

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
09-001331

CRASH SEVERITY  
2 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 Police

# UNITS  
02

UNIT ERROR  
01 99 = ANNUAL  
98 = UNKNOWN

DATE OF CRASH #  
01072009

TIME OF CRASH

DAY OF WEEK

CITY #

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) #

COUNTY # #

LATITUDE

LONGITUDE

1959

WED

X

Youngstown

50

TYPE LOCATION  
South Ave

TYPE LOC  
1

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

POINT REFERENCE OR OTHER REFERENCE  
on South Ave Bridge

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 DIVERGENT  
10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

UNIT # # OF OCC.  
A 01 01 NAME (LAST, FIRST, MIDDLE)  
Corno, Annetta

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
501 Como, Steuthers, OH 44471

DATE OF BIRTH  
06141927

AGE  
81

SEX  
F

HOME PHONE #  
755-6817

DL STATE DL #  
OH R233474

LP STATE LP #  
OH AK83935

INJURED 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 MAKE MODEL COLOR  
1991 Buick Century Maroon

INSURANCE COMPANY  
State Farm

TOWING SERVICE  
Ludt's

OWNER PHONE #

OFFENSE CHARGES  
333.03

OFFENSE DESCRIPTION  
Accused Clear Distance

CITATION #  
144195

LOCAL CODE? X IF YES

Occupant

UNIT # # OF OCC.  
B 02 02 NAME (LAST, FIRST, MIDDLE)  
Nicholson, Matthew J.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
723 W. Gaefield, Columbiana, OH 44408

DATE OF BIRTH  
09231978

AGE  
30

SEX  
M

HOME PHONE #  
565-7311

DL STATE DL #  
OH RL420072

LP STATE LP #  
OH Q932225

INJURED 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 MAKE MODEL COLOR  
1994 Lincoln Towncar Maroon

INSURANCE COMPANY  
SR22 Bond

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGES

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # # OF OCC.  
C 02 NAME (LAST, FIRST, MIDDLE)  
Kozic, Zoltan

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
253 Maplewood, Steuthers, OH 44471

DATE OF BIRTH  
887-9678

AGE  
02021974

SEX  
M

HOME PHONE #

INJURED TAKEN BY  
4

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY  
self

INJURED TAKEN TO  
Northside

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGES

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

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 CAR  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILER 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/MOTORIST  
09 NONE USED  
10 HELMET USED  
11 PROTECTIVE PADS  
12 REFLECTIVE CLOTHING  
13 LIGHTING  
14 OTHER

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

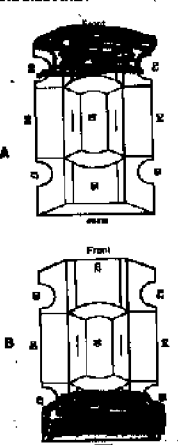
EJECTION  
1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

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

BLANK FOR WITNESS

SUPPLEMENT # X IF YES

<b>UNITY NUMBERS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> <b>NON-MOTORIST LOCATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> 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	<b>DAMAGE AREA</b>  <b>MOST DAMAGED AREA</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> 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	<b>PRE-CRASH ACTIONS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</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>CONTRIBUTING CIRCUMSTANCES</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">08</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <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/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 OBSCURE, PICKLENS, CARELESS, NEGLECT 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 <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 VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td>20</td> <td>20</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> </table> <b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/DIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD FRONT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FORD</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 FIXED OBJECT</b> 25 IMPACT ATTENUATION/CRASH CURSOR 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON STRUCTURE 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/ILLUMINATION SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 GULCHET 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	A	B	20	20	2	2	3	3	4	4	<b>POSTED SPEED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> <b>TRAFFIC CONTROL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCK 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, MISSING, OBSCURED 16 OTHER  <b>DIRECTION</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">FROM TO</td> <td style="width: 50%;">FROM TO</td> </tr> <tr> <td>1 2</td> <td>1 2</td> </tr> </table> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	FROM TO	FROM TO	1 2	1 2	<b>DRUG TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN  <b>DRUG TEST TYPE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NONE 2 BLOOD 3 URINE 4 OTHER  <b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	A	B	1	2
A	B																						
20	20																						
2	2																						
3	3																						
4	4																						
FROM TO	FROM TO																						
1 2	1 2																						
A	B																						
1	2																						
<b>TYPE OF UNIT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">04</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div> <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 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 FIRM WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BOYCLE 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 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/BOYDLY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> 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	<b>VEHICLE DEFECT CODE ONLY IF '1B' SELECTED ABOVE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> 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	<b>FIRST HARMFUL EVENT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>CONDITION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 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  <b>ALCOHOL/DRUG SUSPECTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - MBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN  <b>ALCOHOL TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN  <b>ALCOHOL TEST TYPE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER  <b>ALCOHOL TEST RESULT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> 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 SHARED-LIKE PATHS OR TRAILS 13 UNKNOWN  <b>OCCURRENCE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN  <b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2</div> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																		
<b>IN EMERGENCY RESPONSE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NO 2 YES 3 UNKNOWN  <b>DAMAGE SCALE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>ACTION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN  <b>STRIKING VEHICLE: OVERSIDE/ UNDERIDE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 NO UNDERIDE OR OVERSIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN	<b>SPEED DETECTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> 1 STATED 2 ESTIMATED SPEED  <b>SPEED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">30</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">25</div>	<b>MOST HARMFUL EVENT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>LOCAL REPORT #</b> 09-061331	<b>ROAD CONDITIONS</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">PRIMARY</td> <td style="width: 50%;">SECONDARY</td> </tr> <tr> <td>04</td> <td></td> </tr> </table> 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 PAYMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	PRIMARY	SECONDARY	04															
PRIMARY	SECONDARY																						
04																							
<b>SUPPLEMENT * "X" IF YES</b>		<b>LOCAL REPORT #</b> 09-061331																					

**Narrative**

Unit #1 & #2 were both traveling S/B on South Ave. (South Ave. Bridge) when Unit #2 began to lose traction on the icy road surface. Unit #1 failed to maintain an assured clear distance thus rear ending Unit #2.

After striking Unit #2, Unit #1 slid down/north the bridge.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACK-ON 6 ANGLE 7 SIDESWIPES, SAME DIRECTION 8 SIDESWIPES, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" 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.	
<b>WEATHER</b> <input checked="" type="checkbox"/> 06 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMIRGE 04 RAIN 05 SLEET, HAIL, FREEZING RAIN, DRIZZLE 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN			
<b>LIGHT CONDITIONS</b> 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 CLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHARP/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVING WORK 5 OTHER			
<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA			

<b>UNIT #</b> <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 DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.	<b>A N D</b>	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.
<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="text"/>	<b>COMPANY PHONE</b> <input type="text"/>	<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="text"/>	

<b>US DOT</b> <input type="text"/>	<b>ICC MC</b> <input type="text"/>	<b>PUCO</b> <input type="text"/>	<b>TRAILER LP ST.</b> <input type="text"/>	<b>TRAILER LP YEAR</b> <input type="text"/>	<b>TRAILER LP #</b> <input type="text"/>	<b>PLACARD #</b> <input type="text"/>	<b>PLA</b> <input type="text"/>
<b>CARGO BODY TYPE</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 GRABBER/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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<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>Police Action</b>							
<b>DATE CRASH REPORTED</b> 01072009	<b>TIME REC CALL</b> 1959	<b>DISPATCH</b> 1959	<b>ARRIVED</b> 2000	<b>CLEARED</b> 2005	<b>OTHER</b> <input type="text"/>	<b>TOTAL MINUTES</b> 66	
<b>OFFICER'S NAME *</b> Brindki	<b>BADGE # *</b> 1063	<b>CHECKED BY</b> 	<b>DATE REPORT FILED *</b> 01082009				
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 HOME <input type="checkbox"/> 2 STATION	<b>SUPPLEMENT * * * * *</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>LOCAL REPORT # *</b> 09-001331				