

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-004112

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
3

PRIVATE PROPERTY
X IF YES

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED
1

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.A. # *
05009

REPORTING AGENCY # *
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
02
98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
01212009

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
1626 WED X YOUNGSTOWN 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
E. FLORIDA AVE. 7 1 NAMED STREET 3 NUMBERED ROUTE

UNIT REFERENCE OR SPECIAL MARKING REFERENCE POINT USED
AT SNARY RUN RD. 02
81 STATE LINE
82 INTERSECTION 2 STREETS
83 COUNTY LINE
94 HOUR NUMBER
95 TOWNSHIP BOUNDARY
96 MILE POST
97 CORPORATION LIMIT
98 PLACE NAME W/O REFERENCE
99 DEWEYWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 06 EMERSON, VICTORIA L.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
3570 VALERIE DR. YOUNGSTOWN OH 44502

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
[REDACTED] 08291956 52 F 330-755-0384

LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INURED TAKEN TO
OH 297624 OH EKC4894 1 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
STENALET CATHERINE 3521 KRIEGER YO. OH 44502

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1997 DODGE CARRAN BLV PROGRESSIVE GUY'S TOWING

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02 01 MURPHY LAVANCE A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
142 LEMANS DR #4 BOARDMAN OH 44512

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
[REDACTED] 11011988 20 M 330-318-0729

LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INURED TAKEN TO
OH SZ750515 OH DRV8558 1 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
WEST MELISSA 916 WINONA AVE YO. OH 44511

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1994 JEEP CHEROKEE BLV FOUNDER'S

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
331.19 FAIL TO YIELD R.O.W. AFTER STOP

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 DODD DIANA 330-744-896 07221970 38 F

ADDRESS (STREET, CITY, STATE, ZIP CODE)
340 CRANDALL AVE YO. OH 44510

INURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INURED TAKEN TO
1 2 EMS 5 UNKNOWN 3 POLICE

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 01 DODD MILK 330-744-896 03061994 14 M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
340 CRANDALL YO. OH 44510

INURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INURED TAKEN TO
1 2 EMS 5 UNKNOWN 3 POLICE

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SEATED - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/BOE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN

SAFETY EQUIPMENT 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 HELMET USED 09 PROTECTIVE PADS 10 REFLECTIVE CLOTHING 11 LIGHTING 12 OTHER 13 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

BLAME FOR WITNESS 18 NON-MOTORIST 17 UNKNOWN

SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS

01	02
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NON-MOTORIST LOCATION

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- MARKED CROSSWALK AT INTERSECTION
- INTERSECTION NO CROSSWALK
- NON-INTERSECTION CROSSWALK
- DRIVEWAY ACCESS CROSSWALK
- IN ROADWAY
- NOT IN ROADWAY
- MEDIAN (BUT NOT SHOULDER)
- ISLAND
- SHOULDER
- SIDEWALK
- WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- OUTSIDE TRAFFICWAY
- SHARED USE PATHS OR TRAILS
- UNKNOWN

TYPE OF UNIT

05	06
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- MOTORIST**
- SUB-COMPACT
 - COMPACT
 - MID SIZE
 - FULL SIZE
 - MINIVAN
 - SPORT UTILITY VEHICLE
 - PICKUP
 - FAMILY VAN
 - SINGLE UNIT TRUCK; 2 AXLES, 8 TIRES
 - SINGLE UNIT TRUCK 3+ AXLES
 - TRUCK/TRAILER
 - TRUCK TRACTOR (BOBTALE)
 - TRACTOR/BEM-TRAILER
 - TRACTOR/DOUBLE SHORT
 - TRACTOR/DOUBLE LONG
 - FIFTH WHEEL OR COMPENSER DOLLY
 - TRACTOR/TRIPLES
 - MOTORCYCLE
 - MOTORIZED BICYCLE
 - SCHOOL BUS
 - CHURCH BUS
 - PUBLIC BUS
 - OTHER BUS
 - POLICE VEHICLE
 - FIRE TRUCK
 - AMBULANCE/RESCUE
 - TAXI
 - MOTOR HOME
 - TRAIN
 - FARM VEHICLE
 - FARM EQUIPMENT
 - SNOWMOBILE
 - CONSTRUCTION EQUIPMENT
 - ALL OTHERS

- NON-MOTORIST**
- ANIMAL W/RIDER
 - ANIMAL W/BUDDY
 - BICYCLE
 - PEDESTRIAN
 - PEDESTALCYCLIST
 - SKATER
 - OTHER-NON MOTORIST
 - UNKNOWN

IN EMERGENCY RESPONSE

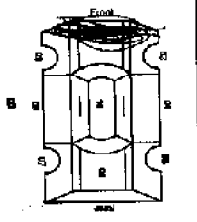
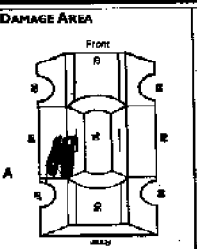
1	1
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- NO
- YES
- UNKNOWN

DAMAGE SCALE

3	3
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- NONE
- NONFUNCTIONAL DAMAGE
- FUNCTIONAL DAMAGE
- DISABLING DAMAGE
- SEVERE
- UNKNOWN



MOST DAMAGED AREA

03	03
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- NONE
- CENTER FRONT
- RIGHT FRONT
- RIGHT SIDE
- RIGHT REAR
- REAR CENTER
- LEFT REAR
- LEFT SIDE
- LEFT FRONT
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

POINT OF IMPACT

02	03
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- NONE
- CENTER FRONT
- RIGHT FRONT
- RIGHT SIDE
- RIGHT REAR
- REAR CENTER
- LEFT REAR
- LEFT SIDE
- LEFT FRONT
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

ACTION

4	3
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- NON-CONTACT
- NON-COLLISION
- STRUCK
- STRUCK
- BOTH STRUCK AND STRUCK
- UNKNOWN

STRIKING VEHICLES OVERSIDE/ UNDERDRIVE

1	1
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- NO UNDERDRIVE OR OVERDRIVE
- UNDERDRIVE, COMPARTMENT INTRUSION
- UNDERDRIVE, NO COMPARTMENT INTRUSION
- OVERDRIVE, COMPARTMENT INTRUSION UNKNOWN
- OVERDRIVE, MOTOR VEHICLE IN TRANSPORT
- OVERDRIVE, OTHER VEHICLE
- UNKNOWN

PRE-CRASH ACTIONS

01	01
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- MOTORIST**
- MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
 - BACKING
 - CHANGING LANES
 - OVERTAKING/PASSING
 - TURNING RIGHT
 - TURNING LEFT
 - MAKING U-TURN
 - EXITING TRAFFIC LANE
 - LEAVING TRAFFIC LANE
 - PARKED
 - SLOWING/STOPPED IN TRAFFIC
 - DRIVERLESS
 - OTHER
 - UNKNOWN

- NON-MOTORIST**
- ENTERING/CROSSING IN SPECIFIED LOCATION
 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 - WORKING
 - PUSHING VEHICLE
 - APPROACHING/LEAVING VEHICLE
 - PLAYING/WORKING ON VEHICLE
 - STANDING
 - OTHER
 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES

01	02
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- MOTORIST**
- NONE
 - FAILURE TO YIELD
 - RAN RED LIGHT, OR STOP SIGN
 - EXCEEDED SPEED LIMIT
 - UNSAFE SPEED
 - IMPROPER TURN
 - LEFT OF CENTER
 - FOLLOWED TOO CLOSELY/ACDA
 - IMPROPER LANE CHANGE/ DROVE OFF ROAD
 - IMPROPER PASSING
 - IMPROPER BACKING
 - IMPROPER START FROM PARKED POSITION
 - STOPPED OR PARKED ILLEGALLY
 - OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER
 - SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
 - FAILURE TO CONTROL
 - VISION OBSTRUCTION
 - DRIVER INATTENTION
 - FATIGUE/ASLEEP
 - OPERATING DEFECTIVE EQUIPMENT
 - LOAD SHIFTING/FALLING/SPILLING
 - OTHER IMPROPER ACTION
 - UNKNOWN

- NON-MOTORIST**
- NONE
 - IMPROPER CROSSING
 - DARTING
 - LYING AND/OR ILLEGALLY IN ROADWAY
 - FAILURE TO YIELD FRONT OF WAY
 - NOT VISIBLE (DARK CLOTHING)
 - INATTENTIVE
 - FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER
 - WRONG SIDE OF THE ROAD
 - OTHER
 - UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

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- TURN SIGNALS
- HEAD LAMPS
- TAIL LAMPS
- BRAKES
- STEERING
- TIRE BLOWOUT
- WORN OR SLICK TIRES
- TRAILER EQUIPMENT DEFECTIVE
- MOTOR TROUBLE
- DISABLED FROM PRIOR CRASH
- OTHER DEFECTS

SEQUENCE OF EVENTS

20	20
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2	2
3	3
4	4

- NON-COLLISION**
- OVERTURN/FOLLOWER
 - FIRE/EXPLOSION
 - IMMERSION
 - JACKKNIFE
 - CARGO/EQUIPMENT LOSS/SHIFT
 - EQUIPMENT FAILURE
 - SEPARATION OF UNITS
 - RAN OFF ROAD RIGHT
 - RAN OFF ROAD LEFT
 - CROSS MEDIAN/CENTERLINE
 - DOWNHILL RUNAWAY
 - OTHER NON-COLLISION
 - UNKNOWN NON-COLLISION
 - COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
 - PEDESTRIAN
 - PEDALCYCLE
 - RAILWAY VEHICLE
 - ANIMAL - FARM
 - ANIMAL - OTHER
 - ANIMAL - OTHER
 - MOTOR VEHICLE IN TRANSPORT
 - PARKED MOTOR VEHICLE
 - WORK ZONE MAINTENANCE EQUIPMENT
 - OTHER MOVABLE OBJECT
 - UNKNOWN MOVABLE OBJECT
 - COLLISION WITH FIXED OBJECT
 - IMPACT ATTENUATOR/CRASH CUSHION
 - BRIDGE OVERHEAD STRUCTURE
 - BRIDGE PIER OR ABUTMENT
 - BRIDGE PARAPET
 - BRIDGE RAIL
 - GUARDRAIL FACE
 - GUARDRAIL END
 - MEDIAN BARRIER
 - HIGHWAY TRAFFIC SIGN POST
 - OVERHEAD SIGN POST
 - LIGHT/LUMINAIRE SUPPORT
 - UTILITY POLE
 - OTHER POST, POLE, OR SUPPORT
 - CULVERT
 - CURB
 - DITCH
 - EMBANKMENT
 - FENCE
 - MAILBOX
 - TREE
 - OTHER FIXED OBJECT
 - WORK ZONE MAINTENANCE EQUIPMENT
 - UNKNOWN FIXED OBJECT
 - OTHER
 - UNKNOWN

DIRECTION

1	2	3	4
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- CONDITION**
- | | |
|---|---|
| 1 | 1 |
|---|---|
- APPARENTLY NORMAL
 - PHYSICAL IMPAIRMENT
 - EMOTIONAL
 - ILLNESS
 - FELL ASLEEP, FAINED, FATIGUED, ETC
 - UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 - OTHER
 - UNKNOWN

FIRST HARMFUL EVENT

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

MOST HARMFUL EVENT

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

SPEED DETECTED

1	1
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SPEED

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POSTED SPEED

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TRAFFIC CONTROL

01	02
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- NO CONTROLS
- STOP SIGN
- YIELD SIGN
- TRAFFIC SIGNAL
- TRAFFIC FLASHERS
- SCHOOL ZONE
- RAILROAD CROSSINGS
- RAILROAD FLASHERS
- RAILROAD GATES
- CONSTRUCTION BARRICADE
- POLICE OFFICER
- PAVEMENT MARKINGS
- CROSSWALK LINES
- WALK/DON'T WALK SIGNAL
- TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- OTHER

CONDITION

1	1
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- APPARENTLY NORMAL
- PHYSICAL IMPAIRMENT
- EMOTIONAL
- ILLNESS
- FELL ASLEEP, FAINED, FATIGUED, ETC
- UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- OTHER
- UNKNOWN

ALCOHOL/DRUGS SUSPECTED

1	1
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- NONE
- YES - ALCOHOL SUSPECTED
- YES - HBD NOT IMPAIRED
- YES - DRUGS SUSPECTED
- YES - ALCOHOL/DRUGS SUSPECTED
- UNKNOWN

ALCOHOL TEST STATUS

1	1
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- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

ALCOHOL TEST TYPE

1	1
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- NONE
- BLOOD
- URINE
- BREATH
- OTHER

ALCOHOL TEST RESULT

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DRUG TEST STATUS

1	1
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- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

DRUG TEST TYPE

1	1
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- DRUG TEST 1&2 RESULT**
- | | |
|---|---|
| 1 | 1 |
|---|---|
- NONE
 - MARIJUANA
 - COCAINE
 - OPiates
 - AMPHETAMINES
 - PCP
 - OTHER
 - UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

02

- NOT AN INTERSECTION
- FOUR-WAY INTERSECTION
- T-INTERSECTION
- Y-INTERSECTION
- TRAFFIC CIRCLE/ROUNDABOUT
- FIVE-POINT, OR MORE
- ON RAMP
- OFF RAMP
- CROSSOVER
- DRIVEWAY/ACCESS
- RAILWAY GRADE CROSSING
- SHARED USE PATHS OR TRAILS
- UNKNOWN

OCCURRENCE

1

- ON ROADWAY
- ON SHOULDER
- IN MEDIAN
- ON ROADSIDE
- ON GORE
- OUTSIDE TRAFFICWAY
- UNKNOWN

ROAD CONTOUR

1

- STRAIGHT LEVEL
- STRAIGHT GRADE
- CURVE LEVEL
- CURVE GRADE

ROAD CONDITIONS

03	
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- DRY
- WET
- SNOW
- ICE
- SAND, MUD, DIRT, GR, GRAVEL
- WATER (STANDING, MOVING)
- SLUSH
- DEBRIS*
- RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
- OTHER
- UNKNOWN

* SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # X if Yes **LOCAL REPORT #** 09-004/12

Narrative

UNIT 01 WAS S.B. ON SHADY RUN APPROACHING E. FLORIDA. UNIT 02 WAS ON E. FLORIDA W.B. AT THE STOP SIGN @ E. FLORIDA & SHADY RUN.

UNIT 02 ENTERED THE INTERSECTION W.B. CROSSING SHADY RUN AND DID STRIKE UNIT 01 BROADSIDE CAUSING UNIT 01 TO DEFLECT S.W. SLIGHTLY TO THE CURB W E. FLORIDA & SHADY RUN.

MANNER OF COLLISION OR IMPACT

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWIP, SAME DIRECTION
- SIDESWIP, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENTLY MOVING WORK
- OTHER

LOCATION OF CRASH IN WORK ZONE

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

WEATHER

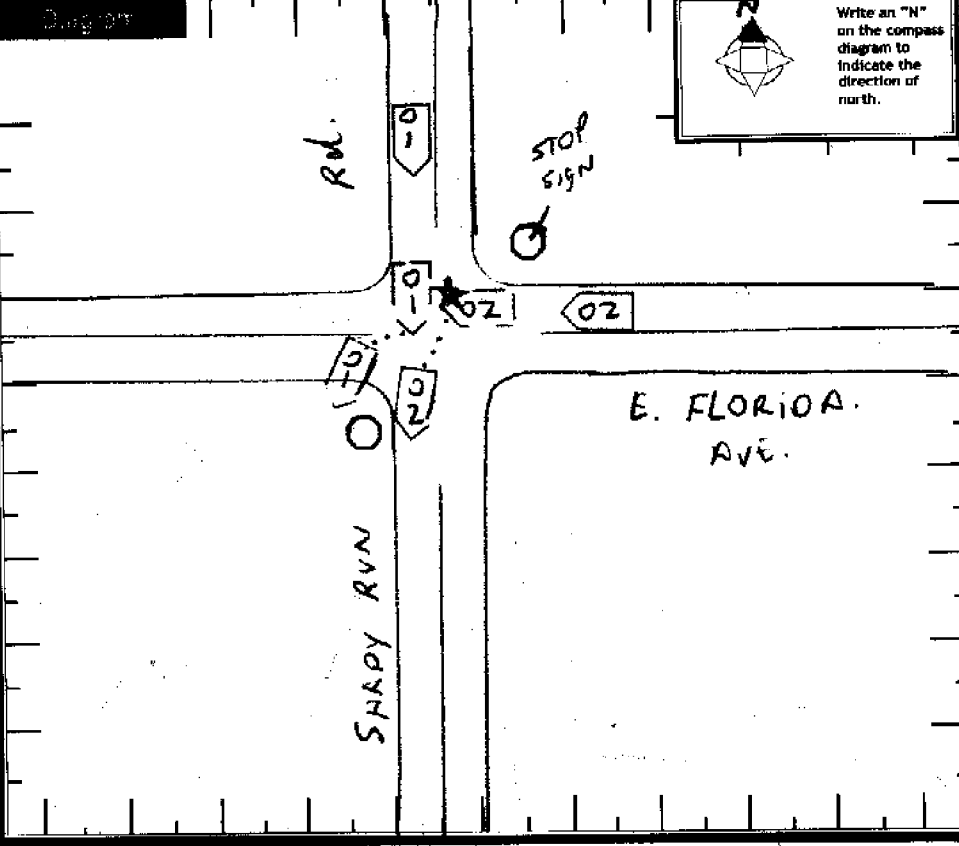
01

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHTY CONDITIONS

PRIMARY SECONDARY

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN



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.

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 # I.D.#

CARGO BODY TYPE

<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 09 CONCRETE MIXER
<input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)	<input type="checkbox"/> 06 CARGO TANK	<input type="checkbox"/> 10 AUTO TRANSPORTER
<input type="checkbox"/> 03 VAN/ENCLOSED BOX	<input type="checkbox"/> 07 FLATBED	<input type="checkbox"/> 11 GARBAGE/REFUSE
<input type="checkbox"/> 04 GRAB/CRIP/GRAVEL	<input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 12 OTHER
		<input type="checkbox"/> 13 UNKNOWN

Weight (GVWR)

1 LESS THAN 10,000
 2 10,001 - 26,000
 3 MORE THAN 26,000

CDL Class

1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS M
 5 CLASS D

Hazardous Materials Placard

1 NO
 2 YES
 3 UNKNOWN

Hazardous Materials Released

1 NO
 2 YES
 3 NOT APPLICABLE
 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 01/21/2009 TIME REC CALL: 1626 DISPATCH: 1628 ARRIVED: 1633 DAMAGED: 1833 OTHER: TOTAL MINUTES: 120

OFFICER'S NAME: M. JOHNSON BADGE # 1091 CHECKED BY: [Signature] DATE REPORT FILED: 01222009

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST) REPORT TAKEN AT: 3 (1 SCENE, 2 STATION, 3 OTHER) SUPPLEMENT: X (Yes) LOCAL REPORT # 09-004112

