

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
08-015597

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

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

PHOTOS TAKEN  
X YES

OH-2 OH-3 OH-1P OTHER  
X

N.C.I.C.#  
05009

REPORTING AGENCY # UNITS  
YOUNGSTOWN PD 03

UNIT ERROR  
90 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH\*  
11032008

TIME OF CRASH  
2:15 PM

DAY OF WEEK  
MON

CITY\* VILLAGE\* TWP\*  
YOUNGSTOWN

COUNTY # \*  
50

FROM CHARTERED  
MARKET ST

TYPE LOC  
I

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

LAST REFERENCE ON  
BOARDMAN ST.

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 0101

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 # 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)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

UNIT # # OF OCC.  
B 0201

NAME (LAST, FIRST, MIDDLE)  
MISS. TAYLOR

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
136 Fairgreen Ave, Youngstown, Ohio 44504

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

OWNER NAME (IF SAME, WRITE "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

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

Address (Street, City, State, Zip Code)

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

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 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

ATR BAG  
1 NOT DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN

ATR 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 FIRED BY NON-MECHANICAL MEANS  
4 UNKNOWN

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

SUPPLEMENT #  
X = Yes

Motorist/Non-Motorist

Occupant

UNIT NUMBERS  
01 02

NON-MOTORIST LOCATION  
A B

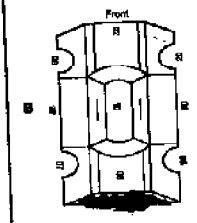
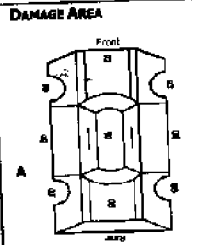
- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT  
03 01

- MOTORIST**
- 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SHORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PANEL/VAN
  - 09 SINGLE UNIT TRUCK
  - 10 2 AXLES, 6 TIRES
  - 11 SINGLE UNIT TRUCK; 3+ AXLES
  - 12 TRUCK/TRAILER
  - 13 TRUCK TRACTOR (BORTAL)
  - 14 TRACTOR/DOUBLE SHORT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTH WHEEL OR COMBINATION 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 W/DRIVER
  - 36 ANIMAL W/NO DRIVER
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
1 No  
2 Yes  
3 UNKNOWN

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



MOST DAMAGED AREA  
15 01

- 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 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

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

STRIKING VEHICLE:  
OVERSIDE / UNDERSIDE  
1 1

- 1 NO UNDERIDE OR OVERIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS  
1 1 1 1

- MOTORIST**
- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
  - 02 BACKING
  - 03 CHANGING LANE
  - 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 DRIVE/PAID
  - 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 01
- 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 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
- 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

VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE  
A B

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

SEQUENCE OF EVENTS  
A B  
2 2  
3 3  
4 4

- NON-COLLISION**
- 01 OVERTURN/Rollover
  - 02 FIRE/EXPLOSION
  - 03 IMMERSION
  - 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
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 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 FIXED OBJECT**
- 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/LUMINAIRES SUPPORT
  - 36 UTILITY POLE
  - 37 OTHER POST, POLE OR SUPPORT
  - 38 CURB
  - 39 DITCH
  - 40 EMBANKMENT
  - 41 FENCE
  - 42 MAILBOX
  - 43 TREE
  - 44 OTHER FIXED OBJECT
  - 45 WORK ZONE MAINTENANCE EQUIPMENT
  - 46 UNKNOWN FIXED OBJECT
  - 47 OTHER
  - 48 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

ALCOHOL 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

ALCOHOL TEST TYPE  
1 NONE  
2 BLOOD  
3 URINE

ALCOHOL TEST RESULT  
A B

LOCAL REPORT # #  
08-075597

POSTED SPEED  
25 25

TRAFFIC CONTROL  
04 04

- 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, OBSCURED
- 16 OTHER

DIRECTION FROM TO  
1 2 1 2

- 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, FARTING, 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 - HBD 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

ALCOHOL TEST RESULT  
A B

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 AMPHETAMINE
- 5 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION  
02

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

OCCURRENCE  
1

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

ROAD CONTOUR  
1

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

ROAD CONDITIONS  
PRIMARY SECONDARY  
0 1

- 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 # "X" IF YES  
LOCAL REPORT # #  
08-075597

**Narrative** Unit #1 which was the lead vehicle stopped suddenly causing Unit #2 to stop suddenly. Unit #2 stated that when she stopped behind Unit #1 she was struck from behind by Unit #3 and pushed into Unit #1. After impact Unit #3 stated Unit #1 left the scene going southbound on Market. No description of Unit #1. Unit #3 stated that he was southbound on Market saw Unit #1 and Unit #2 stop suddenly. He attempted to stop but struck Unit #2 from behind pushing Unit #2 into 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 SKIDING  
 6 ANGLE  
 7 SIDEWIP, SAME DIRECTION  
 8 SIDEWIP, 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

**TYPE OF WORK ZONE**

1

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**

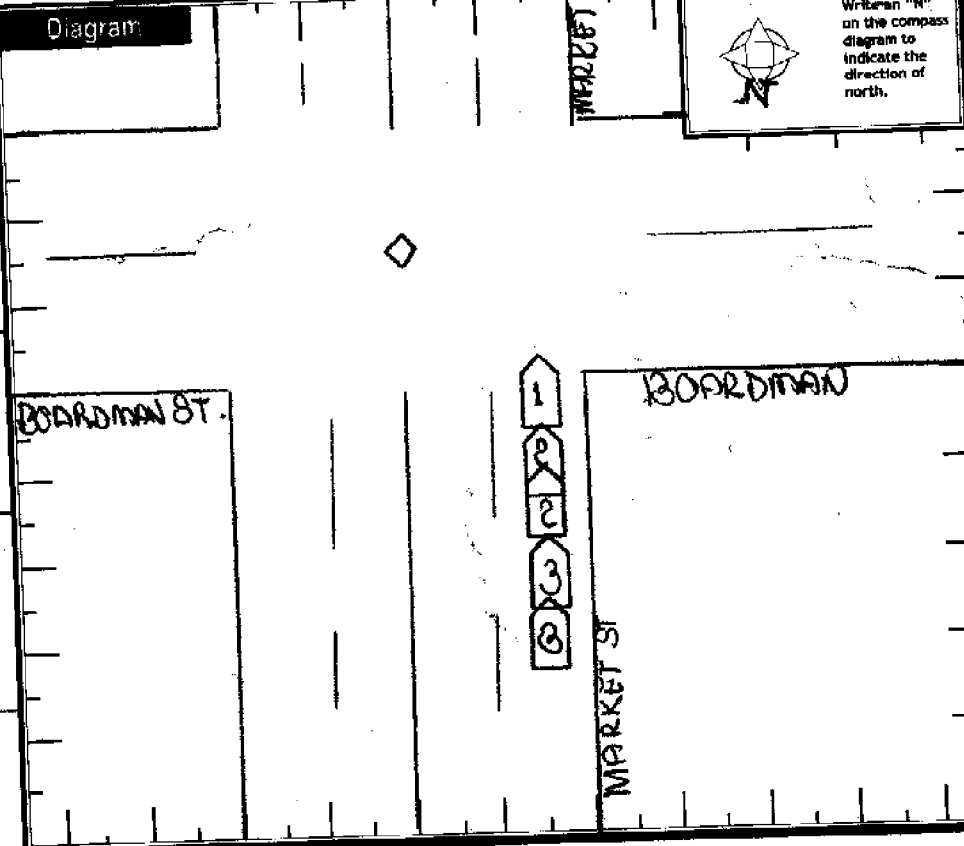
1

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

**WORKERS PRESENT**

1

1 NO  
 2 YES  
 3 UNKNOWN



**WEATHER**

01

01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, BRISKS  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLES)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

**PRIMARY**  1 **SECONDARY**  1

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 #**

**COMPANY (FROM SHIPPING PAPERS)** \_\_\_\_\_

**COMPANY PHONE** \_\_\_\_\_

**ADDRESS (STREET, CITY, ST, ZIP CODE)** \_\_\_\_\_

**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.

**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.

**US DOT** \_\_\_\_\_ **ICC INC** \_\_\_\_\_ **PUCD** \_\_\_\_\_ **TRAILER LP ST.** \_\_\_\_\_ **TRAILER LP YEAR** \_\_\_\_\_ **TRAILER LP #** \_\_\_\_\_ **PLACARD #** \_\_\_\_\_ **CDL** \_\_\_\_\_

**CARGO BODY TYPE**

01 NOT APPLICABLE  
 02 BUS (9-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 CHAIN/CHIPS/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 - 25,000  
 3 MORE THAN 25,000

**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** 11/03/08 **TIME REC CALL** 12:19 **DISPATCH** 12:23 **ARRIVED** 12:28 **CLEARED** 14:00 **OTHER** \_\_\_\_\_ **TOTAL MINUTES** 97

**OFFICER'S NAME** J. ROUNDS **BADGE #** 077 **CHECKED BY** [Signature] **DATE REPORT FILED** 11/04/2008

**REPORT TAKEN BY**  1 POLICE AGENCY  2 MOTORIST **REPORT TAKEN AT**  1 SCENE  2 STATION  3 OTHER **SUPPLEMENT "X" IF YES**  **LOCAL REPORT #** 081-0715597

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
**087075597**

CRASH SEVERITY  
1 FATAL 3 PCS  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES  
HIT / SKIP  
NOT HIT/SKIP  
SOLVED  
UNSOLVED

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER  
X IF YES

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

REPORTING AGENCY \*  
**YOUNGSTOWN PD 03**

UNIT ERROR  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
**11032008**

TIME OF CRASH  
**215**

DAY OF WEEK  
**MON**

CITY \*  
**YOUNGSTOWN**

COUNTY # \*  
**50**

TYPE LOCATION POINT USED  
1 NAMED STREET  
2 NUMBERED STREET

TYPE LOCATION POINT USED  
1 NAMED STREET  
2 NUMBERED STREET

REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

REFERENCE POINT USED  
04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 MAIL POST  
07 CORPORATION LIMIT

UNIT # / of Occ.  
**A 03 03**

NAME (LAST, FIRST, MIDDLE)  
**RITLAND, Devin W.**

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**8833 Eddie St. Youngstown, Ohio 44509**

DATE OF BIRTH  
**1111987**

INJURED TAKEN BY  
**1 NONE 4 OTHER**

OWNER NAME (IF SAME, WRITE "SAME")  
**ROE, BARBARA**

YEAR MAKE MODEL COLOR  
**99 BUICK LESABRE White**

OFFENSE CHARGED  
**333.03(A) Assured Clear Distance**

OFFENSE DESCRIPTION  
**Assured Clear Distance**

UNIT # / of Occ.  
**B**

NAME (LAST, FIRST, MIDDLE)  
**RIVERS, Nicole**

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**825 Clearcreek, Youngstown Ohio 44522**

DATE OF BIRTH  
**11191986**

INJURED TAKEN BY  
**1 NONE 4 OTHER**

OWNER NAME (IF SAME, WRITE "SAME")  
**RIVERS, Rashad Jr**

YEAR MAKE MODEL COLOR  
**05 Buick Lesabre White**

OFFENSE CHARGED  
**333.03(A) Assured Clear Distance**

OFFENSE DESCRIPTION  
**Assured Clear Distance**

- 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
- 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-EMPLOYED
  - 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 NON-INCAPACITATING MEANS
  - 3 FATAL INJURY
  - 4 UNKNOWN

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESSES

SUPPLEMENT \*  
X IF YES

**UNIT NUMBERS**

03

**NON-MOTORIST LOCATION**

A 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
- 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

- 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/TRACTOR
  - 11 SINGLE UNIT TRUCK; 3+ AXLES
  - 12 TRUCK/TRACTOR (BOBTAIL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHORT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTH WHEEL OR CONVENTION DOLLY
  - 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/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 W/DRIVER
  - 36 ANIMAL W/NO DRIVER
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

**IN EMERGENCY RESPONSE**

1 No

2 YES

3 UNKNOWN

**DAMAGE SCALE**

1 NONE

2 NON-FUNCTIONAL DAMAGE

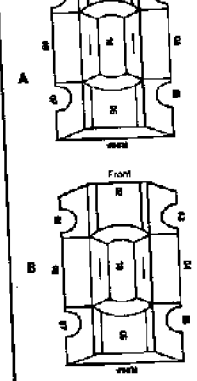
3 FUNCTIONAL DAMAGE

4 DISABLING DAMAGE

5 SEVERE

6 UNKNOWN

**DAMAGE AREA**



**MOST DAMAGED AREA**

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**

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

**ACTION**

3

- STRUCK VEHICLE: OVERRIDE / UNDERRIDE**
- 1 NO UNDERRIDE OR OVERRIDE
  - 2 UNDERRIDE, COMPARTMENT INTRUSION
  - 3 UNDERRIDE, NO COMPARTMENT INTRUSION
  - 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
  - 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
  - 6 OVERRIDE, OTHER VEHICLE
  - 7 UNKNOWN

**PRE-CRASH ACTIONS**

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 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**

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/VADCA
  - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
  - 10 IMPROPER BACKING
  - 11 IMPROPER START FROM PARKED POSITION
  - 12 STOPPED ON PARKED ILLGALLY
  - 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
- NON-MOTORIST**
- 23 NONE
  - 24 IMPROPER CROSSING
  - 25 DARTING
  - 26 LYING AND/OR ILLGALLY 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**

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

**SEQUENCE OF EVENTS**

A 20

B

- NON-COLLISION**
- 01 OVERTURN/ROLL-OVER
  - 02 FIRE/EXPLOSION
  - 03 IMMERSION
  - 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
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 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 FIXED OBJECT**
- 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

**FIRST HARMFUL EVENT**

A B

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

**MOST HARMFUL EVENT**

A B

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

**TRAFFIC CONTROL**

04

- 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 PAYMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSED, OBSCURED
- 16 OTHER

**DIRECTION**

FROM TO FROM TO

1 2

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

**CONDITION**

A B

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

**ALCOHOL/DRUG SUSPECTED**

A B

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

**ALCOHOL TEST STATUS**

A B

- 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**

A B

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

**ALCOHOL TEST RESULT**

A B

**DRUG TEST STATUS**

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 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

**DRUG TEST 18.2 RESULT**

A B

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

**TYPE OF INTERSECTION**

02

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

**OCCURRENCE**

1

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

**ROAD CONTOUR**

1

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

**ROAD CONDITIONS**

01

- 01 DRY
  - 02 WET
  - 03 SNOW
  - 04 ICE
  - 05 SAND, MUD, DIRT, OR GRAVEL
  - 06 WATER (STANDING, MOVING)
  - 07 SLUSH
  - 08 DEBRIS\*\*
  - 09 RUT, HOLE, POLE, BUMP, UNEVEN PAVEMENT\*\*
  - 10 OTHER
  - 11 UNKNOWN
- \*\*SECONDARY ROAD CONDITIONS ONLY

**LOCAL REPORT # R**

SUPPLEMENT # X\* IF YES

08-07155971

**Narrative**

**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

1 No  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**WEATHER**

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

**WORK ZONE RELATED**

1

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 SIGN  
 2 ADVANCE WARNING AREA  
 3 TRANSITION AREA  
 4 ACTIVITY AREA

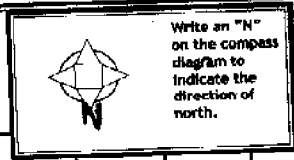
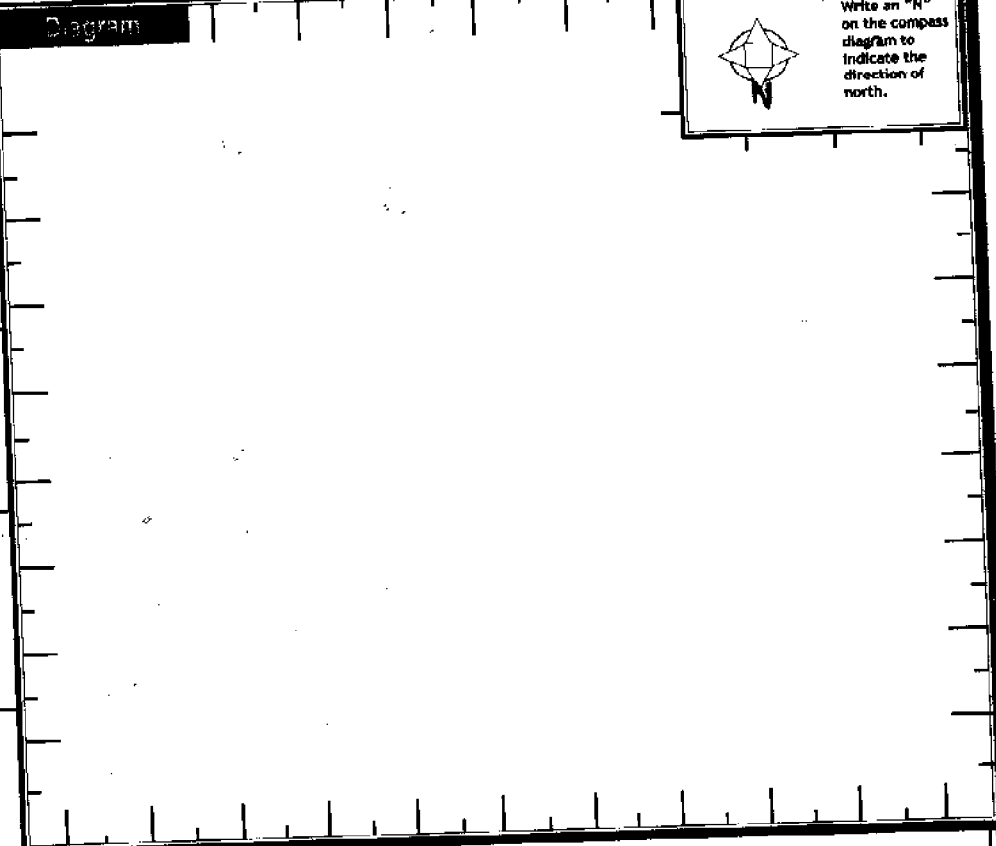
**LIGHT CONDITIONS**

**PRIMARY**  1  
**SECONDARY**

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

**WORKERS PRESENT**

1 No  
 2 YES  
 3 UNKNOWN



**Truck/Bus**

UNIT #

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

COMPANY PHONE

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

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.

US DOT  ICC INC  PUCO  TRAILER LP ST.  TRAILER LP YEAR  TRAILER LP #  PLACARD #  # DO

**CARGO BODY TYPE**

01 NOT APPLICABLE  
 02 BUS (9-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 CRAN/CRAV/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 - 26,000  
 3 MORE THAN 26,000

**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 CRASH REPORTED  TIME REC CALL  DISPATCH  ARRIVED  CLEARED  OTHER  TOTAL MINUTES

OFFICER'S NAME #

REPORT TAKEN BY  1 POLICE AGENCY  7 MYREPORT

REPORT TAKEN AT  1 SCENE  2 STATION

LOCAL REPORT #