

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
09-034695

CRASH SEVERITY  
2 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HEAT/SHOCK  
1 NOT HIT/SHOCK 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN  
X IF YES

ON-2 ON-3 ON-1P OTHER

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

REPORTING AGENCY \*  
YOUNGSTOWN P.D.

# UNITS  
02

UNIT ERROR  
02 08 - ANIMAL 09 - UNKNOWN

DATE OF CRASH \*  
06032009

TIME OF CRASH: 1248 DAY OF WEEK: WED CITY: X VILLAGE: Y TWP: Y NAME (OF CITY, VILLAGE OR TOWNSHIP): YOUNGSTOWN COUNTY # \* 50 LATITUDE: LONGITUDE:

PROVER (ORIGIN LOCATION): ERIE TYPE LOC: 1 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET REF POINT: 02 REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DIVERGENT 10 STREET ON ROUTE W/O REFERENCE

UNIT # 1 OF OCC: A 0102 NAME (LAST, FIRST, MIDDLE): DAVENPORT, ANTWAN M. ADDRESS (STREET, CITY, STATE, ZIP CODE): 69 E. PHILADELPHIA, YOUNGSTOWN OHIO 44507

DATE OF BIRTH: 05271987 AGE: 23 SEX: M HOME PHONE: 330-610-1003 DE STATE: OH IL # SW81648 LP STATE: OH LP # EP4-7584 INSURED TAKEN BY: 2 1 HOME 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: RURAL METRO 5 ST. ELIZABETHS OWNED TAKEN TO: "SAME" ADDRESS (STREET, CITY, STATE, ZIP CODE): YEAR: 1993 MAKE: DODGE MODEL: INTREPID MAROON COLOR: TITAN INSURANCE COMPANY: TOWNSHIP SERVICE: LUDTS OWNER PHONE # 330-610-1003 OFFENSE CODE: OFFENSE DESCRIPTION: CITATION # LOCAL CODE? X IF YES

UNIT # 2 OF OCC: B 0202 NAME (LAST, FIRST, MIDDLE): CALVIN, SHELLY L. ADDRESS (STREET, CITY, STATE, ZIP CODE): 273 CARRIAGE LANE #301, CANFIELD OHIO 44406 DATE OF BIRTH: 09161988 AGE: 20 SEX: F HOME PHONE: 330-531-0133 DE STATE: OH IL # SV447384 LP STATE: OH LP # EDH-6085 INSURED TAKEN BY: 2 1 HOME 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: CLEMENTE 5 ST. ELIZABETHS OWNED TAKEN TO: CALVIN, SANDRA D ADDRESS (STREET, CITY, STATE, ZIP CODE): 273 CARRIAGE LANE # 301 CANFIELD OHIO 44406 YEAR: 1999 MAKE: MERC MODEL: TRACER MAROON COLOR: NATIONWIDE INSURANCE COMPANY: TOWNSHIP SERVICE: LUDTS OWNER PHONE # 330-531-0133 OFFENSE CODE: 313.01 OFFENSE DESCRIPTION: DISABLED TRAFFIC CONTROL DEVICE CITATION # F12396 LOCAL CODE? X IF YES

UNIT # 01 OCCUPANT: C 01 NAME (LAST, FIRST, MIDDLE): MCQUEEN, JAMAL HOME PHONE # 330-610-1003 DATE OF BIRTH: 05121994 AGE: 15 SEX: M ADDRESS (STREET, CITY, STATE, ZIP CODE): 69 E. PHILADELPHIA, YOUNGSTOWN OHIO 44507 INSURED TAKEN BY: 2 1 HOME 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: RURAL METRO 5 ST. ELIZABETHS OWNED TAKEN TO:

UNIT # 02 OCCUPANT: D 02 NAME (LAST, FIRST, MIDDLE): SLICKER, JOSH HOME PHONE # 330-286-5320 DATE OF BIRTH: 01051989 AGE: 20 SEX: M ADDRESS (STREET, CITY, STATE, ZIP CODE): 490 N. BROAD ST., CANFIELD OHIO 44406 INSURED TAKEN BY: 2 1 HOME 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: CLEMENTE 5 ST. ELIZABETHS OWNED TAKEN TO:

Motorist/Non-Motorist

Occupant

01A	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 CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 Non-Motorist	04A	SAFETY EQUIPMENT 01 PHOTOGRAPH 02 SEATBELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 Use UNKNOWN 08 Non-Motorist 09 None/None 10 HELMET USED 11 PROTECTIVE PAID 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	2A	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT/BACK 5 NOT APPLICABLE 6 UNKNOWN	1A	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1A	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1A	TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	2A	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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SUPPLEMENT \*  
X IF YES

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

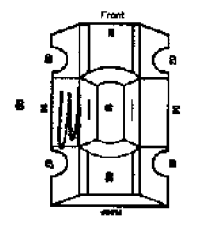
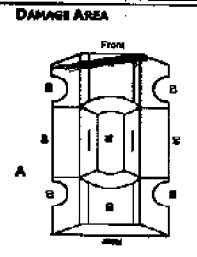
TYPE OF UNIT  
03 03

- 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; 2 AXLES, 5 TIRES
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BONNET)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVENTER DOLLY
17 TRACTOR/TRIMPS
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
NON-MOTORIST
35 ANIMAL WANDER
36 ANIMAL W/DRURY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE  
A B

DAMAGE SCALE  
4 4

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



MOST DAMAGED AREA  
02 08

- 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 LOAFTRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

POINT OF IMPACT  
02 08

ACTION  
3 4

STRIKING VEHICLE: OVERSIDE / UNDERSIDE  
A B

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

PRE-CRASH ACTIONS  
01 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/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTINUING CIRCUMSTANCES  
01 03

- 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 CLOSE/W/ADCA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
10 IMPROPER STOPPING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED OR PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, IMPULSIVE 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/SLEEP
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 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE CONTACT  
01 01

VEHICLE CONTACT  
A B

- 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

SEQUENCE OF EVENTS  
A B  
20 20

NON-COLLISION  
01 OVERTURN/FOLLOWER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CHANGE/EQUIPMENT LOSS/SHIFT LOCATION
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 - 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 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/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 FODD OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT  
A B

MOST HARMFUL EVENT  
A B

SPEED DETECTED  
A B

SPEED  
A B

POSTED SPEED  
A B

TRAFFIC CONTROL  
01 02

- 01 NO CONTROL
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 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  
1 2 4 3

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

CONDITION  
A B

ALCOHOL/DRUG SUSPECTED  
A B

ALCOHOL TEST STATUS  
A B

ALCOHOL TEST TYPE  
A B

ALCOHOL TEST RESULT  
A B

LOCAL REPORT # \*  
09-034695

DRUG TEST STATUS  
A B

- 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  
A B

DRUG TEST 1&2 RESULT  
A B

- 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/ROUNDBOUT
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  
A B

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

ROAD CONTOUR  
A B

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

ROAD CONDITIONS  
PRIMARY SECONDARY  
02

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

SUPPLEMENT \*  
X IF YES

UNIT #1 WAS S. BOUND ON ERIE. UNIT #2 WAS E. BOUND ON E. JUDSON UNIT #2 DISOBEYED TRAFFIC CONTROL DEVICE (STOP SIGN), CAUSING UNIT #1 TO STRIKE UNIT #2.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN		Write an "N" on the compass diagram to indicate the direction of north.
<b>WEATHER</b> <input checked="" type="checkbox"/> 04 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/MOVING WORK <input type="checkbox"/> 6 OTHER	ERIE E. JUDSON 3701	
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA		
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 DAYLIGHT SECONDARY <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		

<b>UNIT #</b> <input type="checkbox"/> <input type="checkbox"/>	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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.
<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="checkbox"/> <input type="checkbox"/>	<b>COMPANY PHONE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

<b>US DOT</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ICC INC</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PUCO</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>TRAILER LP ST.</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>TRAILER LP YEAR</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>TRAILER LP #</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PLACARD #</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b># DIA</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-18 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAN/CHPS/GRAVEL	<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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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"/> 6 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	

**Police Action**

<b>DATE CRASH REPORTED</b> 06032009	<b>TIME REC CALL</b> 1748	<b>DISPATCH</b> 1752	<b>ARRIVED</b> 1754	<b>CLEARED</b> 1904	<b>OTHER</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>TOTAL MINUTES</b> 70
<b>OFFICER NAME #</b> R. DIMA 106	<b>BADGE # *</b> 1043	<b>CHECKED BY</b> D.S.P. GARCIA	<b>DATE REPORT FILED #</b> 06042009			
<b>REPORT TAKEN BY</b> <input type="checkbox"/> 1 POLICE AGENCY <input checked="" type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input type="checkbox"/> 1 HOME <input checked="" type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	<b>SUPPLEMENT * IF YES</b> <input type="checkbox"/>	<b>LOCAL REPORT # *</b> 09-AR4695			