

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09 + 002083

CRASH SEVERITY  
1 FATAL 3 PEPS  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/SKIP  
1 NOT HIT/SKIP SOLVED  
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 Dept

# UNITS  
02

DATE OF CRASH \*  
01112009

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1706 SUN X Youngstown 50

PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
MAHoning Ave 1 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

UNIT REFERENCE OH REFERENCE REF POINT REF POINT USED  
S04 E HAZELWOOD 02 01 STATE LINE 02 TOWNSHIP BOUNDARY 03 COUNTY LINE 04 HOUR NUMBER 05 PLACE NAME W/O REFERENCE 06 DRIVEWAY 07 STREET OR ROUTE W/O REFERENCE 08 MILE POST 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT # 01 OCC. NAME (LAST, FIRST, MIDDLE) BIELIK, Anthony E.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 222 S. Glenellen Youngstown OHIO 44509

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
[REDACTED] 10301963 45 M 3307924702

DL STATE # OH RS09106 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)  
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2003 Pontiac Grand Am Mar Progressive none

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

UNIT # 02 OCC. NAME (LAST, FIRST, MIDDLE) TATE, LESLIE J.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1470 Maplecrest Youngstown OHIO 44515

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
[REDACTED] 09211986 22 M 3305509809

DL STATE # OH SN957927 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)  
MATOLA, SUE E.

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1992 Geo Prizm Lbi (UNK) Luoti's

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES  
4511.002 Failure to Control E-12562

UNIT # 01 NAME (LAST, FIRST, MIDDLE) Walsh, Nancy HOME PHONE # DATE OF BIRTH AGE SEX  
3305093584 08311964 44 F

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
2929 Noel Yo OH 44509 1

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

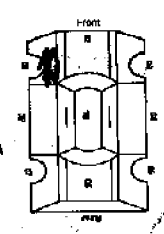
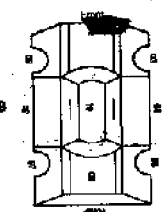
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist  
Motorist/Non-Motorist  
Accupant

<p>SEATING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER) 04 A</p> <p>02 FRONT - MIDDLE 04 A</p> <p>03 FRONT - RIGHT 04 B</p> <p>04 SECOND - LEFT (MC PASS) 04 B</p> <p>05 SECOND - MIDDLE 04 C</p> <p>06 SECOND - RIGHT 04 C</p> <p>07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 04 C</p> <p>08 THIRD - MIDDLE 04 C</p> <p>09 THIRD - RIGHT 04 D</p> <p>10 SLEEPER SECTION OF CAB 04 D</p> <p>11 ENCLOSED CARGO AREA 04 D</p> <p>12 UNENCLOSED CARGO AREA 04 D</p> <p>13 TRAILING UNIT 04 D</p> <p>14 EXTERIOR 04 D</p> <p>15 OTHER 04 D</p> <p>16 NON-MOTORIST 04 D</p>	<p>SAFETY EQUIPMENT</p> <p>MOTORIST</p> <p>01 NONE USED 04 A</p> <p>02 SHOULDER BELT ONLY 04 A</p> <p>03 LAP BELT ONLY 04 B</p> <p>04 SHOULDER/LAP BELT 04 B</p> <p>05 CHILD SAFETY SEAT 04 C</p> <p>06 MC HELMET USED 04 C</p> <p>07 USE UNKNOWN 04 D</p> <p>NON-MOTORIST</p> <p>08 NONE USED 04 D</p> <p>09 HELMET USED 04 D</p> <p>10 PROTECTIVE PADS 04 D</p> <p>11 REFLECTIVE CLOTHING 04 D</p> <p>12 LIGHTING 04 D</p> <p>13 OTHER 04 D</p> <p>14 UNKNOWN 04 D</p>	<p>AIR BAG</p> <p>1 NOT-DEPLOYED 04 A</p> <p>2 DEPLOYED-FRONT 04 A</p> <p>3 DEPLOYED-SIDE 04 B</p> <p>4 DEPLOYED BOTH FRONT/SIDE 04 B</p> <p>5 NOT APPLICABLE 04 C</p> <p>6 UNKNOWN 04 D</p>	<p>AIR BAG SWITCH</p> <p>1 NOT PRESENT 04 A</p> <p>2 IN ON POSITION 04 B</p> <p>3 IN OFF POSITION 04 B</p> <p>4 UNKNOWN 04 C</p>	<p>EJECTION</p> <p>1 NOT EJECTED 04 A</p> <p>2 TOTALLY EJECTED 04 B</p> <p>3 PARTIALLY EJECTED 04 B</p> <p>4 NOT APPLICABLE 04 C</p> <p>5 UNKNOWN 04 D</p>	<p>TRAPPED</p> <p>1 NOT TRAPPED 04 A</p> <p>2 EXTRICATED BY MECHANICAL MEANS 04 B</p> <p>3 FREED BY NON-MECHANICAL MEANS 04 B</p> <p>4 UNKNOWN 04 C</p>	<p>INJURIES</p> <p>1 NO INJURY 04 A</p> <p>2 POSSIBLE 04 B</p> <p>3 NON-INCAPACITATING 04 B</p> <p>4 INCAPACITATING 04 C</p> <p>5 FATAL INJURY 04 C</p> <p>6 UNKNOWN 04 D</p>
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BLANK FOR WITNESS

SUPPLEMENT \* X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01A"/> <input type="text" value="01B"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>20</td><td>B</td><td>20</td></tr> <tr><td></td><td>2</td><td></td><td>2</td></tr> <tr><td></td><td>3</td><td></td><td>3</td></tr> <tr><td></td><td>4</td><td></td><td>4</td></tr> </table>	A	20	B	20		2		2		3		3		4		4	<b>POSTED SPEED</b> <input type="text" value="35"/> <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1A"/> <input type="text" value="1B"/>
A	20	B	20																		
	2		2																		
	3		3																		
	4		4																		
<b>NON-MOTORIST LOCATION</b> <input type="text" value=""/> <input type="text" value=""/>		<b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LAMPS 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/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SWIFT 06 EQUIPMENT FAILURE 07 REPAIRATION 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 <b>COLLISION w/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DIER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER IMMOVABLE OBJECT 24 UNKNOWN IMMOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD 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/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	<b>TRAFFIC CONTROL</b> <input type="text" value="01A"/> <input type="text" value="01B"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>																
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>MOST DAMAGED AREA</b> <input type="text" value="09A"/> <input type="text" value="02B"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01A"/> <input type="text" value="15B"/>	<b>COLLISION w/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DIER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER IMMOVABLE OBJECT 24 UNKNOWN IMMOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD 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/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	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="3"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>																
<b>TYPE OF UNIT</b> <input type="text" value="03"/> <input type="text" value="02"/>	<b>POINT OF IMPACT</b> <input type="text" value="09A"/> <input type="text" value="02B"/>	<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 ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-WOODED/DRY 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>FIRST HARMFUL EVENT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>CONDITION</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>OCURRENCE</b> <input type="text" value="1"/>																
<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 FIFTH WHEEL OR CONVERTER 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 ANIMAL/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/FEED 36 ANIMAL W/BLVDY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>																
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>STRIKING VEHICLE! OVERRIDE/ UNDERIDE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>OTHER OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>OTHER OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text" value="3"/>	<b>ROAD CONDITIONS PRIMARY SECONDARY</b> <input type="text" value="03"/> <input type="text" value="04"/>	<b>SPEED DETECTED</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>SPEED</b> <input type="text" value="30"/> <input type="text" value="35"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ROAD CONDITIONS</b> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, CH, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																
<b>1 NONE 2 YES 3 UNKNOWN</b>	<b>1 NONE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN</b>	<b>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</b>	<b>1 STRATED 2 ESTIMATED SPEED</b>	<b>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</b>	<b>1 NONE 2 BLOOD 3 URINE 4 OTHER</b>																
<b>1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEGRADING DAMAGE 5 SEVERE 6 UNKNOWN</b>	<b>1 NONE 2 BLOOD 3 URINE 4 OTHER</b>	<b>1 NONE 2 MARIJUANA 3 COCAINE 4 DEPTES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</b>	<b>1 NONE 2 ESTIMATED SPEED</b>	<b>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</b>	<b>1 NONE 2 BLOOD 3 URINE 4 OTHER</b>																
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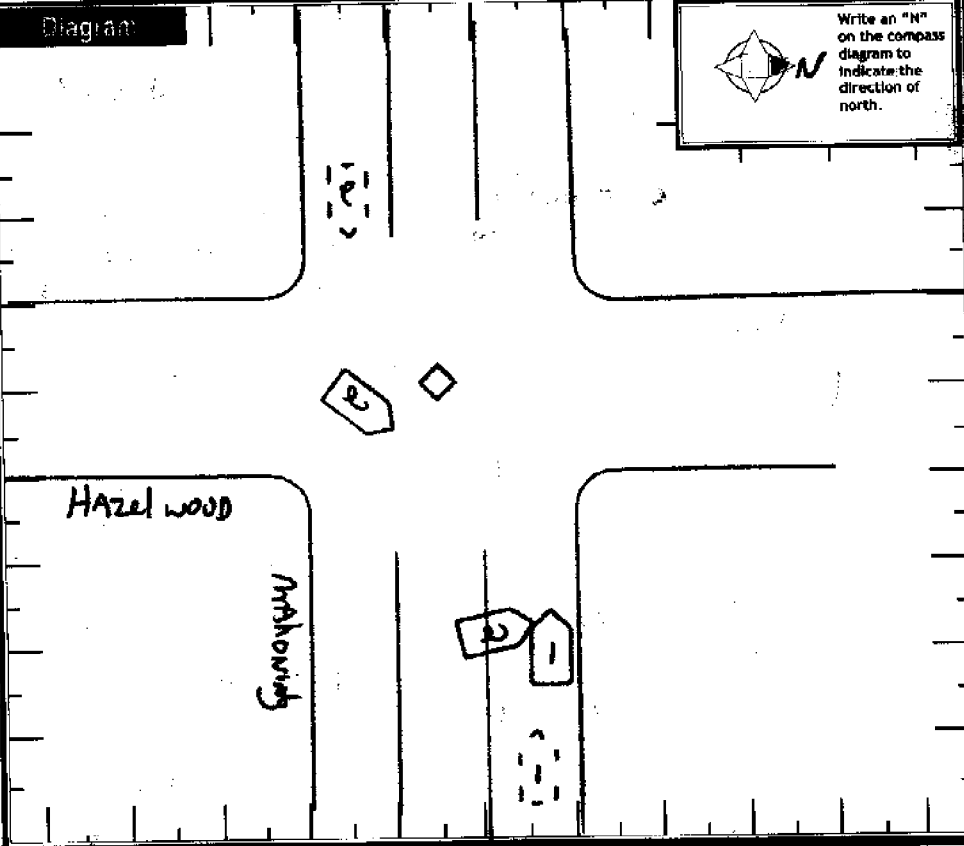
SUPPLEMENT # \*  
 X IF YES

LOCAL REPORT # \*  
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**Narrative**

Unit #1 was going from East to West on Mahoning Ave toward Hazelwood. Unit #2 was going from West to East on Mahoning. #1 stated that he saw #2 start to slip and lose control and spin. #1 stated that he slowed and tried to pull over to the side out of the way. #2 skid and started to spin toward #1 until he struck #1 with the front bumper. #2 then tried to leave the scene but was stopped a short distance (the next street) away by YPD unit. #2 was cited with Failure to Control, Hit stop, Ave.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p>6</p> <p>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</p>	<p><b>SCHOOL BUS RELATED</b></p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>
<p><b>WEATHER</b></p> <p>02</p> <p>01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DAZZLES) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN</p>	<p><b>WORK ZONE RELATED</b></p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY: 4 SECONDARY: <input type="checkbox"/></p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFTS/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT/ MOVING WORK 5 OTHER</p>
<p><b>LOCATION OF CRASH IN WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 BEFORE FIRST WORK ZONE 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>	<p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>



<p><b>Truck/Bus</b></p> <p>UNIT #</p> <p><input type="checkbox"/></p>	<p>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.</p>	<p>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 RESUMED ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p>
<p>COMPANY (FROM SHIPPING PAPERS)</p> <p>_____</p>		<p>COMPANY PHONE</p> <p>_____</p>
<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p> <p>_____</p>		

US DOT	ICC MC	PUCO	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<p><b>CARGO BODY TYPE</b></p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHPS/RAVEL</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP</p>	<p>09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p><b>Weight (GVWR)</b></p> <p><input type="checkbox"/></p> <p>1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000</p>	<p><b>CDL Class</b></p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D</p>	<p><b>Hazardous Materials Placard</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p><b>Hazardous Materials Released</b></p> <p><input type="checkbox"/></p> <p>1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>	

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01/11/2009	1726	1726	1726	1800		60
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
G. Aviler	1052	MSP. GARCIA	01/12/2009			
REPORT TAKEN BY	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT	1 SCENE 2 STATION	SUPPLEMENT * X IF YES	LOCAL REPORT # *	
	1		1		09-002083	