

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
10-005757

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

MIT/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 POLICE

# UNITS  
02

UNIT ERROR  
01 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02012010

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1710 MON X YOUNGSTOWN 50

DEAR'S DEN ROAD  
50 FT SE 984 REF POINT 04  
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

A UNIT # 01 OF OCC. 01 NAME (LAST, FIRST, MIDDLE) CARROLL, JEFFREY W.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 3790 FREDERICK STREET YOUNGSTOWN, OHIO 44515  
DATE OF BIRTH 10081974 AGE 35 SEX M HOME PHONE # (330) 793-0567 WORK PHONE #

DL STATE OH # RP642442 LP STATE OH # 1 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 1996 MAKE FORD MODEL F-150 COLOR GOLD INSURANCE COMPANY STATE FARM TOWING SERVICE OWNER PHONE #  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

B UNIT # 02 OF OCC. 01 NAME (LAST, FIRST, MIDDLE) AVERY, ANNETTE JONES  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 2977 BERNADETTE AVENUE YOUNGSTOWN, OHIO 44509  
DATE OF BIRTH 08121965 AGE 44 SEX F HOME PHONE # (330) 360-5008 WORK PHONE #

DL STATE OH # BS226598 LP STATE OH # AQB1353 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 2008 MAKE FORD MODEL TAURUS COLOR BLACK INSURANCE COMPANY SELECTIVE TOWING SERVICE OWNER PHONE #  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

C UNIT # 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

D UNIT # 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

Motorist/Non-Motorist  
Motorist/Non-Motorist  
Occupant

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  
MOTORIST  
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  
NON-MOTORIST  
08 NONE USED  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
13 OTHER  
14 UNKNOWN

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

**UNIT NUMBERS**  
01 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**  
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

**POINT OF IMPACT**  
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

**ACTION**  
01 NON-CONTACT  
02 NON-COLLISION  
03 STRIKING  
04 STRUCK  
05 BOTH STRIKING AND STRUCK  
06 UNKNOWN

**IN EMERGENCY RESPONSE**  
1 NO  
2 YES  
3 UNKNOWN

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

**DAMAGE AREA**

**MOST DAMAGED AREA**  
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

**POINT OF IMPACT**  
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

**ACTION**  
01 NON-CONTACT  
02 NON-COLLISION  
03 STRIKING  
04 STRUCK  
05 BOTH STRIKING AND STRUCK  
06 UNKNOWN

**STRIKING VEHICLE: OVERRIDE / UNDERIDE**  
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

**PRE-CRASH ACTIONS**  
01 STRAIGHTS 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

**MOTORIST**  
01 MOVEMENTS ESSENTIALLY STRAIGHTS 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 TO THE ACCIDENT**  
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/ACCDA  
09 IMPROPER LANE CHANGE/  
10 DROVE OFF ROAD  
11 IMPROPER PASSING  
12 IMPROPER START FROM PARKED POSITION  
13 STOPPED OR PARKED ILLEGALLY  
14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
15 SURVIVING TO AVOID (DUE TO WIND, SUPPORT SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
16 FAILURE TO CONTROL  
17 VISION OBSTRUCTION  
18 DRIVER INATTENTION  
19 FATIGUE/ASLEEP  
20 OPERATING DEFECTIVE EQUIPMENT  
21 LOAD SURFACE/FALLING/SPILLING  
22 OTHER IMPROPER ACTION  
23 UNKNOWN

**NON-MOTORIST**  
24 NONE  
25 IMPROPER CROSSING  
26 DARTING  
27 LYING AHEAD OR ILLEGALLY IN ROADWAY  
28 FAILURE TO YIELD RIGHT OF WAY  
29 NOT VISIBLE (DARK CLOTHING)  
30 INATTENTIVE  
31 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER  
32 WRONG SIDE OF THE ROAD  
33 UNKNOWN

**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 WORK ON SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR CRASH  
11 OTHER DEFECTIVE

**SEQUENCE OF EVENTS**  
A B  
20 20  
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 COLLISION W/ PERSON, VEHICLE OR OBJECT NOT LISTED  
15 PEDESTRIAN  
16 PEDALCYCLE  
17 RAILWAY VEHICLE  
18 ANIMAL - FARM  
19 ANIMAL - DEER  
20 ANIMAL - OTHER  
21 MOTOR VEHICLE IN TRANSPORT  
22 PARKED MOTOR VEHICLE  
23 WORK ZONE MAINTENANCE EQUIPMENT  
24 OTHER IMMOVABLE OBJECT  
25 UNKNOWN MOVABLE OBJECT  
26 COLLISION WITH FIXED OBJECT  
27 IMPACT ATTENUATOR/CRASH CUSHION  
28 BRIDGE OVERHEAD STRUCTURE  
29 BRIDGE PIER ON ABUTMENT  
30 BRIDGE PARAPET  
31 BRIDGE RAIL  
32 GUARDRAIL FACE  
33 GUARDRAIL END  
34 MEDIAN BARRIER  
35 HIGHWAY TRAFFIC SIGN POST  
36 OVERHEAD SIGN POST  
37 LIGHT/LUMINAIRE SUPPORT  
38 UTILITY POLE  
39 OTHER POST, POLE OR SUPPORT  
40 CULVERT  
41 CURB  
42 DITCH  
43 EMBANKMENT  
44 FENCE  
45 MAILBOX  
46 TREE  
47 OTHER FIXED OBJECT  
48 WORK ZONE MAINTENANCE EQUIPMENT  
49 UNKNOWN FIXED OBJECT  
50 OTHER

**FIRST HARMFUL EVENT**  
A B  
Of the sequence of events - which one is the first harmful event (1-4)

**MOST HARMFUL EVENT**  
A B  
Of the sequence of events - which one is the most harmful event (1-4)

**SPEED DETECTED**  
2 2  
1 STATED  
2 ESTIMATED SPEED

**SPEED**  
A B  
10 10

**POSTED SPEED**  
25 25

**TRAFFIC CONTROL**  
01 A 01 B

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 LIGHTS  
14 WALKWAY TRAFFIC SIGNAL  
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTUSCURED  
16 OTHER

**DIRECTION**  
FROM TO FROM TO  
76 76

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

**CONDITION**  
A B  
1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 EMOTIONAL ILLNESS  
4 FELL ASLEEP, FAINTED, FATIGUED, ETC  
5 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
6 OTHER  
7 UNKNOWN

**ALCOHOL/DRUG SUSPECTED**  
A B  
1 NONE  
2 YES - ALCOHOL SUSPECTED  
3 YES - ABD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL/DRUGS SUSPECTED  
6 UNKNOWN

**ALCOHOL TEST STATUS**  
A B  
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  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A B

**DRUG TEST STATUS**  
A B  
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**  
A B  
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**  
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 DISHWAY

**OCCURRENCE**  
1  
1 ON ROADWAY  
2 ON SHOULDER  
3 ON MEDIAN  
4 ON SIDE  
5 ON RAMP  
6 OUTSIDE TRAFFICWAY  
7 UNKNOWN

**ROAD CONDITION**  
A B  
1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE

**ROAD CONDITIONS PRIMARY SECONDARY**  
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

SUPPLEMENT # LOCAL REPORT # #  
"X" IF YES 110-00000000

Narrative

UNIT 2 TRAVELING NORTHWEST ON BEAR'S DEN ROAD

APPROXIMATELY 50 FEET SOUTHEAST OF 984 BEAR'S DEN ROAD  
 STOPPED FOR DEER CROSSING THE ROAD. UNIT 1'S DRIVER STATED  
 I WAS NOT ABLE TO STOP IN TIME, AND STRUCK UNIT 2 IN THE REAR.  
 UNIT 1 WAS TRAVELING NORTHWEST ON BEAR'S DEN ROAD.

**MANNER OF COLLISION OR IMPACT**

2

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-TO-REAR
- HEAD-ON
- REAR-TO-REAR
- BACKING
- AWAY
- SIDEWIPPE, SAME DIRECTION
- SIDEWIPPE, OPPOSITE DIRECTION
- UNKNOWN

**SCHOOL BUS RELATED**

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

**WORK ZONE RELATED**

1

- NO
- YES
- UNKNOWN

**TYPE OF WORK ZONE**

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

**WORKERS PRESENT**

- NO
- YES
- UNKNOWN

**WEATHER**

01

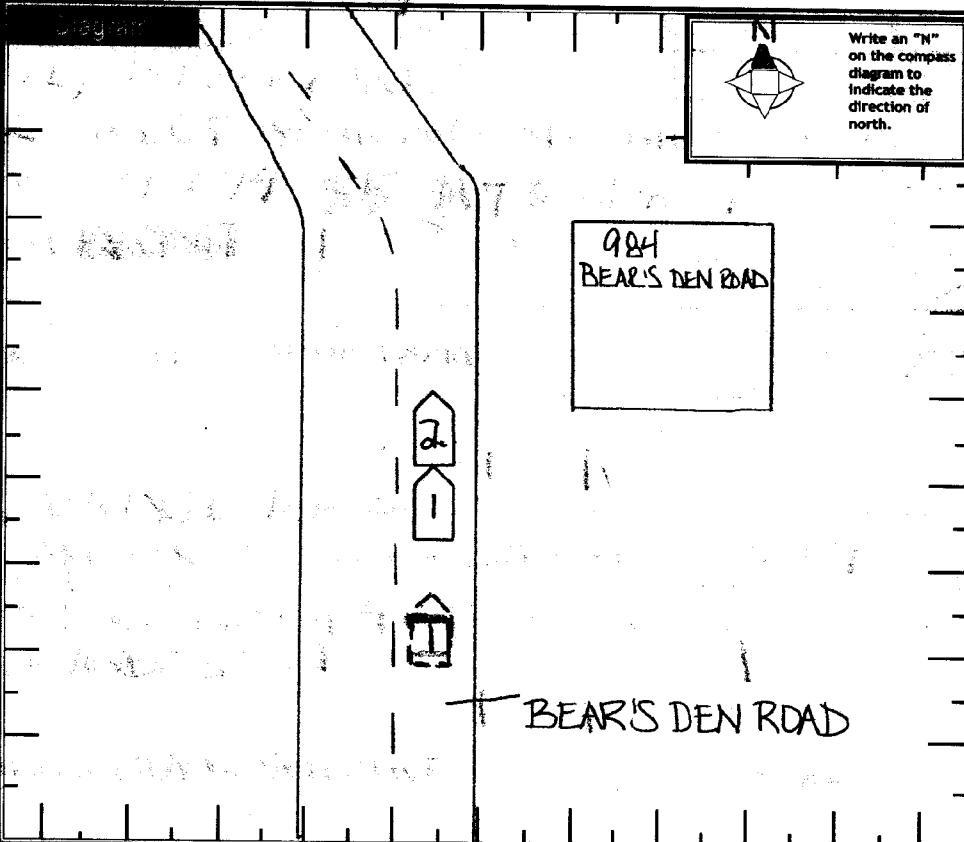
- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**LIGHT CONDITIONS**

**PRIMARY**  1

**SECONDARY**

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN



Write an "N" on the compass diagram to indicate the direction of north.

**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 #** \_\_\_\_\_ **PLA** \_\_\_\_\_

<b>CARGO BODY TYPE</b>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</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 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	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<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** 02/01/2010 **TIME REC CALL** 1710 **DISPATCH** 1750 **ARRIVED** 1801 **CLEARED** 1850 **OTHER** \_\_\_\_\_ **TOTAL MINUTES** 60

**OFFICER'S NAME #** L. PALLO **BADGE # \*** \_\_\_\_\_ **CHECKED BY** DISP. GARCAR **DATE REPORT FILED #** 02/01/2010

**REPORT TAKEN BY**  1 POLICE AGENCY  2 MOTORIST **REPORT TAKEN AT**  1 SCENE  2 STATION **SUPPLEMENT**  \* IF YES **LOCAL REPORT # \*** \_\_\_\_\_