

TRAFFIC CRASH REPORT



LOCAL REPORT # 09-00500-L

CRASH SEVERITY: 1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN

PRIVATE PROPERTY: X IF YES

MIT/SKIP: 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: X IF YES

NCIC # 05004, REPORTING AGENCY # 40 Youngstown PD, # UNITS 02, UNIT ERRIN 02, DATE OF CRASH 01.25.00

TIME OF CRASH 0200, DAY OF WEEK SUN, CITY X, VILLAGE, TWP, NAME OF CITY, VILLAGE OR TOWNSHIP Youngstown, COUNTY # 50, LATITUDE, LONGITUDE

CRASH LOCATION: SHADY BUN AD, TYPE LOC 1, TYPE LOCATION-POINT USED 1 NAMED STREET, 3 NUMBERED ROUTE

REFERENCE POINT USED: INDIANOLA AVE, 02, 03, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 DRIVEWAY, 08 PLACE NAME W/O REFERENCE, 09 STREET OR ROUTE W/O REFERENCE

UNIT # 1, # OF OCC 2, NAME (LAST, FIRST, MIDDLE) A LOLO STATENZO, CLARA, ADDRESS (STREET, CITY, STATE, ZIP CODE) 89 Memorial Circle, Campbell, Ohio 44405, DATE OF BIRTH 05.12.1982, AGE 17, SEX F, HOME PHONE # 330-750693

INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN, TRANSPORTED BY, INJURED TAKEN TO

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

YEAR 1999, MAKE HONDA, MODEL ACCORD, COLOR beige, INSURANCE COMPANY Nationwide, TOWING SERVICE NONE, OWNER PHONE # SAME

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

UNIT # 2, # OF OCC 1, NAME (LAST, FIRST, MIDDLE) B 0201, ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER, DATE OF BIRTH, AGE, SEX, HOME PHONE #, WORK PHONE #

DL STATE, DL #, LP STATE, LP #, INJURED TAKEN BY, TRANSPORTED BY, INJURED TAKEN TO

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

YEAR, MAKE, MODEL, COLOR, INSURANCE COMPANY, TOWING SERVICE, OWNER PHONE #

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

UNIT # 3, # OF OCC 1, NAME (LAST, FIRST, MIDDLE) C 01 STATENZO, MARY, HOME PHONE # 330-746-7150, DATE OF BIRTH 09.06.1938, AGE 70, SEX F, ADDRESS (STREET, CITY, STATE, ZIP CODE) 101 Coatsville Rd, Campbell, Ohio 44405

INJURED TAKEN BY, TRANSPORTED BY, INJURED TAKEN TO

UNIT # 4, # OF OCC 1, NAME (LAST, FIRST, MIDDLE) D, HOME PHONE #, DATE OF BIRTH, AGE, SEX, ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY, TRANSPORTED BY, INJURED TAKEN TO

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/SEC 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 None Used 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 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 POSSIBLE 2 NON-INCAPACITATING 3 INCAPACITATING 4 FATAL INJURY 5 UNKNOWN	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
- 16 UNKNOWN

TYPE OF UNIT
03 42

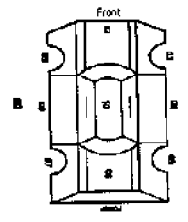
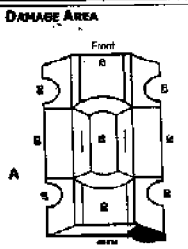
- MOTORIST**
- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK
- 2 AXLES, 6 TIRES
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BOBTAIL)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL 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 TRAIN
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
- 36 ANIMAL W/BUGGY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE
1 4

- 1 No
- 2 Yes
- 3 UNKNOWN

DAMAGE SCALE
3 3

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



MOST DAMAGED AREA
05 15

- 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
05 15

- 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

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

STRIKING VEHICLE: OVERSIDE / UNDERSIDE
1 1

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

PRE-CRASH ACTIONS
11 14

- 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 BLOWING/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
04 08

- MOTORIST**
- 01 NONE
- 02 FAILURE TO YIELD
- 03 RAN RED LIGHT, ON STOP SIGN
- 04 EXCEEDED SPEED LIMIT
- 05 UNLAWFUL 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 ON PARKED ILLGALLY
- 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 YIELD 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 ILLGALLY 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

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 SLICK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM FRONT CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
20 20

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 FOCUSED**
- 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/DASH CUSHION
- 26 BRIDGE OVERHEAD STRUCTURE
- 27 BRIDGE PIER OR ABUTMENT
- 28 BRIDGE PARAPET
- 29 BRIDGE RAIL
- 30 GUARDRAIL END
- 31 GUARDRAIL FACE
- 32 MEDIAN BARRIER
- 33 HIGHWAY TRAFFIC SIGN POST
- 34 OVERHEAD SIGN POST
- 35 LIGHT/LUMINAIRE SUPPORT
- 36 UTILITY POLE
- 37 OTHER POST, POLE ON 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

DIRECTION FROM TO FROM TO
21 21

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

CONDITION
1 8

FIRST HARMFUL EVENT
1 1

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

MOST HARMFUL EVENT
1 1

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

SPEED DETECTED
A B

- 1 STATED
- 2 ESTIMATED SPEED

SPEED
A B

POSTED SPEED
85 85

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 PAYMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 18 OTHER

CONDITION
1 8

- 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 6

ALCOHOL TEST STATUS
1 1

- 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
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 SAMPLE/UNUSABLE
- 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
02

- 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 CROSOVER
- 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
03 01

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS**
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
- 10 OTHER
- 11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT A X" IF YES LOCAL REPORT # 19-0050011

Narrative

Unit #1 stated that she was northbound on Shady Run Rd and stopped for the traffic light at Indiana. As she started to pull out to the right was struck from behind by Unit #2. Being concerned about any damage to her car she pulled over but couldn't see anything because of the darkness. No description of Unit #2 or unknown direction in which he traveled.

MANNER OF COLLISION OR IMPACT
 2
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SKEWED, SAME DIRECTION
 8 SKEWED, 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

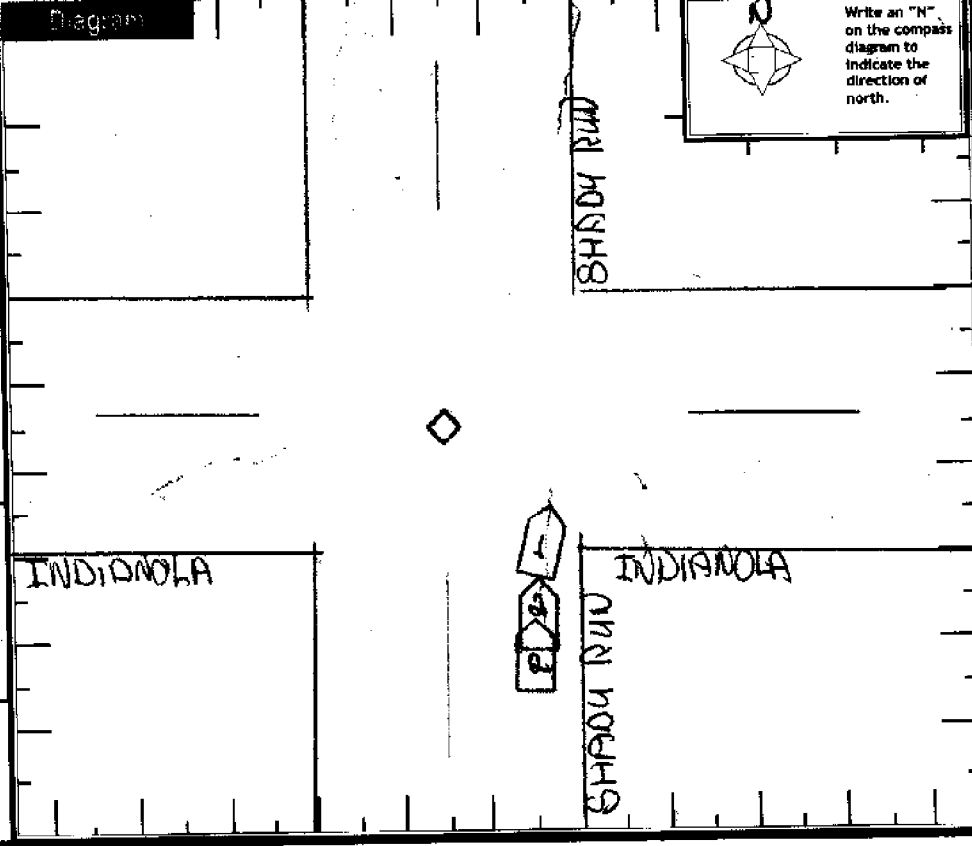
 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIUM
 4 INTERMITTENT MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN



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

LIGHT CONDITIONS
 PRIMARY 5
 SECONDARY
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

INVESTIGATION

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 8 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 REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

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

CARGO BODY TYPE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS PLACARD	HAZARDOUS MATERIALS RELEASED
<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 GRAM/CSPW/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	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 01262009 TIME REC CALL: 0855 DISPATCH: 0856 ARRIVED: 0911 CLEARED: 1000 OTHER: TOTAL MINUTES: 04

OFFICER'S NAME: J. BOWENS BADGE # : 677 CHECKED BY: [Signature] DATE REPORT FILED: 01272009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT: YES NO LOCAL REPORT # : 19-005001