

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-007430

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P Other

N.C.I.C.A. *
05009

REPORTING AGENCY *
Youngstown P.D.

UNITS
02

UNIT ERROR
01 00 = ANNUAL
09 = UNKNOWN

DATE OF CRASH *
02092010

TIME OF CRASH 1944 DAY OF WEEK TUE CITY * YOUNGSTOWN VILLAGE * TWP * COUNTY # * 50 LATITUDE LONGITUDE

PREVIOUS COLLISION LOCATION: Martin Luther King Blvd. TYPE LOC: 2 NAMED STREET TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET
UNIT # 08 REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE
04 MILE 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 # 01 # OF OCC. 1 NAME (LAST, FIRST, MIDDLE) UNKNOWN ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR MAKE FORD MODEL Explorer COLOR Orange INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 02 # OF OCC. 03 NAME (LAST, FIRST, MIDDLE) Heuschkel, David John ADDRESS (STREET, CITY, STATE, ZIP CODE) 1822 Lynn Mar Poland OHIO 44514

DATE OF BIRTH 12031969 AGE 40 SEX M HOME PHONE # 3302413050 WORK PHONE #

DL OH RA 015421 LP PA YWB4551 INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") Ferrotech Corporation ADDRESS (STREET, CITY, STATE, ZIP CODE) 506 S. Jefferson St. New Castle PA.
YEAR MAKE DODGE MODEL Ram 1500 COLOR BLACK INSURANCE COMPANY Progressive TOWING SERVICE LUTDS OWNER PHONE # 3302413050
OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 02 NAME (LAST, FIRST, MIDDLE) Heuschkel, Lori HOME PHONE # 3302413038 DATE OF BIRTH 01031968 AGE 42 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 1822 Lynn Mar Poland OHIO 44514

INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INSURED TAKEN TO

UNIT # 03 NAME (LAST, FIRST, MIDDLE) Heuschkel, Noia HOME PHONE # 3302413038 DATE OF BIRTH 12202001 AGE 09 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 1822 Lynn Mar Poland OHIO 44514

INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INSURED 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 17 UNKNOWN	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-RESTRICTED 09 None 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 OR 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 EXTINGUISHED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	KNOWLEDGE 1 NO INJURY POSSIBLE 2 POSSIBLE NON-INCAPACITATING 3 INCAPACITATING 4 FATAL INJURY 5 UNKNOWN	SUPPLEMENT * X IF YES
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UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>20</td><td>B</td><td>20</td></tr> <tr><td></td><td>10</td><td></td><td>2</td></tr> <tr><td></td><td></td><td></td><td>3</td></tr> <tr><td></td><td></td><td></td><td>4</td></tr> </table>	A	20	B	20		10		2				3				4	POSTED SPEED <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
A	20	B	20																		
	10		2																		
			3																		
			4																		
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> 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 BIKEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, DRIVEWAY, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHOULD USE PATHS ON TRAILS 15 UNKNOWN	 MOST DAMAGED AREA <input type="text" value="15"/> <input type="text" value="08"/>	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 DRIVERSLESS 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	NON-COLLISION 01 OVERTAKING/LOWEER 02 PREEVENTORCH 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 RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT PRED 14 PEDESTRIAN 15 BICYCLIST 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	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="01"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCK 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK MARKINGS 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OCCUPIED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 3 TEST GIVEN, RESULTS KNOWN 4 TEST GIVEN, RESULTS UNKNOWN 5 UNKNOWN																
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="07"/> 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, 5 TIRES 10 SINGLE UNIT TRUCK 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOSTAL) 13 TRACTOR/SUB-TRACTOR 14 TRACTOR/DOUBLE SHIRT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TIMBERS 18 MOTORCYCLE 19 MOTORBIKE/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/DRIVER 36 ANIMAL W/DRIVER 37 BICYCLE 38 PEDESTRIAN 39 BICYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="08"/> <input type="text" value="08"/> 01 NONE 02 CENTER FRONT 03 FRONT RIGHT 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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="2K"/> <input type="text" value="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/ - IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON PARKED ILLLEGALLY 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 BACKING 26 LYING ANCHOR ILLLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT PRED 14 PEDESTRIAN 15 BICYCLIST 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	DIRECTION FROM TO FROM TO <input type="text" value="43"/> <input type="text" value="34"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 CRACKS 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING																
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="4"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	CONDITION <input type="text" value="8"/> <input type="text" value="1"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FULL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> 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 SHOULD-USE PATHS ON TRAILS 13 UNKNOWN																
DAMAGE SCALE <input type="text" value="0"/> <input type="text" value="4"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRUCKING VEHICLES: OVERSIDE/ UNDERSLIDE <input type="text" value=""/> <input type="text" value=""/> 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	ALCOHOL/DRUG SUSPECTED <input type="text" value="6"/> <input type="text" value="1"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HED NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE																
ROAD CONDITIONS <input type="text" value="03"/> <input type="text" value="04"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN * SECONDARY ROAD CONDITIONS ONLY	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	SPEED DETECTED <input type="text" value=""/> <input type="text" value=""/> 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/>	LOCAL REPORT # <input type="text" value="70-1007430"/>	SUPPLEMENT # <input type="text" value=""/>																

Unit #2 stated he was traveling WB on MLK when he was sideswiped by Unit #2 whose vehicle spun out at marked. He continued straight after the SUV struck his truck it continued E/B on MLK, turned the lights out and made a left turn onto a side street. It did not stop for the accident.

MANNER OF COLLISION OR IMPACT

8

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- DIAGONAL, SAME DIRECTION
- DIAGONAL, 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

1 LINE CLOSURE
2 LINE SHIFTS/CHANGEOVER
3 WORK ON SHOULDER OR MESHAN
4 IMPROVEMENT/ MOVING WORK
5 OTHER

LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT

1 No
2 YES
3 UNKNOWN

WEATHER

06

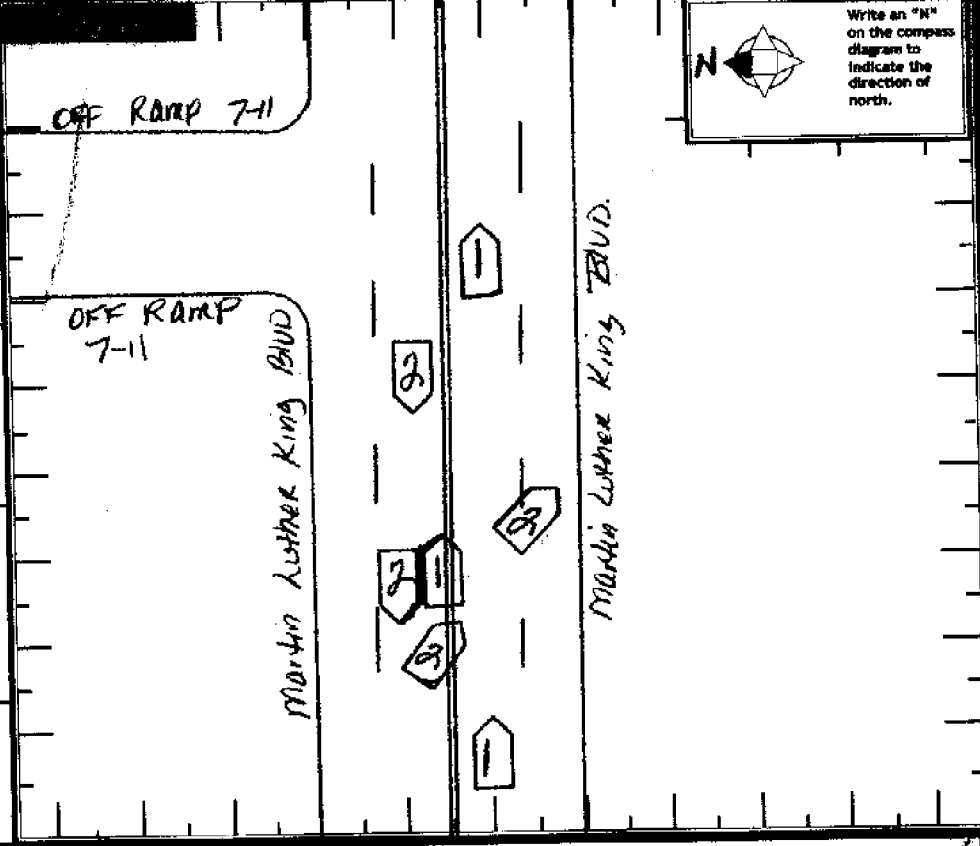
- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (PRECIPITATING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWIND
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

4

PRIMARY SECONDARY

- DAYLIGHT
- DAWN
- DAWK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- 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 8 PASSENGERS, 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 DRIVING 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 # I.D.#

CARGO BODY TYPE

01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRANCHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

Weight (GVWR)

1 LESS/EQUAL 10,000
2 10,001 - 25,000
3 MORE THAN 25,000

CDL Class

1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

Hazardous Materials Placard

1 NO
2 YES
3 UNKNOWN

Hazardous Materials Released

1 No
2 Yes
3 NOT APPLICABLE
4 UNKNOWN

Police Action

DATE CRASH REPORTED: 02092010 TIME REC CALL: 1944 DISPATCH: 1948 ARRIVED: 1959 CLEARED: TOTAL MINUTES: 087

OFFICER'S NAME: S. BURTON BADGE # 1092 CHECKED BY: DSP. GARCIA DATE REPORT FILED: 02102010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT 'X' IF YES: LOCAL REPORT # X: 10-007430