

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-011107

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
3

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 Police

4 UNITS
02

UNIT ERROR
98 = ANNUAL
99 = UNKNOWN
01

DATE OF CRASH *
02242009

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
2109 TUE X Youngstown 50

CRASH LOCATION Brooklyn
TYPE LOC 1
TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET
REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE
02
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

UNIT # 1 # OF OCC. A 0101 NAME (LAST, FIRST, MIDDLE) Adams, Rashad E.
ADDRESS (STREET, CITY, STATE, ZIP CODE) 610 Griffith #153, Youngstown, Ohio 44505

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
07241984 24 M (330)780-4622

DL STATE DL # SM950823 LP STATE LP # OH 206-2526 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) "SAME"

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
7999 Pontiac Grand Am Black

OFFENSE CHARGED OFFENSE DESCRIPTION SITUATION LOCAL CODE? X
ORD. 331.01(a) Failure to drive upon right side of Roadway I-04858 X

UNIT # 2 # OF OCC. B 0201 NAME (LAST, FIRST, MIDDLE) Ford, Evelyn R.
ADDRESS (STREET, CITY, STATE, ZIP CODE) 145 Brooklyn, Youngstown, Ohio 44507

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
10161953 55 F (330)788-1063

DL STATE DL # RL409999 LP STATE LP # OH ESTOZV 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) "SAME"

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2004 Saturn Ion Blue State Farm

OFFENSE CHARGED OFFENSE DESCRIPTION SITUATION LOCAL CODE? X

UNIT # 3 # OF OCC. C 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

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

SEATING POSITION
01 FRONT - LEFT (MC DRIVER) 04 A
02 FRONT - MIDDLE 04 A
03 FRONT - RIGHT 04 A
04 SECOND - LEFT (MC PASS) 04 B
05 SECOND - MIDDLE 04 B
06 SECOND - RIGHT 04 B
07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 04 B
08 THIRD - MIDDLE 04 B
09 THIRD - RIGHT 04 B
10 SLUMBER SECTION OF CAB 04 B
11 ENCLOSED CARGO AREA 04 B
12 UNENCLOSED CARGO AREA 04 B
13 TRAILING UNIT 04 B
14 EXTERIOR 04 B
15 OTHER 04 B
16 NON-MOTORIST 04 B

SAFETY EQUIPMENT
01 NONE USED 04 A
02 SHOULDER BILLY ONLY 04 A
03 LAP BELT ONLY 04 B
04 SHOULDER/LAP BELT 04 B
05 CHILD SAFETY SEAT 04 B
06 MC HELMET USED 04 B
07 USE UNKNOWN 04 B
08 NONE-MOTORIST 04 B
09 NONE USED 04 B
10 HELMET USED 04 B
11 PROTECTIVE PADS 04 B
12 REFLECTIVE CLOTHING 04 B
13 LIGHTING 04 B
14 OTHER 04 B
15 UNKNOWN 04 B

AIR BAG
1 NOT-DEPLOYED 04 A
2 DEPLOYED-FRONT 04 A
3 DEPLOYED-SIDE 04 A
4 DEPLOYED BOTH FRONT/SIDE 04 A
5 NOT APPLICABLE 04 B
6 UNKNOWN 04 B

AIR BAG SWITCH
1 NOT PRESENT 04 A
2 IN ON POSITION 04 A
3 IN OFF POSITION 04 A
4 UNKNOWN 04 B

EJECTION
1 NOT EJECTED 04 A
2 TOTALLY EJECTED 04 A
3 PARTIALLY EJECTED 04 A
4 NOT APPLICABLE 04 B
5 UNKNOWN 04 B

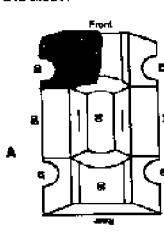
TRAPPED
1 NOT TRAPPED BY MECHANICAL MEANS 04 A
2 FREED BY NON-MECHANICAL MEANS 04 B
3 UNKNOWN 04 B

INJURIES
1 NO INJURY 04 A
2 POSSIBLE 04 A
3 NON-INCAPACITATING 04 B
4 INCAPACITATING 04 B
5 FATAL INJURY 04 B
6 UNKNOWN 04 B

BLANK FOR WITNESS SUPPLEMENT * X If Yes

Motorist/Non-Motorist

Occupant

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="06"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></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>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	POSTED SPEED <input type="text" value="25"/> <input type="text" value="25"/>	DRUG TEST STATUS <input type="text" value="1A"/> <input type="text" value="1B"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="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 WITHIN 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	Most Damaged Area <input type="text" value="09A"/> <input type="text" value="09B"/>	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 EXTENDING/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	Non-Collision 01 OVERTURN/Rollover 02 FIRE/EXPLOSION 03 IMBROSION 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 DOWNRILL 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 - 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 Collision With Fixed Object 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON ALIGNMENT 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/LUMINAIRE 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	TRAFFIC CONTROL <input type="text" value="02A"/> <input type="text" value="01B"/> 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 BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTSCURED 16 OTHER DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="3"/>	DRUG TEST TYPE <input type="text" value="1A"/> <input type="text" value="1B"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="2"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING										
TYPE OF UNIT <input type="text" value="03A"/> <input type="text" value="03B"/> Motorist 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SINGLE-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 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 TAN 28 MOTOR HOME 29 TRAILER 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 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="09A"/> <input type="text" value="09B"/> 01 NONE 02 CENTER FRONT 03 FRONT FRONT 04 FRONT SIDE 05 FRONT 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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="06A"/> <input type="text" value="01B"/> 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/ 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 VEHICLE OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SWELING 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 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	First Harmful Event <input type="text" value="1A"/> <input type="text" value="1B"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	CONDITION <input type="text" value="1A"/> <input type="text" value="1B"/> 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 <input type="text" value="1A"/> <input type="text" value="1B"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBID NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="03"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOULT 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										
IN EMERGENCY RESPONSE <input type="text" value="1A"/> <input type="text" value="1B"/> 1 NO 2 YES 3 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN	Vehicle Defect Code ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	Most Harmful Event <input type="text" value="1A"/> <input type="text" value="1B"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS <input type="text" value="1A"/> <input type="text" value="1B"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE										
DAMAGE SCALE <input type="text" value="4"/> <input type="text" value="3"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	Striking Vehicle: Overtake / Undercode <input type="text" value="1A"/> <input type="text" value="1B"/> 1 NO UNDERCODE OR OVERTAKE 2 UNDERCODE, COMPARTMENT INTERIORSION 3 UNDERCODE, NO COMPARTMENT INTERIORSION 4 UNDERCODE, COMPARTMENT INTERIORSION UNKNOWN 5 OVERTAKE, MOTOR VEHICLE IN TRANSPORT 6 OVERTAKE, OTHER VEHICLE 7 UNKNOWN		Speed Detected <input type="text" value="2"/> <input type="text" value="2"/> 1 STATED 2 ESTIMATED SPEED Speed <input type="text" value="025A"/> <input type="text" value="025B"/>	ALCOHOL TEST TYPE <input type="text" value="1A"/> <input type="text" value="1B"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITIONS PRIMARY <input type="text" value="07"/> SECONDARY <input type="text" value=""/> 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										
				ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	LOCAL REPORT # * <input type="text" value="09-011107"/>										

Narrative

UNIT # 2 WAS MAKING A RIGHT TURN EASTBOUND ONTO BROOKLYN FROM COTTAGE GROVE WHEN SUDDENLY STRUCK BY UNIT # 1 WHO MADE A SHARP TURN WHILE TURNING FROM BROOKLYN ONTO COTTAGE GROVE.

NUMBER OF COLLISION OR IMPACT

8

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

WEATHER

011

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

LIGHT CONDITIONS

PRIMARY SECONDARY

4

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

TYPE OF WORK ZONE

1

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

LOCATION OF CRASH IN WORK ZONE

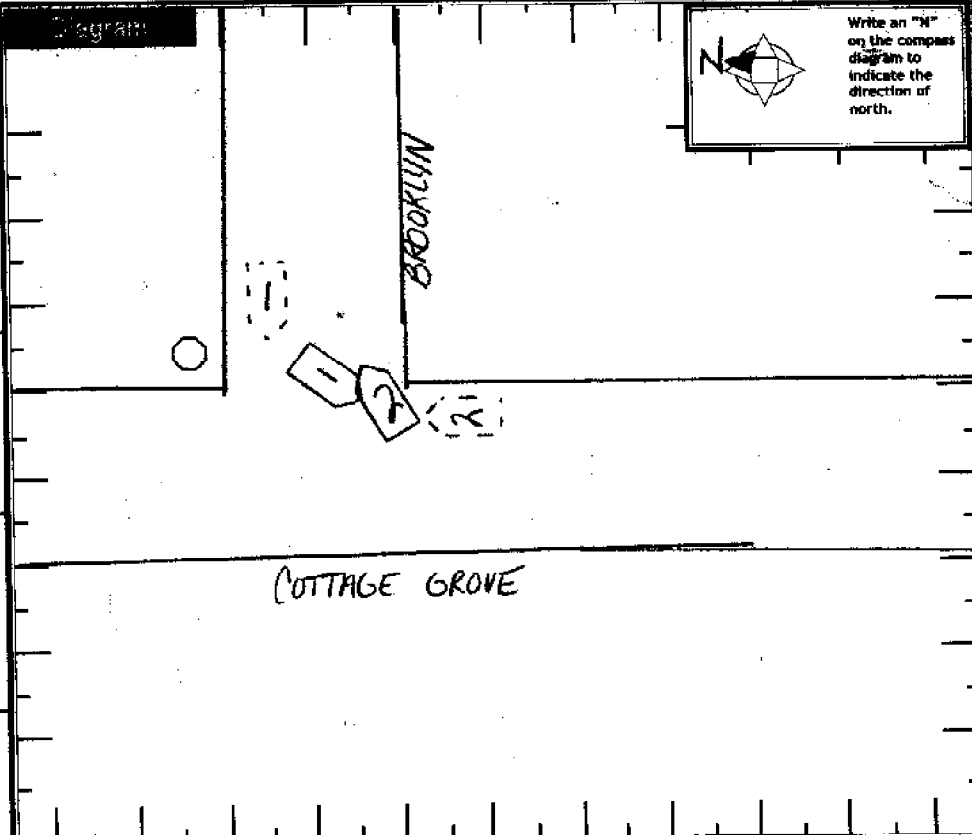
1

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

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN



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

ONE 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 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 REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #

1 2

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PLCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DO

CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAB/CHOP/GRATEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

Weight (GVWR)

- 1 LESS/EQUAL 10,000
- 2 10,001 - 25,000
- 3 MORE THAN 25,000

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

DATE CRASH REPORTED

02242009

TIME REC CALL

2109

DISPATCH

2109

ARRIVED

2109

CLEARED

2230

OTHER

TOTAL MINUTES

0081

OFFICER'S NAME

LAMB M. JOHNSON #1091

BADGE #

1099

CHECKED BY

B. Beech

DATE REPORT FILED

02252009

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION

SUPPLEMENT * IF YES

LOCAL REPORT #

09-011107