

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-040221

CRASH SEVERITY  
2 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

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.L.C.# \*  
05009

REPORTING AGENCY \*  
Youngstown Police Dept

# UNITS  
02

UNIT ERROR  
02  
99 = ANNUAL  
98 = UNKNOWN

DATE OF CRASH \*  
06232009

TIME OF CRASH: 1942 DAY OF WEEK: TUE CITY\*: X VILLAGE\*: TWP\*: NAME (OF CITY, VILLAGE OR TOWNSHIP)\*: Youngstown COUNTY #\*: 50 LATITUDE: LONGITUDE:

TYPE LOCATION: Convient TYPE LOC: 2 TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET 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 WHO REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE WHO REFERENCE

Unit # 0101 NAME (LAST, FIRST, MIDDLE): WARING, Eileen L. ADDRESS (STREET, CITY, STATE, ZIP CODE): 476 Penhale Ave Campbell Ohio 44405

DATE OF BIRTH: 12131966 AGE: 42 SEX: F HOME PHONE # 330-750-7388

DL STATE: OH DL #: RF973688 LP STATE: OH LP #: EJJG463 INJURED TAKEN BY: 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: Rural/Metro INJURED TAKEN TO: St. Elizabeth

OWNER NAME (IF SAME, WRITE "SAME"): SAME ADDRESS (STREET, CITY, STATE, ZIP CODE): Insurance Company: Ohio Casualty Towing Service: Boardman Tow. Owner Phone #:

Unit # 0201 NAME (LAST, FIRST, MIDDLE): Wolfe, DONNA L. ADDRESS (STREET, CITY, STATE, ZIP CODE): 7733 W Parkside Dr Boardman Ohio 44512

DATE OF BIRTH: 04211942 AGE: 67 SEX: F HOME PHONE # 330-750-6047

DL STATE: OH DL #: RS232114 LP STATE: OH LP #: DW1040 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"): Wolfe ADDRESS (STREET, CITY, STATE, ZIP CODE): 7733 W Parkside Dr Boardman Ohio 44512 Insurance Company: James & Sons Ins. Towing Service: Owner Phone #: 4511366 Displaced Rules for hours of Day I 2 5 3 7 3

Unit # 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 # 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)  
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 CAP)  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER

SAFETY EQUIPMENT  
01 NONE USED  
02 SHOULDER BELT 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 USED  
10 HELMET USED  
11 PROTECTIVE PADS  
12 LIGHTING  
13 OTHER  
14 UNKNOWN

AIR BAG  
1 NOT-DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH  
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

BLANK FOR WITNESS SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

**UNIT NUMBERS**  
 01A 02B

**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 VEHICLE**  
 03A 04B

- MOTORIST**  
 01 SUB-COMPACT  
 02 COMPACT  
 03 MID SIZE  
 04 FULL SIZE  
 05 MINIVAN  
 06 SHORT UTILITY VEHICLE  
 07 PICKUP  
 08 PANEL/VAN  
 09 SINGLE UNIT TRUCK  
 10 2 AXLES, 6 TIRES  
 11 SINGLE UNIT TRUCK, 3+ AXLES  
 12 TRUCK/TRAILER  
 13 TRUCK/TRACTOR (BORTAL)  
 14 TRACTOR/SEMI-TRAILER  
 15 TRACTOR/DOUBLE SHORT  
 16 TRACTOR/DOUBLE LONG  
 17 FIFTH WHEEL ON CONVERTER DOLLY  
 18 TRACTOR/TRIPLES  
 19 MOTORCYCLE  
 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

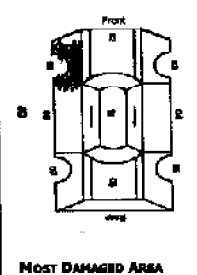
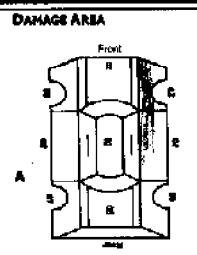
- NON-MOTORIST**  
 35 ANIMAL W/DRIVER  
 36 ANIMAL W/DRIVER  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 PEDALCYCLIST  
 40 SKATER  
 41 OTHER-NON MOTORIST  
 42 UNKNOWN

**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 CRACKING DAMAGE  
 5 SEVERE  
 6 UNKNOWN



**MOST DAMAGED AREA**  
 03 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

**POINT OF IMPACT**  
 03 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

**ACTION**  
 4 3

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

**STRUCK 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

**PRE-CRASH ACTIONS**  
 01A 06B

- 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 06B

- 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/ACDA  
 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD  
 10 IMPROPER PASSING  
 11 IMPROPER BACKING  
 12 STOPPED OR PARKED ILLEGALLY  
 13 OPERATING VEHICLE IN IMPAIRED, 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 INATTENTION  
 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

**VEHICLE DEFECT CODE ONLY IF "LS" SELECTED ABOVE**  
 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 2A

2 2  
 3 3  
 4 4

- NON-COLLISION**  
 01 OVERTURN/ROLLOVER  
 02 FIRE/EXPLOSION  
 03 IMBROSION  
 04 JACKKNEE  
 05 CARGO/EQUIPMENT LOOS/SHELF  
 06 EQUIPMENT FAILURE  
 07 SEPARATION OF UNITS  
 08 RAN OFF ROAD RIGHT  
 09 RAN OFF ROAD LEFT  
 10 CROSS MEDIAN/COUNTERLANE  
 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 - 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/CRASH CUMBER  
 26 BRIDGE OVERHEAD STRUCTURE  
 27 BRIDGE PIER OR ABUTMENT  
 28 BRIDGE PARAPET  
 29 BRIDGE RAIL  
 30 GUARDRAIL END  
 31 GUARDRAIL EHD  
 32 MEDIAN BARRIER  
 33 HIGHWAY TRAFFIC SIGN POST  
 34 OVERHEAD SIGN POST  
 35 LIGHT/ILLUMINATED 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**  
 A B

1 STATED  
 2 ESTIMATED SPEED

**SPEED**  
 A B

**LOCAL REPORT #**  
 09-040221

**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 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, OBSCURED  
 16 OTHER

**DIRECTION FROM TO**  
 3 4 3 2

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

**CONDITION**  
 1A 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**  
 1A 1B

1 NONE  
 2 YES - ALCOHOL SUSPECTED  
 3 YES - HED 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**  
 A B

1 NONE 4 BREATH  
 2 BLOOD 5 OTHER  
 3 URINE

**ALCOHOL TEST RESULT**  
 A B

**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**  
 A B

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/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

**OCCURRENCE**  
 1

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

**ROAD CONTOUR**  
 2

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, GRAVEL  
 06 WATER (STANDING, FLOWING)  
 07 SLUSH  
 08 DEBRIS  
 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*  
 10 OTHER  
 11 UNKNOWN  
 \*\*SECONDARY ROAD CONDITIONS ONLY

**SUPPLEMENT #**  
 X\* = YES

Unit 1 was westbound on Connecticut at Richview. Unit 2 was also westbound on Connecticut to the right side of unit 1. Connecticut is a one-way westbound only street. Unit 2 turned south toward Richview and struck unit 1.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 7 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWipe, SAME DIRECTION 8 SIDESWipe, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>WEATHER</b> <input type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CH霖NING 08 BLOWING SAND, SOIL, DRY SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/OVERLAY 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN				
								<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 7 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN		
									<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 8 PERSONS, INCLUDING DRIVER	<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"/> 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.

Unit #

Address (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	EDA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<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 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<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
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**Police Agency**

DATE CRASH REPORTED: 06232009

TIME REC CALL: 1943

DISPATCH: 1943

ARRIVED: 1943

CLEARED: 2043

OTHER:

TOTAL MINUTES: 60

OFFICER'S NAME: Ptl. M. Bodnar

BADGE # : 1108

CHECKED BY: DSP. GARCAR

DATE REPORT FILED: 06232009

REPORT TAKEN BY:  1 POLICE AGENCY  2 MOTORIST

REPORT TAKEN AT:  1 SCENE  2 STATION

SUPPLEMENT "X" IF YES:

LOCAL REPORT # : 09-040221