

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-007625

CRASH SEVERITY  
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 P.D.

# UNITS  
02

UNIT ERROR  
08 - ANIMAL  
99 - UNKNOWN

DATE OF CRASH \*  
02082009

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
2145 SUN X YOUNGSTOWN 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
E FLORIDIA AVE. 1 1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET  
REF POINT: 02  
REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
A 01 00 BAUN, WILLIAM, H.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
2503 OAKWOOD AVE. YOUNGSTOWN, OH, 44509

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
[REDACTED] 11/19/52 56 M 793-3381

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
OH RT 006 004 OH DOK2612  
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
WILLIAM CHARLES WELCH III 1006 W. WOODLAND AVE. YOUNGSTOWN OH. 44502  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1991 CHEVY CAPRICE WHITE ALL STATE 233-0712

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
B 02 01 BAUN, WILLIAM, H.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
2503 OAKWOOD AVE. YOUNGSTOWN, OH, 44509

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OH RT 006 004 OH DOK2612  
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
DEANE S. MOORE 2503 OAKWOOD AVE. YOUNGSTOWN, OH, 44509  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1993 PONTIAC GRAND PRIZ GRAY "NONE" LIJOT'S 793-3381  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES  
331.34(A) FAILED TO MAINTAIN REASONABLE CONTROL. 1D4163 X

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

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  
D [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]


ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE 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 08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR) 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 BLANK FOR WITNESS	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 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 FIELD BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE INJURY 3 INCAPACITATING INJURY 4 FATAL INJURY 5 UNKNOWN
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SUPPLEMENT # \* X IF YES

Motorist/Non-Motorist

Occupant

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="10"/> <input type="text" value="01"/> <input type="text" value="B"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="21"/></td> </tr> <tr> <td><input type="text" value="39"/></td> <td><input type="text" value="22"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	<input type="text" value="20"/>	<input type="text" value="21"/>	<input type="text" value="39"/>	<input type="text" value="22"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<b>POSTER SPEED</b> <input type="text" value="25"/> <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> <input type="text" value="A"/> <input type="text" value="L"/>
<input type="text" value="20"/>	<input type="text" value="21"/>												
<input type="text" value="39"/>	<input type="text" value="22"/>												
<input type="text" value="3"/>	<input type="text" value="3"/>												
<input type="text" value="4"/>	<input type="text" value="4"/>												
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="B"/> <b>01 MARKED CROSSWALK AT INTERSECTION</b> <b>02 INTERSECTION NO CROSSWALK</b> <b>03 NON-INTERSECTION CROSSWALK</b> <b>04 DRIVEWAY ACCESS CROSSWALK</b> <b>05 IN ROADWAY</b> <b>06 NOT IN ROADWAY</b> <b>07 MEDIAN (BUT NOT SHOULDER)</b> <b>08 ISLAND</b> <b>09 SHOULDER</b> <b>10 SIDEWALK</b> <b>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)</b> <b>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</b> <b>13 OUTSIDE TRAFFICWAY</b> <b>14 SHARED USE PATHS OR TRAILS</b> <b>15 UNKNOWN</b>	<b>MOST DAMAGED AREA</b> <input type="text" value="06"/> <input type="text" value="02"/>	<b>MOTORIST</b> <b>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</b> <b>02 BACKING</b> <b>03 CHANGING LANES</b> <b>04 OVERTAKING/PASSING</b> <b>05 TURNING RIGHT</b> <b>06 TURNING LEFT</b> <b>07 MAKING U-TURN</b> <b>08 ENTERING TRAFFIC LANE</b> <b>09 LEAVING TRAFFIC LANE</b> <b>10 PARKED</b> <b>11 SLOWING/STOPPED IN TRAFFIC</b> <b>12 DRIVERLESS</b> <b>13 OTHER</b> <b>14 UNKNOWN</b> <b>NON-MOTORIST</b> <b>15 ENTERING/CROSSING IN SPECIFIED LOCATION</b> <b>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</b> <b>17 WORKING</b> <b>18 PUSHING VEHICLE</b> <b>19 APPROACHING/LEAVING VEHICLE</b> <b>20 PLAYING/WORKING ON VEHICLE</b> <b>21 STANDING</b> <b>22 OTHER</b> <b>23 UNKNOWN</b>	<b>NON-COLLISION</b> <b>01 OVERTURN/ROLL-OVER</b> <b>02 FIRE/EXPLOSION</b> <b>03 IMBERSION</b> <b>04 JACKKNIFE</b> <b>05 CARGO/EQUIPMENT LOSS/SHIFT</b> <b>06 EQUIPMENT FAILURE</b> <b>07 SEPARATION OF UNITS</b> <b>08 RAN OFF ROAD RIGHT</b> <b>09 RAN OFF ROAD LEFT</b> <b>10 CROSS MEDIAN/CENTERLINE</b> <b>11 DOWNHILL RUNAWAY</b> <b>12 OTHER NON-COLLISION</b> <b>13 UNKNOWN NON-COLLISION</b> <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FIKED</b> <b>14 PEDESTRIAN</b> <b>15 PEDALCYCLE</b> <b>16 RAILWAY VEHICLE</b> <b>17 ANIMAL - FARM</b> <b>18 ANIMAL - DEER</b> <b>19 ANIMAL - OTHER</b> <b>20 MOTOR VEHICLE IN TRANSPORT</b> <b>21 PARKED MOTOR VEHICLE</b> <b>22 WORK ZONE MAINTENANCE EQUIPMENT</b> <b>23 OTHER MOVABLE OBJECT</b> <b>24 UNKNOWN MOVABLE OBJECT</b> <b>COLLISION WITH FIXED OBJECT</b> <b>25 IMPACT ATTENUATOR/CRASH CUSHION</b> <b>26 BRIDGE OVERHEAD STRUCTURE</b> <b>27 BRIDGE PIER OR ABUTMENT</b> <b>28 BRIDGE PARAPET</b> <b>29 BRIDGE RAIL</b> <b>30 GUARDRAIL FACE</b> <b>31 GUARDRAIL END</b> <b>32 MEDIAN BARRIER</b> <b>33 HIGHWAY TRAFFIC SIGN POST</b> <b>34 OVERHEAD SIGN POST</b> <b>35 LIGHT/LUMINAIRE SUPPORT</b> <b>36 UTILITY POLE</b> <b>37 OTHER POST, POLE OR SUPPORT</b> <b>38 CULVERT</b> <b>39 CURB</b> <b>40 DITCH</b> <b>41 EMBANKMENT</b> <b>42 FENCE</b> <b>43 MAILBOX</b> <b>44 TREE</b> <b>45 OTHER FIXED OBJECT</b> <b>46 WORK ZONE MAINTENANCE EQUIPMENT</b> <b>47 UNKNOWN FIXED OBJECT</b> <b>48 OTHER</b> <b>49 UNKNOWN</b>	<b>TRAFFIC CONTROL</b> <input type="text" value="12"/> <input type="text" value="12"/> <b>01 NO CONTROLS</b> <b>02 STOP SIGN</b> <b>03 YIELD SIGN</b> <b>04 TRAFFIC SIGNAL</b> <b>05 TRAFFIC FLASHERS</b> <b>06 SCHOOL ZONE</b> <b>07 RAILROAD CROSSBARS</b> <b>08 RAILROAD FLASHERS</b> <b>09 RAILROAD GATES</b> <b>10 CONSTRUCTION BARRICADE</b> <b>11 POLICE OFFICER</b> <b>12 PAVEMENT MARKINGS</b> <b>13 CROSSWALK LINES</b> <b>14 WALK/DON'T WALK SIGNAL</b> <b>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</b> <b>16 OTHER</b>	<b>DRUG TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="L"/> <b>1 NONE</b> <b>2 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</b> <b>3 TEST GIVEN, RESULTS KNOWN</b> <b>4 TEST GIVEN, RESULTS UNKNOWN</b> <b>5 UNKNOWN</b> <b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <b>1 NONE</b> <b>2 MARIJUANA</b> <b>3 COCAINE</b> <b>4 OPiates</b> <b>5 AMPHETAMINES</b> <b>6 PCP</b> <b>7 OTHER</b> <b>8 UNKNOWN AT TIME OF REPORTING</b>								
<b>TYPE OF UNIT</b> <input type="text" value="04"/> <input type="text" value="03"/> <b>MOTORIST</b> <b>01 SUB-COMPACT</b> <b>02 COMPACT</b> <b>03 MID SIZE</b> <b>04 FULL SIZE</b> <b>05 MINIVAN</b> <b>06 SPORT UTILITY VEHICLE</b> <b>07 PICKUP</b> <b>08 PANEL/VAN</b> <b>09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES</b> <b>10 SINGLE UNIT TRUCK; 3+ AXLES</b> <b>11 TRUCK/TRAILER</b> <b>12 TRUCK TRACTOR (BOSTAK)</b> <b>13 TRACTOR/SEMI-TRAILER</b> <b>14 TRACTOR/DOUBLE SHORT</b> <b>15 TRACTOR/DOUBLE LONG</b> <b>16 FIFTH WHEEL OR CONVERTER DOLLY</b> <b>17 TRACTOR/TRIPLES</b> <b>18 MOTORCYCLE</b> <b>19 MOTORIZED BICYCLE</b> <b>20 SCHOOL BUS</b> <b>21 CHURCH BUS</b> <b>22 PUBLIC BUS</b> <b>23 OTHER BUS</b> <b>24 POLICE VEHICLE</b> <b>25 FIRE TRUCK</b> <b>26 AMBULANCE/RESCUE</b> <b>27 TAXI</b> <b>28 MOTOR HOME</b> <b>29 TRAM</b> <b>30 FARM VEHICLE</b> <b>31 FARM EQUIPMENT</b> <b>32 SNOWMOBILE</b> <b>33 CONSTRUCTION EQUIPMENT</b> <b>34 ALL OTHERS</b> <b>NON-MOTORIST</b> <b>35 ANIMAL W/DRIVER</b> <b>36 ANIMAL W/BOGGY</b> <b>37 BICYCLE</b> <b>38 PEDESTRIAN</b> <b>39 PEDALCYCLIST</b> <b>40 SKATER</b> <b>41 OTHER-NON MOTORIST</b> <b>42 UNKNOWN</b>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="15"/> <b>MOTORIST</b> <b>01 NONE</b> <b>02 FAILURE TO YIELD</b> <b>03 RAN RED LIGHT, OR STOP SIGN</b> <b>04 EXCEEDED SPEED LIMIT</b> <b>05 UNSAFE SPEED</b> <b>06 IMPROPER TURN</b> <b>07 LEFT OF CENTER</b> <b>08 FOLLOWED TOO CLOSELY/ACDA</b> <b>09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING</b> <b>10 IMPROPER BACKING</b> <b>11 IMPROPER START FROM PARKED POSITION</b> <b>12 STOPPED OR PARKED ILLEGALLY</b> <b>13 OPERATING VEHICLE IN ERATIC, RECKLESS, CARELESS, WREGLIGHT ON AGGRESSIVE MANNER</b> <b>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)</b> <b>15 FAILURE TO CONTROL</b> <b>16 VISION OBSTRUCTION</b> <b>17 DRIVER INATTENTION</b> <b>18 FATIGUE/ASLEEP</b> <b>19 OPERATING DEFECTIVE EQUIPMENT</b> <b>20 LOAD (SHIFTING/FALLING/SPILLING)</b> <b>21 OTHER IMPROPER ACTION</b> <b>22 UNKNOWN</b> <b>NON-MOTORIST</b> <b>23 NONE</b> <b>24 IMPROPER CROSSING</b> <b>25 DARTING</b> <b>26 LYING AND/OR ILLEGALLY IN ROADWAY</b> <b>27 FAILURE TO YIELD FRONT OF WAY</b> <b>28 NOT VISIBLE (DARK CLOTHING)</b> <b>29 INATTENTIVE</b> <b>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER</b> <b>31 WRONG SIDE OF THE ROAD</b> <b>32 OTHER</b> <b>33 UNKNOWN</b>	<b>POINT OF IMPACT</b> <input type="text" value="06"/> <input type="text" value="02"/> <b>01 NONE</b> <b>02 CENTER FRONT</b> <b>03 RIGHT FRONT</b> <b>04 RIGHT SIDE</b> <b>05 RIGHT REAR</b> <b>06 REAR CENTER</b> <b>07 LEFT REAR</b> <b>08 LEFT SIDE</b> <b>09 LEFT FRONT</b> <b>10 TOP AND WINDOWS</b> <b>11 UNDERCARRIAGE</b> <b>12 LOAD/TRAILER</b> <b>13 TOTAL (ALL AREAS)</b> <b>14 OTHER</b> <b>15 UNKNOWN</b>	<b>CONDITION</b> <input type="text" value="A"/> <input type="text" value="L"/> <b>1 APPARENTLY NORMAL</b> <b>2 PHYSICAL IMPAIRMENT</b> <b>3 EMOTIONAL</b> <b>4 ILLNESS</b> <b>5 FELL ASLEEP, FAINTED, FATIGUED, ETC</b> <b>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</b> <b>7 OTHER</b> <b>8 UNKNOWN</b>	<b>DIRECTION</b> <b>FROM TO FROM TO</b> <input type="text" value="23"/> <input type="text" value="43"/> <b>1 NORTH</b> <b>2 SOUTH</b> <b>3 EAST</b> <b>4 WEST</b> <b>5 NORTHEAST</b> <b>6 NORTHWEST</b> <b>7 SOUTHEAST</b> <b>8 SOUTHWEST</b> <b>9 UNKNOWN</b>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/> <b>01 NOT AN INTERSECTION</b> <b>02 FOUR-WAY INTERSECTION</b> <b>03 T-INTERSECTION</b> <b>04 Y-INTERSECTION</b> <b>05 TRAFFIC CIRCLE/ROUNDABOUT</b> <b>06 FIVE-PORT, OR MORE</b> <b>07 ON RAMP</b> <b>08 OFF RAMP</b> <b>09 CROSSOVER</b> <b>10 DRIVEWAY/ACCESS</b> <b>11 RAILWAY GRADE CROSSING</b> <b>12 SHARED-USE PATHS OR TRAILS</b> <b>13 UNKNOWN</b>								
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="1"/> <b>1 NO</b> <b>2 YES</b> <b>3 UNKNOWN</b>	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/> <b>1 NON-CONTACT</b> <b>2 NON-COLLISION</b> <b>3 STRUCK</b> <b>4 STRUCK</b> <b>5 BOTH STRUCK AND STRUCK</b> <b>6 UNKNOWN</b>	<b>VEHICLE DEFECT CODE (ONLY IF '19' SELECTED ABOVE)</b> <input type="text" value="A"/> <input type="text" value="B"/> <b>01 TURN SIGNALS</b> <b>02 HEAD LAMPS</b> <b>03 TAIL LAMPS</b> <b>04 BRAKES</b> <b>05 STEERING</b> <b>06 TIRE BLOWOUT</b> <b>07 WORK ON SLACK TIRES</b> <b>08 TRAILER EQUIPMENT DEFECTIVE</b> <b>09 MOTOR TROUBLE</b> <b>10 DISABLED FROM PRIOR CRASH</b> <b>11 OTHER DEFECTS</b>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="2"/> <b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b> <b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="2"/> <b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="text" value="A"/> <input type="text" value="B"/> <b>1 NONE</b> <b>2 YES - ALCOHOL SUSPECTED</b> <b>3 YES - HBD NOT IMPAIRED</b> <b>4 YES - DRUGS SUSPECTED</b> <b>5 YES - ALCOHOL / DRUGS SUSPECTED</b> <b>6 UNKNOWN</b>	<b>OCCURRENCE</b> <input type="text" value="1"/> <b>1 ON ROADWAY</b> <b>2 ON SHOULDER</b> <b>3 IN MEDIAN</b> <b>4 ON ROADSIDE</b> <b>5 ON GORE</b> <b>6 OUTSIDE TRAFFICWAY</b> <b>7 UNKNOWN</b>								
<b>DAMAGE SCALE</b> <input type="text" value="5"/> <input type="text" value="4"/> <b>1 NONE</b> <b>2 NON-FUNCTIONAL DAMAGE</b> <b>3 FUNCTIONAL DAMAGE</b> <b>4 DEABLING DAMAGE</b> <b>5 SEVERE</b> <b>6 UNKNOWN</b>	<b>STRUCK VEHICLE: OVERSIDE / UNDERSIDE</b> <input type="text" value="1"/> <input type="text" value="1"/> <b>1 NO UNDERSIDE OR OVERSIDE</b> <b>2 UNDERSIDE, COMPARTMENT INTRUSION</b> <b>3 UNDERSIDE, NO COMPARTMENT INTRUSION</b> <b>4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN</b> <b>5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT</b> <b>6 OVERSIDE, OTHER VEHICLE</b> <b>7 UNKNOWN</b>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <b>1 STATED</b> <b>2 ESTIMATED SPEED</b>	<b>SPEED</b> <input type="text" value="00"/> <input type="text" value="30"/> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="A"/> <input type="text" value="B"/> <b>1 NONE</b> <b>2 TEST REFUSED</b> <b>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</b> <b>4 TEST GIVEN, RESULTS KNOWN</b> <b>5 TEST GIVEN, RESULTS UNKNOWN</b> <b>6 UNKNOWN</b>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <b>1 STRAIGHT LEVEL</b> <b>2 STRAIGHT GRADE</b> <b>3 CURVE LEVEL</b> <b>4 CURVE GRADE</b>								
<b>LOCAL REPORT #</b> <input type="text" value="09-007625"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="B"/> <b>1 NONE</b> <b>2 BLOOD</b> <b>3 URINE</b> <b>4 BREATH</b> <b>5 OTHER</b>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>LOCAL REPORT #</b> <input type="text" value="09-007625"/>	<b>LOCAL REPORT #</b> <input type="text" value="09-007625"/>	<b>LOCAL REPORT #</b> <input type="text" value="09-007625"/>								

**Narrative**

UNIT #1 STATED THAT HE WAS TRAVELING EAST BOUND ON E. FLORIDA AVE AND HAD PARKED HIS VEHICLE IN THE STREET ON E. FLORIDA AVE AND JEAN ST. UNIT #2 WAS TRAVELING EAST BOUND ON E. FLORIDA AVE AND WHEN HE WAS AT E. FLORIDA AVE AND JEAN STREET WHEN SUDDENLY, UNIT #2 HAD STRUCK UNIT #1 AND HAD PUSHED UNIT #1 FORWARD 60'. UNIT #2 DID NOT STOP TO I. D. HIMSELF, BUT HAD FLED THE CRASH SCENE AND LATER WAS LOCATED IN THE MAIN DRIVEWAY AT 2410 CRAIGER AVE.

**MANNER OF COLLISION OR IMPACT**

2

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- FRONT-TO-REAR
- BACKING
- ANGLE
- SIDEWPE, SAME DIRECTION
- SIDEWPE, OPPOSITE DIRECTION
- UNKNOWN

**SCHOOL BUS RELATED**

1  
 2  
 3  
 4

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

**Diagram**

**Weather**

02

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- HAZE, HAIL (FALLING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**WEATHER**

02

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- HAZE, HAIL (FALLING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**Work Zone Related**

1  
 2  
 3

- NO
- YES
- UNKNOWN

**Diagram**

**Work Zone Related**

1  
 2  
 3

- NO
- YES
- UNKNOWN

**Light Conditions**

Primary:  4  
Secondary:

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

**Location Of Crash In Work Zone**

1  
 2  
 3  
 4

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

**Diagram**

**Workers Present**

1  
 2  
 3

- NO
- YES
- UNKNOWN

**Vehicle**

Unit #:

Company (From Shipping Papers):

Address (Street, City, St, Zip Code):

**The Crash Involved One Or More Of The Following:**

A TRUCK (OR TRACTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR

A TRUCK (OR TRACTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR

A BUS DESIGNED FOR AT LEAST 8 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 REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company Phone:

**Vehicle Information**

US DOT:  ICC MC:  PUCO:  TRAILER LP ST:  TRAILER LP YEAR:  TRAILER LP I:  PLACARD #  DIA:

<b>CARGO BODY TYPE</b>	<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 08 CONCRETE MIXER	<b>Weight (GVWR)</b>	<input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<b>CDL Class</b>	<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	<b>Hazardous Materials Placard</b>	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b>	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN
<input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER)	<input type="checkbox"/> 06 CARGO TANK	<input type="checkbox"/> 10 AUTO TRANSPORTER									
<input type="checkbox"/> 03 VAN/ENCLOSED BOX	<input type="checkbox"/> 07 FLATBED	<input type="checkbox"/> 11 GARBAGE/REFUSE									
<input type="checkbox"/> 04 GRABBER/GRABBER	<input type="checkbox"/> 09 DUMP	<input type="checkbox"/> 12 OTHER									
			<input type="checkbox"/> 13 UNKNOWN								

**Police Action**

DATE CRASH REPORTED:  THE REC CALL:  DISPATCHER:  ARMED:  CLEARED:  OTHER:  TOTAL MINUTES:

02082009 2145 2150 2208 2250 70 130

OFFICER'S NAME:  BADGE #:  CHECKED BY:  DATE REPORT FILED:

PATRICKMAN WILLIAM BAILEY 906

REPORT TAKEN BY:  1 POLICE AGENCY  2 MOTORIST

REPORT TAKEN AT:  1 HOME  2 STATION  3 OTHER

SUPPLEMENT 'X' IF YES:

LOCAL REPORT #:

09-007625