

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-05782

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER

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

REPORTING AGENCY \*  
Youngstown

# UNITS  
01

UNIT ERROR  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
01302009

TIME OF CRASH  
0945

DAY OF WEEK  
FRI

CITY \*  
X

VILLAGE \*  
TWP \*

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown

COUNTY # \*  
50

LATITUDE

LONGITUDE

CRASH OCCURRED ON  
CRASH LOCATION  
U.S. 62 (Youngstown Hubbard Rd)

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

LOCAL IDENTIFICATION  
Entrance to C.C.A.

AT REFERENCE  
DIST REFERENCE UNIT  
11 front of 2240

REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

LOCAL IDENTIFICATION  
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

Motorist/Non-Motorist

**A** Unit # 01 of Occ. NAME (LAST, FIRST, MIDDLE) FROGGETT Frederick F.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 3168 Youngstown Hubbard Rd. Youngstown, OHIO 44505  
 DATE OF BIRTH 01/18/1952 AGE 57 SEX M HOME PHONE # 759-1443  
 DL STATE DL # OH KJ 945487 LP STATE LP # OH BAN 7978 INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OWNER NAME (IF SAME, WRITE "SAME") Same ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 YEAR 1993 MAKE DODGE MODEL CARAVAN COLOR SIL. INSURANCE COMPANY Nationwide TOWING SERVICE OWNER PHONE #  
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X

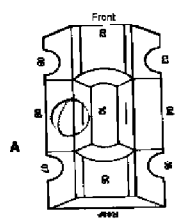
**B** Unit # of Occ. NAME (LAST, FIRST, MIDDLE)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
 DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X

Occupant

**C** Unit # 01 of Occ. NAME (LAST, FIRST, MIDDLE) POPE, Debra HOME PHONE # 759-1443 DATE OF BIRTH 07/12/1960 AGE 48 SEX F  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 3168 Youngstown Hubbard Rd. Yo., OHIO  
 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
**D** Unit # of Occ. NAME (LAST, FIRST, MIDDLE) HOME PHONE #  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

01A	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 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04A	SAFETY EQUIPMENT 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	1A	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1A	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1A	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1A	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1A	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS SUPPLEMENT \* X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>20</td><td>B</td><td>1</td></tr> <tr><td>A</td><td>45</td><td>B</td><td>2</td></tr> <tr><td>A</td><td></td><td>B</td><td>3</td></tr> <tr><td>A</td><td></td><td>B</td><td>4</td></tr> </table>	A	20	B	1	A	45	B	2	A		B	3	A		B	4	<b>POSTED SPEED</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
A	20	B	1																		
A	45	B	2																		
A		B	3																		
A		B	4																		
<b>NON-MOTORIST LOCATION</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST DAMAGED AREA</b> <input type="text" value="08"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/POLLOVER 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 <b>COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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/UMINARES 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	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
<b>TYPE OF UNIT</b> <input type="text" value="05"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>POINT OF IMPACT</b> <input type="text" value="08"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>MOTORIST</b> 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/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 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 <b>NON-MOTORIST</b> 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 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>STRIKING VEHICLE: OVERSIDE/ UNDERDRIVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>OCURRENCE</b> <input type="text" value="6"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>SPEED DETECTED</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
<b>DAMAGE SCALE</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERDRIVE OR OVERDRIVE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 05 OVERDRIVE, MOTOR VEHICLE IN TRANSPORT 06 OVERDRIVE, OTHER VEHICLE 07 UNKNOWN	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 PRIOR CRASH 11 OTHER DEFECTS	<b>SPEED</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ROAD CONDITIONS</b> PRIMARY <input type="text" value="03"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> SECONDARY <input type="text" value="04"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																
<b>SUPPLEMENT * 'X' IF YES</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																					
<b>LOCAL REPORT # #</b> <input type="text" value="09"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																					

**Narrative**

UNIT #1 stated he was southbound on Youngstown Hubbard Rd coming over a Hill and observed a traffic accident in front of Him UNIT #1 stated he applied his brakes and slid on the ice and snow off the road and into a fire hydrant in front of 2240 Youngstown Hubbard Rd The entrance to C.C.A.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p>6</p> <ol style="list-style-type: none"> <li>NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT</li> <li>REAR-END</li> <li>HEAD-ON</li> <li>REAR-TO-REAR</li> <li>BACKING</li> <li>ANGLE</li> <li>SIDESWIPE, SAME DIRECTION</li> <li>SIDESWIPE, OPPOSITE DIRECTION</li> <li>UNKNOWN</li> </ol>	<p><b>SCHOOL BUS RELATED</b></p> <p>1</p> <ol style="list-style-type: none"> <li>NO</li> <li>YES, DIRECTLY INVOLVED</li> <li>YES, INDIRECTLY INVOLVED</li> <li>UNKNOWN</li> </ol>	<p><b>Diagram</b></p>
<p><b>WEATHER</b></p> <p>06</p> <ol style="list-style-type: none"> <li>CLEAR</li> <li>CLOUDY</li> <li>FOG, SMOG, SMOKE</li> <li>RAIN</li> <li>SLEET, HAIL (FREEZING RAIN DRIZZLE)</li> <li>SNOW</li> <li>SEVERE CROSSWINDS</li> <li>BLOWING SAND, SOIL, DIRT, SNOW</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>WORK ZONE RELATED</b></p> <p>1</p> <ol style="list-style-type: none"> <li>NO</li> <li>YES</li> <li>UNKNOWN</li> </ol>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY: 1 SECONDARY: 0</p> <ol style="list-style-type: none"> <li>DAYLIGHT</li> <li>DAWN</li> <li>DUSK</li> <li>DARK - LIGHTED ROADWAY</li> <li>DARK - NOT LIGHTED</li> <li>DARK - UNKNOWN LIGHTING</li> <li>GLARE</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<p><b>TYPE OF WORK ZONE</b></p> <p>0</p> <ol style="list-style-type: none"> <li>LANE CLOSURE</li> <li>LANE SHIFT/CROSSOVER</li> <li>WORK ON SHOULDER OR MEDIAN</li> <li>INTERMITTENT/ MOVING WORK</li> <li>OTHER</li> </ol> <p><b>LOCATION OF CRASH IN WORK ZONE</b></p> <p>0</p> <ol style="list-style-type: none"> <li>BEFORE FIRST WORK ZONE WARNING SIGN</li> <li>ADVANCE WARNING AREA</li> <li>TRANSITION AREA</li> <li>ACTIVITY AREA</li> </ol> <p><b>WORKERS PRESENT</b></p> <p>1</p> <ol style="list-style-type: none"> <li>NO</li> <li>YES</li> <li>UNKNOWN</li> </ol>	

<p><b>Truck/Bus</b></p> <p>UNIT #</p> <p>01</p>	<p>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.</p>	<p><b>A N D</b></p> <p>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.</p> <p>COMPANY (FROM SHIPPING PAPERS)</p> <p>COMPANY PHONE</p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p>
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US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# Dis.

<b>CARGO BODY TYPE</b>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
<ol style="list-style-type: none"> <li>NOT APPLICABLE</li> <li>BUS (9-15 INCLUDING DRIVER)</li> <li>VAN/ENCLOSED BOX</li> <li>GRAIN/CHIPS/GRAVEL</li> <li>POLE</li> <li>CARGO TANK</li> <li>FLATBED</li> <li>DUMP</li> <li>CONCRETE MIXER</li> <li>AUTO TRANSPORTER</li> <li>GARBAGE/REFUSE</li> <li>OTHER</li> <li>UNKNOWN</li> </ol>	<ol style="list-style-type: none"> <li>LESS/EQUAL 10,000</li> <li>10,001 - 26,000</li> <li>MORE THAN 26,000</li> </ol>	<ol style="list-style-type: none"> <li>CLASS A</li> <li>CLASS B</li> <li>CLASS C</li> <li>CLASS M</li> <li>CLASS D</li> </ol>	<ol style="list-style-type: none"> <li>NO</li> <li>YES</li> <li>UNKNOWN</li> </ol>	<ol style="list-style-type: none"> <li>NO</li> <li>YES</li> <li>NOT APPLICABLE</li> <li>UNKNOWN</li> </ol>

**Police Action**

DATE CRASH REPORTED: 01302009    TIME REC CALL: 0943    DISPATCH: 0944    ARRIVED: 1003    CLEARED: 123    OTHER:    TOTAL MINUTES: 80

OFFICER'S NAME: Ken Rose    BADGE #: 841    CHECKED BY: DISA    DATE REPORT FILED: 01312009

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)    REPORT TAKEN AT: 1 (1 SCENE, 2 STATION, 3 OTHER)    SUPPLEMENT 'X' IF YES:    LOCAL REPORT #: 09-005782