

TRAFFIC CRASH REPORT



10-009878

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

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

PHOTOS TAKEN
CH-2 CH-3 ON-IP OTHER

05009

REPORTING AGENCY #
YOUNGSTOWN PD

02 02

99 = ANIMAL
99 = UNKNOWN

02222010

DAY OF WEEK

MON

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

YOUNGSTOWN

LATITUDE

LONGITUDE

SD

CRASH LOCATION
2545 ERIE
TYPE LOC 1
TYPE LOCATION POINT USED
1 NAMED STREET 2 NUMBERED ROUTE

LIST REFERENCE
PARKING LOT OF
REF POINT 04

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
04 HOUR 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

0100
NAME (LAST, FIRST, MIDDLE)
Address (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # WORK PHONE #

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
MCGEHEE, DANIEL 3035 66TH AVE N LOT 124 ST PETERSBURG FLA

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2007 SUBURU FORESTER BLUE

OFFENSE CHARGED OFFENSE DESCRIPTION

02
NAME (LAST, FIRST, MIDDLE)
Address (STREET, CITY, STATE, ZIP CODE)

HOME PHONE # WORK PHONE #

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

NAME (LAST, FIRST, MIDDLE) HOME PHONE #
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
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 BLEOPER SECTION OF CAB
- 11 ENCLOSED CARGO AREA
- 12 UNENCLOSED CARGO AREA
- 13 TRAILER UNIT
- 14 EXTENSION
- 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
- 08 NONE USED
- 09 HELMET USED
- 10 PROTECTIVE PADS
- 11 REFLECTIVE CLOTHING
- 12 LIFELINE
- 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

UNIT NUMBERS DAMAGE AREA PRE-CRASH ACTIONS SEQUENCE OF EVENTS POSTED SPEED DRUG TEST STATUS

0102

NON-MOTORIST LOCATION

- 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

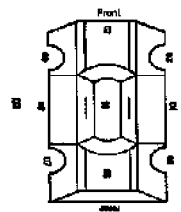
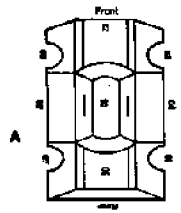
- 06
- MOTORIST**
- 01 SUB-COMPACT
 - 02 COMPACT
 - 03 MID SIZE
 - 04 FULL SIZE
 - 05 MINIVAN
 - 06 SPORT UTILITY VEHICLE
 - 07 PICKUP
 - 08 PAMPI/VAN
 - 09 SINGLE UNIT TRUCK 2 AXLES, 6 TIRES
 - 10 SINGLE UNIT TRUCK; 3+ AXLES
 - 11 TRUCK/TRAILER
 - 12 TRUCK TRACTOR (BOBTAIL)
 - 13 TRACTOR/SEMI-TRAILER
 - 14 TRACTOR/DOUBLE SHORT
 - 15 TRACTOR/DOUBLE LONG
 - 16 FIFTH WHEEL OR CONVERTER DOLLY
 - 17 TRACTOR/TRIPLE
 - 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 SHOWMOBILE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
 - 36 ANIMAL W/NO DRIVER
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

IN EMERGENCY RESPONSE

- 1 No
- 2 Yes
- 3 UNKNOWN

DAMAGE SCALE

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



MOST DAMAGED AREA

0815

- 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

0815

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

STRUCK VEHICLE: OVERSIDE/UNDERSIDE

- 1 No
- 2 Yes
- 3 UNKNOWN

- 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

PRE-CRASH ACTIONS

- 10
- 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

- 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 OR PARKED ILLEGALLY
 - 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER
 - 14 SHERIVING 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

- 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 DEFECTIVE
- 10 DEFECTIVE FLOOR PLATE CHAIR
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS

2021

NON-COLLISION

- 01 OVERTURN/ROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMERSION
- 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 FIXED

- 14 PEDESTRIAN
- 15 PEDALCYCLIST
- 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 ATTENUATION/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

FIRST HARMFUL EVENT

1 1

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

MOST HARMFUL EVENT

1 1

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

SPEED DETECTED

1 STATED

SPEED

1 1

POSTED SPEED

0101

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

DIRECTION

34

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

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

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

ALCOHOL TEST STATUS

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

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

ALCOHOL TEST RESULT

1 A

LOCAL REPORT # 10-009878

DRUG TEST STATUS

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 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 3&2 RESULT

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPIATES
- 5 AMPHETAMINES
- 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 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 TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

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

ROAD CONDITIONS

02

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS
- 09 RIT, HOLES, BUMPS, UNEVEN PAVEMENT
- 10 OTHER
- 11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

Narrative

UNIT #1 WAS PARKED UNOCCUPIED IN THE PARKING LOT OF 2545 EREC FROM APPROX 0745HRS UNTIL APPROX 1520HRS ON 02/22/10
 DAMAGE WAS DISCOVERED TO THE DRIVERS SIDE DOOR / FRONT FENDER
 UNIT #2 FLED SCENE

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 9 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input type="checkbox"/> 04 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 2 1 DAYLIGHT 2 DAWN 3 DARK 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 SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MESH 4 INTERMITTENTLY 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		

Truck Bus UNIT # <input type="checkbox"/> 1	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 PERSONS, INCLUDING DRIVER.	AND 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 DISABLING DAMAGE OR REQUIRED INTERVIEWING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="checkbox"/>	COMPANY PHONE <input type="checkbox"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="checkbox"/>		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (0-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHOP/GRABVEL <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	TIME REP. CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02222010	1522	1530	1530	1630		60
OFFICER'S NAME	BAJGE # *	CHECKED BY	DATE REPORT FILED *			
P. M. Edling	1096	B. P. GARCAR	02232010			
REPORT TAKEN BY	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT	1 RCMP 2 STATION	SUPPLEMENT * (X) IF YES	LOCAL REPORT #	
<input type="checkbox"/> 1				<input type="checkbox"/>	10-009878	