

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-010069

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

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

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

R.C.I.C. # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN P.P. 02 02

# UNITS  
UNIT LEADER  
96 - ANIMAL  
96 - UNKNOWN

DATE OF CRASH \*  
02192009

TIME OF CRASH  
1525 THW X  
CITY \* YOUNGSTOWN COUNTY # 50  
LATITUDE LONGITUDE

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

REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY  
03 COUNTY LINE 06 MILE POST 09 DRIVEWAY  
07 CORPORATION LIMIT REFERENCE

Unit # 01 # of Occ. NAME (LAST, FIRST, MIDDLE)  
GEORGE, COLLEEN, L.  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
744 PALMER AVE. YOUNGSTOWN, OH, 44502

SEX M HOME PHONE # 788-9125  
DATE OF BIRTH 08191987  
DL STATE OH DL # SV448978 LP STATE OH LP # CV97PG  
INSURED TAKEN BY 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME")  
GEORGE RAYMOND F. ADDRESS (STREET, CITY, STATE, ZIP CODE)  
744 PALMER AVE. YOUNGSTOWN, OH 44502

YEAR 1999 MAKE ACURA MODEL INTEGRA  
INSURANCE COMPANY ALLSTATE INS. TOWING SERVICE  
OWNER PHONE # (330) 788-9125

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE #

Unit # 02 # of Occ. NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN 3 POLICE

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

YEAR MAKE FORD COLOR WHITE INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE #

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

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

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

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

01 A 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 CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST	04 A SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONL. 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	6 B AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 B AIR BAG SWITCHES 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	5 B EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	3 B TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 B INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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Motorist/Non-Motorist

Occupant

SUPPLEMENT #

UNIT NUMBERS  
01 02

NON-MOTORIST LOCATION  
A B

- 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

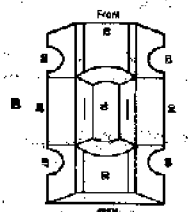
TYPE OF UNIT  
03 06

- 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 SINGLE UNIT TRUCK 3+ AXLES
  - 11 TRUCK/TRAILER
  - 12 TRUCK TRACTOR (BOATL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE TRAILER
  - 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 ANIMAL AID/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/DRUGGY
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PENALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
1A 1B

DAMAGE SCALE  
3 6

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN



MOST DAMAGED AREA  
06 15

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

POINT OF IMPACT  
06 15

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

ACTION  
4A 3B

STRIKING VEHICLE:  
OVERRIDE / UNDERLIDE  
1A 1B

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

PRE-CRASH ACTIONS  
11A 01B

- 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 IS SECURED 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  
01A 08B

- 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/WALDCA
  - 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 EMERGENCY, RECKLESS, CARELESS, MENDACIOUS 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 DISTRACTION
  - 18 FATIGUE/ASLEEP
  - 19 OPERATING DEFECTIVE EQUIPMENT
  - 20 LOAD SHIFTING/FALSIING/ROLLING
  - 21 LOAD/TRAILER
  - 22 TOTAL (ALL AREAS)
  - 23 OTHER
  - 24 UNKNOWN
- NON-MOTORIST**
  - 24 NONE
  - 25 IMPROPER CROSSING
  - 26 DARTING
  - 27 LYING AND/OR ILLEGALLY IN ROADWAY
  - 28 FAILURE TO YIELD RIGHT OF WAY
  - 29 NOT VISIBLE (DARK CLOTHING)
  - 30 INATTENTIVE
  - 31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
  - 32 WRONG SIDE OF THE ROAD
  - 33 OTHER
  - 34 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '30' SELECTED ABOVE  
A B

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

SEQUENCE OF EVENTS  
A B  
20 20

NON-COLLISION  
01 OVERTURN/ROLLOVER  
02 FIRE/EXPLOSION  
03 IMBROSION  
04 JACKKNIFE  
05 CARDO/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 PENALCYCLIST  
16 RAILWAY VEHICLE  
17 ANIMAL - FARM  
18 ANIMAL - DIER  
19 ANIMAL - OTHER  
20 ANIMAL VEHICLE/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 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/UNDERPASS 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

FIRST HARMFUL EVENT  
1A 1B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT  
1A 1B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED  
1A 1B

SPEED  
1 STAMP  
2 ESTIMATED SPEED  
00 A B

POSTED SPEED  
25 25

TRAFFIC CONTROL  
04 04

- 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 BARRIAGE
- 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  
FROM TO FROM TO  
23 23

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

CONDITION  
1A 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 / DRUG SUSPECTED  
1A 6

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

ALCOHOL TEST STATUS  
1A 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  
1A 1B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
1A 1B

- 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  
1A 1B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1,2,3 RESULT  
1A 1B

- 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-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

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

ROAD CONTOUR  
2

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS  
PRIMARY SECONDARY  
01 01

- 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

SUPPLEMENT \* LOCAL REPORT # \*  
X if Yes 09-010069

**Narrative**

UNIT #1 HAD STATED THAT SHE WAS TRAVELING SOUTH BOUND ON WICK AVE. AND WHEN SHE WAS AT THE MAIN INTERSECTION OF WICK AVE. AND COMMERCE STREET, SHE WAS STOPPED FOR A RED LIGHT (IN THE LEFT HAND TURNING LANE), WHEN SUDDENLY UNIT #1 WAS STRUCK FROM BEHIND BY UNIT #2. UNIT #2 DID NOT I.D. HIMSELF TO UNIT #1 AND WHEN ASKED TO PULL INTO A PARKING LOT TO FIVE HIS INFORMATION TO UNIT #1, UNIT #2 HAD FLEED THE CRASH SCENE.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWPE, SAME DIRECTION 8 SIDEWPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		Write an "N" on the compass diagram to indicate the direction of north.
	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		
	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERRUPTED/MOVING WORK 5 OTHER		
<b>WEATHER</b> <input checked="" type="checkbox"/> 02 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLES) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA		
<b>LIGHT CONDITIONS</b> PRIMARY: <input checked="" type="checkbox"/> 1 SECONDARY: <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		

<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> <input type="checkbox"/> A TRUCK (OR OTHER VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR <input type="checkbox"/> A TRUCK (OR OTHER VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR <input type="checkbox"/> A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> <input type="checkbox"/> A FATALITY; OR <input type="checkbox"/> AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR <input type="checkbox"/> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED REPAIRING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
UNIT # <input type="text"/>	COMPANY (FROM SHIPPING PAPERS) <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>	

US DOT <input type="text"/>	ICC INC <input type="text"/>	PUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	PLACARD # <input type="text"/>	(DA) <input type="text"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 Ground/Chassis/Chassis	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DOME	<input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 CRANE <input type="checkbox"/> 13 UNKNOWN	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 Less/Equal 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	

<b>DATE CRASH REPORTED</b> 02/19/2009	<b>TIME REC CALL</b> 11525	<b>DISPATCH</b> 1527	<b>ARRIVED</b> 1529	<b>CLEARED</b> 1627	<b>OTHER</b> <input type="text"/>	<b>TOTAL MINUTES</b> 60
<b>OFFICER'S NAME #</b> PATROLMAN WILLIAM BARLEY	<b>BADGE #</b> 906	<b>CHECKED BY</b> WSP GARCAR	<b>DATE REPORT FILED #</b> 02202009			
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> 1 HOME <input type="checkbox"/> 2 STATION	<b>SUPPLEMENT</b> <input type="checkbox"/> * If Yes	<b>LOCAL REPORT #</b> 00-01-0060			