

TRAFFIC CRASH REPORT



LOCAL REPORT # * **08-077965**

CRASH SEVERITY **3**
 1 FATAL 3 DOG
 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY 'X' IF YES

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

PHOTOS TAKEN 'X' IF YES

NCLIC # * **05009** REPORTING AGENCY * **Youngstown** # UNITS **02** UNIT ERROR **02**
 00 = Annual 08 = Unknown

DATE OF CRASH * **11/3/08**

TIME OF CRASH **2227** DAY OF WEEK **THU** CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * **Youngstown** COUNTY # * **50** LATITUDE _____ LONGITUDE _____

TYPE LOC **1** TYPE LOCATION POINT BRGD
 1 NAMED STREET 2 NUMBERED ROUTE
 3 UNNUMBERED STREET

NAME **SALT SPRINGS RD**

REF POINT **02** REFERENCE POINT USED
 01 STATE LINE 04 HOUSE NUMBER
 02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY
 03 COUNTY LINE 06 MILE POST 08 PLACE NAME WHO REFERENCE
 07 CORPORATION LIMIT 09 STREET OR ROUTE WHO REFERENCE

NAME **5 BELLA VISTA**

Motorist/Non-Motorist

A UNIT # **01** # OF OCC **01** NAME (LAST, FIRST, MIDDLE) **MULLINS, MELODIE**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **272 UPLANA YOUNGSTOWN, OH 44205**

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH **01/03/1988** AGE **20** SEX **F** HOME PHONE # _____ WORK PHONE # _____

DL STATE **OH** DL # **ST949221** LP STATE **OH** LP # **EX06730** 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") **MULLINS, ALBERT** ADDRESS (STREET, CITY, STATE, ZIP CODE) **272 UPLANA YOUNGSTOWN, OH 44205**

YEAR **2001** MAKE **CHEVROLET** MODEL **IMPALA** COLOR **RED** INSURANCE COMPANY _____ TOWING SERVICE **LUOTS** OWNER PHONE # _____

OUTSIDE CHARGES _____ OUTSIDE DESCRIPTION _____ CITATION # _____ LOCAL CODE? 'X' IF YES

Occupant

B UNIT # **02** # OF OCC **01** NAME (LAST, FIRST, MIDDLE) **PALLONE, JOSEPH**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **2302 CHERRY HILL YOUNGSTOWN, OH 44209**

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH **07/16/1969** AGE **39** SEX **M** HOME PHONE # _____ WORK PHONE # _____

DL STATE **OH** DL # **RH419735** LP STATE **OH** LP # **OSC 6669** 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") **SAME** ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

YEAR **1999** MAKE **FORD** MODEL **CROWN VIC** COLOR **GRAY** INSURANCE COMPANY _____ TOWING SERVICE **LUOTS** OWNER PHONE # _____

OUTSIDE CHARGES **333-03A** OUTSIDE DESCRIPTION **taken to maintenance assumed change address 130785** CITATION # _____ LOCAL CODE? 'X' IF YES

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

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

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

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

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

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

<p>01 SEATING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER)</p> <p>02 FRONT - MIDDLE</p> <p>03 FRONT - RIGHT</p> <p>04 SECOND - LEFT (MC PASS)</p> <p>05 SECOND - MIDDLE</p> <p>06 SECOND - RIGHT</p> <p>07 THIRD - LEFT (MC PASSENGER/SIDE CAR)</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - RIGHT</p> <p>10 SLEEPER SECTION OF CAB</p> <p>11 ENCLOSED CARGO AREA</p> <p>12 UNENCLOSED CARGO AREA</p> <p>13 TRAILING UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>BLANK FOR Witness</p>	<p>04 SAFETY EQUIPMENT</p> <p>01 NONE USED</p> <p>02 SHOULDER BELT ONLY</p> <p>03 LAP BELT ONLY</p> <p>04 SHOULDER/LAP BELT</p> <p>05 CHILD SAFETY SEAT</p> <p>06 MC HELMET USED</p> <p>07 USE UNKNOWN</p> <p>08 NON-SWITCHED</p> <p>09 NONE USED</p> <p>10 HELMET USED</p> <p>11 PROTECTIVE PADS</p> <p>12 REFLECTIVE CLOTHING</p> <p>13 OTHER</p> <p>14 UNKNOWN</p>	<p>4 AIR BAG</p> <p>1 NOT-DEPLOYED</p> <p>2 DEPLOYED-FRONT</p> <p>3 DEPLOYED-SIDE</p> <p>4 DEPLOYED-BOTH FRONT/BACK</p> <p>5 NOT APPLICABLE</p> <p>6 UNKNOWN</p>	<p>4 AIR BAG SWITCH</p> <p>1 NOT PRESENT</p> <p>2 IN ON POSITION</p> <p>3 IN OFF POSITION</p> <p>4 UNKNOWN</p>	<p>1 EJECTION</p> <p>1 NOT EJECTED</p> <p>2 TOTALLY EJECTED</p> <p>3 PARTIALLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 UNKNOWN</p>	<p>1 TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 ESTIMATED BY MECHANICAL MEANS</p> <p>3 FREED BY NON-MECHANICAL MEANS</p> <p>4 UNKNOWN</p>	<p>1 EXCUSES</p> <p>1 NO INJURY</p> <p>2 POSSIBLE</p> <p>3 NON-INCAPACITATING</p> <p>4 INCAPACITATING</p> <p>5 FATAL INJURY</p> <p>6 UNKNOWN</p>
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SUPPLEMENT * 'X' IF YES

UNIT NUMBERS

A: 01 B: 02

NON-MOTORIST LOCATION

A: B:

- 11 MARKED CROSSWALK AT INTERSECTION**
- 12 INTERSECTION/NO CROSSWALK**
- 13 NON-INTERSECTION CROSSWALK**
- 14 DRIVEWAY ACCESS CROSSWALK**
- 15 IN ROADWAY**
- 16 NOT IN ROADWAY**
- 17 MEDIAN (BUT NOT SHOULDER)**
- 18 ISLAND**
- 19 SHOULDER**
- 20 SIDEWALK**
- 21 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)**
- 22 BEYOND 10 FEET OF ROADWAY (WITH TRAFFICWAY)**
- 23 OUTSIDE TRAFFICWAY**
- 24 BRANDED USE PATHS ON TRAILS**
- 25 UNKNOWN**

TYPE OF UNIT

A: 03 B: 04

- MOTORIST**
- 01 REB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 SUV/VAN
- 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 (REGULAR)
- 13 TRACTOR/SUB-TRACTOR
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL OR CONVERTER DOLLY
- 17 TRACTOR/TRIPLE
- 18 MOTORCYCLE
- 19 MOTORBIKE
- 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/O DRIVER
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDESTRIAN
- 40 SEATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

EMERGENCY RESPONSE

A: B:

1 NO

2 YES

3 UNKNOWN

DAMAGE SCALE

A: 3 B: 4

1 NONE

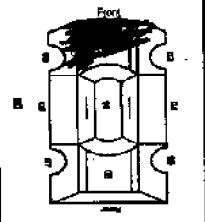
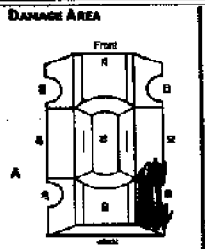
2 NON-FUNCTIONAL DAMAGE

3 FUNCTIONAL DAMAGE

4 CRACKING DAMAGE

5 SEVERE

6 UNKNOWN



MOST DAMAGED AREA

A: 05 B: 02

- 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

ACTION

A: 4 B: 3

1 NON-CONTACT

2 NON-COLLISION

3 STRUCK

4 STRUCK

5 BOTH STRUCK AND STRUCK

6 UNKNOWN

STRUCK VEHICLE: OVERSIDE / UNDERSIDE

A: B:

- 1 NO UNDERMINED OR OVERMINED
- 2 UNDERMINED, COMPARTMENT INTRUSION
- 3 UNDERMINED, NO COMPARTMENT INTRUSION
- 4 UNDERMINED, COMPARTMENT INTRUSION (UNKNOWN)
- 5 DESTRUCTIVE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERMINED OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

A: 1 B: 4

- 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 STAMPEDE
- 22 OTHER
- 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

A: 01 B: 02

- MOTORIST**
- 01 NONE
- 02 FAILURE TO YIELD
- 03 RAN RED LIGHT, OR STOP SIGN
- 04 EXCEEDED SPEED LIMIT
- 05 UNLAWFUL SPEED
- 06 IMPROPER TURN
- 07 LEFT OF CENTER
- 08 FOLLOWED TOO CLOSE/WHOLEDER
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED ON PARKED ILLEGALLY
- 13 OPERATING VEHICLE IN BEMUDIC, RECKLESS, CARELESS, NEGLIGENCE 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 DISTRACTION
- 18 FATIGUE/ALCOHOL
- 19 OPERATING DEFECTIVE EQUIPMENT
- 20 LOAD SHIFTING/FALLING/BILLING
- 21 OTHER IMPROPER ACTION
- 22 UNKNOWN
- NON-MOTORIST**
- 23 NONE
- 24 IMPROPER CROSSING
- 25 DARTING
- 26 LYING AROUND ILLEGALLY IN ROADWAY
- 27 FAILURE TO YIELD POINT OF WAY
- 28 NOT VISIBLE (DARK CLOTHING)
- 29 IMPROPER
- 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: C:

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE WEAR/OUT
- 07 WORK ON BLACK TILES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PITCH COACH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS

A: 20 B: 20

NON-COLLISION

01 OVERTURN/ROLLOWER

02 FIRE/EXPLOSION

03 IMBIBITION

04 JACKKNIFE

05 GEAR/EQUIPMENT LOSS/SHIFT

06 EQUIPMENT FAILURE

07 SEPARATION OF UNITS

08 RAN OFF ROAD FRONT

09 RAN OFF ROAD LEFT

10 CROSS MEDIAN/CENTERLINE

11 DOUBLE DRIVEWAY

12 OTHER NON-COLLISION

13 UNKNOWN NON-COLLISION

COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT POKED

14 PEDESTRIAN

15 PEDESTRIAN

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 CUSHION

26 BRIDGE OVERHEAD STRUCTURE

27 BRIDGE PIER OR ABUTMENT

28 SIGN/STRUCTURE

29 CRACKED RAIL

30 GUARDRAIL FACE

31 GUARDRAIL END

32 BRIDGE BARRIER

33 HIGHWAY TRAFFIC SIGN POST

34 OVERHEAD SIGN POST

35 LIGHT/STRUCTURE 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

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:

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:

SUPPLEMENT # "X" IF YES

A: B:

LOCAL REPORT #

08-07965

POSTED SPEED

35 35

TRAFFIC CONTROL

A: 04 B: 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 MARKING
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE IMPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION

From To From To

A: 43 B: 43

- 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, ALSEB, 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 - HBG 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:

SUPPLEMENT # "X" IF YES

A: B:

LOCAL REPORT #

08-07965

DRUG 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

DRUG TEST TYPE

A: B:

1 NONE

2 BLOOD

3 URINE

4 OTHER

DRUG TEST 1&2 RESULT

A: B:

1 NONE

2 SAMPLING

3 COCAINE

4 CRACKS

5 AMPHETAMINE

6 PCP

7 OTHER

8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

A: 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 BRANDED USE PATHS ON TRAILS

13 UNKNOWN

OCCURRENCE

A: B:

1 ON ROADWAY

2 ON SHOULDER

3 IN MEDIAN

4 ON ROADSIDE

5 ON CURB

6 OUTSIDE TRAFFICWAY

7 UNKNOWN

ROAD CONTOUR

A: B:

1 STRAIGHT LEVEL

2 STRAIGHT GRADE

3 CURVE LEVEL

4 CURVE GRADE

ROAD CONDITIONS

Primary: A: B: Secondary: C: D:

01 DRY

02 WET

03 SNOW

04 ICE

05 SAND, MUD, DIRT, OIL, GRAVEL

06 WATER (HYDRANT, STREAM)

07 SLUSH

08 DEBRIS**

09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT**

10 OTHER

11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

Unit #2 WAS TRAVELING EAST ON Salt Springs Rd. Unit #2 WAS STOPPING / STOPPED AT THE INTERSECTION OF Salt Springs @ Bella Vista East Bound. Unit #2 Failed To Maintain Adequate Clear Distance striking Unit #1 in THE Right REAR.

NUMBER 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 AWAY
 7 DRIVING, SAME DIRECTION
 8 DRIVING, 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

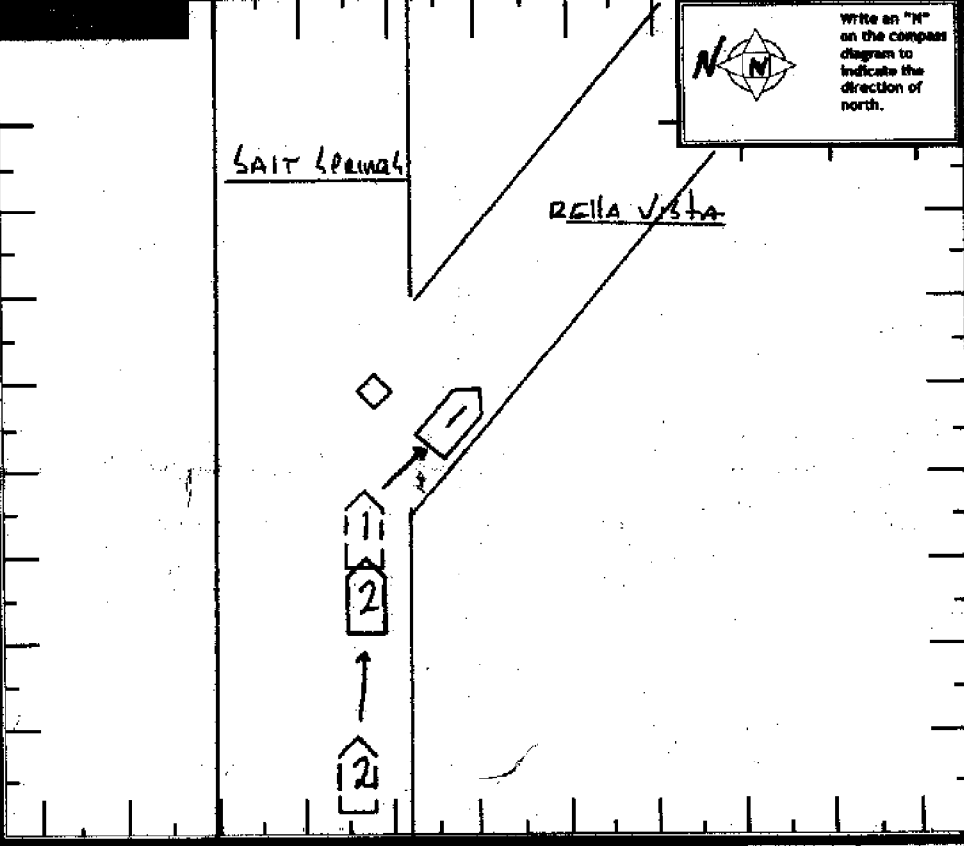
TYPE OF WORK ZONE
 1
 1 LANE CLOSURE
 2 LANE SHUT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 TEMPORARILY REDUCED WORK
 5 OTHER

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, FOGG
 04 RAIN
 05 SLUSH, HAIL (PRECIPITATION FROM DISTANT)
 06 SNOW
 07 SEVERE CROSSWIND
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

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



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 PASSENGERS, 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 DAMAGE OR REQUIRED ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit #
 Company (FROM SHIPPING PAPERS) _____ Company Phone _____
 Address (Street, City, St, Zip Code) _____

US DOT	ICC MC	PLCC	TRAILER LP ST.	TRAILER LP YR	TRAILER LP #	PLACARD #	LD
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CRIB/GRABEL	<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	Weight (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL Class <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	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

DATE CRASH REPORTED: 11/13/2008 TIME REC CALL: 2227 DISPATCH: 2230 ARRIVED: 2235 CLEARED: 60 OTHER: TOTAL MINUTES: 2335

OFFICER'S NAME: PESA BARGE #: 1032 CHECKED BY: DSP. GARCAR DATE REPORT FILED #: 11142008

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT 'X' IF YES: LOCAL REPORT # #: 19-077945