

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-017864

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HT/STIP
1 NOT HT/STIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
Youngstown Police

Units
02

UNIT #/HOUR
02

DATE OF CRASH *
04012010

TIME OF CRASH
1724

DAY OF WEEK
THU

CITY *
X

VILLAGE *
Youngstown

TWP *
50

COUNTY # *
50

LATITUDE
LONGITUDE

CRASH LOCATION
Hudson

TYPE LOC
1 NAMED STREET
2 NUMBERED STREET
3 NUMBERED ROUTE

CRASH REFERENCE
Indianola

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

PLACE NAME WHO REFERENCE
04 HIGHWAY NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME WHO REFERENCE
09 DIRECTION
10 STREET OR ROUTE WHO REFERENCE

Motorist/Non-Motorist

Unit # 1 of Occ. NAME (LAST, FIRST, MIDDLE)
A 0102 Masagara, J Dini Jessica

ADDRESS (STREET, CITY, STATE, ZIP CODE)
4780 Heritage Dr Confield, Oh 44406

DATE OF BIRTH AGE SEX HOME PHONE WORK PHONE #
04081993 16 F 330793-6782

DL STATE DL # LP STATE LP # INSURED 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)
Masagara, NDinzi 4780 Heritage Dr Confield, Oh 44406

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2002 Chevy Venture Beige Allstate

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

Unit # 2 of Occ. NAME (LAST, FIRST, MIDDLE)
B 0202 Wynn, Ray

ADDRESS (STREET, CITY, STATE, ZIP CODE)
604 Ferndale Ave Youngstown, Oh 44511

DATE OF BIRTH AGE SEX HOME PHONE WORK PHONE #
01201974 36 M 330599-1137

DL STATE DL # LP STATE LP # INSURED 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)
Jackson, Sherrell 604 Ferndale Youngstown, Oh 44511

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2000 Chevy Impala Silver

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

313.03(a)2 Disobeyed Stop light I 46227 X

Occupant

Unit # 1 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 Masagara, Monique 330793-6782 07271963 46 F

ADDRESS (STREET, CITY, STATE, ZIP CODE) INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
4780 Heritage Dr Confield, Oh 44406

Unit # 2 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 02 Jackson, Sherrell 3305991137 03191975 35 F

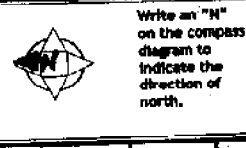
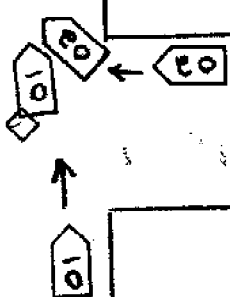
ADDRESS (STREET, CITY, STATE, ZIP CODE) INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
604 Ferndale Youngstown, Oh 44511

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE NON-INCAPACITATING
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FRIED BY NON-MECHANICAL MEANS	3 INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 FATAL INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 UNKNOWN
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NONE USED					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PAD					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTENSION	14 UNKNOWN					
15 OTHER						

BLANK FOR SUPPLEMENT * X IF YES

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01A"/> <input type="text" value="05B"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	A	B	2	2	3	3	4	4	POSTED SPEED <input type="text" value="25"/> <input type="text" value="25"/>	DRIVE TEST STATUS <input type="text" value="A"/> <input type="text" value="B"/>
A	B												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>		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/DROPPED IN TRAFFIC 12 DIVERGENT 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WHEELCHAIR 18 PUSHING VEHICLE 19 APPROXIMATELY LEAVING VEHICLE 20 PLATING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	TRAFFIC CONTROL <input type="text" value="04"/> <input type="text" value="04"/>	DRUG TEST TYPE <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>								
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	MOST DAMAGED AREA <input type="text" value="03"/> <input type="text" value="09B"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01A"/> <input type="text" value="03"/>	NON-COLLISION 01 OVERTAKE/ROLL-OVER 02 FIRE/EXPLOSION 03 IMPROPER 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD FRONT 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 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 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	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>								
TYPE OF UNIT <input type="text" value="05A"/> <input type="text" value="04B"/>	POINT OF IMPACT <input type="text" value="03"/> <input type="text" value="09B"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PARKING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERWANT, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, HAZARDOUS IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 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 FAILING TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILING TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	DIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="3"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
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 10 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK, 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BONNET) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FARM WHEEL OR CONVEYER DOLLY 18 TRACTOR/IMPLES 19 MOTORCYCLE 20 MOTORIZED BICYCLE 21 SCHOOL 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 SCHEDULED 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WIPPER 36 ANIMAL W/VEHICULAR 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/>	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DEBRIS DAMAGE 05 SEVERE 06 UNKNOWN	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
01 NONE 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON BLACK TIRES 08 TRAILER EQUIPMENT 09 DEFECTIVE 10 MOTOR TROUBLE 11 CRACKED FRONT FENDER 12 OTHER DEFECTS	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
SPEED DETECTED <input type="text" value="2"/> <input type="text" value="2"/>	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
SPEED <input type="text" value="05"/> <input type="text" value="A"/> <input type="text" value="05"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									
LOCAL REPORT # <input type="text" value="10-017864"/>	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="1"/> <input type="text" value="2"/>									

Car/Unit #1 was Traveling East on Indiana
 when Unit #2 Failed To Stop For The Red light
 at Hudson and Indiana. Unit #2 was Traveling
 North on Hudson turned east on Indiana
 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>
	Work Zone Related: <input checked="" 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 (FREEZING RAIN DRIZZLE) 06 SNOW 07 BEYOND CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
LIGHT CONDITIONS PRIMARY: <input checked="" type="checkbox"/> 1 SECONDARY: <input checked="" type="checkbox"/> 1 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
WORKINGS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		INDIANA Hudson

UNIT #

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.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 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 DAMAGING DAMAGE OR REQUIRED INTERVENEING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

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 #	EDL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 GRAN/CHEP/GRABEL <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 GARAGE/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
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Police Action

DATE CRASH REPORTED: 04012010 TIME REC CALL: 1724 DISPATCH: 1734 ARRIVED: 1739 CLEAR: 1839 OTHER: TOTAL MINUTES: 60

OFFICER'S NAME: George Anderson BADGE # : 1115 CHECKED BY: Blackburn DATE REPORT FILED: 04022010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SOME 2 STATION 3 OTHER SUPPLEMENT 'X' IF YES: LOCAL REPORT # : 10-017864