALES TAX	PLA
CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAM/CHINA/GRAYEL <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	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<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		TIME REC CALL		DISPATCH		ARRIVED		CLEARED		OTHER		TOTAL MILES	
		02162008		1622		1624		1631		1844				1410	
OFFICER'S NAME #				BADGE #				CHECKED BY				DATE REPORT FILED #			
S. OH				1113				D/S R. Deichman				02192008			
REPORT TAKEN BY		REPORT TAKEN AT		SUPPLEMENT "X" IF YES *		LOCAL REPORT #									
1 POLICE AGENCY 2 MOTORIST		1 SCENE 2 STATION				08F009853									