

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
08-0110500

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER

NCIC # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN PD

# UNITS  
018

UNIT ERROR  
012  
98 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH \*  
01192008

TIME OF CRASH  
112310  
DAY OF WEEK  
TUE  
CITY \*  
YOUNGSTOWN  
VILLAGE \*  
TWP \*  
COUNTY # \*  
50  
LATITUDE  
LONGITUDE

TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

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  
# OF OCC.  
01  
NAME (LAST, FIRST, MIDDLE)  
SARDEDEH, Florence K  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
755 BRENTWOOD YOUNGSTOWN OHIO 44511

SOCIAL SECURITY NUMBER  
DATE OF BIRTH  
10281967  
AGE  
40  
SEX  
F  
HOME PHONE #  
330-782-9308  
WORK PHONE #

DRIVER #  
01  
INSURED TAKEN BY  
L  
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  
1997  
MAKE  
Pontiac  
MODEL  
Bonnevill  
COLOR  
Brown  
INSURANCE COMPANY #  
Nationwide  
TOWING SERVICE  
NONE  
OWNER PHONE #  
SAME

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

UNIT #  
B  
# OF OCC.  
02  
NAME (LAST, FIRST, MIDDLE)  
CLARK, Kendale L  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
3140 N. Asho Rd, Youngstown, Ohio 44511

SOCIAL SECURITY NUMBER  
DATE OF BIRTH  
083111989  
AGE  
18  
SEX  
M  
HOME PHONE #  
330-788-1342  
WORK PHONE #

DRIVER #  
01  
INSURED TAKEN BY  
1  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

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

YEAR  
1981  
MAKE  
Pontiac  
MODEL  
Bonnevill  
COLOR  
Brown  
INSURANCE COMPANY #  
TITAN  
TOWING SERVICE  
NONE  
OWNER PHONE #  
SAME

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

UNIT #  
C  
# OF OCC.  
02  
NAME (LAST, FIRST, MIDDLE)  
Howell, Jason  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
905 Brentwood Youngstown Ohio 44511

SOCIAL SECURITY NUMBER  
DATE OF BIRTH  
04191990  
AGE  
17  
SEX  
M  
HOME PHONE #  
330-272-6929  
WORK PHONE #

DRIVER #  
01  
INSURED TAKEN BY  
1  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

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

YEAR  
DATE OF BIRTH  
AGE  
SEX

INSURED TAKEN BY  
TRANSPORTED BY  
INJURED TAKEN TO

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

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  
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR)  
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

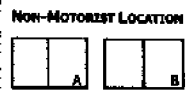
TRAPPED  
1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

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

BLANK FOR WITNESS

SUPPLEMENT # X IF YES

UNIT NUMBERS  
01 02



- 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  
03 03

- 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
  - 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 TRAM
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
  - 35 ANIMAL WALKER
  - 36 ANIMAL WALKER
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDESTRIAN
  - 40 SKATEBOARDER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

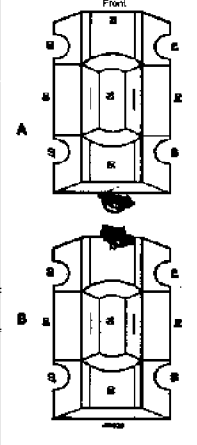
IN EMERGENCY RESPONSE  
1 1

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE  
3 3

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

DAMAGE AREA



MOST DAMAGED AREA  
06 02

- 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

POINT OF IMPACT

06 02

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 FRONT 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

ACTION

4 3

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

STRUCK VEHICLE: OVERSIDE / UNDERSIDE

1 1

- 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

PRE-CRASH ACTIONS

11 01

- 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 DRIVELESS
  - 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 08

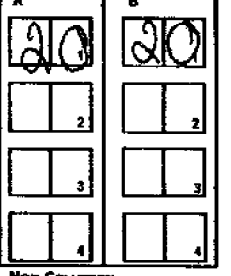
- MOTORIST**
  - 01 NONE
  - 02 FAILURE TO YIELD
  - 03 RAN RED LIGHT, OR STOP SIGN
  - 04 EXCEEDED SPEED LIMIT
  - 05 UNSAFE SPEED
  - 06 IMPROPER TURN
  - 07 LEFT OF CENTER
  - 08 FOLLOWED TOO CLOSELY/ACDA
  - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER BACKING
  - 10 IMPROPER PARKING
  - 11 STOPPED ON PARKED ILLICITLY
  - 12 OPERATING VEHICLE IN ERGATIC, 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 DREWER INATTENTION
  - 18 FATIGUE/WARLEP
  - 19 OPERATING DEFECTIVE EQUIPMENT
  - 20 LOAD SHIFTS/FALLING/BOLLING
  - 21 OTHER IMPROPER ACTION
  - 22 UNKNOWN
- NON-MOTORIST**
  - 23 NONE
  - 24 IMPROPER CROSSING
  - 25 DARTING
  - 26 LYING AHEAD/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 WORK ON SLACK TIGHTS
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS



NON-COLLISION

- 01 OVERTAKING/ROLL-OVER
- 02 FIRE/EXPLOSION
- 03 IMPERSONATION
- 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 PLOTTED
- 15 PEDESTRIAN
- 16 BICYCLIST
- 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

COLLISION WITH FIXED OBJECT

- 26 IMPACT ATTENUATOR/CRASH CUSHION
- 27 BRIDGE OVERHEAD STRUCTURE
- 28 BRIDGE PIER OR ABUTMENT
- 29 BRIDGE PARAPET
- 30 BRIDGE RAIL
- 31 GUARDRAIL FACE
- 32 GUARDRAIL END
- 33 MEDIAN BARRIER
- 34 HIGHWAY TRAFFIC SIGN POST
- 35 OVERHEAD SIGN POST
- 36 LIGHT/LUMINAIRE SUPPORT
- 37 UTILITY POLE
- 38 OTHER POST, POLE OR SUPPORT
- 39 CULVERT
- 40 CURB
- 41 DITCH
- 42 EMBANKMENT
- 43 FENCE
- 44 MAILBOX
- 45 TREE
- 46 OTHER FIXED OBJECT
- 47 WORK ZONE MAINTENANCE EQUIPMENT
- 48 UNKNOWN FIXED OBJECT
- 49 OTHER
- 50 UNKNOWN

FIRST HARMFUL EVENT

1 1

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

MOST HARMFUL EVENT

1 1

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

SPEED DETECTED

A B

- 1 STATED
- 2 ESTIMATED SPEED

SPEED  
A B

POSTED SPEED

25 25

TRAFFIC CONTROL

02 02

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSINGS
- 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, DISCOURD
- 16 OTHER

DIRECTION

34 34

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

CONDITION

1 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

ALCOHOL/DRUG SUSPECTED

1 1

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

ALCOHOL TEST STATUS

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

ALCOHOL TEST TYPE

1 1

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

ALCOHOL TEST RESULT

A B

LOCAL REPORT # 108-17110500

DRUG TEST STATUS

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 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1 1

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

TYPE OF INTERSECTION

03

- 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
- 15 UNKNOWN

OCCURRENCE

1

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

ROAD COURSE

1

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

ROAD CONDITIONS

02 02

- 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

SUPPLEMENT # 108-17110500

Unit #1 stated that she was west bound on Sheewood and stopped for the stop sign at Glenwood when she was struck from behind by Unit #2. Unit #2 stated that he was west bound on Sheewood and stopped behind Unit #1 at the stop sign and while he was talking with his passenger his foot came off the brake causing him to move forward and bump Unit #1.

**MANNER OF COLLISION OR IMPACT**  
 2  
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKING  
 6 ANGLE  
 7 SIDESWIP, SAME DIRECTION  
 8 SIDESWIP, OPPOSITE DIRECTION  
 9 UNKNOWN

**SCHOOL BUS RELATED**  
 1  
 2  
 3  
 4  
 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**WORK ZONE RELATED**  
 1  
 2  
 3  
 1 NO  
 2 YES  
 3 UNKNOWN

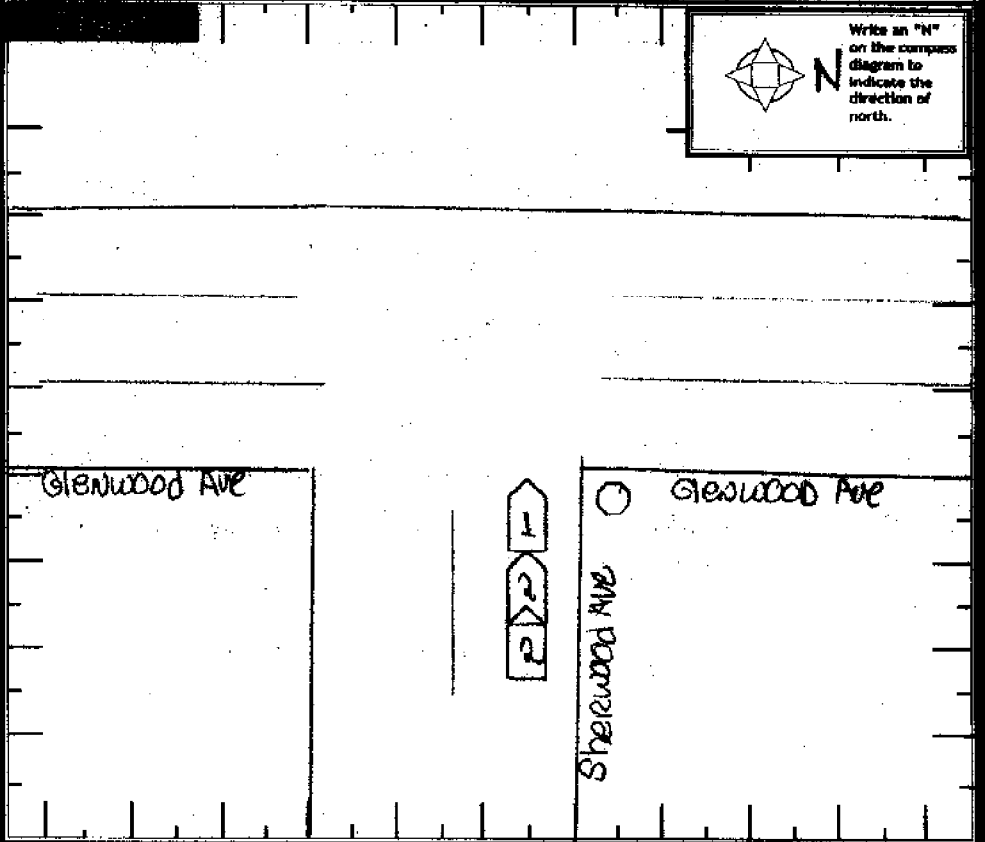
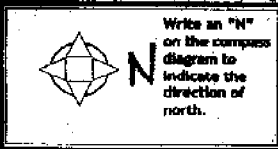
**TYPE OF WORK ZONE**  
  
  
  
  
 1 LANE CLOSURE  
 2 LANE SHIFT/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIAN  
 4 INTERRUPTED MOVING WORK  
 5 OTHER

**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

**WEATHER**  
 02  
 01  
 03  
 04  
 05  
 06  
 07  
 08  
 09  
 10  
 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

**LIGHT CONDITIONS**  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 PRIMARY SECONDARY  
 1 DAYLIGHT  
 2 DAWN  
 3 Dusk  
 4 DARK - LIGHTED ROADWAY  
 5 DARK - NOT LIGHTED  
 6 DARK - UNKNOWN LIGHTING  
 7 GLARE  
 8 OTHER  
 9 UNKNOWN



**US DOT**  
 01  
 02  
 03  
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 100

**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  
 COMPANY (FROM SHIPPING PAPERS)  
 ADDRESS (STREET, CITY, ST, ZIP CODE)

**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 PHONE

US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLD
CARD BODY TYPE	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHUP/GRABBL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/PREFUSE 12 OTHER 13 UNKNOWN	Weight (GVWR) 1 10,001 - 25,000 2 25,001 - 40,000 3 MORE THAN 40,000	COL 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**

DATE CALL REPORTED: 02192008  
 TIME REC CALL: 11239  
 DISPATCH: 11241  
 ARRIVED: 11257  
 CLASSED: 11400  
 OTHER: [ ]  
 TOTAL MINUTES: 79

OFFICER'S NAME: J. ROUNDS  
 BADGE #: 877  
 CHECKED BY: H. R. Deichman  
 DATE REPORT FILED: 02202008

REPORT TAKEN BY: 1 POLICE AGENCY  
 REPORT TAKEN AT: 1 SCENE  
 SUPPLEMENT 'X' IF YES: [ ]  
 LOCAL REPORT #: