

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
08-075405

CRASH SEVERITY  
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

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
Youngstown P.D.

# UNITS  
02

UNIT ERROR  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
11022008

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1054 SW X Youngstown 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
SALT SPRINGS Road 1 2 NAMED STREET 3 NUMBERED ROUTE

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

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 0101 DAUBNER, John Arthur  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
120 HARTZELL AVENUE NILES OHIO 44446

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
06081944 64 M 330544-2765

OH STATE # OH LICENSE # INJURED TAKEN BY 1 NONE 4 OTHER  
RH303781 EJJ-5137 1 2 EMS 5 UNKNOWN 3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2008 Chev MALIBU BIK Griffith Agency 330544-2765

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

UNIT # 2 OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 0201 WIGGINS, Quinton Samuel  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
1782 ATKINSON AVENUE Youngstown Ohio 44505

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
08031989 19 M 330744-2340

OH STATE # OH LICENSE # INJURED TAKEN BY 1 NONE 4 OTHER  
SX179089 EDR-3947 1 2 EMS 5 UNKNOWN 3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1996 Ford ESCORT GRN TITAN 330744-2340

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #  
333.03(A) Failed/stop/clear distance I 38238 X

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
D

SMASHING 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 CAB  
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-MOTORIST  
09 NONE USED  
10 HELMET USED  
11 PROTECTIVE PADS  
12 REFLECTIVE CLOTHING  
13 LIGHTING  
14 OTHER  
15 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 EXTINGUISHED 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

Motorist/Non-Motorist

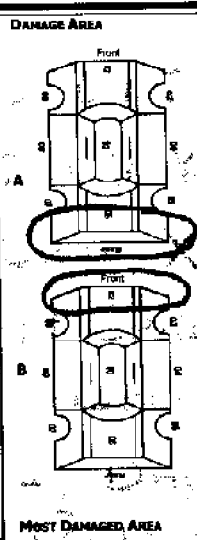
Occupant

SUPPLEMENT #  
X IF YES

**UNIT 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 LAMPS  
 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="20"/>
<input type="text" value="2"/>	<input type="text" value="2"/>
<input type="text" value="3"/>	<input type="text" value="3"/>
<input type="text" value="4"/>	<input type="text" value="4"/>

**NON-COLLISION**  
 01 OVERTURN/FOLLOWER  
 02 FIRE/EXPLOSION  
 03 HARBORING  
 04 JACKKNIFE  
 05 CARVED/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

**COLLISION W/ PEDESTRIAN, VEHICLE, OR OBJECT NOT FIXED**  
 14 PEDESTRIAN  
 15 PEDALCYCLE  
 16 RAILWAY VEHICLE  
 17 ANIMAL - FARM  
 18 ANIMAL - DIER  
 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/DRAIN 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 CURB  
 39 DITCH  
 40 EMBANKMENT  
 41 FENCE  
 42 FENCE  
 43 MAILBOX  
 44 TREE  
 45 OTHER FIXED OBJECT  
 46 WORK ZONE MAINTENANCE EQUIPMENT  
 47 UNKNOWN FIXED OBJECT  
 48 OTHER  
 49 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

**CONDITION**

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

**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 CRACKS  
 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 PANEL/VAN  
 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES  
 10 SINGLE UNIT TRUCK, 3+ AXLES  
 11 TRUCK/TRAILER  
 12 TRUCK TRACTOR (BORTAL)  
 13 TRACTOR/SIGMA-TRAILER  
 14 TRACTOR/DOUBLE SIGHT  
 15 TRACTOR/DOUBLE LONG  
 16 FIFTH WHEEL OR CONVENTER DOLLS  
 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/RESQUR  
 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/ RIDER  
 36 ANIMAL W/ RIDER  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST  
 40 SKATER  
 41 OTHER-NON MOTORIST  
 42 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

**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/AODA  
 09 IMPROPER LANE CHANGE/  
 10 DROVE OFF ROAD/  
 11 IMPROPER PASSING  
 12 IMPROPER BACKING  
 13 IMPROPER START FROM PARKED POSITION  
 14 STOPPED OR PARKED ILLEGALLY  
 15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER  
 16 SWERING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)  
 17 FAILURE TO CONTROL  
 18 VISION OBSTRUCTION  
 19 DRIVER INATTENTION  
 20 FATIGUE/ASLEEP  
 21 OPERATING DEFECTIVE EQUIPMENT  
 22 LOAD SHIFTING/FALLING/SPILLING  
 23 OTHER IMPROPER ACTION  
 24 UNKNOWN

**NON-MOTORIST**  
 25 NONE  
 26 IMPROPER CROSSING  
 27 DARTING  
 28 LYING AND/OR ILLEGALLY IN ROADWAY  
 29 FAILURE TO YIELD RIGHT OF WAY  
 30 NOT VISIBLE (DARK CLOTHING)  
 31 INATTENTIVE  
 32 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER  
 33 WRONG SIDE OF THE ROAD  
 34 OTHER  
 35 UNKNOWN

**POINT OF IMPACT**

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

**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)

**ALCOHOL/DRUGS SUSPECTED**

1 NONE  
 2 YES - ALCOHOL SUSPECTED  
 3 YES - HBD 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  
 2 BLOOD  
 3 URINE  
 4 BREATH  
 5 OTHER

**ALCOHOL TEST RESULT**

**TYPE OF INTERSECTION**

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

**OCURRENCE**

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

**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

**ACTION**

1 NON-CONTACT  
 2 NON-COLLISION  
 3 STRUCK  
 4 STRUCK  
 5 BOTH STRUCK AND STRUCK  
 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 CODE ONLY IF '19' SELECTED ABOVE**

<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>

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

**SPEED DETECTED**

1 STATED  
 2 ESTIMATED SPEED

**SPEED**

**LOCAL REPORT # \*\***

SUPPLEMENT \*  
 \* = YES

**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 SLUSH  
 08 DEBRIS  
 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT  
 10 OTHER  
 11 UNKNOWN  
 \*\*SECONDARY ROAD CONDITIONS ONLY

**Narrative**

Unit 1 was stopped in traffic waiting for a car to turn left on Belle Vista when he was struck by Unit 2. Unit 2's driver stated that he could not stop in time to avoid striking Unit 1.

**MANNER OF COLLISION OR IMPACT**

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

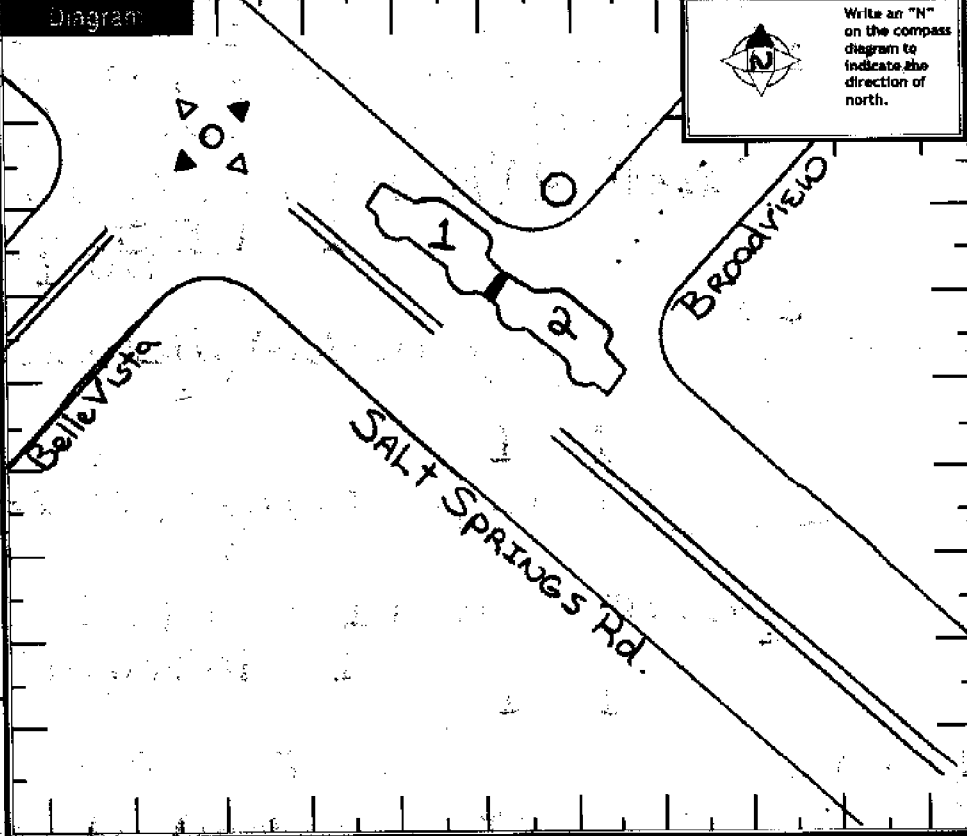
1 LANE CLOSURE  
 2 LANE SHIFT/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIAN  
 4 INTERMITTENT/ MOVING WORK  
 5 OTHER

**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

1 NO  
 2 YES  
 3 UNKNOWN



**WEATHER**

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**

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

**SECONDARY**

**UNIT #**

Unit 1:    
 Unit 2:

THE CHAIR 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.

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 WRECKER ASSISTANCE BEFORE PROCEEDING 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 # \_\_\_\_\_ PLACARD # \_\_\_\_\_ F.O. # \_\_\_\_\_

<b>CARGO BODY TYPE</b>	<b>WEIGHT (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
<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 GRAIN/CHIPS/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	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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

**Police Action**

DATE CRASH REPORTED: 11/02/08  
 TIME REC CALL: 1054  
 DISPATCH: 1100  
 ARRIVED: 1105  
 CLEARED: 1220  
 OTHER: \_\_\_\_\_  
 TOTAL MINUTES: 75

REPORTER'S NAME: Daniel S. Mikus  
 BADGE # : 8316  
 CHECKED BY: [Signature]  
 DATE REPORT FILED: 11/23/08

REPORT TAKEN BY:  1 POLICE AGENCY  
 2 MOTORIST

REPORT TAKEN AT:  1 SCENE  
 2 STATION

SUPPLEMENT "X" IF YES:

LOCAL REPORT # : 08-075405