

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-005968

CRASH SEVERITY
3 1 FATAL 2 INJURY
3 FDCI 4 UNKNOWN

PRIVATE PROPERTY
X 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

UNITS
02

UNIT ERROR
01 90 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
02022010

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
2144 TUE X YOUNGSTOWN 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
I DORA 1 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
REFERENCE POINT USED
01 STATE LINE 04 HOME NUMBER 08 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DIVERGENT
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

UNIT # 01 OF OCC. NAME (LAST, FIRST, MIDDLE)
A 0101 NICOLAIS, LUDWIG G.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
759 PALMER AVE YOUNGSTOWN, OH 44502

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OH 5A783558 OH EV63764

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
NICOLAIS, ARTHUR 759 PALMER AVE YOUNGSTOWN, OH 44502
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2002 DODGE 44 TAN TRIN CITY FIRE CRUMPS 330-406-6615
CITATION # LOCAL CODE? X
331-34(A) Failed to maintain reasonable control 217432

UNIT # 02 OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OH 8W52PC

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
JONES, TIFFANY 574 1/2 SPRING ST STRUTHERS, OH
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1997 CHEVY 44 BRN PROGRESSIVE LUOTS 330-503-8700
CITATION # LOCAL CODE? X

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C
ADDRESS (STREET, CITY, STATE, ZIP CODE) INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D
ADDRESS (STREET, CITY, STATE, ZIP CODE) INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION
01 FRONT - LEFT (MC DRIVER) 01A
02 FRONT - MIDDLE
03 FRONT - RIGHT
04 SECOND - LEFT (MC PASS) B
05 SECOND - MIDDLE
06 SECOND - RIGHT
07 THIRD - LEFT (MC PASSENGER/SIDE CAR) C
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 REAR SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 UNKNOWN

SAFETY EQUIPMENT
01 None Used 01A
02 SHOULDER BELT ONE
03 LAP BELT ONLY B
04 SHOULDER/LAP BELT C
05 CHILD SAFETY SEAT D
06 MC HELMET USED
07 Use Unknown
08 NON-EXISTENT
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTS
13 OTHER
14 UNKNOWN

AIR BAG
1 NOT DEPLOYED 2
2 DEPLOYED - FRONT
3 DEPLOYED - SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 NOT PRESENT 2
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION
1 NOT EJECTED 1A
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED 1A
2 EXTRICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

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

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

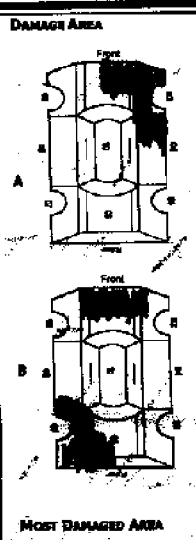
Motorist/Non-Motorist

Occupant

UNIT NUMBERS

NON-MOTORIST LOCATION

01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION/BI 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 16 FEET OF ROADWAY (BUT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 16 FEET OF ROADWAY (WITHIN THRUWAY)
13 OUTSIDE THRUWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN



PRE-CRASH ACTIONS

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 STOPPING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 RIDING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

SEQUENCE OF EVENTS

A	B
<input type="text" value="21"/>	<input type="text" value="20"/>
<input type="text" value="2"/>	<input type="text" value="45"/>
<input type="text" value="3"/>	<input type="text" value="3"/>
<input type="text" value="4"/>	<input type="text" value="4"/>

NON-COLLISION
01 OVERTURN/FOLLOVER
02 FIRE/EXPLOSION
03 IMBROSION
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 RIBWAY
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 STREET MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
COLLISION WITH FIXED OBJECT
25 IMPACT AT/NEAR/TO/CROSS/CRASH OBSTRUCTION
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PIER ON ADJUTMENT
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/ILLUMINATION SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB
39 CULVERT
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

POSTED SPEED

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, OBSCURED
16 OTHER

DIRECTION
FROM TO **FROM TO**

01 NORTH
02 SOUTH
03 EAST
04 WEST
05 NORTHEAST
06 NORTHWEST
07 SOUTHEAST
08 SOUTHWEST
09 UNKNOWN

DRUG TEST STATUS

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

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

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

TYPE OF UNIT

MOTORIST
01 5th-CONTRACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT-UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK
10 SINGLE UNIT TRUCK 3/4 AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BORTAL)
13 TRACTOR/Semi-TRAILER
14 TRACTOR/DOUBLE SICKY
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/IMPULS
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCOOTER/BIKE
21 CUPONIC 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/DRIVER
36 ANIMAL W/DRUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

CONTINGENT CIRCUMSTANCES

MOTORIST
01 NONE
02 FAILING TO YIELD
03 RAN RED LIGHT, ON STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNLAWFUL SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACDA
IMPROPER LANE CHANGE/
IMPROPER PASSING
09 IMPROPER PASSING
10 IMPROPER PASSING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED OR PARKED ILLEGALLY
13 OPERATING VEHICLE IN BERTH, PICKUP, CANALERS, NEARLIGHT OR APPROXIMATE BARRIER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, HILLSIDE/TOWAY IN ROADWAY, ETC)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/RELEASE
21 OTHER IMPROPER ACTION
22 UNKNOWN

NON-MOTORIST
23 NONE
24 IMPROPER CROSSING
25 DRIVING
26 LYING AWAY/ON 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

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

VEHICLE DEFECT CODES ONLY IF '15' SELECTED ABOVE

<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>

01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 THE BLOWOUT
07 WORK ON SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

FIRST HARMFUL EVENT

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

1 STATED
2 ESTIMATED SPEED

SPEED

CONDITION

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 BIOTONAL
4 ILLNESS
5 FELL ASLEEP, FAIMTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HB0 NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS

1 TEST REFUSED
2 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
3 TEST GIVEN, RESULTS KNOWN
4 TEST GIVEN, RESULTS UNKNOWN
5 UNKNOWN

ALCOHOL TEST TYPE

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

TYPE OF INTERSECTION

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDOABOUT
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 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE THRUWAY
7 UNKNOWN

ROAD CONTOUR

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

ROAD CONDITIONS
PRIMARY **SECONDARY**

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OR GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS
09 PAVEMENT DAMAGE, CRACKS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN
****SECONDARY ROAD CONDITIONS ONLY**

IN EMERGENCY RESPONSE

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

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

STRIKING VEHICLE: OVERSIZED/UNUSABLE

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

VEHICLE DEFECT CODES ONLY IF '15' SELECTED ABOVE

<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>

SPEED

ALCOHOL TEST RESULT

SUPPLEMENT # **IF YES**

LOCAL REPORT #

Unit #01 was traveling EAST Bound on IODRA. Unit #02 was parked EAST Bound in front of IODRA. Unit #02 failed to maintain adequate control striking unit #01 AT THE LEFT REAR OF UNIT. Unit #01 then pushed unit #02 OVER TOP Youngstown Water Dept FIRE HYDRANT CAUSING SOME TO BREAK OFF.

NUMBER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 STRIKING 6 STRUCK 7 SIDEWIPES, SAME DIRECTION 8 SIDEWIPES, OPPOSITE DIRECTION 9 UNKNOWN	MECHANISM OF COLLISION <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHUT/CHANGEOVER 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 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	WEATHER <input checked="" type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (PRECIPITATING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROWDINGS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 4 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	CRASH DIAGRAM IODRA Fire Hydrant / 1 L27 IODRA 	Write an "N" on the compass diagram to indicate the direction of north.
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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 8 PERSONS, INCLUDING DRIVER.

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 OBTAINING DAMAGE OR REQUIRED INTERVIEWING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____
 ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLA

CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSURE/BOX <input type="checkbox"/> 04 GRAB/CHUTE/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/PREFUSE <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 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	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 III <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
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Police Action
 DATE CRASH REPORTED: 02022010
 THE REC CALL: 2144
 DISPATCH: 2159
 ARRIVED: 2208
 CLEARED: 2300
 OTHER: 0044
 TOTAL MINUTES: 0120

OFFICER'S NAME: D. PESA
 BADGE #: 1032
 CHECKED BY: [Signature]
 DATE REPORT FILED: 02032010

REPORT TAKEN BY: []
 1 POLICE AGENCY
 2 MOTORIST

REPORT TAKEN AT: []
 1 SCENE
 2 STATION

SUPPLEMENT * IF YES * []
 LOCAL REPORT # * 10-005468