

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-008181

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X' IF YES

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

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER

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

REPORTING AGENCY \*  
YOUNGSTOWN PD

# UNITS  
02

UNIT ERROR  
02 99 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02/11/2009

TIME OF CRASH 1625 DAY OF WEEK 10 FEB CITY \* X VILAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* YOUNGSTOWN COUNTY # \* 56 LATITUDE LONGITUDE

CRASH LOCATION E MIDLOTHIAN BLVD TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET  
STREET REFERENCE (DR) 30' W INTERSECTION 20' S SOUTHERN BLVD REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HORSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/D REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/D REFERENCE

UNIT # 1 OF OCC. A 01 02 NAME (LAST, FIRST, MIDDLE) CUEVAS, RAMON ADDRESS (STREET, CITY, STATE, ZIP CODE) 26 TERRACE DR YOUNGSTOWN, OH 44512

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 04/19/1975 AGE 33 SEX M HOME PHONE # 3307278903 WORK PHONE #

DL STATE OH DL # R458608 LP STATE OH LP # ECY7752 INJURED TAKEN BY 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 2007 MAKE CHEV MODEL MALIBU COLOR TAN INSURANCE COMPANY WESTERN RESERVE TOWING SERVICE LUDT'S OWNER PHONE # OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 2 OF OCC. B 02 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 INSURANCE COMPANY TOWING SERVICE OWNER PHONE # OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 3 OF OCC. C 01 NAME (LAST, FIRST, MIDDLE) CALDERON, ANGELINA L. HOME PHONE # 3305194116 DATE OF BIRTH 07/19/1985 AGE 23 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 844 COMPTON YOUNGSTOWN, OH 44577 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # 4 OF OCC. D 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

01 A	SEATING POSITION 01 FRONT - LEFT (MC DRIVER)	04 A	SAFETY EQUIPMENT 01 None Used	1 A	AIR BAG 1 NOT-DEPLOYED	2 A	AIR BAG SWITCH 1 NOT PRESENT	1 A	EJECTION 1 NOT EJECTED	1 A	TRAPPED 1 NOT TRAPPED	1 A	INJURIES 1 NO INJURY
02 B	02 FRONT - MIDDLE	14 B	02 SHOULDER BELT ONLY	2 B	2 DEPLOYED-FRONT	3 B	2 IN OR POSITION	2 B	2 TOTALLY EJECTED	2 B	2 EXTRICATED BY MECHANICAL MEANS	2 B	2 POSSIBLE
03 C	03 FRONT - RIGHT	04 C	03 LAP BELT ONLY	3 C	3 DEPLOYED-REAR	4 C	3 IN OFF POSITION	3 C	3 PARTIALLY EJECTED	3 C	3 FREED BY NON-MECHANICAL MEANS	3 C	3 NON-INCAPACITATING
04 D	04 SECOND - LEFT (MC PASS)	04 D	04 SHOULDER LAP BELT	4 D	4 DEPLOYED BOTH FRONT/SIDE	5 D	4 UNKNOWN	4 D	4 NOT APPLICABLE	4 D	4 UNKNOWN	4 D	4 INCAPACITATING
05 E	05 SECOND - MIDDLE		05 CHILD SAFETY SEAT	5 E	5 NOT APPLICABLE				5 UNKNOWN				5 FATAL INJURY
06 F	06 SECOND - RIGHT		06 MC HELMET USED	6 F	6 UNKNOWN								6 UNKNOWN
07 G	07 THIRD - LEFT (MC PASSENGER/2ND CAR)		07 Use UNKNOWN										
08 H	08 THIRD - MIDDLE		08 None Used										
09 I	09 THIRD - RIGHT		09 None Used										
10 J	10 SLEEPER SECTION OF CAB		10 HELMET USED										
11 K	11 ENCLOSED CARGO AREA		10 PROTECTIVE PADS										
12 L	12 UNENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING										
13 M	13 TRAILING UNIT		12 LIGHTING										
14 N	14 EXTERIOR		12 LIGHTING										
15 O	15 OTHER		13 OTHER										
16 P	16 Non-Motorist		14 UNKNOWN										

BLANK FOR WITNESS

SUPPLEMENT \*  
X IF YES

Motorist/Non-Motorist

Occupant

VEHICLE NUMBERS  
01 02

NON-MOTORIST LOCATION  
02 02

- 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 ON TRAILS
- 15 UNKNOWN

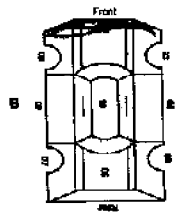
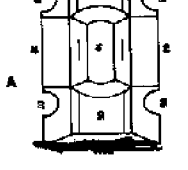
TYPE OF UNIT  
03 04

- 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
  - 10 2 AXLES, 6 TIRES
  - 11 TOTAL (ALL AREAS)
  - 12 TRUCK/TRAILER
  - 13 TRUCK TRACTOR (BOSTAL)
  - 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 TRAM
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
  - 35 ANIMAL W/DRIVER
  - 36 ANIMAL W/DRUG
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
1 1

DAMAGE SCALE  
2 2

DAMAGE AREA



MOST DAMAGED AREA  
06 02

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT FRONT
- 09 TOP AND WINDOWS
- 10 UNDERCARRIAGE
- 11 LOAD/TRAILER
- 12 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT  
06 02

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 FRONT 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  
4 3

STRUCK VEHICLE:  
OVERSIDE / UNDERIDE  
1 1

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

PRE-CRASH ACTIONS  
11 01

- 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/LAYING VEHICLE
  - 20 PLAYING/WORKING ON VEHICLE
  - 21 STANDING
  - 22 OTHER
  - 23 UNKNOWN

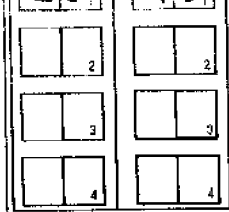
CONTRIBUTING CIRCUMSTANCES  
01 08

- 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/ACCDA
  - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD
  - 10 IMPROPER PASSING
  - 11 IMPROPER START FROM PARKED POSITION
  - 12 STOPPED OR PARKED ILLEGALLY
  - 13 OPERATING VEHICLE IN EMBARRASSING, CARELESS, OR 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
- 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 SIGNS, SIGNALS, OR OFFICER
  - 31 WADING SIDE OF THE ROAD
  - 32 OTHER
  - 33 UNKNOWN

VEHICLE DEFECT  
CODE ONLY IF "LS"  
SELECTED ABOVE  
A B

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

SEQUENCE OF EVENTS  
A B  
20 30



- NON-COLLISION**
  - 01 OVERTAKE/RULLOVER
  - 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 FIXED**
  - 14 PEDESTRIAN
  - 15 PEDALCYCLE
  - 16 RAILWAY VEHICLE
  - 17 ANIMAL - FARM
  - 18 ANIMAL - OTHER
  - 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/CRASH CURB
  - 26 BRIDGE OVERHEAD STRUCTURE
  - 27 BRIDGE PER ON 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/LUMINAIRIES SUPPORT
  - 36 UTILITY POLE
  - 37 OTHER POST, POLE OR SUPPORT
  - 38 CURB
  - 39 DITCH
  - 40 EMBANKMENT
  - 41 FENCE
  - 42 MAILBOX
  - 43 TREE
  - 44 OTHER FIXED OBJECT
  - 45 WORK ZONE MAINTENANCE EQUIPMENT
  - 46 UNKNOWN/FIXED OBJECT
  - 47 OTHER
  - 48 OTHER
  - 49 UNKNOWN

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  
1 2

1 STATED  
2 ESTIMATED SPEED

SPEED  
A B  
0 25

POSTED SPEED  
35 35

TRAFFIC CONTROL  
04 04

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSINGS
- 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, OBLISCED
- 16 OTHER

DIRECTION  
FROM TO  
43 43

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

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 / DRUGS SUSPECTED  
1 6

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBID NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL / DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS  
1 6

- 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 6

- 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  
A B  
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-PORT, ON 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

- 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  
02

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, CL., GRAVEL
- 06 WATER (STANDING, BOWNS)
- 07 SLUSH
- 08 DEBRIS\*\*
- 09 RUT, HOLES, RAMP, UNEVEN PAVEMENT\*\*
- 10 OTHER
- 11 UNKNOWN
- \*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # \*  
LOCAL REPORT # \*  
09-008181

**Narrative**

UNIT #1 WAS TRAVELING EASTBOUND ON MIDLOTHIAN BLVD WEST OF SOUTHERN BLVD STOPPED IN TRAFFIC IN THE LEFT LANE OF TRAFFIC. UNIT #2 WAS TRAVELING EASTBOUND BEHIND UNIT #1, WHEN UNIT #2 FAILED TO STOP THE FRONT OF UNIT #2 STRUCK THE REAR OF UNIT #1. UNIT #2 THEN FLED THE SCENE.

**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 SIDESWIPE, SAME DIRECTION
- 8 SIDESWIPE, 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

**WEATHER**

03

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

**TYPE OF WORK ZONE**

1

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

**LOCATION OF CRASH IN WORK ZONE**

1

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

**LIGHT CONDITIONS**

PRIMARY  1

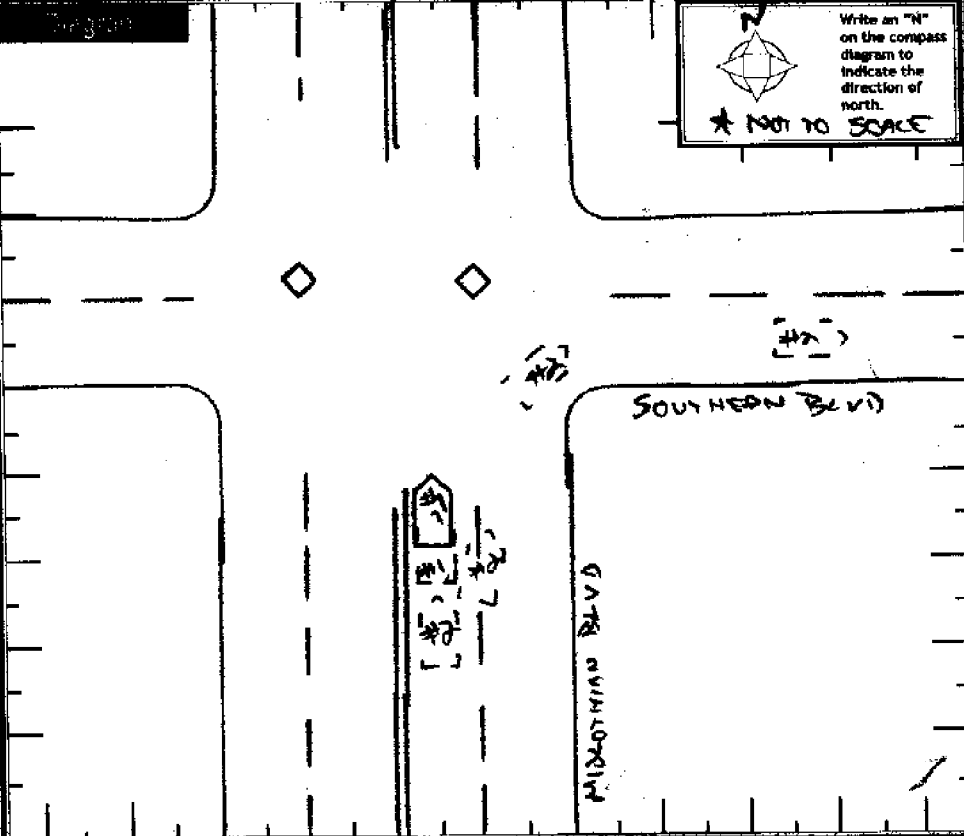
SECONDARY

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

**WORKERS PRESENT**

1

- 1 NO
- 2 YES
- 3 UNKNOWN



THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (SECTION VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (SECTION 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 DISABLED DAMAGE OR REQUIRED INTENTING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #

Company (FROM SHIPPING PAPERS)  COMPANY PHONE

Address (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YHR	TRAILER LP #	PLACARD #	# DR.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>CARGO BODY TYPE</b>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHINA/GRAYEL <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 THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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

**Timeline**

DATE CRASH REPORTED: 02/11/2009

TIME REC CALL: 1627

DISPATCH: 1627

ARRIVED: 1634

CLEARED: 1827

OTHER:

TOTAL MINUTES: 120

OFFICER'S NAME: K. BLAIR

BADGE #: 1055

CREATED BY: [Signature]

DATE REPORT FILED: 02/12/2009

REPORT TAKEN BY:  1 POLICE AGENCY  2 MYSTERY

REPORT TAKEN AT:  1 SCENE  2 STATION

SUPPLEMENTARY:  YES  NO

LOCAL REPORT #: 09-008181