

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-008543

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF 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 P.D.

UNITS
02

UNIT ERROR
02 99 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
02152010

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
1835 MON X YOUNGSTOWN 50

PREFIX Crown Location TYPE LOC TYPE LOCATION POINT USED
U.S. 422 3 1 NAMED STREET 3 NUMBERED ROUTE
MCCARTNEY Rd

REF POINT REF POINT REF POINT REFERENCE POINT USED
1920 U.S. 422 04 01 STATE LINE 04 HOUSE NUMBER 06 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT REFERENCE

Motorist/Non-Motorist

A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) FLOYD, ALEXIS M
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 2513 ROSEWOOD LANE YOUNGSTOWN, OHIO 44505
 SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 10041989 20 F 3307440785
 DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
 OH TH602915 OH DPX5448 1 2 EMS 5 UNKNOWN 3 POLICE
 OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) 44505
 FLOYD, CORNELIUS D. 2513 ROSEWOOD LN. YOUNGSTOWN, OHIO
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 2008 CHEVY HHR BURG AMERICAN FAMILY
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

B UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) JOHNSON, MYRINDA
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 174 LILBURNE YOUNGSTOWN, OHIO 44505
 SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 08061959 50 F
 DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
 OH R2407557 OH DPX6372 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 #
 2008 CHEVY MALIBU GRAY OMNI
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

Occupant

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

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

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 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 FROM-RESPONSE SET 08 None Used 09 HELMET USED 10 PASSENGER PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 Not-Deployed 2 Deployed-FRONT 3 Deployed-BOTH 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 FIRED BY Non-MECHANICAL MEANS 4 UNKNOWN	INJURED 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	SUPPLEMENT * X IF YES
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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 16 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 16 FEET OF ROADWAY (WHITE THROFFWAY)
- 13 OUTSIDE THROFFWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

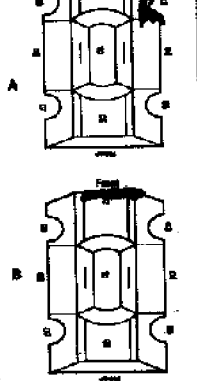
TYPE OF UNIT
04 04

- MOTORIST**
 - 01 SUB-COMPACT
 - 02 COMPACT
 - 03 MID SIZE
 - 04 FULL SIZE
 - 05 MINIVAN
 - 06 SPORT UTILITY VEHICLE
 - 07 PICKUP
 - 08 PAM/RYAN
 - 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
 - 10 SINGLE UNIT TRUCK; 3+ AXLES
 - 11 TRUCK/TRAILER
 - 12 TRUCK TRACTOR (BOSTAL)
 - 13 TRACTOR/SEMI-TRAILER
 - 14 TRACTOR/DOUBLE SHORT
 - 15 TRACTOR/DOUBLE LONG
 - 16 FIFTH WHEEL OR CONVERTER DOLLY
 - 17 TRACTOR/TRIPLES
 - 18 MOTORCYCLE
 - 19 MOTORISED BICYCLE
 - 20 SCHOOL BUS
 - 21 COUNCIL BUS
 - 22 PUBLIC BUS
 - 23 OTHER BUS
 - 24 POLICE VEHICLE
 - 25 FIRE TRUCK
 - 26 AMBULANCE/RESCUE
 - 27 TAXI
 - 28 MOTOR HOME
 - 29 TRAIN
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 SNOWMOBILE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
 - 35 ANIMAL WITNESS
 - 36 JUNKY WITNESS
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 FOOTCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

EMERGENCY RESPONSE
1A 1B
1 NO
2 YES
3 UNKNOWN

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

DAMAGE AREA
A B



MOST DAMAGED AREA
03 03

- 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
03 03

- 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
4 3

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 BUMPING
- 4 STRUCK
- 5 BUMP STRUCK AND STRUCK
- 6 UNKNOWN

STRUCKING VEHICLE: OVERSIDE / UNDERSIDE
A B

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

PRE-CRASH ACTIONS
01 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 LANED
 - 11 SLOWING/STOPPED IN TRAFFIC
 - 12 DOWNLESS
 - 13 OTHER
 - 14 UNKNOWN
- NON-MOTORIST**
 - 15 ENTERING/CROSSING IN SPECIFIED LOCATION
 - 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 - 17 MISCING
 - 18 PUSHING VEHICLE
 - 19 APPROACHING/LEAVING VEHICLE
 - 20 PLAYING/WORKING ON VEHICLE
 - 21 STANDING
 - 22 OTHER
 - 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
01 16

- DRIVER**
 - 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?
 - 10 IMPROPER PASSING
 - 11 IMPROPER START FROM PARKED POSITION
 - 12 STOPPED OR PARKED ILLEGALLY
 - 13 OPERATING VEHICLE IN IMPROPER, RECKLESS, CARELESS, NEGLECT OR ASSAULTIVE MANNER
 - 14 SWERVED TO AVOID (DUE TO WIND, SLURRY SURFACE, VEHICLE, OBJECT, NON-DEVIANT IN ROADWAY, ETC)
 - 15 FAILURE TO CONTROL
 - 16 VEHICLE OBSTRUCTION
 - 17 DRIVER DISTRACTION
 - 18 FARMER/POLICE?
 - 19 OPERATING DEFECTIVE EQUIPMENT
 - 20 LOAD SHIFTS/FALLING/SPELLING
 - 21 OTHER IMPROPER ACTION
 - 22 UNKNOWN
- NON-MOTORIST**
 - 23 NONE
 - 24 IMPROPER CROSSING
 - 25 RUNNING
 - 26 LIVED AND/OR ILLEGALLY IN ROADWAY
 - 27 FAILURE TO YIELD RIGHT OF WAY
 - 28 NOT VISIBLE (DARK CLOTHING)
 - 29 MATTRESS
 - 30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER
 - 31 WROTE SIDE OF THE ROAD
 - 32 DOWN
 - 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '15' 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 DEFECTIVE
- 09 BRAKES THROTTLE
- 10 CRASHED FUEL PUMP CHURN
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
20 20

NON-COLLISION
01 OVERTAKE/ROLLOWER
02 FIRE/EXPLOSION
03 IMPRESSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOFT/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 FIXED

- 14 PEDESTRIAN
- 15 FOOTCYCLIST
- 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
- 25 COLLISION WITH FIXED OBJECT
- 26 IMPACT ATTENUATOR/CUSHION CURB
- 27 BRIDGE OVERHEAD STRUCTURE
- 28 BRIDGE PIER ON ADJUTMENT
- 29 BRIDGE PARAPET
- 30 BRIDGE RAIL
- 31 GUARDRAIL FACE
- 32 GUARDRAIL END
- 33 MEDIAN ENDPOST
- 34 HIGHWAY TRAFFIC GUY POST
- 35 OVERHEAD SIGN POST
- 36 LIGHT/ILLUMINATION SUPPORT
- 37 UTILITY POLE
- 38 OTHER POST, POLE OR SUPPORT
- 39 CURB
- 40 EYCH
- 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

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
1A 2B
1 STATED
2 ESTIMATED SPEED

SPEED
35 A
5 B

POSTED SPEED
A B

TRAFFIC CONTROL
01 06

- 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 MAINTENANCE
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION FROM TO FROM TO
3 4 1 2

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

CONDITION
1A 1B

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

ALCOHOL/DRUGS SUSPECTED
1A 1B

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - DRUGS SUSPECTED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL/DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS
1A 1B

- 1 NONE
- 2 TEST REQUIRED
- 3 TEST GIVEN, CONTAMINATED/SAMPLES/RETRIEVABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE
1A 1B

ALCOHOL TEST RESULT
A B

SUPPLEMENT A "Y" = YES LOCAL REPORT # *
10-008543

DRUG TEST STATUS
1 1

- 1 NONE
- 2 TEST REQUIRED
- 3 TEST GIVEN, CONTAMINATED/SAMPLES/RETRIEVABLE
- 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
1 1

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

TYPE OF INTERSECTION
01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDABOUT
- 06 PVE-POINT, ON RAMP
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DIVERGENCE
- 11 RAMPWAY GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE
1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON RAMP
- 6 OUTSIDE THROFFWAY
- 7 UNKNOWN

ROAD CONTOUR
1

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

ROAD CONDITIONS
03

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEW/FROST
- 09 RUT, HOLE, DUMPS, UNEVEN PAVEMENT **
- 10 OTHER
- 11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

Unit #1 WAS TRAVELLING West bd on U.S. 422 (McCartney Rd). Unit #2 WAS ATTEMPTING TO EXIT 1920 MCCARTNEY RD. but could NOT SEE TRAFFIC due to SNOW PILED ALONG THE ROAD. Unit #2 STRUCK UNIT #1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 HEAD-TO-HEAD 5 BACKING 6 ANGLE 7 SIDEWIND, SAME DIRECTION 8 SIDEWIND, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram
WEATHER <input checked="" type="checkbox"/> 06 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 FOG 05 SLEET, HAL. (FREEZING RAIN) DRIZZLE 06 SNOW 07 SPRING CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFTS/CHANGING 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENTLY 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		

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR ABOVE 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 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 DRIBBLING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC IEC	PLCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	LDL

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
<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 GRABBER/CRANE	<input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	<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

Report Actions

DATE CRASH REPORTED: 02/15/2010 TIME REC CALL: 1837 DISPATCH: 1839 ARRIVE: 1843 CLAIMED: 2010 OTHER: TOTAL MINUTES: 91

OFFICER'S NAME: HECTOR BONILLA BADGE # 846 CHECKED BY: M.S.P. GARCIA DATE REPORT FILED: 02/15/2010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT * LOCAL REPORT # * 10-008543