

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-065122

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SKIP
2 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 PD

UNITS
02

UNIT ERROR
02 98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
09252009

TIME OF CRASH
1706

DAY OF WEEK
FRI

QTY * VILLAGE * TWP *
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

COUNTY # *
50

LATITUDE LONGITUDE

PREF. CRASH LOCATION
Shady Run

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

REF. POINT
507 Midlothian

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 # # OF OCC.
A 01 01
NAME (LAST, FIRST, MIDDLE)
Perry Kenneth A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
1513 Wakefield Youngstown Ohio 44502

DATE OF BIRTH
03/21/52

DL STATE DL # LP STATE LP #
OH RR 325605 OH DXH 2259

OWNER NAME (IF SAME, WRITE "SAME")
Perry Karen M. 1513 Wakefield Yo. Ohio 44502

YEAR MAKE MODEL COLOR INSURANCE COMPANY
1998 Dodge Stratus Mar State Faem

OFFENSE CHARGED OFFENSE DESCRIPTION
331.22 Yield right of way entering roadway

UNIT # # OF OCC.
B 02 01
NAME (LAST, FIRST, MIDDLE)
Haralambis Nikitas M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
205 Red Ave Campbell Ohio

DATE OF BIRTH
04/13/33

DL STATE DL # LP STATE LP #
OH RT 993681 OH EQV 1098

OWNER NAME (IF SAME, WRITE "SAME")
Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY
2000 Chev Impala Blk L. Calvin Jones

OFFENSE CHARGED OFFENSE DESCRIPTION
331.22 Yield right of way entering roadway

UNIT # # OF OCC.
C
NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.
D
NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL # LP STATE LP #

OWNER NAME (IF SAME, WRITE "SAME")

YEAR MAKE MODEL COLOR INSURANCE COMPANY

OFFENSE CHARGED OFFENSE DESCRIPTION

UNIT # # OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

UNIT NUMBERS
01A 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
03 03

- 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 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 TRAM
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 SNOWMOBILE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/ RIDER
 - 36 ANIMAL W/ BUGGY
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

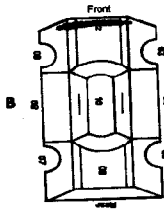
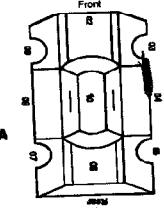
IN EMERGENCY RESPONSE
1 1

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE
2 2

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

DAMAGE AREA



MOST DAMAGED AREA
04A 02B

- 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
04A 02B

- 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

STRIKING VEHICLE:
OVERRIDE / UNDERIDE
1A 1B

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

PRE-CRASH ACTIONS

01A 08B

- 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 02

- 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/ 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 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 "19" 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
- 09 DEFECTIVE
- 00 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH

SEQUENCE OF EVENTS

A B
20 20

2 2
3 3
4 4

- NON-COLLISION**
- 01 OVERTURN/FOLLOVER
 - 02 FIRE/EXPLOSION
 - 03 IMMERSION
 - 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 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 - 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/LUMINAIRE 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

1A 2 4 3

- DIRECTION**
- FROM TO FROM TO
- 1 NORTH
 - 2 SOUTH
 - 3 EAST
 - 4 WEST
 - 5 NORTHEAST
 - 6 NORTHWEST
 - 7 SOUTHWEST
 - 8 SOUTHWEST
 - 9 UNKNOWN

1A 1B

- CONDITION**
- 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

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

POSTED SPEED
25 25

TRAFFIC CONTROL
01 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 PAVEMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DONT WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

1A 2 4 3

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

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

1A 1B

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL / DRUGS SUSPECTED
- 6 UNKNOWN

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

1A 1B

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

1A 1B

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

1A 1B

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

1A 1B

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPiates
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

01

- TYPE OF INTERSECTION**
- 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

1

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

1

- ROAD CONTOUR**
- 1 STRAIGHT LEVEL
 - 2 STRAIGHT GRADE
 - 3 CURVE LEVEL
 - 4 CURVE GRADE

01

- ROAD CONDITIONS**
- PRIMARY SECONDARY
- 01 DRY
 - 02 WET
 - 03 SNOW
 - 04 ICE
 - 05 SAND, MUD, DIRT, OIL, GRAVEL
 - 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 # 09-0651224

Unit #1 traveling southbound on Shady Run
 Unit #2 traveling eastbound out of the parking lot of Gino's
 Drive thru. Upon entering Roadway (Shady Run) did not
 see unit #1 and struck vehicle on right side. No injuries

MANNER OF COLLISION OR IMPACT <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	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>
	WEATHER <input type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 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 N D THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; 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 ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DA
CARGO BODY TYPE <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	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			

Police Action

DATE CRASH REPORTED: 09252009 TIME REC CALL: 1706 DISPATCH: 1706 ARRIVED: 1706 CLEARED: 1800 OTHER: TOTAL MINUTES: _____

OFFICER'S NAME: D. Johnson BADGE # * 1104 CHECKED BY: M.P. GARCIA DATE REPORT FILED #: 09262009

REPORT TAKEN BY: 1 POLICE AGENCY 2 OTHER REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT 'X' IF YES * LOCAL REPORT # * 09-065122