

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-038785

CRASH SEVERITY  
3 1 FATAL 2 MAJRY 3 PDO 4 UNKNOWN

PRIVATE PROPERTY  
X YES

HIT/SKIP  
1 NOT HIT/SKP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.E. #  
05009

REPORTING AGENCY #  
YOUNGSTOWN POLICE 02

# UNITS  
01

UNIT ERROR  
01 98 = ANNUAL 99 = UNKNOWN

TIME OF CRASH 1715 DAY OF WEEK THU CITY \* X VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* YOUNGSTOWN COUNTY # \* 50

WHERE CRASH OCCURRED MERIDIAN RD TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET  
JURY JURISDICTION OR POINT OF INTEREST VESTAL REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STRETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME WHO REFERENCE 09 DIVERGENT 10 STREET OR ROUTE WHO REFERENCE

Motorist/Motorist  
A UNIT # 01 OF DOC 01 NAME (LAST, FIRST, MIDDLE) BOWERS, JOSEPH A. JR  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 711 NOTRE DAME AVE AUSTINTOWN, OHIO 44515  
DATE OF BIRTH 09/25/1968 SEX M HEIGHT 57 IN WEIGHT 170 LBS HAIR BRN EYES BRN

OH STATE DL# 0H RP051310 LP STATE LP# 0H ENES883 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN  
OWNER NAME (IF NAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR 1992 MAKE CHEVROLET MODEL LUMINA COLOR RED INSURANCE COMPANY TOWNSHIP SERVICE OWNER PHONE #  
CRASH CHARGES 331.17 CRASH DESCRIPTION FAILURE TO YIELD CITATION # I 40847 LOCAL CODE? X IF YES

Motorist/Motorist  
B UNIT # 02 OF DOC 01 NAME (LAST, FIRST, MIDDLE) TAYLOR, MELISSA A  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 218 CANTERBURY CT, COLUMBIANA, OHIO 44408  
DATE OF BIRTH 10/19/1977 SEX F HEIGHT 50 IN WEIGHT 145 LBS HAIR BRN EYES BRN

OH STATE DL# 0H RF656810 LP STATE LP# 0H ELG1451 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN  
OWNER NAME (IF NAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR 2006 MAKE LEXUS MODEL RX330 COLOR SILVER INSURANCE COMPANY DISCOVER PROPERTY TOWNSHIP SERVICE BOARDMAN TOWNSHIP  
CRASH CHARGES CRASH DESCRIPTION CITATION # LOCAL CODE? X IF YES

Occupant  
C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

Occupant  
D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

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 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 SMC 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  
AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN  
AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN  
EJECTION 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  
INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN  
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

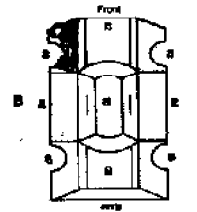
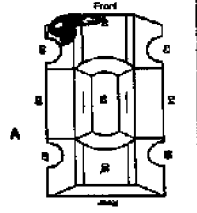
TYPE OF UNIT  
04 06

- 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: 2 AXLES, 6 TIRES
  - 10 SINGLE UNIT TRUCK: 3+ AXLES
  - 11 TRACTOR/TRAILER
  - 12 TRACTOR (BORTAK)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHORT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTY WHEEL OR CONVERTER DOLLY
  - 17 TRACTOR/TWELVES
  - 18 MOTORCYCLE
  - 19 SCHOOL BUS
  - 20 CHURCH BUS
  - 21 PUBLIC BUS
  - 22 OTHER BUS
  - 23 POLICE VEHICLE
  - 24 FIRE TRUCK
  - 25 AMBULANCE/RESCUE
  - 26 TAXI
  - 27 MOTOR HOME
  - 28 TRAIN
  - 29 FARM VEHICLE
  - 30 FARM EQUIPMENT
  - 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 PEDESTRIAN
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
1A 1B  
1 NO  
2 YES  
3 UNKNOWN

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

DAMAGE AREA



MOST DAMAGED AREA  
09 09

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT 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  
09 09

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT 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

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

- STRIKING VEHICLE: OVERSIDE / UNDERSIDE  
1 1  
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  
06 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

CONTRIBUTING CIRCUMSTANCES  
02 01

- 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/WCDA
  - 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 ATTEMPTING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
  - 15 FAILURE TO CONTROL
  - 16 VISION OBSTRUCTION
  - 17 DRIVER INATTENTION
  - 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 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 DEFECT CODE ONLY IF '19' SELECTED ABOVE  
1 1 1  
01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORK ON SUCK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR CRASH  
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
20 20  
2 2  
3 3  
4 4

NON-COLLISION  
01 OVERTURN/ROLLOVER  
02 FIRE/EXPLOSION  
03 IMPERSON  
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 RANWAY  
12 OTHER NON-COLLISION  
13 UNKNOWN NON-COLLISION

- COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FIXED**
- 14 PEDESTRIAN
  - 15 BICYCLE
  - 16 RAILWAY VEHICLE
  - 17 ANIMAL - FARM
  - 18 ANIMAL - OTHER
  - 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/CRAIN CURBON
  - 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/ILLUMINATION 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  
1 STATED  
2 ESTIMATED SPEED

SPEED  
010 025

POSTED SPEED  
35 35

TRAFFIC CONTROL  
04 04

- 01 NO CONTROL
- 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 IMPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION  
FROM TO FROM TO  
1 3 2 1

CONDITION  
1A 1B  
1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 EMOTIONAL  
4 ILLNESS  
5 FELL, ASLEEP, FARTED, 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 - MIBD 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

ALCOHOL TEST TYPE  
1A 1B  
1 NONE  
4 BREATH  
2 BLOOD  
3 URINE  
5 OTHER

ALCOHOL TEST RESULT  
1A 1B

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  
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/ROUNDOUT  
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  
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, GR., GRAVELS  
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 # \*  
09-038785

DRIVER OF UNIT #1 STATED HE WAS TRAVELING SOUTH ON MERIDIAN RD AND TURNING LEFT ONTO VESTAL AVE DID NOT SEE UNIT #2.

DRIVER OF UNIT #2 STATED SHE WAS TRAVELING NORTH ON MERIDIAN AT VESTAL WHEN UNIT #1 TURNED LEFT IN FRONT OF HER.

**MANNER OF COLLISION OR IMPACT**

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDEWIPES, SAME DIRECTION
- SIDEWIPES, OPPOSITE DIRECTION
- UNKNOWN

**SCHOOL BUS RELATED**

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

**WORK ZONE RELATED**

1

- NO
- YES
- UNKNOWN

**TYPE OF WORK ZONE**

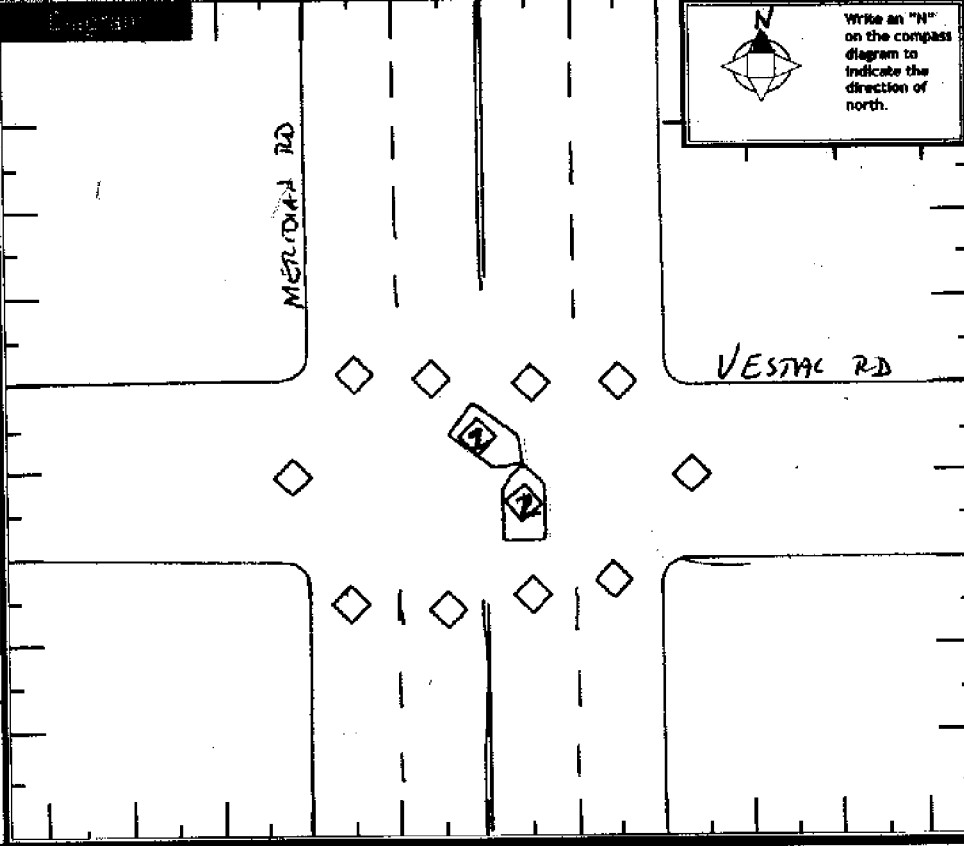
- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

**WORKERS PRESENT**

- NO
- YES
- UNKNOWN



**WEATHER**

1

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLUSH, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**LIGHT CONDITIONS**

PRIMARY  SECONDARY

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN

THE 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 9 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 #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT  ICC MC  PUCO  TRAILER LP S#  TRAILER LP YEAR  TRAILER LP #  PLACARD #  # DIA.

CARGO BODY TYPE	01 NOT APPLICABLE	06 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	08 CARGO TANK	10 AUTO TRANSPORTER				
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
	04 GRAB/CHP/DRIVEL	05 DUMP	12 OTHER	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

**Police Action**

DATE CRASH REPORTED: 06/18/2009  
 TIME REC CALL: 1715  
 DISPATCH: 1717  
 ARRIVED: 1718  
 CLEARED: 1818  
 OTHER:   
 TOTAL MINUTES: 60

DRIVER'S NAME: PTL. A. CHAIRS  
 BADGE # : 1039  
 CHECKED BY: [Signature]  
 DATE REPORT FILED #: 06/19/2009

REPORT TAKEN BY:  1 POLICE AGENCY  2 MOTORIST  
 REPORT TAKEN AT:  1 SCENE  2 STATION  3 OTHER  
 LOCAL REPORT # : 09-038785