

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-040866

CRASH SEVERITY  
2 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES X NO

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNOLYD

PHOTOS TAKEN  
X YES

OH-2 OH-3 OH-1F OTHER

N.C.I.C. #  
05009

REPORTING AGENCY #  
Youngstown P.D.

# UNITS  
02

UNIT ERCH  
02 99 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH #  
06252009

TIME OF CRASH  
1950

DAY OF WEEK  
THU

CITY #

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) #  
Youngstown

COUNTY # \*  
SP

LATITUDE

LONGITUDE

CRASH LOCATION  
Private Property

TYPE LOC  
1 NAMED STREET  
2 NUMBERED STREET

IGA Parking lot

STREET ADDRESS OR HIGHWAY #  
2960 Mc Carney

REFERENCE POINT USED  
06 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 DIVERSITY  
10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist  
A 0101  
Name (LAST, FIRST, MIDDLE)  
Quiles, John

Address (STREET, CITY, STATE, ZIP CODE)  
4702 Brookwood Boardman OH

DATE OF BIRTH  
01071959

DL STATE DL # AT 997694 LP STATE LP # 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")  
Address (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

Occurrence Citation Local Court

Motorist/Non-Motorist  
B 0204  
Name (LAST, FIRST, MIDDLE)  
Bray, Chryz F

Address (STREET, CITY, STATE, ZIP CODE)  
1018 Bentley Youngstown OH 44505

DATE OF BIRTH  
07101980

DL STATE DL # SA 654693 LP STATE LP # EIC 509 INJURED TAKEN BY 1 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE TRANSPORTED BY E 633941-7602 INJURED TAKEN TO

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

Occurrence Citation Local Court

Occupant  
C  
Name (LAST, FIRST, MIDDLE)

Address (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

Occurrence Citation Local Court

DATE OF BIRTH

DL STATE DL # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

Occurrence Citation Local Court

SEATING POSITION	
01 FRONT - LEFT (MC DRIVER)	16
02 FRONT - MIDDLE	
03 FRONT - RIGHT	
04 SECOND - LEFT (MC PASS)	01
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	

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

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 EJECTED BY MECHANICAL MEANS	
3 FIRED BY NON-MECHANICAL MEANS	
4 UNKNOWN	

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

SUPPLEMENT #

UNIT NUMBERS  
01A 02B

NON-MOTORIST LOCATION  
06A

- 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  
38A 04B

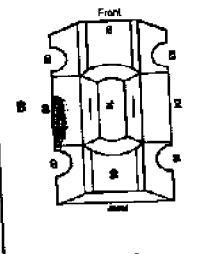
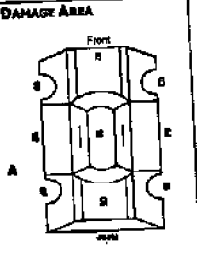
- MOTORIST**
- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK
- 10 2 AXLES, 6 TIRES
- 11 SINGLE UNIT TRUCK; 3+ AXLES
- 12 TRUCK/TRAILER
- 13 TRUCK TRACTOR (BORTAL)
- 14 TRACTOR/SEMI-TRAILER
- 15 TRACTOR/DOUBLE SHOOT
- 16 TRACTOR/DOUBLE LONG
- 17 FIFTH WHEEL OR CONVERTIBLE DOLLY
- 18 TRACTOR/TRIPLES
- 19 MOTORCYCLE
- 20 MOTORIZED BIKE
- 21 SCHOOL BUS
- 22 CHURCH BUS
- 23 PUBLIC BUS
- 24 OTHER BUS
- 25 POLICE VEHICLE
- 26 FIRE TRUCK
- 27 AMBULANCE/RESCUE
- 28 TAXI
- 29 MOTOR HOME
- 30 TRAM
- 31 FARM VEHICLE
- 32 FARM EQUIPMENT
- 33 SNOWMOBILE
- 34 CONSTRUCTION EQUIPMENT
- 35 ALL OTHERS
- NON-MOTORIST**
- 36 ANIMAL W/DRIVER
- 37 ANIMAL W/BIKED
- 38 BICYCLE
- 39 PEDESTRIAN
- 40 PEDALCYCLIST
- 41 SKATER
- 42 OTHER-NON MOTORIST
- 43 UNKNOWN

IN EMERGENCY RESPONSE  
1A 1B

1 NO  
2 YES  
3 UNKNOWN

DAMAGE SCALE  
1A 1B

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



MOST DAMAGED AREA  
1A 08B

- 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  
1A 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  
4A 3B

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

STRIKING VEHICLE: OVERLAP / UNDERCARRIAGE  
1A 1B

- 1 NO UNDERMINE OR OVERMINE
- 2 UNDERMINE, COMPARTMENT INTRUSION
- 3 UNDERMINE, NO COMPARTMENT INTRUSION
- 4 UNDERMINE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERMINE, MOTOR VEHICLE IN TRAFFICWAY
- 6 OVERMINE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS  
16 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

- CONTRIBUTING CIRCUMSTANCES**
- 01 NONE
- 02 FAILURE TO YIELD
- 03 RAN RED LIGHT, OR STOP SIGN
- 04 EXCEEDED SPEED LIMIT
- 05 UNLAWFUL SPEED
- 06 IMPROPER TURN
- 07 LEFT OF CENTER
- 08 FOLLOWED TOO CLOSELY/ACDA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER START FROM PARKED POSITION
- 11 STOPPED ON PARKED ILLEGALLY
- 12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
- 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- 14 FAILURE TO CONTROL
- 15 VISION OBSTRUCTION
- 16 DRIVER INATTENTION
- 17 FATIGUE/ASLEEP
- 18 OPERATING DEFECTIVE EQUIPMENT
- 19 LOAD SHIFTING/FALLING/SPILLING
- 20 OTHER IMPROPER ACTION
- 21 UNKNOWN
- NON-MOTORIST**
- 22 NONE
- 23 IMPROPER CROSSING
- 24 STARTING
- 25 LYING AHEAD OR ILLEGALLY IN ROADWAY
- 26 FAILURE TO YIELD FRONT OF WAY
- 27 NOT WEAR (DARK CLOTHING)
- 28 INATTENTIVE
- 29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- 30 WRONG SIDE OF THE ROAD
- 31 OTHER
- 32 OTHER
- 33 UNKNOWN

01A 13B

- VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE**
- 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 DISASSEMBLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

1A 1B

SEQUENCE OF EVENTS  
29 14

- A
- B
- 2
- 2
- 3
- 3
- 4
- 4

- NON-COLLISION**
- 01 OVERTURN/FOLLOVER
- 02 FIRE/EXPLOSION
- 03 IMBROSION
- 04 JACKKNEE
- 05 CARGO/EQUIPMENT LOSS/SHED
- 06 EQUIPMENT FAILURE
- 07 SEPARATION OF UNITS
- 08 RAN OFF ROAD RIGHT
- 09 RAN OFF ROAD LEFT
- 10 CROSS MEDIAN/CENTERLINE
- 11 DOWNHILL RIMMAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION
- COLLISION IN 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/ALUMINUM SUPPORT
- 36 UTILITY POLE
- 37 OTHER POST, POLE OR SUPPORT
- 38 CULVERT
- 39 CURB
- 40 DITCH
- 41 EMBARMENT
- 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  
1A 1B

1A 1B

POSTED SPEED  
1A 1B

TRAFFIC CONTROL  
01A 01B

- 01 NO CONTROLS
- 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, OBSCURED
- 16 OTHER

DIRECTION FROM TO  
1 2 3 4

- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NORTHEAST
- 6 NORTHWEST
- 7 SOUTHWEST
- 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/DRUGS 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  
1A 1B

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

ALCOHOL TEST RESULT  
1A 1B

1A 1B

1A 1B

1A 1B

1A 1B

SUPPLEMENT \*  
LOCAL REPORT # \*  
09-040866

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 INTERSECTION  
01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDABOUT
- 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  
6

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

ROAD CONTOUR  
1

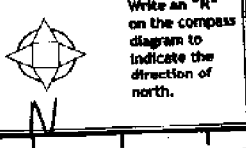
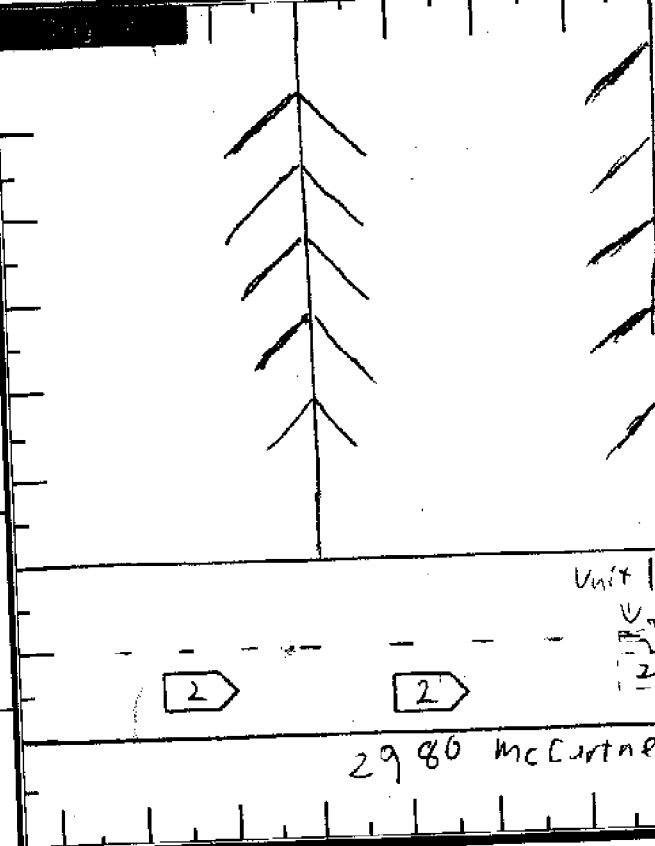
- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS  
PRIMARY SECONDARY  
01 01

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

\*\*Secondary Road Conditions Only

Unit 1 was walking southbound across the parking lot of 2980 McCarthey. Unit 2 was traveling westbound in the roadway of 2980 McCarthey, operated in a wreckless manner and collided with Unit 1.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 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>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 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>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 BAY/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT MOVING WORK 5 OTHER	
<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 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.

**A** THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
**N** A FATALITY; OR  
**D** AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
**D** AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
**D** 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	PUCC	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	EDA

<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAN/CURB/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"/> 08 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 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<b>CDL Class</b> <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
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**Police Action**  
 DATE CRASH REPORTED: 06252009  
 TIME REC CALL: 1951  
 DISPATCH: 1952  
 ARRIVED: 1957  
 CLEARED: 2057  
 OTHER: \_\_\_\_\_  
 TOTAL MINUTES: 60

OFFICER'S NAME: Bigou, S  
 BADGE # : 1101  
 CHECKED BY: MRS. P. GARCIA  
 DATE REPORT FILED #: 06262009

REPORT TAKEN BY:  1 POLICE AGENCY  
 REPORT TAKEN AT:  1 SCENE  2 STATION  
 SUPPLEMENT "X" IF YES:   
 LOCAL REPORT # : 09-040866