

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-057454

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
K IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

R.C.I.C.P. # *
05009

REPORTING AGENCY *
Youngstown Police Dept

UNITS
02

UNIT ENCL
99
98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
06132009

TIME OF CRASH: 1947
DAY OF WEEK: SAT
CITY: X
VILLAGE:
TWP:
NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown
COUNTY # *
50
LATITUDE
LONGITUDE

FRONT CRASH LOCATION: I-680 South Bound
TYPE LOC: 3
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 STRAITS 05 TOWNSHIP BOUNDARY
03 COUNTY LINE 06 MILE POST 09 DRIVEWAY
07 CORPORATION LIMIT 10 STREET OR ROUTE W/O REFERENCE

UNIT # 01 # OF OCC. 01
NAME (LAST, FIRST, MIDDLE)
OLIVER, PAUL ANDREW-JOHN
ADDRESS (STREET, CITY, STATE, ZIP CODE)
2390 SKYWAE DR. Youngstown OHIO 44511

SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 03051966
AGE: 43
SEX: M
HOME PHONE # 305360532
WORK PHONE #

DL STATE: OH DL # KY239511
LP STATE: OH LP # 669WZM
INJURED TAKEN BY: 1
TRANSPORTED BY:
INJURED TAKEN TO:

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

YEAR: 2002 MAKE: Pontiac MODEL: Bonneville COLOR: Silver
INSURANCE COMPANY: STATE FARM TOWING SERVICE: OWNER PHONE #

OFFENSE CHARGE: 4511.20 OFFENSE DESCRIPTION: Reckless Operation
LOCAL CODE? X IF YES

UNIT # 02 # OF OCC. 02
NAME (LAST, FIRST, MIDDLE)
Wilson, Bryan D.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
123 Bouquet Youngstown OHIO 44509

SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 04241989
AGE: 20
SEX: M
HOME PHONE # 3302703492
WORK PHONE #

DL STATE: OH DL # SX299117
LP STATE: OH LP # R204631
INJURED TAKEN BY: 4
TRANSPORTED BY:
INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME")
NEELEY, VALERIE
ADDRESS (STREET, CITY, STATE, ZIP CODE)
9 1/2 S. EDGEHILL Yo OH 44515

YEAR: 2000 MAKE: Ford MODEL: Focus COLOR: Silver
INSURANCE COMPANY: PGAL TOWING SERVICE: LUDT'S
OWNER PHONE #

OFFENSE CHARGE: 4511.20 OFFENSE DESCRIPTION: Reckless Operation
LOCAL CODE? X IF YES

UNIT # 03 # OF OCC. 03
NAME (LAST, FIRST, MIDDLE)
Jenkins, Angelica Danielle
ADDRESS (STREET, CITY, STATE, ZIP CODE)
9 1/2 S. EDGEHILL Yo OH 44515

SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: 11241988
AGE: 20
SEX: F
HOME PHONE # 330272521
WORK PHONE #

DL STATE: OH DL # [REDACTED]
LP STATE: OH LP # [REDACTED]
INJURED TAKEN BY: 4
TRANSPORTED BY:
INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME")
NEELEY, VALERIE
ADDRESS (STREET, CITY, STATE, ZIP CODE)
9 1/2 S. EDGEHILL Yo OH 44515

YEAR: 2000 MAKE: Ford MODEL: Focus COLOR: Silver
INSURANCE COMPANY: PGAL TOWING SERVICE: LUDT'S
OWNER PHONE #

OFFENSE CHARGE: 4511.20 OFFENSE DESCRIPTION: Reckless Operation
LOCAL CODE? X IF YES

UNIT # 04 # OF OCC. 04
NAME (LAST, FIRST, MIDDLE)
[REDACTED]
ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: [REDACTED]
AGE: [REDACTED]
SEX: [REDACTED]
HOME PHONE # [REDACTED]
WORK PHONE # [REDACTED]

DL STATE: OH DL # [REDACTED]
LP STATE: OH LP # [REDACTED]
INJURED TAKEN BY: [REDACTED]
TRANSPORTED BY: [REDACTED]
INJURED TAKEN TO: [REDACTED]

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

Motorist/Non-Motorist

Occupant

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
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR)
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST

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

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

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

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

INJURED
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

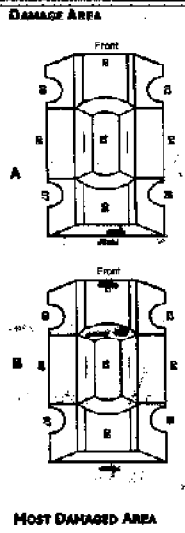
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SUPPLEMENT #
X IF YES

UNIT NUMBERS
 01A 02B

NON-MOTORIST LOCATION

01 MARKED CROSSWALK AT INTERSECTION
 02 INTERSECTION/NO CROSSWALK
 03 NON-INTERSECTION CROSSWALK
 04 DRIVEWAY ACCERS 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



PRE-CRASH ACTIONS
 01A 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 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

SEQUENCE OF EVENTS

A 20 B 20

2 2
 3 3
 4 4

NON-COLLISION
 01 OVERTURN/FELLOVER
 02 FIRE/EXPLOSION
 03 IMMERSION
 04 JACKKNIFE
 05 CANOE/EQUIPMENT LOSS/SHIFT
 06 EQUIPMENT FAILURE
 07 DEPARTURE 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 PEBALCYCLE
 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 IMMEDIATE OBJECT
 24 UNKNOWN MOVABLE OBJECT
COLLISION WITH FIXED OBJECT
 25 IMPACT ATTENUATOR/CRASH CUSHION
 26 BRIDGE OVERHEAD STRUCTURE
 27 BRIDGE PIER 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/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

POSTED SPEED
 50A 50B

TRAFFIC CONTROL
 12A 12B

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 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
 1 2 1 2

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

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 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 UNIT
 04A 02B

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, 6 TIRES
 10 SINGLE UNIT TRUCK, 2+ AXLES
 11 TRUCK/TRAILER
 12 TRUCK TRACTOR (BOSTAL)
 13 TRACTOR/Semi-TRAILER
 14 TRACTOR/DOUBLE SHORT
 15 TRACTOR/DOUBLE LONG
 16 FIFTH WHEEL OR CONVERTIBLE DOLLY
 17 TRACTOR/TRAILER
 18 MOTORCYCLE
 19 MOTORBIKE/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 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

MOST DAMAGED AREA
 06A 02B

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

POINT OF IMPACT
 06A 02B

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

CONTRIBUTING CIRCUMSTANCES
 13 13B

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 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 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

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)

CONDITION
 1A 1B

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL
 4 ILLNESS
 5 PELL AMLLEEP, PAINTED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED
 1A 1B

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

ALCOHOL 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

TYPE OF INTERSECTION
 01

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 GORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR
 2

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

IN EMERGENCY RESPONSE
 1A 1B

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 2A 2B

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

ACTION
 5A 5B

1 NON-CONTACT
 2 NON-COLLISION
 3 STRUCK
 4 STRUCK
 5 BOTH STRUCK AND STRUCK
 6 UNKNOWN

STRIKING VEHICLE: OVERSIDE/ UNDERSIDE
 1A 1B

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

VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE
 1A 1B

01 TIRE 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

SPEED DETECTED
 1A 1B

1 STATED
 2 ESTIMATED SPEED

SPEED
 1A 1B

ALCOHOL TEST TYPE
 1A 1B

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 1A 1B

ROAD CONDITIONS
 PRIMARY SECONDARY
 02 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
 LOCAL REPORT # *
 09-037454

Narrative Unit #1 and #2 were both on I-680 South Bound Approx 1/4 mile before Belle Vista Exit. #1 state that himself and #2 had been playing "cat and mouse" for some time on the freeway and then when he slowed #2 struck the back of him. #2 states #1 came speeding up and passed him and then cut in front of him and hit his brakes. #2 did strike the rear of #1 causing very minor damage to #1 and #2 had very minor damage to bumper but both Air Bags went off causing unknown injuries. #1 and #2 stopped and Rued and Argued but #1 then left off of freeway. #1 came back around several minutes later. It is unknown who is at fault as both drivers are believed to have acted in aggressive driving manners.

NUMBER 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 SIDESWIP, SAME DIRECTION
 8 SIDESWIP, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED
 1 NO
 2 YES
 3 UNKNOWN

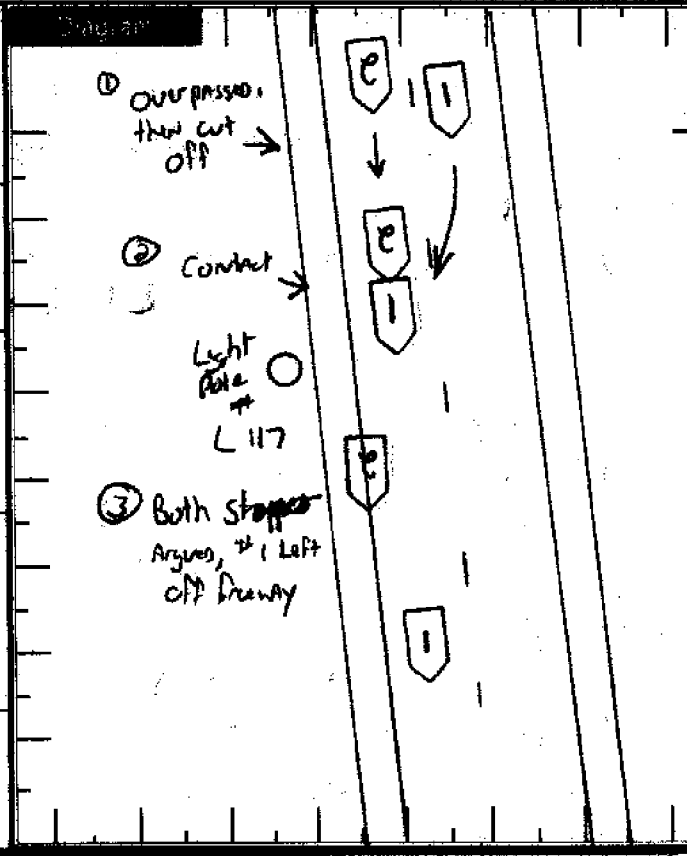
TYPE OF WORK ZONE
 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE
 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT
 1 NO
 2 YES
 3 UNKNOWN

WEATHER
 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

LIGHT CONDITIONS
 PRIMARY 1 DAYLIGHT
 SECONDARY 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 BLAZE
 8 OTHER
 9 UNKNOWN



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

THIS 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 INJURED PERSON REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #
 COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE
 ADDRESS (STREET, CITY, ST, ZIP CODE)

USE DOT ICC MC PUDO TRAILER LP # TRAILER LP YEAR TRAILER LP # PLACARD # # DR

CARGO BODY TYPE
 01 NOT APPLICABLE
 02 BUS (8-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 General Cargo/Trailer
 05 POLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAGE/REFUSE
 12 OTHER
 13 UNKNOWN

Weight (GVWR)
 1 LESS/EQUAL 10,000
 2 10,001 - 20,000
 3 MORE THAN 20,000

CCIL CLASS
 1 CLASS A
 2 CLASS B
 3 CLASS C
 4 CLASS III
 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 TIME REG CALL DISPATCH ARRIVED CLEARED OTHER TOTAL MINUTES

OFFICER'S NAME # BADGE # CHECKED BY DATE REPORT FILED #

REPORT TAKEN BY 1 POLICE AGENCY
 2 MOTORIST
 REPORT TAKEN AT 1 SCENE
 2 STATION
 SUPPLEMENT * LOCAL REPORT # *