

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
 09-005739

CRASH SEVERITY  
 1 FATAL 3 PDO  
 2 INJURY 4 UNKNOWN  
 2

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.L.C.# \*

0500A

REPORTING AGENCY \*

Youngstown PD

# UNITS

02

UNI ENRGR

01 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*

01292009

TIME OF CRASH

2212

DAY OF WEEK

THU

CITY #

X

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

Youngstown

COUNTY # \*

50

LATITUDE

LONGITUDE

CRASH LOCATION  
 TYPE LOC TYPE LOCATION POINT USED  
 1 NAMED STREET 3 NUMBERED ROUTE  
 2 NUMBERED STREET  
 Shirley

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 0101  
 NAME (LAST, FIRST, MIDDLE)  
 Mercurther, Latoya

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 3005 Irma Youngstown, Ohio 44512

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
 [REDACTED] 07171978 30 F (330)881-8154

LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OH R0502924 OH EIR9883

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
 1990 Buick Century Maroon Nationwide

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES  
 531.34 Failure to control I04906 X

UNIT # # OF OCC  
 B 0201  
 NAME (LAST, FIRST, MIDDLE)  
 Garlough, Scott A

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 997 Main St Leetonia, Ohio 44931

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
 [REDACTED] 11011969 39 M

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)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

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

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

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

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

Motorist/Non-Motorist

Occupant

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/SIDE CAR)  
 08 THIRD - MIDDLE  
 09 THIRD - RIGHT  
 10 SLEEPER SECTION OF CAB  
 11 ENCLOSED CARGO AREA  
 12 UNENCLOSED CARGO AREA  
 13 TRAINING UNIT  
 14 EXTERIOR  
 15 OTHER  
 16 NON-MOTORIST

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  
 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  
 2 POSSIBLE  
 3 NON-INCAPACITATING  
 4 INCAPACITATING  
 5 FATAL INJURY  
 6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \* X IF YES

**UNIT NUMBERS**  

01	02
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**NON-MOTORIST LOCATION**  

	02
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- 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**  

03	38
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- 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 (BOBTAI)**  
**13 TRACTOR/SEMI-TRAILER**  
**14 TRACTOR/DOUBLE SHORT**  
**15 TRACTOR/DOUBLE LONG**  
**16 FIFTH WHEEL OR CONVERTER DOLLY**  
**17 TRACTOR/TRAILER**  
**18 MOTORCYCLE**  
**19 MOTORCYCLE**  
**20 SCHOOL BUS**  
**21 CHURCH BUS**  
**22 PUBLIC BUS**  
**23 OTHER BUS**  
**24 POLICE VEHICLE**  
**25 FINE 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**

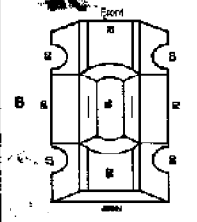
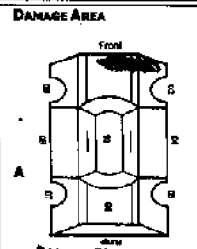
- NON-MOTORIST**  
**35 ANIMAL W/DRIVER**  
**36 ANIMAL W/BUDDY**  
**37 BICYCLE**  
**38 PEDESTRIAN**  
**39 PEDALCYCLIST**  
**40 SKATER**  
**41 OTHER-NON MOTORIST**  
**42 UNKNOWN**

**IN EMERGENCY RESPONSE**  

1	
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**DAMAGE SCALE**  

2	
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**MOST DAMAGED AREA**  

02	
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- 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**  

02	
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- 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
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**STRIKING VEHICLE: OVERLIDE/ UNDERLIDE**  

1	
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- 01 NO UNDERLIDE OR OVERLIDE**  
**2 UNDERLIDE, COMPARTMENT INTRUSION**  
**3 UNDERLIDE, NO COMPARTMENT INTRUSION**  
**4 UNDERLIDE, COMPARTMENT INTRUSION UNKNOWN**  
**5 OVERLIDE, MOTOR VEHICLE IN TRANSPORT**  
**6 OVERLIDE, OTHER VEHICLE**  
**7 UNKNOWN**

**PRE-CRASH ACTIONS**  

01A	19B
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- 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**  

15	01B
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- 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/AGDA**  
**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 IMPROPER, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER**  
**14 SWERING 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/FALLING**  
**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 SIGNALS, SIGNALS, OR OFFICER**  
**31 WRONG SIDE OF THE ROAD**  
**32 OTHER**  
**33 UNKNOWN**

**VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE**  

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- 01 TORN SIGNALS**  
**02 HEAD LAMPS**  
**03 TAIL LAMPS**  
**04 BRAKES**  
**05 STEERING**  
**06 TIRE BLOWOUT**  
**07 WORK ON SLICK TIRES**  
**08 TRAILER EQUIPMENT DEFECTIVE**  
**09 MOTOR TROUBLE**  
**10 DISABLED FROM PRIOR CRASH**  
**11 OTHER DEFECTS**

**SEQUENCE OF EVENTS**  

14	29
2	2
3	3
4	4

- NON-COLLISION**  
**01 OVERTURN/TOLLOVER**  
**02 FIRE/EXPLOSION**  
**03 IMBROSION**  
**04 JACKKNIFE**  
**05 CARDS/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 RERUNWAY**  
**12 OTHER NON-COLLISION**  
**13 UNKNOWN NON-COLLISION**  
**14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**  
**15 PEDESTRIAN**  
**16 PEDALCYCLIST**  
**17 RAILWAY VEHICLE**  
**18 ANIMAL - FARM**  
**19 ANIMAL - DEER**  
**20 ANIMAL - OTHER**  
**21 MOTOR VEHICLE IN TRANSPORT**  
**22 PARKED MOTOR VEHICLE**  
**23 WORK ZONE MAINTENANCE EQUIPMENT**  
**24 OTHER MOVABLE OBJECT**  
**25 UNKNOWN MOVABLE OBJECT**  
**26 COLLISION WITH FIXED OBJECT**  
**27 IMPACT ATTENUATOR/CRASH CUSHION**  
**28 BRIDGE OVERHEAD STRUCTURE**  
**29 BRIDGE PIER OR ABUTMENT**  
**30 BRIDGE PARAPET**  
**31 BRIDGE RAIL**  
**32 GUARDRAIL FACE**  
**33 GUARDRAIL END**  
**34 MEDIAN BARRIER**  
**35 HIGHWAY TRAFFIC SIGN POST**  
**36 OVERHEAD SIGN POST**  
**37 LIGHT/LUMINAIES SUPPORT**  
**38 UTILITY POLE**  
**39 OTHER POST, POLE OR SUPPORT**  
**40 CULVERT**  
**41 CURB**  
**42 DITCH**  
**43 EMBANKMENT**  
**44 FENCE**  
**45 MAILBOX**  
**46 TREE**  
**47 OTHER FIXED OBJECT**  
**48 WORK ZONE MAINTENANCE EQUIPMENT**  
**49 UNKNOWN FIXED OBJECT**  
**50 OTHER**  
**51 UNKNOWN**

- 01 OVERTURN/TOLLOVER**  
**02 FIRE/EXPLOSION**  
**03 IMBROSION**  
**04 JACKKNIFE**  
**05 CARDS/EQUIPMENT LOSS/SHIFT**  
**06 EQUIPMENT FAILURE**  
**07 SEPARATION OF UNITS**  
**08 RAN OFF ROAD RIGHT**  
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**10 CROSS MEDIAN/CENTERLINE**  
**11 DOWNHILL RERUNWAY**  
**12 OTHER NON-COLLISION**  
**13 UNKNOWN NON-COLLISION**  
**14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**  
**15 PEDESTRIAN**  
**16 PEDALCYCLIST**  
**17 RAILWAY VEHICLE**  
**18 ANIMAL - FARM**  
**19 ANIMAL - DEER**  
**20 ANIMAL - OTHER**  
**21 MOTOR VEHICLE IN TRANSPORT**  
**22 PARKED MOTOR VEHICLE**  
**23 WORK ZONE MAINTENANCE EQUIPMENT**  
**24 OTHER MOVABLE OBJECT**  
**25 UNKNOWN MOVABLE OBJECT**  
**26 COLLISION WITH FIXED OBJECT**  
**27 IMPACT ATTENUATOR/CRASH CUSHION**  
**28 BRIDGE OVERHEAD STRUCTURE**  
**29 BRIDGE PIER OR ABUTMENT**  
**30 BRIDGE PARAPET**  
**31 BRIDGE RAIL**  
**32 GUARDRAIL FACE**  
**33 GUARDRAIL END**  
**34 MEDIAN BARRIER**  
**35 HIGHWAY TRAFFIC SIGN POST**  
**36 OVERHEAD SIGN POST**  
**37 LIGHT/LUMINAIES SUPPORT**  
**38 UTILITY POLE**  
**39 OTHER POST, POLE OR SUPPORT**  
**40 CULVERT**  
**41 CURB**  
**42 DITCH**  
**43 EMBANKMENT**  
**44 FENCE**  
**45 MAILBOX**  
**46 TREE**  
**47 OTHER FIXED OBJECT**  
**48 WORK ZONE MAINTENANCE EQUIPMENT**  
**49 UNKNOWN FIXED OBJECT**  
**50 OTHER**  
**51 UNKNOWN**

**COLLISION WITH FIXED OBJECT**  

2	1		
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- 01 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	
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**ALCOHOL TEST STATUS**  

1	
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**ALCOHOL TEST TYPE**  

1	
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**ALCOHOL TEST RESULT**  

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**SUPPLEMENT \* "X" IF YES**  

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**POSTED SPEED**  

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**TRAFFIC CONTROL**  

01	
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- 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**  

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

**CONDITION**  

1	
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**ALCOHOL/DRUG SUSPECTED**  

1	
---	--

**ALCOHOL TEST STATUS**  

1	
---	--

**ALCOHOL TEST TYPE**  

1	
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**ALCOHOL TEST RESULT**  

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**LOCAL REPORT # \***  

09	008	391
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**DRUG TEST STATUS**  

1	
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- 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	
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**DRUG TEST 3&2 RESULT**  

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

**TYPE OF INTERSECTION**  

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

**ROAD CONTOUR**  

1
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**ROAD CONDITIONS**  

04	04
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- 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**

**Narrative**

Unit #10 Kowah EMT + Cooper in first deck ambulated while assisting  
 major transport ship oriented to Cooper leg. A truck of unit #1 which was  
 traveling North on Shirley.

Unit #2 an EMT from life fleet ambulance while assisting a patient  
 out Cooper and Shirley was struck by unit #1 which was traveling North  
 on Shirley.

**MANNER OF COLLISION OR IMPACT**

- 1  1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2  2 REAR-END  
 3  3 REAR-ON  
 4  4 REAR-TO-REAR  
 5  5 BACKING  
 6  6 ANGLE  
 7  7 SIDESWIP, SAME DIRECTION  
 8  8 SIDESWIP, OPPOSITE DIRECTION  
 9  9 UNKNOWN

**SCHOOL BUS RELATED**

- 1  1 NO  
 2  2 YES, DIRECTLY INVOLVED  
 3  3 YES, INDIRECTLY INVOLVED  
 4  4 UNKNOWN

**WORK ZONE RELATED**

- 1  1 NO  
 2  2 YES  
 3  3 UNKNOWN

**TYPE OF WORK ZONE**

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

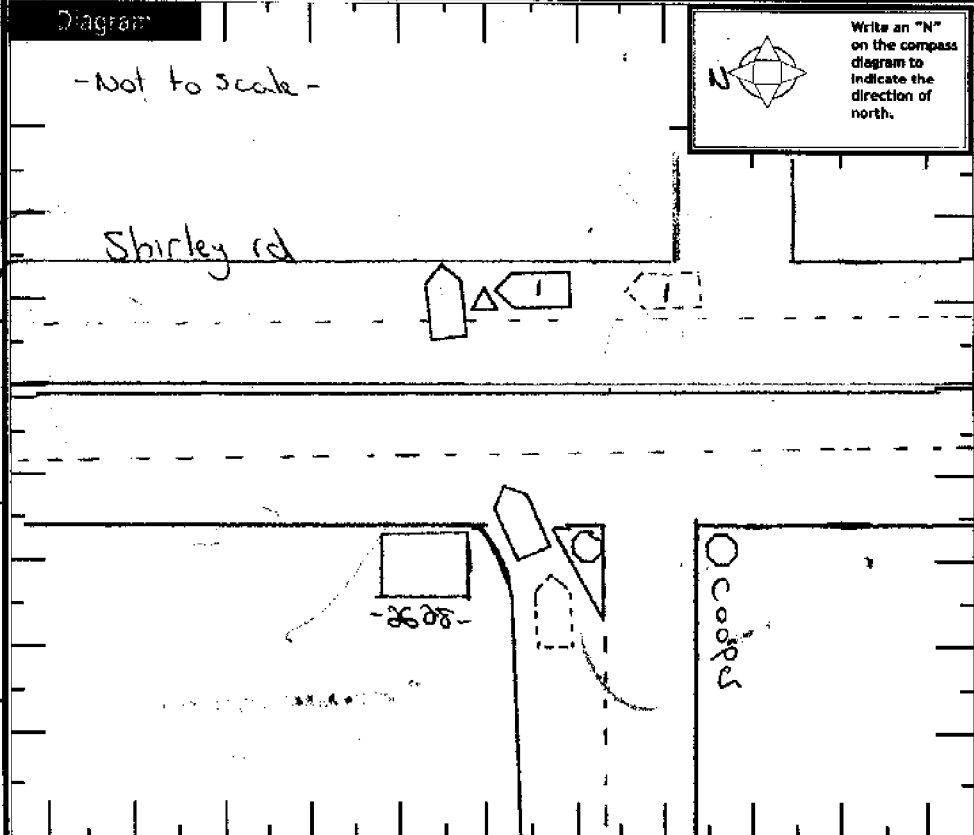
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 1  1 NO  
 2  2 YES  
 3  3 UNKNOWN

**Diagram**



**WEATHER**

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

**LIGHT CONDITIONS**

PRIMARY SECONDARY

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

**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.

A  
N  
D

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.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC INC

PLCC

TRAILER LP ST

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DR

CARGO BODY TYPE

- 01  01 NOT APPLICABLE  
 02  02 BUS (9-15 INCLUDING DRIVER)  
 03  03 VAN/ENCLOSED BOX  
 04  04 GRAN/CHESS/GRAVEL  
 05  05 POLE  
 06  06 CARGO TANK  
 07  07 FLATBED  
 08  08 DUMP  
 09  09 CONCRETE MIXER  
 10  10 AUTO TRANSPORTER  
 11  11 GARBAGE/REFUSE  
 12  12 OTHER  
 13  13 UNKNOWN

Weight (GVWR)

- 1  1 LESS/EQUAL 10,000  
 2  2 10,001 - 20,000  
 3  3 MORE THAN 20,000

CDL Class

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

Hazardous Materials Placard

- 1  1 No  
 2  2 Yes  
 3  3 UNKNOWN

Hazardous Materials Released

- 1  1 No  
 2  2 Yes  
 3  3 NOT APPLICABLE  
 4  4 UNKNOWN

**Police Action**

DATE CRASH REPORTED

TIME REC CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

01292009

2212

2244

2247

0047

123

OFFICER'S NAME

Perkins, Shakin

BADGE # \*

6114

CHECKED BY

[Signature]

DATE REPORT FILED #

01302009

REPORT TAKEN BY

- 1  1 POLICE AGENCY  
 2  2 MOTORIST

REPORT TAKEN AT

- 1  1 SCENE  
 2  2 STATION

SUPPLEMENT # \*

LOCAL REPORT # \*

09-008739