

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-035715

CRASH SEVERITY  
3  
1 FATAL 3 PDO  
2 BURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

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

PHOTOS TAKEN  
X YES

NO. OF VEHICLES \*  
05009

REPORTING AGENCY \*  
Youngstown PD

# UNITS  
02

UNIT ERROR  
02  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
06072009

TIME OF CRASH  
1634

DAY OF WEEK  
SUN

CITY \*  
X

VILLAGE \*  
Youngstown

TWP \*  
50

COUNTY # \*  
50

LATITUDE  
LONGITUDE

CRASH LOCATION  
Kirk

TYPE LOC  
1

REFERENCE POINT USED  
01 NAMED STREET 3 NUMBERED ROUTE  
02 NUMBERED STREET

CRASH LOCATION  
5  
Shelby

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 PLAZA NAME W/O REFERENCE  
09 DRIVEWAY  
10 STREET ON ROUTE W/O REFERENCE

UNIT #  
A 0101  
NAME (LAST, FIRST, MIDDLE)  
Mitchell, Patricia S  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
4631 Deer Creek Rd #3 Austintown, OH 44115

DATE OF BIRTH  
07/19/57

DL STATE  
OH  
DL #  
RL410957

OWNER NAME (IF SAME, WRITE "SAME")  
SAME

YEAR  
2005

MAKE  
Ford

MODEL  
Focus

COLOR  
CASSIN

INSURANCE COMPANY  
PROGRESSIVE

TOWING SERVICE  
Ludis

OWNER PHONE #

OFFENSE CHARGES  
CITATION #

LOCAL CODE? X IF YES

UNIT #  
B 0202  
NAME (LAST, FIRST, MIDDLE)  
Marshall, Sack A  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
501 Falls Ave Youngstown, OH 44102

DATE OF BIRTH  
06/17/89

DL STATE  
OH  
DL #  
RM987774

OWNER NAME (IF SAME, WRITE "SAME")  
SAME

YEAR  
1998

MAKE  
Subaru

MODEL  
SkiDoo

COLOR  
RED

INSURANCE COMPANY  
AIG

TOWING SERVICE  
Ludis

OWNER PHONE #

OFFENSE CHARGES  
CITATION #

LOCAL CODE? X IF YES

UNIT #  
C 02  
NAME (LAST, FIRST, MIDDLE)  
Marshall, Patricia  
HOME PHONE #  
370746-1937  
DATE OF BIRTH  
07251929  
AGE  
79  
SEX  
F  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
501 Falls Ave Youngstown, OH

INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

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

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

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

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

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

1	TRAPPED
1	1 NOT TRAPPED
1	2 EJECTED BY MECHANICAL MEANS
1	3 EJECTED BY NON-MECHANICAL MEANS
1	4 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \*  
X IF YES

UNIT NUMBERS  
01A 02B

NON-MOTORIST LOCATION  
A S

- 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  
02 03

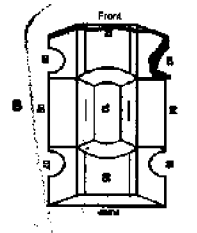
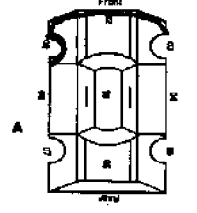
- MOTORIST**
  - 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PANEL/VAN
  - 09 SINGLE UNIT TRUCK
  - 10 2 AXLES, 6 TIRES
  - 11 SINGLE UNIT TRUCK 8+ AXLES
  - 12 TRUCK/TRAILER
  - 13 TRUCK TRACTOR (BOBTAIL)
  - 14 TRACTOR/DOUBLE 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 TAXI
  - 28 MOTOR HOME
  - 29 TRAIN
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
  - 35 ANIMAL W/DRIVER
  - 36 ANIMAL W/O DRIVER
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
1A 1B

DAMAGE SCALE  
4A 4B

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

DAMAGE AREA



MOST DAMAGED AREA  
09 03

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 RIGHT 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 TIRAS (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT  
09A 03B

- 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

ACTION  
3A 4B

STRIKING VEHICLE:  
OVERRIDE / UNDERRIDE  
A B

- 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  
01 06

- 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

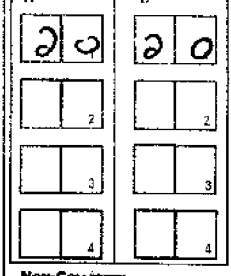
CONTRIBUTING CIRCUMSTANCES  
01A 02B

- MOTORIST**
  - 01 NONE
  - 02 FAILURE TO YIELD
  - 03 RAN RED LIGHT, ON STOP SIGN
  - 04 EXCEEDED SPEED LIMIT
  - 05 UNSAFE SPEED
  - 06 IMPROPER TURN
  - 07 SIGN VIOLATION
  - 08 FOLLOWED TOO CLOSELY/A/C/D/A
  - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
  - 10 IMPROPER STOPPING
  - 11 IMPROPER START FROM PARKED POSITION
  - 12 STOPPED ON PARKED ILLICITLY
  - 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 VISION OBSTRUCTION
  - 17 DRIVER DISTRACTION
  - 18 FATIGUE/ASLEEP
  - 19 OPERATING DEFECTIVE EQUIPMENT
  - 20 LOAD SHIFTS/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 HOT VEHICLE (DARK CLOTHING)
  - 29 BAIT/TYPE
  - 30 FAILING TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
  - 31 WRONG SIDE OF THE ROAD
  - 32 OTHER
  - 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE  
A B

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORK ON 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/Rollover
  - 02 FIRE/EXPLOSION
  - 03 IMBROSION
  - 04 JACKKNEE
  - 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 - 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/CRAILM CUSHION
  - 26 BRIDGE OVERHEAD STRUCTURE
  - 27 BRIDGE PIER ON ADJUTMENT
  - 28 BRIDGE PARAMET
  - 29 BRIDGE RAIL
  - 30 GUARDRAIL FACE
  - 31 GUARDRAIL END
  - 32 MEDIAN BARRIER
  - 33 HIGHWAY TRAFFIC SIGN POST
  - 34 OVERHEAD SIGN POST
  - 35 LIGHT/LUMINAIES 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  
A B

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

MOST HARMFUL EVENT  
A B

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

SPEED DETECTED  
A B

1 STATED  
2 ESTIMATED SPEED  
A B

SPEED  
A B

ALCOHOL TEST STATUS  
A B

ALCOHOL TEST TYPE  
A B

ALCOHOL TEST RESULT  
A B

POSTED SPEED  
35A 35B

TRAFFIC CONTROL  
04A 04B

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

DIRECTION FROM TO FROM TO  
3 4 4 1

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

CONDITION  
A B

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED  
A B

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

ALCOHOL TEST STATUS  
A B

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE  
A B

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

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
1A 1B

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 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 10.2 RESULT  
1 2 1 2

- 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  
1

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

ROAD CONTOUR  
1

- 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, GRAYLE
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS\*\*
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
- 10 OTHER
- 11 UNKNOWN

\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT \* 'X' IF YES LOCAL REPORT # \*  
09-035715

Unit #1 was traveling W.B. on Kirk Rd. Al. Schwalbe when Unit #2  
 E.B. on Kirk passed in front of Unit #1 causing a collision.  
 Cause of Unit #2 at fault for failing to yield.

<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 BACKWARD <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDEWIFE, SAME DIRECTION <input type="checkbox"/> 8 SIDEWIFE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE BOUND/TRANSITION <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER	<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>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>

<b>UNIT #</b> <input type="checkbox"/>	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR <input type="checkbox"/> A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.	<b>AND</b>	<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 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="checkbox"/>	<b>COMPANY PHONE</b> <input type="checkbox"/>		<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="checkbox"/>

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLA.
<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 GRAN/CHIPS/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"/> 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>Police Action</b>						
<b>DATE CRASH REPORTED</b> 06 07 2009	<b>TIME REC CALL</b> 16 34	<b>DISPATCH</b> 14 36	<b>ARRIVED</b> 16 39	<b>CLEARED</b> 17 30	<b>OTHER</b> <input type="checkbox"/>	<b>TOTAL MINUTES</b> 54
<b>OFFICER/PLANE #</b> A Viki/10	<b>BADGE # *</b> 1036	<b>CHECKED BY</b> [Signature]	<b>DATE REPORT FILED #</b> 06 08 2009	<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 SCENE <input type="checkbox"/> 2 STATION	<b>LOCAL REPORT # *</b> 09-025712