

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10-80)



LOCAL REPORT # \*  
08-080325

CRASH SEVERITY  
3  
1 FATAL 3 POO  
2 MURRY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HEAT/SCUP  
1 NOT HEAT/SCUP  
2 SOLVED  
3 UNSOLVED

PROPERTY TAKEN  
X IF YES

CR-2 CR-3 CR-4 CR-5

NCIC # \*  
05009

REPORTING AGENCY \*  
Youngstown Police

F UNITS  
02

UNIT ERROR  
99  
00 = ANNUAL  
90 = UNKNOWN

DATE OF CRASH \*  
11252008

TIME OF CRASH  
1603

DAY OF WEEK  
TUE

CITY \* VILLAGE \* TWP \*  
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown

COUNTY # \*  
50

LATITUDE LONGITUDE

TYPE LOC 1  
E Front St.

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

REFERENCE POINT USED  
1 STATE LINE 2 INTERSECTION 2 STREETS  
3 POLICE 4 COUNTY LINE

04 HOME NUMBER 05 PLACE NAME W/O REFERENCE  
06 TOWNSHIP BOUNDARY 08 DRAINAGE  
09 MILE POST 10 STREET ON ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

UNIT # # OF OCC.  
A 01 01 NAME (LAST, FIRST, MIDDLE)  
Carpenter, Ronald W. Jr.  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
13 Kais. Biond. OH 44420

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
12261970 37 M 599-1731

DL STATE DL # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Hond Knox Ent. Inc. 4122 Highland, Wagon OH 44421

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2006 Mack Granite Blue Westfield 503-9053

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

UNIT # # OF OCC.  
B 01 01 NAME (LAST, FIRST, MIDDLE)  
Lepto, John E. III  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
820 Hammar Ridge, Akron OH 44313

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
07011959 49 M 869-0746

DL STATE DL # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2003 Chrysler PT Cruisec White Allstate

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

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

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

Motorist/Non-Motorist

Occupant

SEATING POSITION  
01 FRONT - LEFT (DRIVER)  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (PASS)  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT (PASS)  
08 THIRD - MIDDLE (PASS)  
09 THIRD - RIGHT (PASS)  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILER 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 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 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

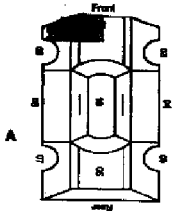
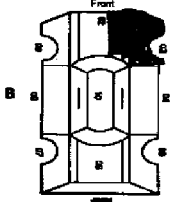
EJECTION  
1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

TRAPPED  
1 NOT TRAPPED  
2 EJECTED BY MECHANICAL MEANS  
3 FIRED BY NON-MECHANICAL MEANS  
4 UNKNOWN

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

BLANK FOR WITNESS

SUPPLEMENT \* X IF YES

<b>VEHICLE NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">29</td> <td style="text-align: center;">29</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	A	B	29	29	2	2	3	3	4	4	<b>POSTED SPEED</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	A	B			<b>DRUG TEST STATUS</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table>	A	B	1	1						
A	B																												
29	29																												
2	2																												
3	3																												
4	4																												
A	B																												
A	B																												
1	1																												
<b>NON-MOTORIST LOCATION</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p>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</p>	A	B			 <p><b>MOST DAMAGED AREA</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div>	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/FOLLOWER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKIFE 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/CENTERLANE 11 DOWNBALL RIMWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT POWERED</b> 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 <b>COLLISION WITH POWERED OBJECT</b> 25 IMPACT ATTERMINATION/CRASH CORRECTION 26 BRIDGE OVERTHEAD STRUCTURE 27 BRIDGE PIER ON 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/UNDERPASS SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 CURB 40 DITCH 41 ENVIRONMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">04</td> </tr> </table> <p>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</p>	A	B	04	04	<b>DRUG TEST TYPE</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 NONE  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 TEST GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p> <p><b>DRUG TEST 1&amp;2 RESULT</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> <p>1 NONE  2 MARIJUANA  3 COCAINE  4 OPiates  5 AMPHETAMINES  6 PCP  7 OTHER  8 UNKNOWN AT TIME OF REPORTING</p>	A	B	1	1	A	B	1	2								
A	B																												
A	B																												
04	04																												
A	B																												
1	1																												
A	B																												
1	2																												
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div> <p><b>MOTORIST</b>  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 TRAILER  11 TRUCK/TRACTOR (BOSTAL)  12 TRACTOR/DOUBLE SHORT  13 TRACTOR/DOUBLE LONG  14 FIFTH WHEEL OR CONVERTER DOLLY  15 TRACTOR/TRAILER  16 MOTORCYCLE  17 MOTORBIKE  18 MOPED/BICYCLE  19 SCHOOL BUS  20 CHURCH BUS  21 PUBLIC BUS  22 OTHER BUS  23 POLICE VEHICLE  24 FIRE TRUCK  25 AMBULANCE/RESQUC  26 TAXI  27 MOTOR HOME  28 TRAM  29 FARM VEHICLE  30 FARM EQUIPMENT  31 SHOULDER  32 CONSTRUCTION EQUIPMENT  34 ALL OTHERS</p>	<p><b>POINT OF IMPACT</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div> <p>01 NONE  02 CENTER FRONT  03 RIGHT FRONT  04 RIGHT SIDE  05 RIGHT REAR  06 REAR CENTER  07 LEFT REAR  08 LEFT FRONT  09 TOP AND WINDOWS  10 UNDERCARRIAGE  12 LOAD/TRAILER  13 TOTAL (ALL AREAS)  14 OTHER  15 UNKNOWN</p>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">27</div> </div> <p><b>MOTORIST</b>  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/ACCDA  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 VEHICLE OBSTRUCTION  17 DRIVER INATTENTION  18 FATIGUE/ALSEP  19 OPERATING DEFECTIVE EQUIPMENT  20 LOAD SHIFTS/FALLING/SPILLING  21 OTHER IMPROPER ACTION  22 UNKNOWN  <b>NON-MOTORIST</b>  23 NONE  24 IMPROPER CROSSING  25 DARTING  26 LYING AND/OR ILLEGALLY IN ROADWAY  27 FAILURE TO YIELD RIGHT OF WAY  28 NOT WEAR SEAT BELT (CLOTHING)  29 JAYWALKING  30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER  31 WRONG SIDE OF THE ROAD  32 OTHER  33 UNKNOWN</p>	<b>FIRST HARMFUL EVENT</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	A	B	1	1	<b>CONDITION</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 APPARENTLY NORMAL  2 PHYSICAL IMPAIRMENT  3 EMOTIONAL  4 ILLNESS  5 FELL ASLEEP, FANITED, FATIGUED, ETC  6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  7 OTHER  8 UNKNOWN</p>	A	B	1	1	<p><b>TYPE OF INTERSECTION</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">02</div> </div> <p>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 DIVERGENT ACCESS  11 RAILWAY GRADE CROSSING  12 SHARED-USE PATHS ON TRAILS  13 UNKNOWN</p>																
A	B																												
1	1																												
A	B																												
1	1																												
<p><b>IN EMERGENCY RESPONSE</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 NO  2 YES  3 UNKNOWN</p>	A	B	1	1	<p><b>ACTION</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <p>1 NON-CONTACT  2 NON-COLLISION  3 STRUCK  4 STRUCK  5 BOTH STRUCK AND STRUCK  6 UNKNOWN</p>	<p><b>VEHICLE DEFECT</b>  CODE ONLY IF "19" SELECTED ABOVE</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p>01 TAIL SIGNALS  02 HEAD LAMPS  03 TAIL LAMPS  04 BRAKES  05 STEERING  06 TIRE BLOWOUT  07 WORK ON SLACK TIRES  08 TRAILER EQUIPMENT DEFECTIVE  09 MOTOR TROUBLE  10 DISABLED FROM PRIOR CRASH  11 OTHER DEFECTS</p>	A	B			<b>MOST HARMFUL EVENT</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	A	B	1	1	<b>ALCOHOL/DRUG SUSPECTED</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 NONE  2 YES - ALCOHOL SUSPECTED  3 YES - FBI NOT IMPAIRED  4 YES - DRUGS SUSPECTED  5 YES - ALCOHOL / DRUGS SUSPECTED  6 UNKNOWN</p>	A	B	1	1	<p><b>OCCURRENCE</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <p>1 ON ROADWAY  2 ON SHOULDER  3 IN MEDIAN  4 ON ROADSIDE  5 ON GORE  6 OUTSIDE TRAFFICWAY  7 UNKNOWN</p>								
A	B																												
1	1																												
A	B																												
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<p><b>DAMAGE SCALE</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> </table> <p>1 NONE  2 NON-FUNCTIONAL DAMAGE  3 FUNCTIONAL DAMAGE  4 DISABLING DAMAGE  5 SEVERE  6 UNKNOWN</p>	A	B	2	2	<p><b>STRUCK BY VEHICLE:</b>  OVERSIDE / UNDERSIDE</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 NO UNDERSIDE OR OVERSIDE  2 UNDERSIDE, COMPARTMENT INTERIOR  3 UNDERSIDE, NO COMPARTMENT INTERIOR  4 UNDERSIDE, COMPARTMENT INTERIOR UNKNOWN  5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT  6 OVERSIDE, OTHER VEHICLE  7 UNKNOWN</p>	A	B	1	1	<p><b>SPEED DETECTED</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 STATED  2 ESTIMATED SPEED</p>	A	B	1	1	<b>ALCOHOL TEST STATUS</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 NONE  2 TEST REFUSED  3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  4 TEST GIVEN, RESULTS KNOWN  5 TEST GIVEN, RESULTS UNKNOWN  6 UNKNOWN</p>	A	B	1	1	<b>ALCOHOL TEST TYPE</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <p>1 NONE  2 BLOOD  3 URINE  4 BREATH  5 OTHER</p>	A	B	1	1	<p><b>ROAD CONDICTIONS</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A</td> <td style="width: 50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;"> </td> </tr> </table> <p>01 DRY  02 WET  03 SNOW  04 ICE  05 SAND, MUD, DIRT, OIL, GRAVEL  06 WAVES (STANDING, MOVING)  07 SLUSH  08 DEBRIS**  09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT**  10 OTHER  11 UNKNOWN  **SECONDARY ROAD CONDITIONS ONLY</p>	A	B	02	
A	B																												
2	2																												
A	B																												
1	1																												
A	B																												
1	1																												
A	B																												
1	1																												
A	B																												
1	1																												
A	B																												
02																													
<p><b>SUPPLEMENT 2</b> "X" IF YES</p> <p><b>LOCAL REPORT #</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">-</div> <div style="border: 1px solid black; padding: 2px;">080325</div> </div>																													

Unit #1 was turning left  $\frac{1}{2}$  onto Market from Front as Unit #2 was traveling  $\frac{N}{1/2}$  on Market. Both claim to have green lights, but no independent witnesses came forward. Further, both vehicles were moved prior to police arrival. In the end the two units collided with one another @ the intersection of E. Front and Market.

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

<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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.
Unit # <input type="checkbox"/> <input type="checkbox"/> Company (From Shipping Papers) <input type="checkbox"/> Address (Street, City, St, Zip Code) <input type="checkbox"/>	Company Phone <input type="checkbox"/>	

<b>UR DOT</b> <input type="checkbox"/>	<b>ICC MC</b> <input type="checkbox"/>	<b>PUCO</b> <input type="checkbox"/>	<b>TRAILER LP ST.</b> <input type="checkbox"/>	<b>TRAILER LP YEAR</b> <input type="checkbox"/>	<b>TRAILER LP #</b> <input type="checkbox"/>	<b>PLACARD #</b> <input type="checkbox"/>	<b>PLA</b> <input type="checkbox"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-16 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CANPS/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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL Class</b> <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	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

<b>DATE CRASH REPORTED</b> 11 25 2008	<b>TIME REC CALL</b> 1603	<b>DISPATCH</b> 1604	<b>ARRIVED</b> 1605	<b>CLEARED</b> 1703	<b>OTHER</b> <input type="checkbox"/>	<b>TOTAL MINUTES</b> 60
<b>Officer's Name #</b> Brindisi	<b>Badge # *</b> 1063	<b>CHECKED BY</b> J.S.P. GARRETT	<b>DATE REPORT FILED #</b> 11 26 2008	<b>REPORT TAKEN BY</b> <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<b>LOCAL REPORT # *</b> 08-080325