

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08-012185

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

MIT/SAID
1 NOT HIT/SAID
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

NCIC# *
05009

REPORTING AGENCY *
Youngstown P.D.

UNITS
03

UNIT ERROR
98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
02262008

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
1222 Wed X Youngstown 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
West Federal 1 1 NAMED STREET 3 NUMBERED ROUTE

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 DIVERGENT 10 STREET ON ROUTE W/O REFERENCE

A Unit # 01 of Occ. NAME (LAST, FIRST, MIDDLE) King, David H.
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 444 S. Raccoon RD APT. A 36 Youngstown, Ohio 44515
 SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 04051970 37 M 402-338-9018
 DL STATE DL # RT 979701 LP STATE LP # OH DPX 1749 INAPED TAKEN BY 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)
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 1995 FORD TAURUS GOLD PROGRESSIVE
 OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

B Unit # 02 of Occ. NAME (LAST, FIRST, MIDDLE) Napp, Melanie D.
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 5910 Callaway Circle Youngstown, Ohio 44515
 SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 04141978 29 F 534-330-5340
 DL STATE DL # OH TE 346953 LP STATE LP # OH DUS 4753 INAPED TAKEN BY 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)
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 2007 CHEVY EQUINOX GRAY nation wide
 OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

C Unit # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
 ADDRESS (STREET, CITY, STATE, ZIP CODE) INAPED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY INJURED TAKEN TO

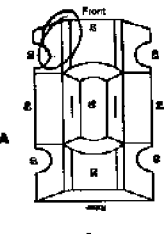
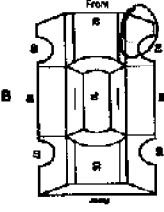
D Unit # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
 ADDRESS (STREET, CITY, STATE, ZIP CODE) INAPED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 TRANSPORTED BY INJURED TAKEN TO

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 14 EXTERIOR 15 OTHER	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 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
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BLANK FOR WITNESS
SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="02"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>20</td><td>20</td></tr> <tr><td>B</td><td>21</td><td>2</td></tr> <tr><td>C</td><td></td><td>3</td></tr> <tr><td>D</td><td></td><td>4</td></tr> </table>	A	20	20	B	21	2	C		3	D		4	POSTED SPEED <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
A	20	20															
B	21	2															
C		3															
D		4															
NON-MOTORIST LOCATION <input type="text" value="04"/> <input type="text" value="06"/>		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 UNEXPECTEDLY 12 OTHER 13 UNKNOWN NON-MOTORIST 14 UNKNOWN 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	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST 3&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>												
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	MOST DAMAGED AREA <input type="text" value="09"/> <input type="text" value="03"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/>	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMERSION 04 JACKKNIFE 05 CANOE/EQUIPMENT LOAN/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNRAMP RAMPWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT - NOT FUSED 14 PEDESTRIAN 15 BICYCLE 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/CHAIN CUNION 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 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 BALE/BOX 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER	TRAFFIC CONTROL 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 WALKER'S WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTUSIONED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
TYPE OF UNIT <input type="text" value="04"/> <input type="text" value="06"/>	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 TRUCK/TRAILER 11 TRUCK TRACTOR (BORTAL) 12 TRACTOR/SEMI-TRAILER 13 TRACTOR/DOUBLE SHORT 14 TRACTOR/DOUBLE LONG 15 FIFTH WHEEL OR CONVERTER DOLLY 16 TRACTOR/TRIPLER 17 MOTORCYCLE 18 MOTORIZED BICYCLE 19 SCHOOL BUS 20 CHURCH BUS 21 PUBLIC BUS 22 OTHER BUS 23 POLICE VEHICLE 24 FIRE TRUCK 25 AMBULANCE/RESCUE 26 TAXI 27 MOTOR HOME 28 TRAIN 29 FARM VEHICLE 30 FARM EQUIPMENT 31 SNOWMOBILE 32 CONSTRUCTION EQUIPMENT 33 ALL OTHERS NON-MOTORIST 34 ANIMAL WILDLIFE 35 ANIMAL WILDLIFE 36 BICYCLE 37 PEDESTRIAN 38 PEDALECYCLIST 39 SKATER 40 OTHER-NON MOTORIST 41 UNKNOWN	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 EMBARRASSED, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOVEMENT 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	COLLISION WITH PERSON, VEHICLE, OR OBJECT - NOT FUSED 14 PEDESTRIAN 15 BICYCLE 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/CHAIN CUNION 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 CURB 39 DITCH 40 EMBANKMENT 41 FENCE 42 BALE/BOX 43 TREE 44 OTHER FIXED OBJECT 45 WORK ZONE MAINTENANCE EQUIPMENT 46 UNKNOWN FIXED OBJECT 47 OTHER	Direction From To From To <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
POINT OF IMPACT <input type="text" value="09"/> <input type="text" value="03"/>	POINT OF IMPACT <input type="text" value="09"/> <input type="text" value="03"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	First Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/>	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Most Harmful Event <input type="text" value="2"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERSIDE / UNDERSIDE <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Of the Sequence of Events - Which One is the First Harmful Event (1-4) <input type="text" value="2"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DEBRILING DAMAGE 05 SEVERE 06 UNKNOWN	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	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	Of the Sequence of Events - Which One is the Most Harmful Event (1-4) <input type="text" value="2"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
TYPE OF INTERSECTION <input type="text" value="01"/>	TYPE OF INTERSECTION <input type="text" value="01"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Speed Detected <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
ROAD CONTOUR <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Speed <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
ROAD CONDITIONS Primary: <input type="text" value="04"/> Secondary: <input type="text" value="03"/>	ROAD CONDITIONS Primary: <input type="text" value="04"/> Secondary: <input type="text" value="03"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Supplement "X" if Yes <input type="text" value=""/>	LOCAL REPORT # <input type="text" value="08-012185"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												
01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GR., GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GR., GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Supplement "X" if Yes <input type="text" value=""/>	LOCAL REPORT # <input type="text" value="08-012185"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>												

UNITS UNIT #1 stated He was Backing into a parking space in front of 110 W. Federal when He was struck on the left front by UNIT #2 forcing Him into UNIT #3
 UNIT #2 stated she was traveling westbound on W. Federal when she stated UNIT #1 was pulling out a parking space and she struck Him
 UNIT #3 WAS PARKED NO DRIVER

MANNER OF COLLISION OR IMPACT

6

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDEWIPES, SAME DIRECTION
 8 SIDEWIPES, 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
 2
 3
 4
 5

1 LANE CLOSURE
 2 LANE SHIFT/OVERLAP
 3 WORK ON SHOULDER OR MEDIUM
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1
 2
 3
 4

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

Workers Present

1
 2
 3

1 NO
 2 YES
 3 UNKNOWN

WEATHER

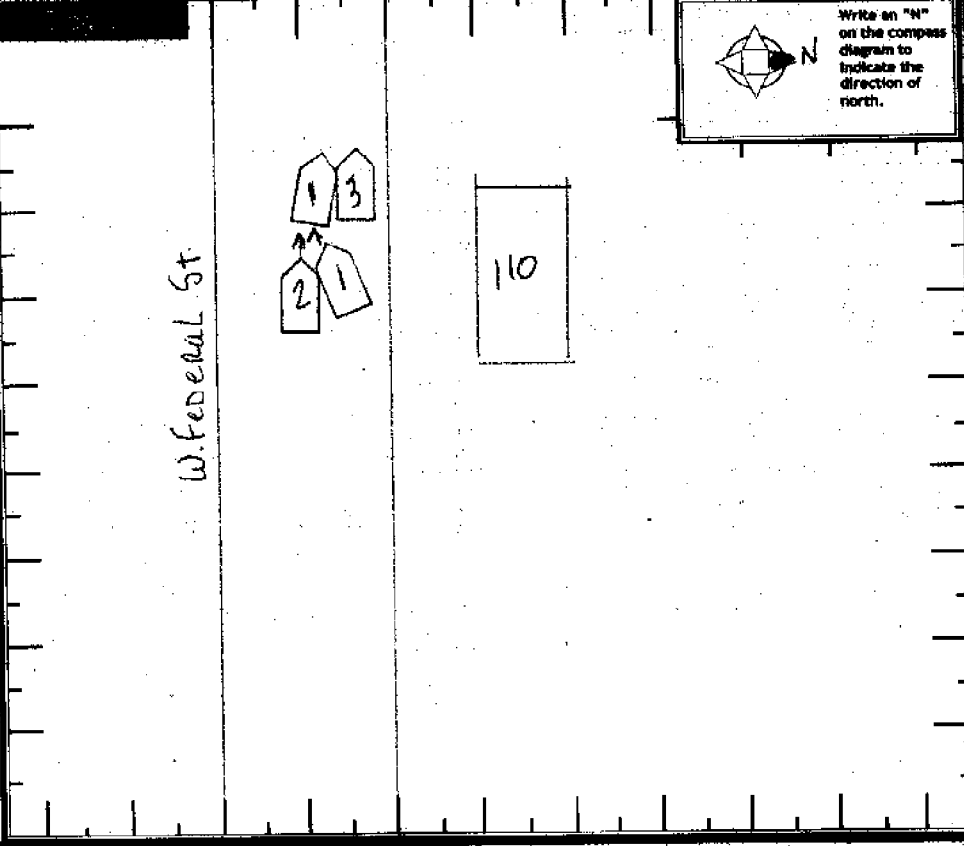
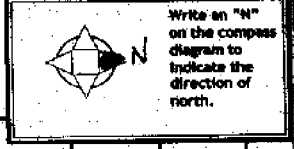
6

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLUSH, 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

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN



UNIT #

1

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

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 INTERVIEWING ASSISTANCE BEFORE PROCESSING UNDER ITS OWN POWER.

Company (From Shipping Papers) _____ **Company Phone** _____

Address (Street, City, St, Zip Code) _____

US DOT _____ **ICC MC** _____ **PUCD** _____ **TRAILER LP ST.** _____ **TRAILER LP Year** _____ **TRAILER LP F.** _____ **PLACARD #** _____ **ID#** _____

CARGO BODY TYPE

01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER
02 BUS (8-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER
03 VAN/ENVELOPE BOX	07 FLATBED	11 GARBAGE/REFUSE
04 GRAM/CURB/GRAVEL	08 DUMP	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

DATE CRASH REPORTED 02272008 **TIME REC CALL** 1224 **DISPATCH** 1831 **ARRIVED** 1237 **CLEARED** 1337 **OTHER** _____ **TOTAL MINUTES** 60

OFFICER'S NAME # Ken Kue **RANGE #** 841 **CHECKED BY** DS R. Deichman **DATE REPORT FILED #** 02282008

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST **REPORT TAKEN AT** 1 SCENE 2 STATION 3 OTHER **SUPPLEMENT "X" IF YES *** **LOCAL REPORT #** 04-12195

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08-012185

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

REG.# *
05009

REPORTING AGENCY *
Youngstown

UNITS
03

UNIT ERROR
98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
02272008

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
1222 Wed X Youngstown 50

WHERE CRASH OCCURRED TYPE LOC. POINT USED
W. Federal St 1 NAMED STREET 3 NUMBERED ROUTE
in front of 110 REF. POINT 04
01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
A 03 00

ADDRESS (STREET, CITY, STATE, ZIP CODE)
504 Alameda Youngstown, OH 44503

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
LP STATE DL # LP # LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
HILL, Clifford 504 Alameda Youngstown, OH 44503
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1992 Chevy Caprice Burgandy

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
B

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

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D

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED 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
14 EXTENDING
15 OTHER
16 UNKNOWN

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-REGISTERED
09 HELMET USED
10 PROTECTIVE PADD
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

AIR BAG
1 NOT DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONT/REAR
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 EXTRACTED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

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

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

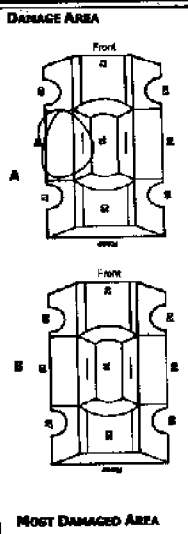
Motorist/Non-Motorist

Occupant

Sheet Numbers

NON-MOTORIST LOCATION

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 ON TRAILS
 15 UNKNOWN



PRE-CRASH ACTIONS

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

SEQUENCE OF EVENTS

<input type="text" value="20"/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value="1"/>
<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="2"/>
<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="3"/>
<input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="4"/>

NON-COLLISION
 01 OVERTURN/ROLLOVER
 02 FIRE/EXPLOSION
 03 IMBROSION
 04 JACKKNIFE
 05 CARGO/EQUIPMENT LOSS/SHELF
 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 FICED
 15 PEDESTRIAN
 16 PEDALCYCLE
 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
 26 COLLISION WITH FIXED OBJECT
 27 IMPACT ATTENUATOR/CRASH CUSHION
 28 BRIDGE OVERHEAD STRUCTURE
 29 BRIDGE PIER OR ABUTMENT
 30 BRIDGE PARAPET
 31 BRIDGE RAIL
 32 GUARDRAIL FACE
 33 GUARDRAIL END
 34 MEDIAN BARRIER
 35 HIGHWAY TRAFFIC SIGN POST
 36 OVERHEAD SIGN POST
 37 LIGHT/UMBRELLA SUPPORT
 38 LIGHT POLE
 39 OTHER POST, POLE OR SUPPORT
 40 CULVERT
 41 CURB
 42 DITCH
 43 EMBANKMENT
 44 FENCE
 45 MAILBOX
 46 TREE
 47 OTHER FIXED OBJECT
 48 WORK ZONE MAINTENANCE EQUIPMENT
 49 UNKNOWN FIXED OBJECT
 50 OTHER
 51 UNKNOWN

POSTED SPEED

TRAFFIC CONTROL

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, OBLSCURED
 16 OTHER

DIRECTION
 FROM TO FROM TO

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

DRUG TEST STATUS

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

DRUG TEST TYPE

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1&2 RESULT

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

TYPE OF UNIT

MOTORIST
 01 SUB-COMPACT
 02 COMPACT
 03 MID SIZE
 04 FULL SIZE
 05 MINIVAN
 06 SPORT UTILITY VEHICLE
 07 PICKUP
 08 FAMILY VAN
 09 SINGLE UNIT TRUCK 2 AXLES, 6 TIRES
 10 SINGLE UNIT TRUCK 3+ AXLES
 11 TRUCK/TRAILER
 12 TRUCK TRACTOR (POSTAL)
 13 TRACTOR/SIGN-TRAILER
 14 TRACTOR/DOUBLE SHORT
 15 TRACTOR/DOUBLE LONG
 16 FIFTH WHEEL OR CONVENTION 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/OUT DRIVER
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

POINT OF IMPACT

01 NONE
 02 CENTER FRONT
 03 FRONT FRONT
 04 FRONT SIDE
 05 FRONT 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

CONTRIBUTING CIRCUMSTANCES

MOTORIST
 01 NONE
 02 FAILURE TO YIELD
 03 RAN RED LIGHT, OR STOP SIGN
 04 EXCEEDED SPEED LIMIT
 05 UNLAWFUL GREEN
 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 EVANIC, PEDESTAL, CAMELBACK, NEGULENT OR AGGRESSIVE MANNER
 14 STEERING 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 SIGNAL, SIGNALS, OR OFFICER
 31 WRONG SIDE OF THE ROAD
 32 OTHER
 33 UNKNOWN

FIRST HARMFUL EVENT

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

MOST HARMFUL EVENT

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

CONDITION

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

ALCOHOL/DRUG SUSPECTED

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

ALCOHOL TEST STATUS

1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
 4 TEST GIVEN, RESULTS KNOWN
 5 TEST GIVEN, RESULTS UNKNOWN
 6 UNKNOWN

ALCOHOL TEST TYPE

1 NONE 4 BREATH
 2 BLOOD 5 OTHER
 3 URINE

ALCOHOL TEST RESULT

TYPE OF INTERSECTION

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 CROSOVER
 10 DRIVEWAY/ACCESS
 11 RAILWAY GRADE CROSSING
 12 SHARED-USE PATHS ON TRAILS
 13 UNKNOWN

OCCURRENCE

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

ROAD CONTOUR

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

ROAD CONDITIONS
 PRIMARY SECONDARY

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

IN EMERGENCY RESPONSE

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE

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

STRUCK VEHICLE: OVERSIDE/ UNDERSIDE

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

VEHICLE DEFECT CODES ONLY IF "19" SELECTED ABOVE

01 TURN SIGNALS
 02 HEAD LAMPS
 03 TAIL LAMPS
 04 BRAKES
 05 STEERING
 06 TIRE BLOWOUT
 07 WORK ON SLACK TIES
 08 TRAILER EQUIPMENT DEFECTIVE
 09 MOTOR TROUBLE
 10 DISABLED FROM PRIOR CRASH
 11 OTHER DEFECTS

SPEED DETECTED

1 STATED
 2 ESTIMATED SPEED

SPEED

SUPPLEMENTARY "X" IF YES

LOCAL REPORT #

Narrative

MANNER OF COLLISION OR IMPACT

6

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-ON
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 BACK-ON
- 6 ANGLE
- 7 SHOULDER, SAME DIRECTION
- 8 SHOULDER, OPPOSITE DIRECTION
- 9 UNKNOWN

SCHOOL BUS RELATED

1

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

WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

WEATHER

06

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL, FREEZING RAIN (DRIZZLE)
- 06 SNOW
- 07 BEYOND CROWFOOT
- 08 BLOWING SAND, SOOT, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
- 2 LANE SHARP CROSSOVER
- 3 WORK ON SHOULDER OR MICHON
- 4 INTERMITTENT MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

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

LIGHT CONDITIONS

1

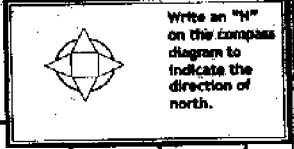
Primary	Secondary
1	

- 1 DAYLIGHT
- 2 DAWN
- 3 DUNK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN



EXEMPT

UNIT #

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 (MOTOR VEHICLE) FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

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 DAMAGING DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

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

US DOT	ICC MC	PLAC	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLAC																									
CARGO BODY TYPE	01 NOT APPLICABLE	02 BUS (9-15 INCLUDING DRIVER)	03 VAN/ENCLOSED BOX	04 GRAM/CHP/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 - 20,000	3 MORE THAN 20,000	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

DATE CRASH REPORTED: 02272008

TIME REC CALL: 1224

DISPATCH: 1231

ARRIVED: 1237

CLEARED: 1337

OTHER: _____

TOTAL MINUTES: 60

OFFICER'S NAME: *Ken Rine*

BASE # : 841

CHECKED BY: *D/S R. Deichman*

DATE REPORT FILED: 02282008

REPORT TAKEN BY: 1 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 1 SCENE 2 STATION

SUPPLEMENT "I" IF YES: _____

LOCK REPORT # : 08-012185