

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-010673

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

ON-2 ON-3 ON-1P OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN POLICE

UNITS
02

UNIT ERROR
02 98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
02262010

TIME OF CRASH 1903 DAY OF WEEK FRI CITY X VILLAGE TWP * YOUNGSTOWN COUNTY # 50

CRASH LOCATION WIRT ST TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

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 PLACER NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

MOTORIST/MOTORIST A UNIT # 0101 NAME (LAST, FIRST, MIDDLE) DAVIDSON, FLETCHER ADDRESS (STREET, CITY, STATE, ZIP CODE) 105 VERONA GIRARD, OHIO 44420

DATE OF BIRTH 05071957 AGE 72 SEX M HOME PHONE 330646-8888 WORK PHONE

DL STATE OH DL # RR323070 LP STATE OH LP # EIP-8769 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 2003 MAKE GMC MODEL ENVY COLOR MAR INSURANCE COMPANY AAA TOWING SERVICE WATS OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

MOTORIST/MOTORIST B UNIT # 0201 NAME (LAST, FIRST, MIDDLE) LEVEIEGE, JEREMIAH ADDRESS (STREET, CITY, STATE, ZIP CODE) 419 BELMONT WARREN, OHIO 44483

DATE OF BIRTH 10171991 AGE 18 SEX M HOME PHONE 330646-8888 WORK PHONE

DL STATE OH DL # TN023959 LP STATE OH LP # ERQ-3370 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") LEVEIEGE, GAYLE ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME

YEAR 1998 MAKE CHEV MODEL SEBRING COLOR BLK INSURANCE COMPANY TOWING SERVICE WATS OWNER PHONE #

OFFENSE CHARGED 313.01 OFFENSE DESCRIPTION TRAFFIC CONTROL DEVICE CITATION # 204923 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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

01 A SEATING POSITION 01 FRONT - LEFT (MC DRIVER)	04 A SAFETY EQUIPMENT 01 NONE USED	2 AIR BAG 1 NOT-DEPLOYED	4 A AIR BAG SWITCH 1 NOT PRESENT	1 A EJECTION 1 NOT EJECTED	1 A TRAPPED 1 NOT TRAPPED	1 A INJURIES 1 NO INJURY
01 B SEATING POSITION 02 FRONT - MIDDLE	04 B SAFETY EQUIPMENT 02 SHOULDERS BELT ONLY	2 AIR BAG 2 DEPLOYED-FRONT	4 B AIR BAG SWITCH 2 IN ON POSITION	1 B EJECTION 2 TOTALLY EJECTED	1 B TRAPPED 2 EXTORTICATED BY MECHANICAL MEANS	1 A INJURIES 2 POSSIBLE NON-INCAPACITATING
01 C SEATING POSITION 03 FRONT - RIGHT	04 C SAFETY EQUIPMENT 03 LAP BELT ONLY	2 AIR BAG 3 DEPLOYED-FRONT	4 C AIR BAG SWITCH 3 IN OFF POSITION	1 C EJECTION 3 PARTIALLY EJECTED	1 C TRAPPED 3 FREED BY NON-MECHANICAL MEANS	1 B INJURIES 3 NON-INCAPACITATING
01 D SEATING POSITION 04 SECOND - LEFT (MC PASS)	04 D SAFETY EQUIPMENT 04 SHOULDERS LAP BELT	2 AIR BAG 4 DEPLOYED BOTH FRONT/REAR	4 D AIR BAG SWITCH 4 UNKNOWN	1 D EJECTION 4 NOT APPLICABLE	1 D TRAPPED 4 UNKNOWN	1 C INJURIES 4 INCAPACITATING
01 E SEATING POSITION 05 SECOND - MIDDLE	04 E SAFETY EQUIPMENT 05 CHILD SAFETY SEAT	2 AIR BAG 5 NOT APPLICABLE		1 E EJECTION 5 UNKNOWN		1 D INJURIES 5 FATAL INJURY
01 F SEATING POSITION 06 SECOND - RIGHT	04 F SAFETY EQUIPMENT 06 MC HELMET USED	2 AIR BAG 6 UNKNOWN				1 E INJURIES 6 UNKNOWN
01 G SEATING POSITION 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	04 G SAFETY EQUIPMENT 07 USE UNKNOWN					
01 H SEATING POSITION 08 THIRD - MIDDLE	04 H SAFETY EQUIPMENT 08 NONE/NOT-DETERMINED					
01 I SEATING POSITION 09 THIRD - RIGHT	04 I SAFETY EQUIPMENT 09 HELMET USED					
01 J SEATING POSITION 10 SLEEPER SECTION OF CAR	04 J SAFETY EQUIPMENT 10 NONE USED					
01 K SEATING POSITION 11 ENCLOSED CARGO AREA	04 K SAFETY EQUIPMENT 11 REFLECTIVE PADS					
01 L SEATING POSITION 12 UNENCLOSED CARGO AREA	04 L SAFETY EQUIPMENT 12 LIGHTING					
01 M SEATING POSITION 13 TRAILING UNIT	04 M SAFETY EQUIPMENT 13 OTHER					
01 N SEATING POSITION 14 EXTENSION	04 N SAFETY EQUIPMENT 14 UNKNOWN					
01 O SEATING POSITION 15 OTHER						

BLANK FOR WITHNESS SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS

01A 02B

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 ON TRAILS
 15 UNKNOWN

TYPE OF UNIT

06A 03B

- 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, 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/TRIFLES
 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 TAG
 28 MOTOR HOME
 29 TRAIN
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/FIDER
 36 ANIMAL W/NOGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

IN EMERGENCY RESPONSE

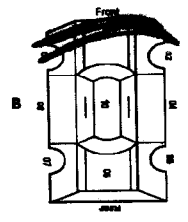
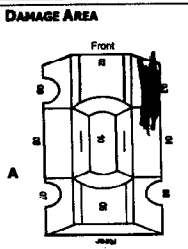
A B

- 1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE

4A 4B

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



MOST DAMAGED AREA

04A 02B

- 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

01A 02B

- 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

4A 3B

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

STRIKING VEHICLE: OVERIDE/ UNDERIDE

1A 1B

- 1 NO UNDERIDE OR OVERIDE
 2 UNDERIDE, COMPARTMENT INTRUSION
 3 UNDERIDE, NO COMPARTMENT INTRUSION
 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT
 6 OVERIDE, OTHER VEHICLE
 7 UNKNOWN

PRE-CRASH ACTIONS

01A 01B

- 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
- NON-MOTORIST**
- 14 UNKNOWN
 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

01A 03B

- 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/ACCDA
 09 IMPROPER LANE CHANGE/
 DROVE OFF ROAD/
 IMPROPER PASSING
 10 IMPROPER BACKING
 11 IMPROPER START FROM PARKED POSITION
 12 STOPPED ON PARKED ILLEGALLY
 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 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 "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 MOTOR TROUBLE
 10 DISABLED FROM PRIOR CRASH
 11 OTHER DEFECTS

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
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 13 UNKNOWN NON-COLLISION
 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 OTHER MOVABLE OBJECT
 24 UNKNOWN MOVABLE OBJECT
- COLLISION WITH FIXED OBJECT**
- 25 IMPACT ATTENUATOR/CRASH CUSHION
 26 BRIDGE OVERHEAD STRUCTURE
 27 BRIDGE PIEN ON STRUCTURE
 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/LUMINAIES 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

1A 1B

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

MOST HARMFUL EVENT

1A 1B

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

SPEED DETECTED

A B

- 1 STATED
 2 ESTIMATED SPEED

SPEED

A B

ALCOHOL TEST STATUS

1A 1B

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

ALCOHOL TEST TYPE

1A 1B

- 1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

POSTED SPEED

A B

TRAFFIC CONTROL

01A 02B

- 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

21 34

- 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, FAIMED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1A 1B

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

ALCOHOL TEST STATUS

1A 1B

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

ALCOHOL TEST TYPE

1A 1B

- 1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

A B

DRUG TEST STATUS

1A 1B

- 1 NONE
 2 TEST REFUSED
 3 TEST GIVEN, CONTAMINATED
 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

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

08

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

OCCURRENCE

1

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

ROAD CONTOUR

2

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

ROAD CONDITIONS

PRIMARY SECONDARY

03

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

SUPPLEMENT * "X" IF YES

LOCAL REPORT # *

10-010673

UNIT #1 WAS NORTH ON WIRT. UNIT #2 WAS EXITING THE MADISON EXPRESSWAY WEST BLVD. UNIT #2 SAID THROUGH THE STOP SIGN STRIKING 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 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		<p>Write an "N" on the compass diagram to indicate the direction of north.</p>
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 LANE CLOSURE 2 LANE SHIFTCROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 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 9 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 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 # # DIA

CARGO BODY TYPE <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 GRAVEL/CHESS/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	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 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

DATE CRASH REPORTED: 02262010 TIME REC CALL: 1903 DISPATCH: 1907 ARRIVED: 1909 CLEARED: 2140 OTHER: TOTAL MINUTES: 137

OFFICER'S NAME: BARBER BADGE #: 1044 CHECKED BY: J.P. GARCAR DATE REPORT FILED: 02272010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT 'X' IF YES: LOCAL REPORT #: