

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
**09-004508**

CRASH SEVERITY  
**3**  
1 FATAL 3 POO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
 YES  NO

ATT/STOP  
**1**  
Not Hit/Stop  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
 YES  NO

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # \*  
**05009**

REPORTING AGENCY \*  
**YOUNGSTOWN POLICE**

# UNITS  
**02**

UNIT ERROR  
**01**  
88 = ANNUAL  
89 = UNKNOWN

DATE OF CRASH \*  
**01232009**

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
**1616 FRI X YOUNGSTOWN 50**

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
**SOUTH AVE 2 NAMED STREET 3 NUMBERED ROUTE**

REF POINT REF POINT USED  
**02 02**  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

04 HOUSE NUMBER 06 PLACE NAME W/O REFERENCE  
05 TOWNSHIP BOUNDARY 08 DRIVEWAY  
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
**A 01 01 SHEEN, DIANA, I**

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**109 WILLIAMSON AVE YOUNGSTOWN OHIO 44507**

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
**[REDACTED] 07161974 39 F 330 261 5164**

DL STATE # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO  
**OH RN588601 OH DD918Z 1 1 330 261 5164**

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**RICHIE, ROBERT L 1252 BRITAIN ST YOUNGSTOWN OHIO 44502**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
**1988 CHEVY PU BLACK NATIONWIDE LUOTS**

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
**B 02 01 MILANESE, LOUISE, C.**

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**191 LAKENWOOD LANE YOUNGSTOWN OHIO 44512**

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
**[REDACTED] 03111952 56 F 330 782 6573**

DL STATE # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO  
**OH RT953379 OH CJU8528 1 1 330 782 6573**

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
**1992 OLDSMOBILE BRAVADA RED PROGRESSIVE**

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

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

|   |  |  |  |   |   |   |
|---|--|--|--|---|---|---|
| <b>01A</b><br>SEATING POSITION<br>01 FRONT - LEFT (MC DRIVER)<br>02 FRONT - MIDDLE<br>03 FRONT - RIGHT<br>04 SECOND - LEFT (MC PASS)<br>05 SECOND - MIDDLE<br>06 SECOND - RIGHT<br>07 THIRD - LEFT (MC PASSENGER/3RD CAR)<br>08 THIRD - MIDDLE<br>09 THIRD - RIGHT<br>10 SLEEPER SECTION OF CAR<br>11 ENCLOSED CARGO AREA<br>12 UNENCLOSED CARGO AREA<br>13 TRAILING UNIT<br>14 EXTENDER<br>15 OTHER<br>16 NON-MOTORIST<br>17 UNKNOWN | <b>14A</b><br>SAFETY EQUIPMENT<br>01 NONE USED<br>02 SHOULDER BELT ONLY<br>03 LAP BELT ONLY<br>04 SHOULDER/LAP BELT<br>05 CHILD SAFETY SEAT<br>06 MC HELMET USED<br>07 USE UNKNOWN<br>08 NON-MOTORIST<br>09 NONE USED<br>10 HELMET USED<br>11 PROTECTIVE PADS<br>12 REFLECTIVE CLOTHING<br>13 LIGHTING<br>14 UNKNOWN | <b>5A</b><br>AIR BAG<br>1 NOT DEPLOYED<br>2 DEPLOYED - FRONT<br>3 DEPLOYED - SIDE<br>4 DEPLOYED BOTH FRONT/SIDE<br>5 NOT APPLICABLE<br>6 UNKNOWN | <b>1A</b><br>AIR BAG SWITCH<br>1 NOT PRESENT<br>2 IN ON POSITION<br>3 IN OFF POSITION<br>4 UNKNOWN | <b>1A</b><br>EJECTION<br>1 NOT EJECTED<br>2 TOTALLY EJECTED<br>3 PARTIALLY EJECTED<br>4 NOT APPLICABLE<br>5 UNKNOWN | <b>1A</b><br>TRAPPED<br>1 NOT TRAPPED<br>2 EXTRICATED BY MECHANICAL MEANS<br>3 FREED BY NON-MECHANICAL MEANS<br>4 UNKNOWN | <b>1A</b><br>INJURIES<br>1 NO INJURY<br>2 POSSIBLE<br>3 NON-INCAPACITATING<br>4 INCAPACITATING<br>5 FATAL INJURY<br>6 UNKNOWN |
|---|--|--|--|---|---|---|

BLANK FOR WITNESS

SUPPLEMENT # 'X' IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS  
01 02

NON-MOTORIST LOCATION  
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  
07 06

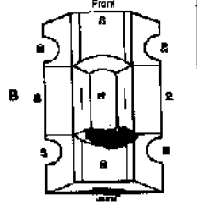
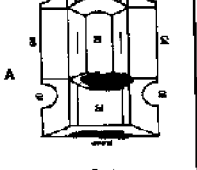
- MOTORIST
01 BUS-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 HEAVY
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK
10 TRUCK (2 AXLES, 6 TIRES)
11 TRUCK (2 AXLES, 8 TIRES)
12 TRUCK TRACTOR (BORTAL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRIPLES
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 TRAM
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/BOGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE  
1 1

DAMAGE SCALE  
2 2

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

DAMAGE AREA  
Front



MOST DAMAGED AREA  
03 06

- 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

POINT OF IMPACT  
07 06

- 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  
3 4

STRIKING VEHICLE: OVERSIDE/ UNDERTRIDE  
1 1

- 1 NO UNDERIDE OR OVERSIDE
2 UNDERIDE, COMPARTMENT INTRUSION
3 UNDERIDE, NO COMPARTMENT INTRUSION
4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERTRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERTRIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS  
01 11

- 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
14 UNKNOWN
NON-MOTORIST
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  
19 01

- 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/ACDA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD
10 IMPROPER PASSING
11 IMPROPER BACKING
12 IMPROPER START FROM PARKED POSITION
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 VISION 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 FAILING TO YIELD RIGHT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 INATTENTIVE
30 FAILING TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE  
09

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORK ON FLUID TIGHTS
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM FRONT CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
20 20

Table with 2 columns (A, B) and 4 rows (1-4) for sequence of events.

- NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 HAZARDOUS
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 - OTHER
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 OR 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  
1 1

MOST HARMFUL EVENT  
4 6

SPEED DETECTED  
1 1

SPEED  
10 10

ALCOHOL TEST STATUS  
1 1

ALCOHOL TEST TYPE  
1 1

ALCOHOL TEST RESULT  
A B

SUPPLEMENT \* X" IF YES  
LOCAL REPORT # \*  
09-004508

POSTED SPEED  
35 35

TRAFFIC CONTROL  
04 04

- 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  
1 2 1 2

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

CONDITION  
1 1

- 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

ALCOHOL/DRUG SUSPECTED  
1 1

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

ALCOHOL TEST STATUS  
1 1

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE  
1 1

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
1 1

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE  
1 1

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT  
1 1

- 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/ROUNDABOUT
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  
2

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

ROAD CONDITIONS  
PRIMARY SECONDARY  
02

- 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 #2 WAS SLOWING IN TRAFFIC, WHEN UNIT #1 STRUCK UNIT #2 FROM THE REAR. DRIVER OF UNIT #1 ADVISED SHE WAS "PUMPING THE BRAKES" BUT UNIT #1 FAILED TO STOP. UNIT #1 WAS TOWED DUE TO ALLEGED VEHICLE DEFECT.

**MANNER OF COLLISION OR IMPACT**

2

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWipe, SAME DIRECTION
- SIDESWipe, 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
- INTERMITTENT/ MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- NO
- YES
- UNKNOWN

**WEATHER**

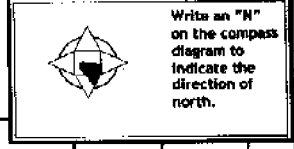
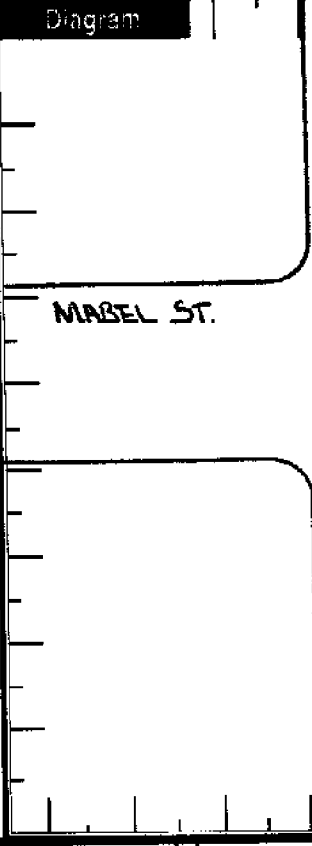
0  1

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

**LIGHT CONDITIONS**

**PRIMARY**  1 **SECONDARY**

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



UNIT #1  
OHIO DD41BZ  
1988 CHEVY P.V.

UNIT #2  
OHIO CJU851B  
1992 OLDSVAN

NOT TO SCALE

**Truck/Bus**

Unit #

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.

**AND**

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 PROCESSING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ PUCC \_\_\_\_\_ TRAILER LP ST. \_\_\_\_\_ TRAILER LP YEAR \_\_\_\_\_ TRAILER LP # \_\_\_\_\_ PLACARD # \_\_\_\_\_ (OMA)

**CARGO BODY TYPE**

|                                |               |                     |
|--------------------------------|---------------|---------------------|
| 01 NOT APPLICABLE              | 08 POLE       | 09 CONCRETE MIXER   |
| 02 BUS (9-15 INCLUDING DRIVER) | 09 CARGO TANK | 10 AUTO TRANSPORTER |
| 03 VAN/ENCLOSED BOX            | 07 FLATBED    | 11 GARBAGE/REFUSE   |
| 04 GRAB/CHP/GRAYL              | 08 DUMP       | 12 OTHER            |
|                                |               | 13 UNKNOWN          |

**Weight (GVWR)**

1 LESS/EQUAL 10,000  
 2 10,001 - 25,000  
 3 MORE THAN 25,000

**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: 01232009

TIME REC CALL: 1616

DISPATCH: 1618

ARRIVED: 1636

CLEARED: 1716

OTHER: \_\_\_\_\_

TOTAL MINUTES: 60

OFFICER'S NAME: **PILM W. WARD**

BADGE # : 1069

CHECKED BY: **MIS P. GARCIA**

DATE REPORT FILED: 01232009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

SUPPLEMENT "X" IF YES: \_\_\_\_\_

LOCAL REPORT #: 09-004608