

TRAFFIC CRASH REPORT



LOCAL REPORT # *
 09 00 2995
 N.C.I.C. #
 05009

CRASH SEVERITY
 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN
 A

PRIVATE PROPERTY
 * YES NO

Hit/Skip
 1 Not Hit/Skip
 2 SOLVED
 3 UNSOLVED
 1

PHOTOS TAKEN
 YES NO

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY *
 YOUNGSTOWN PD
 # UNITS
 02

UNIT ERROR
 98 = ANIMAL
 99 = UNKNOWN
 01

DATE OF CRASH *
 01/15/2009

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TYP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY #* LATITUDE LONGITUDE
 2035 THU X YOUNGSTOWN 50

CRASH LOCATION
 MIDLETON BLVD
 TYPE LOC 1
 TYPE LOCATION POINT USED
 1 NAMED STREET 3 NUMBERED ROUTE
 2 NUMBERED STREET
 DOT REFERENCE OR OTHER REFERENCE
 EUCLID BLVD
 REF POINT 02
 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 DRIVEWAY
 10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC.
 A 01 01
 NAME (LAST, FIRST, MIDDLE)
 GREEN, SUSAN R
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 4203 EUCLID BLVD YOUNGSTOWN, OH 44512

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 03241951 57 F (330) 788-2039

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
 OH B030666 OH EMBRUH

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
 SAME
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 2005 HONDA CIVIC RED LUDIS
 OFFENSE CHILDREN OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
 331.07 FAILED TO YIELD LEFT I4H546

UNIT # # OF OCC.
 B 02 02
 NAME (LAST, FIRST, MIDDLE)
 CADO, PAIZIP
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 4055 SOUTH AVE BOARDMAN, OH 44512

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 07181965 43 M 3307827875

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
 OH R2057183 OH NSMVA RURAL METRO ST ELIZABETH

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
 SAME
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 1999 CHEV LUMINA PURPLE LUDIS
 OFFENSE CHILDREN OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC.
 C 02 02
 NAME (LAST, FIRST, MIDDLE)
 CADO, SKYLAR
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 4055 SOUTH AVE BOARDMAN, OH 44512

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 11201998 10 F 3307827875

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
 OH R2057183 OH NSMVA RURAL METRO ST ELIZABETH

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
 SAME
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 1999 CHEV LUMINA PURPLE LUDIS
 OFFENSE CHILDREN OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

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

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESS

SUPPLEMENT *
X OTHER

UNIT NUMBERS

01A 02B

NON-MOTORIST LOCATOR

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

TYPE OF UNIT

02A 03B

- MOTORIST**
- 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, 8 TIRES
 10 SINGLE UNIT TRUCK, 3+ AXLES
 11 TRUCK/TRAILER
 12 TRUCK TRACTOR (BOBTAIL)
 13 TRACTOR/SEMI-TRAILER
 14 TRACTOR/DOUBLE SHORT
 15 TRACTOR/DOUBLE LONG
 16 FIFTH WHEEL DR. CONVERTIBLE 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 AMBULANCE/RESCUE
 27 TAXI
 28 MOTOR HOME
 29 TRAIN
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
 36 ANIMAL W/DRUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

IN EMERGENCY RESPONSE

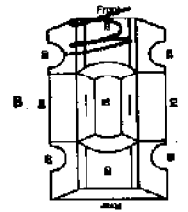
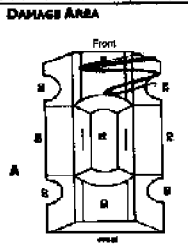
1A 1B

- 1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE

4A 4B

- 1 NONE
 2 NON-FUNCTIONAL DAMAGE
 3 FUNCTIONAL DAMAGE
 4 DRAINING DAMAGE
 5 SEVERE
 6 UNKNOWN



MOST DAMAGED AREA

03A 02B

- 01 NONE
 02 CENTER FRONT
 03 RIGHT FRONT
 04 LEFT FRONT
 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

03A 03B

- 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

4A 3B

- 1 NON-CONTACT
 2 NON-COLLISION
 3 STRUCK
 4 STRUCK
 5 BOTH STRUCK AND STRUCK
 6 UNKNOWN

STRUCKING VEHICLE: OVERSIDE/ UNDERDRIVE

1A 1B

- 1 NO UNDERDRIVE OR OVERDRIVE
 2 UNDERDRIVE, COMPARTMENT INTRUSION
 3 UNDERDRIVE, NO COMPARTMENT INTRUSION
 4 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN
 5 OVERDRIVE, MOTOR VEHICLE IN TRANSPORT
 6 OVERDRIVE, OTHER VEHICLE
 7 UNKNOWN

PRE-CRASH ACTIONS

06A 01B

- 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 DRIVERLESS
 13 OTHER
- NON-MOTORIST**
- 14 UNKNOWN
 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

CONTRIBUTING CIRCUMSTANCES

02A 01B

- 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/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, RISKLESS, 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/ASLEEP
 19 OPERATING DEFECTIVE EQUIPMENT
 20 LOAD SHIFTING/FALLING/SPILLING
 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 RIGHT OF WAY
 28 NOT VISIBLE (DARK CLOTHING)
 29 INATTENTIVE
 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
 31 WHOM SIDE OF THE ROAD
 32 OTHER
 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

A B

- 01 TURN SIGNALS
 02 HEAD LAMPS
 03 TAIL LAMPS
 04 BRAKES
 05 STEERING
 06 TIRE BLOWOUT
 07 WORN OR SLACK TIRES
 08 TRAILER EQUIPMENT DEFECTIVE
 09 MOTOR TROUBLE
 10 DISABLED FROM PRIOR CRASH
 11 OTHER DEFECTS

SEQUENCE OF EVENTS

20A 20B

A B

2 2

3 3

4 4

- NON-COLLISION**
- 01 OVERTURN/ROLLOVER
 02 FIRE/EXPLOSION
 03 IMMERSION
 04 JACKKNIFE
 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/CENTERLINE
 11 DOWNHILL RUNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 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
- COLLISION WITH FIXED OBJECT**

- 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

FIRST HARMFUL EVENT

1A 1B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1A 1B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

2A 2B

- 1 STATED
 2 ESTIMATED SPEED

SPEED

20A 35B

POSTED SPEED

35A 35B

TRAFFIC CONTROL

01A 01B

- 01 NO CONTROLS
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSBUCKS
 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 FROM TO FROM TO

3A 2 4 3

- 1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHEAST
 6 NORTHWEST
 7 SOUTHWEST
 8 SOUTHWEST
 9 UNKNOWN

CONDITION

6A 1B

- 1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL
 4 ILLNESS
 5 FELL ASLEEP, FARTIRED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

2A 1B

- 1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - NED NOT IMPAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL/DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS

4A 1B

- 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

4A 1B

- 1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

154

SUPPLEMENT * X* IF YES LOCAL REPORT # *

09-002995

DRUG TEST STATUS

1A 1B

- 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

1A 1B

- 1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1&2 RESULT

1A 1B

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

TYPE OF INTERSECTION

03

- 01 NOT AN INTERSECTION
 02 FOUR-WAY INTERSECTION
 03 T-INTERSECTION
 04 Y-INTERSECTION
 05 TRAFFIC CIRCLE/ROUNDOABOUT
 06 FIVE-POINT, OR MORE
 07 ON RAMP
 08 OFF RAMP
 09 CROSSOVER
 10 DRIVEWAY/ACCESS
 11 RAILWAY GRADE CROSSING
 12 SHARED-USE PATHS OR TRAILS
 13 UNKNOWN

OCCURRENCE

1

- 1 ON ROADWAY
 2 ON SHOULDER
 3 IN MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR

1

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

ROAD CONDITIONS

PRIMARY SECONDARY

- 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 PAVEMENT**
 10 OTHER
 11 UNKNOWN
 **SECONDARY ROAD CONDITIONS ONLY

Narrative

UNIT #1 WAS TRAVELING WESTBOUND ON MIDCLOTHIAN BLVD EAST OF EUCLID BLVD UNIT #2 WAS TRAVELING EASTBOUND ON MIDCLOTHIAN BLVD WEST OF EUCLID IN THE RIGHT LANE, WHEN UNIT #1 FAILED TO YIELD FOR UNIT #2 AND TURNED LEFT, #2 STRUCK THE RIGHT FRONT OF #1

NUMBER OF COLLISION OR IMPACT

6

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-END
- 3 HEAD-ON
- 4 FRONT-TO-REAR
- 5 BACKING
- 6 AVOID
- 7 SIDEWPE, SAME DIRECTION
- 8 SIDEWPE, 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 SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MESH
- 4 INTERMITTENT/ MOVING 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

WORKSILE PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

WEATHER

06

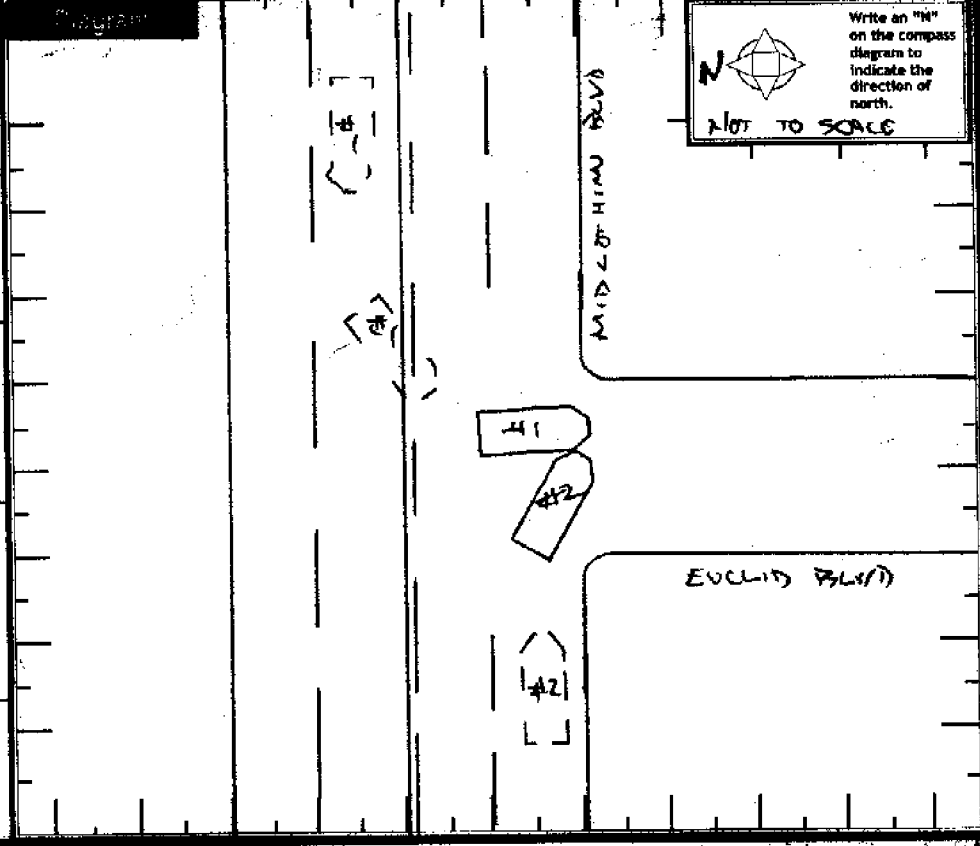
- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWIND
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

LIGHT CONDITIONS

4

PRIMARY	SECONDARY
<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 BLAME
- 8 OTHER
- 9 UNKNOWN



THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 14,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, 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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Endorsement
<ol style="list-style-type: none"> 01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 CROWN/CHOP/GRANEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARAGE/REPAIR 12 OTHER 13 UNKNOWN 	<ol style="list-style-type: none"> 1 LESS/EQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 25,000 	<ol style="list-style-type: none"> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D 	<ol style="list-style-type: none"> 1 NO 2 YES 3 UNKNOWN 	<ol style="list-style-type: none"> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01152009	2038	2039	2100	0038		240

OFFICER'S NAME #

REPORT TAKEN BY

REPORT TAKEN AT

DATE REPORT FILED #

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT 1 SCENE 2 STATION

SUPPLEMENT X IF YES

LOCAL REPORT #