

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08-079228

CRASH SEVERITY
1 FATAL 3 FDD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HST/SICP
1 NOT HST/SICP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

MOBILE #
05009

REPORTING AGENCY *
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
02 00 = ANNUAL
00 = UNKNOWN

DATE OF CRASH *
11/19/2008

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
1921 WED X YOUNGSTOWN 50

FROM: ROAD OR HIGHWAY TYPE LOC TYPE LOCATION POINT USED
WILDLIOTHIAN BLVD 1 1 NAMED STREET 3 NUMBERED ROUTE
AT Hillman Ave 02 REFERENCE POINT USED
01 STATE LINE 04 MOORE NUMBER 05 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 06 TOWNSHIP BOUNDARY 08 DRIVEWAY
03 COUNTY LINE 07 CORPORATION LIMIT 09 MILE POST 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) ROUNDS, JAMES L
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 439 E. PASADENA AVE. YOUNGSTOWN OH 44502
 SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 05091983 25 M 330-540-7346
 DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
 OH RX097494 OH EMB2501 1 2 EMS 5 UNKNOWN 3 POLICE
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 1990 CHEVY CAPRICE BLUE PROGRESSIVE CRUMPS
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #
 331.17 R.O.W. ON LEFT TURN I 28087 X

B UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) BROWN, GREGORY A.
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 4138 STRATFORD YOUNGSTOWN OH 44512
 SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 12281947 60 M 330-788-0720
 DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
 OH B65028147369 OH EMB1678 1 2 EMS 5 UNKNOWN 3 POLICE
 OWN. NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 2008 Audi BLACK STATE FARM LUDT'S
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #
 331.17 R.O.W. ON LEFT TURN I 28087 X

Occupant

C 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 TRANSPORTED BY INJURED TAKEN TO
 2 EMS 5 UNKNOWN 3 POLICE

D 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 TRANSPORTED BY INJURED TAKEN TO
 2 EMS 5 UNKNOWN 3 POLICE

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 GLASSER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 25 Other	SAFETY EQUIPMENT MC 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 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

SUPPLEMENT #
X IF YES

URTY NUMBERS
91 94

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 TRIPWAY)
13 OUTSIDE TRIPWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

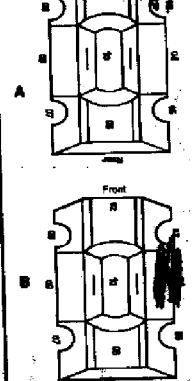
TYPE OF UNIT
03 03

- MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SWALE UNIT TRUCK
10 SINGLE UNIT TRUCK 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BORTAL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR COLUMBIAN GOLF
17 TRACTOR/TIMBER
18 MOTORCYCLE
19 MOTORBIKE/BICYCLE
20 SCHOOL BUS
21 CHURCH BUS
22 POLICE BUS
23 OTHER BUS
24 POLICE VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAIL
30 FARM VEHICLE
31 FARM EQUIPMENT
32 BROWSE/BOAT
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/O 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
2 3

DAMAGE AREA



MOST DAMAGED AREA
09 09

- 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
09 09

- 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 4

STRIKING VEHICLE: OVERSIDE / UNDERSIDE
1 No Undercarriage On Outside
2 Undercarriage, COMPARTMENT INTERIOR
3 Undercarriage, NO COMPARTMENT INTERIOR
4 Undercarriage, COMPARTMENT INTERIOR UNBROKEN
5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERSIDE, OTHER VEHICLE
7 UNKNOWN

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SICK TIRES
08 TIRE/VALVE EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DAMAGED FLOOR PITCH CRASH
11 OTHER DEFECTS

PRE-CRASH ACTIONS
01 09

- 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 DRIVENLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLACING, CYCLING
17 WHEELCHAIR
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

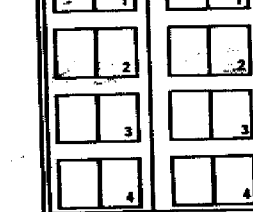
CONTRIBUTING CIRCUMSTANCES
01 02

- 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/ADCA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
10 IMPROPER BACKING
11 IMPROPERLY PASSED FRONT POINT
12 STOPPED OR PASSED ILLEGALLY
13 OPERATIVE VEHICLE IN EXHAUST, RECKLESS, CARELESS, NEGLIGENCE OR APOCALYPSE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST/IN ROADWAY, ETC)
15 FAILURE TO CONTROL
16 VEHICLE OBSTRUCTION
17 DRIVER DISTRACTION
18 FARELESS/RIDER/IMP
19 OPERATIVE DEFECTIVE EQUIPMENT
20 LOAD SHIFTS/FALLING/SLIDING
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/FRONT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 MATTHEW
30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF "S" SELECTED ABOVE

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SICK TIRES
08 TIRE/VALVE EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DAMAGED FLOOR PITCH CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS
20 20



- NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 INVERSION
04 JACKKNEE
05 CAR/LOAD/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/COUNTERLINE
11 BOMBED/RUNAWAY
12 OTHER-NON-COLLISION
13 UNKNOWN NON-COLLISION
14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT PLOTTED
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
COLLISION WITH FIXED OBJECT
26 IMPACT ATTERMINATION/CRASH CUSHION
27 BRIDGE OVERHEAD STRUCTURE
28 BRIDGE PIER OR ABUTMENT
29 BRIDGE RAMP
30 BRIDGE FACE
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HAZARDOUS TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINAIRE SUPPORT
36 UTILITY POLE
37 OTHER POST, PILE OR SUPPORT
38 CULVERT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MASTHEAD
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

1 NONE
2 BLOOD
3 URINE

ALCOHOL TEST RESULT
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

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

POSTED SPEED
35 35

TRAFFIC CONTROL
07 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 PAVEMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION
3 4 4 1

- 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 EMBARRASSED
4 ILLNESS
5 FELL ASLEEP, FAINTED, FITTING
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

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

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
A B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT
A B

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

TYPE OF INTERSECTION
04

- 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 RAMP-WALK SPACE CROSSING
12 SHARED-USE PATHS ON TRAILS
13 UNKNOWN

OCCURRENCE
A

- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON TRIPWAY
5 ON GOLF COURSE
6 OUTSIDE TRIPWAY
7 UNKNOWN

ROAD CONTOUR
A

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

ROAD CONDITIONS
PRIMARY SECONDARY
01 01

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

SUPPLEMENT & X* IF YES LOCAL REPORT # 2 03-079443

UNIT 01 WAS W. B. ON W. MIDLOTNIAN IN THE CURB LANE. UNIT 02 WAS FACING E. B. IN THE CENTER TURNING LANE OF W. MIDLOTNIAN TURNING (LEFT) N. ON TO HILLMAN AVE.

UNIT 02 ENTERED THE LEFT TURN N. ON TO HILLMAN CROSSING THE PATH OF UNIT 01 CAUSING UNIT 01 TO STRIKE UNIT 02 BROADSIDE IN THE RIGHT REAR PASSENGER DOOR/FENCER AREA.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 SKEWING 6 ANGLE 7 SIDEWIDE, SAME DIRECTION 8 SIDEWIDE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		Write an "N" on the compass diagram to indicate the direction of north.	
WEATHER <input type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL, FREEZING RAIN (SIZZLES) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND/SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN			
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 4 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHARP CROSSOVER 3 WORK ON SUSPENSION OR BRIDGE 4 INTERCHANGING HIGHWAY WORK 5 OTHER			
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 THROUGH AREA 4 ACTIVITY AREA	WARRIORS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN			

UNIT # <input type="text"/>	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/TRANSPORTER FOR AT LEAST 3 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 MECHANICAL DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>		
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>			

US DOT <input type="text"/>	ICC/MC <input type="text"/>	PUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	PLACARD <input type="text"/>	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
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/CRANE/GRAPPLER	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP	<input checked="" 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/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	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				

DATE CRASH REPORTED 11/19/2008	TIME REC CALL 1921	DISPATCH 1934	ARRIVED 1940	CLEARED 2221	OTHER <input type="text"/>	TOTAL MINUTES 180	
OFFICER'S NAME M. JOHNSON	BADGE # 1091	CHECKED BY P. GARCIA	DATE REPORT FILED 11/21/2008	REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input checked="" type="checkbox"/> 3 1 SCENE <input type="checkbox"/> 2 STATION	SUPPLEMENT * IF YES <input type="checkbox"/>	LOCAL REPORT # 28-079228