

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
09-060214

CRASH SEVERITY  
3 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.I.C. # \*

05009

REPORTING AGENCY \*

YOUNGSTOWN RI

# UNITS

02

UNIT ERROR

01

98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*

09 04 2009

TIME OF CRASH  
2130

DAY OF WEEK  
FRI

CITY \*

VILLAGE \*

TWP \*

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

YOUNGSTOWN

COUNTY # \*

50

LATITUDE

LONGITUDE

PREFIX CRASH LOCATION

GARLAND

TYPE LOC

2

TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LAST REFERENCE LN

LN

PREFIX REFERENCE

MC GUFFEY

REF POINT

2

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 W/O REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE W/O REFERENCE

UNIT #

A 01

# OF OCC

01

NAME (LAST, FIRST, MIDDLE)

LEE, LEWIS

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1438 VICTOR AVE YOUNGSTOWN OHIO 44505

DATE OF BIRTH

05261989

AGE

20

SEX

F

HOME PHONE #

330

WORK PHONE #

559 2709

DL STATE

OH

DL #

TE 462504

LP STATE

OH

LP #

RS27303

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")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1998

MAKE

MERCURY

MODEL

SCABLE

COLOR

GOLD

INSURANCE COMPANY

TOWING SERVICE

LUOTS

OWNER PHONE #

OFFENSE CHARGED

4511.21 A

OFFENSE DESCRIPTION

ACDA

CITATION #

I 25157

LOCAL CODE? 'X' IF YES

UNIT #

B 02

# OF OCC

01

NAME (LAST, FIRST, MIDDLE)

LAMPLEY, LADONICA

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1338 BENNINGTON YOUNGSTOWN OHIO 44505

DATE OF BIRTH

11131975

AGE

24

SEX

F

HOME PHONE #

330

WORK PHONE #

746 2112

DL STATE

OH

DL #

RT 9895C

LP STATE

OH

LP #

EW1202

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")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2000

MAKE

CHRYSLER

MODEL

300 M

COLOR

BLUE

INSURANCE COMPANY

TOWING SERVICE

GAETANO

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? 'X' IF YES

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 (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 MC HELMET USED

07 USE UNKNOWN

08 NONE/USED

09 HELMET USED

10 PROTECTIVE PADS

11 REFLECTIVE CLOTHING

12 LIGHTING

13 OTHER

14 UNKNOWN

AIR BAG

01 NOT-DEPLOYED

02 DEPLOYED-FRONT

03 DEPLOYED-SIDE

04 DEPLOYED BOTH

05 FRONT/SIDE

06 NOT APPLICABLE

07 UNKNOWN

AIR BAG SWITCH

01 NOT POSITION

02 IN ON POSITION

03 IN OFF POSITION

04 UNKNOWN

EJECTION

01 NOT EJECTED

02 TOTALLY EJECTED

03 PARTIALLY EJECTED

04 NOT APPLICABLE

05 UNKNOWN

TRAPPED

01 NOT TRAPPED

02 EXTRICATED BY MECHANICAL MEANS

03 FREED BY NON-MECHANICAL MEANS

04 UNKNOWN

INJURIES

01 NO INJURY

02 POSSIBLE

03 NON-INCAPACITATING

04 INCAPACITATING

05 FATAL INJURY

06 UNKNOWN

Motorist/Non-Motorist

Occupant

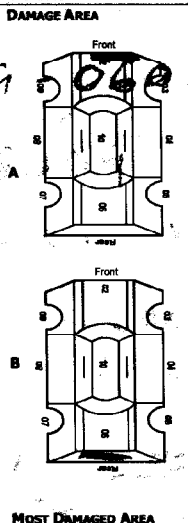
BLANK FOR WITNESS

SUPPLEMENT #

**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 ~~WALK-ON~~ 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**  
 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	2	0	B	2	0
		2			2
		3			3
		4			4

**NON-COLLISION**  
 01 OVERTURN/ROLLOVER  
 02 FIRE/EXPLOSION  
 03 IMMERSION  
 04 JACKKNIFE  
 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  
 14 UNKNOWN NON-COLLISION  
 15 UNKNOWN NON-COLLISION  
 16 UNKNOWN NON-COLLISION  
 17 UNKNOWN NON-COLLISION  
 18 UNKNOWN NON-COLLISION  
 19 UNKNOWN NON-COLLISION  
 20 UNKNOWN NON-COLLISION  
 21 UNKNOWN NON-COLLISION  
 22 UNKNOWN NON-COLLISION  
 23 UNKNOWN NON-COLLISION  
 24 UNKNOWN NON-COLLISION  
 25 UNKNOWN NON-COLLISION  
 26 UNKNOWN NON-COLLISION  
 27 UNKNOWN NON-COLLISION  
 28 UNKNOWN NON-COLLISION  
 29 UNKNOWN NON-COLLISION  
 30 UNKNOWN NON-COLLISION  
 31 UNKNOWN NON-COLLISION  
 32 UNKNOWN NON-COLLISION  
 33 UNKNOWN NON-COLLISION  
 34 UNKNOWN NON-COLLISION  
 35 UNKNOWN NON-COLLISION  
 36 UNKNOWN NON-COLLISION  
 37 UNKNOWN NON-COLLISION  
 38 UNKNOWN NON-COLLISION  
 39 UNKNOWN NON-COLLISION  
 40 UNKNOWN NON-COLLISION  
 41 UNKNOWN NON-COLLISION  
 42 UNKNOWN NON-COLLISION  
 43 UNKNOWN NON-COLLISION  
 44 UNKNOWN NON-COLLISION  
 45 UNKNOWN NON-COLLISION  
 46 UNKNOWN NON-COLLISION  
 47 UNKNOWN NON-COLLISION  
 48 UNKNOWN NON-COLLISION  
 49 UNKNOWN NON-COLLISION

**POSTED SPEED**  
 35A 35B

**TRAFFIC CONTROL**  
 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, OCCUPIED  
 16 OTHER

**DIRECTION**  
 FROM TO FROM TO  
 1A 2B 1C 2D

**DRUG TEST STATUS**  
 1 NONE  
 2 TEST REFUSED  
 3 TEST GIVEN, CONTAMINATED  
 4 TEST GIVEN, RESULTS KNOWN  
 5 TEST GIVEN, RESULTS UNKNOWN  
 6 UNKNOWN

**DRUG TEST TYPE**  
 1A 1B

**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**  
 03A 03B

**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 TRUCK/TRAILER  
 12 TRUCK TRACTOR (BOBTAIL)  
 13 TRACTOR/SEMI-TRAILER  
 14 TRACTOR/DOUBLE SHORT  
 15 TRACTOR/DOUBLE LONG  
 16 FIFTH WHEEL OR CONVERTER DOLLY  
 17 TRACTOR/TRIPLES  
 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

**POINT OF IMPACT**  
 02A 06B

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

**CONTRIBUTING CIRCUMSTANCES**  
 09A 01B

**MOTORIST**  
 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/  
 10 DROVE OFF ROAD/  
 11 IMPROPER PASSING  
 12 IMPROPER BACKING  
 13 IMPROPER START FROM PARKED POSITION  
 14 STOPPED OR PARKED ILLEGALLY  
 15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
 16 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
 17 FAILURE TO CONTROL  
 18 VISION OBSTRUCTION  
 19 DRIVER INATTENTION  
 20 FATIGUE/ASLEEP  
 21 OPERATING DEFECTIVE EQUIPMENT  
 22 LOAD SHIFTING/FALLING/SPLINGING  
 23 OTHER IMPROPER ACTION  
 24 UNKNOWN

**COLLISION WITH FIXED OBJECT 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/LUMINARIES 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

**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 - HBD NOT IMPAIRED  
 4 YES - DRUGS SUSPECTED  
 5 YES - ALCOHOL / DRUGS SUSPECTED  
 6 UNKNOWN

**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 GORE  
 6 OUTSIDE TRAFFICWAY  
 7 UNKNOWN

**IN EMERGENCY RESPONSE**  
 1A 1B

1 NO  
 2 YES  
 3 UNKNOWN

**ACTION**  
 3 4

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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORN OR SICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR CRASH  
 11 OTHER DEFECTIVE

**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)

**ALCOHOL TEST STATUS**  
 1A 1B

1 NONE  
 2 TEST REFUSED  
 3 TEST GIVEN, CONTAMINATED  
 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**  
 A B

**ROAD CONTOUR**  
 1

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

**ROAD CONDITIONS**  
 PRIMARY SECONDARY  
 01 02

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

**DAMAGE SCALE**  
 2A 2B

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

**STRIKING VEHICLE: OVERRIDE / UNDERIDE**  
 1 1B

1 NO UNDERIDE OR OVERRIDE  
 2 UNDERIDE, COMPARTMENT INTRUSION  
 3 UNDERIDE, NO COMPARTMENT INTRUSION  
 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  
 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
 6 OVERRIDE, OTHER VEHICLE  
 7 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**  
 A B

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORN OR SICK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR CRASH  
 11 OTHER DEFECTIVE

**SPEED DETECTED**  
 A B

1 STATED  
 2 ESTIMATED SPEED

**SPEED**  
 A B

**LOCAL REPORT #**  
 09-060214

SUPPLEMENT # "X" IF YES

**LOCAL REPORT #**  
 09-060214

**Narrative**

OPERATOR OF UNIT #1 STATED SHE WAS TRAVELING SOUTH ON GARLAND BEHIND UNIT #2 WHICH WAS STOPPED IN FRONT OF HER BECAUSE OF THE RED TRAFFIC LIGHT. SHE REAR ENDED UNIT #2.

OPERATOR OF UNIT #2 STATED SHE WAS STOPPED AT THE TRAFFIC LIGHT AT GARLAND AND MC GUFFEY WHEN UNIT #1 REAR ENDED HER VEHICLE.

<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 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN	<b>WEATHER</b> <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 NO <input 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 SHIFT/CROSSOVER <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 type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN							
								<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 01	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
								<b>WEATHER</b> <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <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 type="checkbox"/> 2 YES <input type="checkbox"/> 3 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 9 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"/> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.	
<b>UNIT #</b> <input type="text"/>	<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="text"/>	<b>COMPANY PHONE</b> <input type="text"/>
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="text"/>		

<b>US DOT</b> <input type="text"/>	<b>ICC MC</b> <input type="text"/>	<b>PUCO</b> <input type="text"/>	<b>TRAILER LP ST.</b> <input type="text"/>	<b>TRAILER LP YEAR</b> <input type="text"/>	<b>TRAILER LP #</b> <input type="text"/>	<b>PLACARD #</b> <input type="text"/>	<b># DIA.</b> <input type="text"/>
<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 GRAB/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 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<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			

**Police Action**

<b>DATE CRASH REPORTED</b> 09 04 29 09	<b>TIME REC CALL</b> 2 1 30	<b>DISPATCH</b> 2 2 1 7	<b>ARRIVED</b> 2 2 1 9	<b>CLEARED</b> 2 3 4 0	<b>OTHER</b> <input type="text"/>	<b>TOTAL MINUTES</b> 83
<b>OFFICER'S NAME #</b> [Signature]	<b>BADGE #</b> 932	<b>CHECKED BY</b> D.S.P. GARCIA	<b>DATE REPORT FILED #</b> 0 9 0 7 20 0 9			
<b>REPORT TAKEN BY</b> 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION	<b>SUPPLEMENT</b> X IF YES	<b>LOCAL REPORT #</b> <input type="text"/>			