

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-061409

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

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

PHOTOS TAKEN
X YES

OH-2 OH-3 OH-1P Other

N.C.I.C. #
05009

REPORTING AGENCY *
YOUNGSTOWN PD

UNITS
02
UNIT ERROR
99 = ANIMAL
90 = UNKNOWN

DATE OF CRASH *
09102009

TIME OF CRASH DAY OF WEEK CITY # VILLAGE # TWP # NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
0920 THU X YOUNGSTOWN 50

PREF# CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
SYMPHONY PL. 7 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

DIRTY REFERENCE #N W REFERENCE POINT USED
W COMMERCE ST 02 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 # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 0101 RICE, DANICA L.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
8016 AQUADALE DR. YOUNGSTOWN OH. 44512

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
[REDACTED] 05201990 19 F 726-3370

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH PD 053870 OH EVH 4923 1 2 EMS 5 UNKNOWN 3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2009 MERC MARINER GREY NATIONWIDE

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL COURT? X YES

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 0201 TUTTLE, REBECCA

ADDRESS (STREET, CITY, STATE, ZIP CODE)
50 OVERHILL DR. YOUNGSTOWN OH. 44512

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
[REDACTED] 10101976 32 F 770-8454

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH RT 480912 OH K968791 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2010 SUBARU IMPREZA SILVER STATE AUTO

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL COURT? X YES

UNIT # # OF OCC. 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 # # OF OCC. 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

01 A	SEATING POSITION 01 FRONT - LEFT (MC DRIVER)	04 A	SAFETY EQUIPMENT 04 CHILD SAFETY SEAT	1 A	AIR BAG 1 NOT-DEPLOYED	4 A	AIR BAG SWITCH 4 UNKNOWN	1 A	EJECTION 1 NOT EJECTED	1 A	TRAPPED 1 NOT TRAPPED	1 A	INJURIES 1 NO INJURY
02 B	02 FRONT - MIDDLE	05 B	05 SHOULDER BELT ONLY	2 B	2 DEPLOYED-FRONT	2 B	2 IN ON POSITION	2 B	2 TOTALLY EJECTED	2 B	2 ESTIMATED BY MECHANICAL MEANS	2 B	2 POSSIBLE
03 C	03 FRONT - RIGHT	06 C	06 LAP BELT ONLY	3 C	3 DEPLOYED-SIDE	3 C	3 IN OFF POSITION	3 C	3 PARTIALLY EJECTED	3 C	3 FREED BY NON-MECHANICAL MEANS	3 C	3 NON-INCAPACITATING
04 D	04 SECOND - LEFT (MC PASS)	07 D	07 LAP BELT ONLY	4 D	4 DEPLOYED BOTH FRONT/DUE	4 D	4 UNKNOWN	4 D	4 NOT APPLICABLE	4 D	4 UNKNOWN	4 D	4 INCAPACITATING
05	05 SECOND - MIDDLE	08	08 MC HELMET USED	5	5 NOT APPLICABLE	5		5	5 UNKNOWN	5		5	5 FATAL INJURY
06	06 SECOND - RIGHT	09	09 LHS UNKNOWN	6	6 UNKNOWN								6 UNKNOWN
07	07 THIRD - LEFT (MC PASSENGER/SIDE CAB)	10	10 HELMET USED										
08	08 THIRD - MIDDLE	11	11 PROTECTIVE PADS										
09	09 THIRD - RIGHT	12	12 REFLECTIVE CLOTHING										
10	10 SLEEPER SECTION OF CAB	13	13 LIGHTING										
11	11 ENCLOSED CARGO AREA	14	14 DRIVER										
12	12 UNENCLOSED CARGO AREA	15	15 UNKNOWN										
13	13 TRAILING UNIT	16	16 NON-MOTORIST										
14	14 EXTERIOR												
15	15 OTHER												
16	16 NON-MOTORIST												

BLANK FOR WITNESS

SUPPLEMENT #
X YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
 01A 02B

NON-MOTORIST LOCATION

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 MESHAN (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
 06A 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;
 2 AXLES, 8 TIRES
 10 SINGLE UNIT TRUCK; 3+ AXLES
 11 TRUCK/TRAILER
 12 TRUCK TRACTOR (BOSTAL)
 13 TRACTOR/BEM-TRAILER
 14 TRACTOR/DOUBLE SHORT
 15 TRACTOR/DOUBLE LONG
 16 FIFTH WHEEL OR CONVERTER DOLLY
 17 TRACTOR/TUPLES
 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 TRAM
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

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

DAMAGE AREA

01 NONE
 02 CENTER FRONT
 03 REAR FRONT
 04 RIGHT SIDE
 05 LEFT SIDE
 06 REAR CENTER
 07 LEFT REAR
 08 LEFT FRONT
 09 TOP AND WINDOWS
 10 UNDERCARRIAGE
 11 LOAD/TRAILER
 12 TOTAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

POINT OF IMPACT
 09A 06B

01 NONE
 02 CENTER FRONT
 03 REAR FRONT
 04 RIGHT SIDE
 05 LEFT SIDE
 06 REAR CENTER
 07 LEFT REAR
 08 LEFT FRONT
 09 TOP AND WINDOWS
 10 UNDERCARRIAGE
 11 LOAD/TRAILER
 12 TOTAL (ALL AREAS)
 14 OTHER
 15 UNKNOWN

ACTION
 3A 4B

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

IN EMERGENCY RESPONSE
 1A 1B

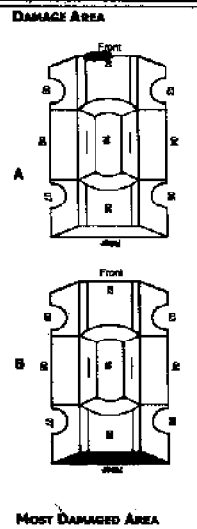
1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 2A 2B

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

STRIKING VEHICLE: OVERRIDE / UNDERIDE
 1A 1B

1 NO OVERRIDE 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



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

CONTRIBUTING CIRCUMSTANCES
 08 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/ACDA
 09 IMPROPER LANE CHANGE/
 DROVE OFF ROAD
 10 IMPROPER PASSING
 11 IMPROPER BACKING
 12 STOPPED OR PARKED ILLEGALLY
 13 OPERATING VEHICLE IN MANUAL, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 14 SWERING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
 15 FAILURE TO CONTROL
 16 VIOLENCE
 17 DRIVER INATTENTION
 18 FATIGUE/SLEEP
 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 '19' SELECTED ABOVE
 01 01

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
 2A 2B

A B
 2 2
 3 3
 4 4

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
 01 01

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

POSTED SPEED
 35A 35B

TRAFFIC CONTROL
 02A 02B

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 PAYMENT MARKINGS
 13 CROSSWALK LINES
 14 WALK/DON'T WALK SIGNAL
 15 TRAFFIC CONTROL DEVICE (NOVATIVE, MISSING, OBSOLETE)
 16 OTHER

DIRECTION
 FROM TO FROM TO
 2 1 2 1

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/DRUG SUSPECTED
 1A 1B

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - HBG 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
 01 01

SPEED DETECTED
 2A 2B

1 STATED
 2 ESTIMATED SPEED

SPEED
 005A
 010B

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
 03

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

ROAD CONTOUR
 2

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

ROAD CONDITIONS
 PRIMARY 01 SECONDARY

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 PAYMENT
 10 OTHER
 11 UNKNOWN
 * SECONDARY ROAD CONDITIONS ONLY

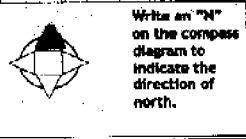
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SUPPLEMENT * X IF YES

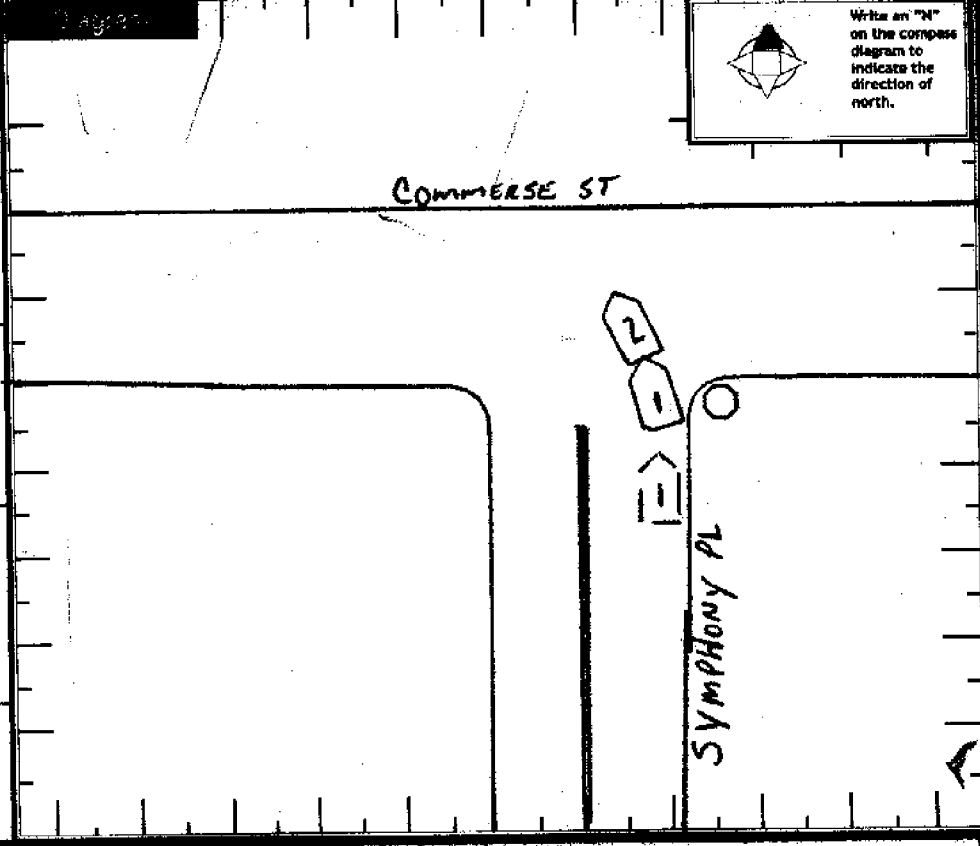
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Narrative

UNIT #2, AFTER STOPPING AT THE STOP SIGN NORTH BOUND ON SYMPHONY PL. AT COMMERCE ST, PROCEEDED TO MAKE A LEFT TURN ONTO COMMERCE ST. UNIT #1 ALSO TRAVELLING IN THE SAME DIRECTION AS UNIT #2 FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE BETWEEN UNIT #2. UNIT #1 STRUCK UNIT #2 IN THE INTERSECTION



MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 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	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input checked="" type="checkbox"/> 02 01 CLEAR 02 CLOUDY 03 FOG, SMOG, BRISKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DROPLETS) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY: <input checked="" 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHUT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENTLY MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKER PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (BIFUR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (BIFUR 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 INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
UNIT # <input type="checkbox"/> <input type="checkbox"/> Company (FROM SHIPPING PAPERS) _____ Address (Street, City, St, Zip Code) _____	Company Phone _____

US DOT	ICC MC	FUGO	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DR
CARGO BODY TYPE <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 GRAB/CANISTER/DRUM	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CANO 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	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	CDL Class <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	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

DATE CRASH REPORTED	TIME OF CRASH	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
09102009	0923	0928	0935	1238		120
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
J. MOSCA	1030	MS P. GARCIA	09102009			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * IF YES	LOCAL REPORT #			
1 POLICE AGENCY 2 MOTORIST	1 HOME 2 STATION		09FD614091			