

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-007459

CRASH SEVERITY  
4 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/SKIP  
3 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 Police Dept.

# UNITS  
02

UNIT ERROR  
01 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02072009

TIME OF CRASH 2203 DAY OF WEEK SAT CITY \* X VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* Youngstown COUNTY # \* 50 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION N Schenley TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION REFERENCE POINT USED 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE 03 COUNTY LINE 07 CORPORATION LIMIT REFERENCE DIST REFERENCE DR PREFIX REFERENCE 454 N. Schenley REF POINT 04

Motorist/Non-Motorist

**A** UNIT # 01 # OF OCC. NAME (LAST, FIRST, MIDDLE) 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 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 White INSURANCE COMPANY TOWING SERVICE OWNER PHONE # OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE # X IF YES

**B** UNIT # 02 # OF OCC. NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE) SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # DL STATE DL # LP STATE LP # OH CK24DD INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO OWNER NAME (IF SAME, WRITE "SAME") Joyce A. Heldreth ADDRESS (STREET, CITY, STATE, ZIP CODE) 1146 Sherlene Dr. Youngstown, Ohio 44511 YEAR MAKE MODEL COLOR Grey INSURANCE COMPANY Eich Bros. Ins. TOWING SERVICE OWNER PHONE # 330-792-6695 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE # X IF YES

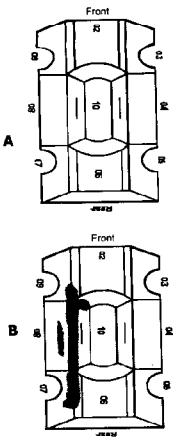
Occupant

**C** 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

**D** 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

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

<b>UNIT NUMBERS</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">01</span> <span style="border: 1px solid black; padding: 2px;">02</span> </div>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">01</span> <span style="border: 1px solid black; padding: 2px;">10</span> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">21</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	A	B	20	21	2	2	3	3	4	4	<b>POSTED SPEED</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>	<b>DRUG TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>								
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20	21																						
2	2																						
3	3																						
4	4																						
<b>NON-MOTORIST LOCATION</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>	<b>MOST DAMAGED AREA</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">15</span> <span style="border: 1px solid black; padding: 2px;">08</span> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">22</span> <span style="border: 1px solid black; padding: 2px;">01</span> </div>	<b>NON-COLLISION</b> 01 OVERTURN/Rollover 02 FIRE/EXPLOSION 03 INMERSION 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/LUMINARIES 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> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">01</span> <span style="border: 1px solid black; padding: 2px;">01</span> </div>	<b>DRUG TEST TYPE</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>																		
<b>TYPE OF UNIT</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">42</span> <span style="border: 1px solid black; padding: 2px;">03</span> </div>	<b>POINT OF IMPACT</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">04</span> <span style="border: 1px solid black; padding: 2px;">08</span> </div>	<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>NON-COLLISION</b> 01 OVERTURN/Rollover 02 FIRE/EXPLOSION 03 INMERSION 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/LUMINARIES 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>DIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">FROM</td> <td style="width:25%;">TO</td> <td style="width:25%;">FROM</td> <td style="width:25%;">TO</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	FROM	TO	FROM	TO	1	2							<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">A</td> <td style="width:50%; text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	A	B	1	2		
FROM	TO	FROM	TO																				
1	2																						
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<b>DAMAGE SCALE</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">2</span> </div>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIE</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>	<b>ALCOHOL TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>	<b>ALCOHOL TEST TYPE</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>	<b>ALCOHOL TEST RESULT</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> </div>																		
<b>1 NONE</b> 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>1 NO UNDERIDE OR OVERRIDE</b> 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 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>1 NONE</b> 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>1 NONE</b> 2 BLOOD 3 URINE 4 OTHER	<b>1 NONE</b> 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING																		
<b>1 NONE</b> 2 STRAIGHT LEVEL 3 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	<b>1 NONE</b> 2 STRAIGHT LEVEL 3 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	<b>1 NONE</b> 2 BLOOD 3 URINE 4 OTHER	<b>1 NONE</b> 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>1 NONE</b> 2 BLOOD 3 URINE 4 OTHER	<b>1 NONE</b> 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING																		
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**Narrative**

Unit # 01 was southbound on N. Schenley. Unit # 02 was unoccupied and parked facing south in front of 454 N. Schenley. Unit # 01 sideswiped Unit # 02 and fled the scene.

**MANNER OF COLLISION OR IMPACT**

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

**SCHOOL BUS RELATED**

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

**WORK ZONE RELATED**

1 NO  
 2 YES  
 3 UNKNOWN

**TYPE OF WORK ZONE**

1 LANE CLOSURE  
 2 LANE SHIFT/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIAN  
 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**

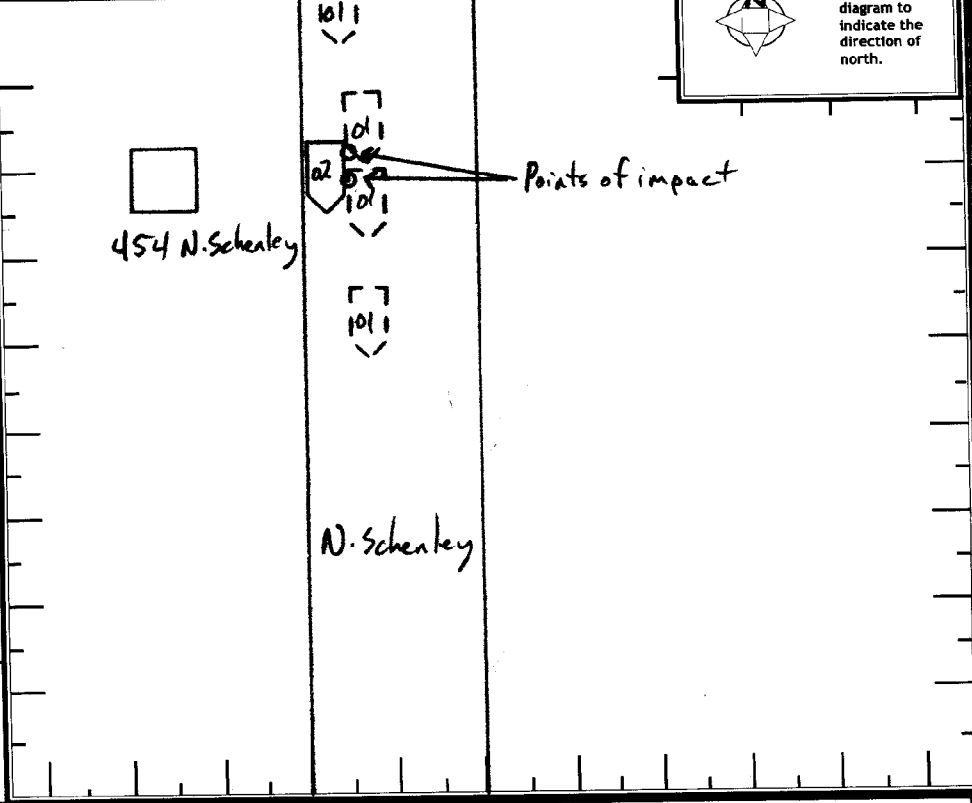
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

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

SECONDARY

**Diagram**



Write an "N" on the compass diagram to indicate the direction of north.

**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.

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 MC  PUCO  TRAILER LP ST.  TRAILER LP YEAR  TRAILER LP #  PLACARD #  # DIA.

**CARGO BODY TYPE**

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

**Weight (GVWR)**

1 LESS/EQUAL 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  TIME REC CALL  DISPATCH  ARRIVED  CLEARED  OTHER  TOTAL MINUTES

02072009 2203 2215 2225 2250 15 62

OFFICER'S NAME \*  BADGE # \*  CHECKED BY  DATE REPORT FILED \*

Ofc. Joe Moran 1084 D/S R Hart 02082009

REPORT TAKEN BY  1 POLICE AGENCY  2 MOTORIST

REPORT TAKEN AT  1 SCENE  2 STATION

SUPPLEMENT "X" IF YES \*

LOCAL REPORT # \*

09-007459