

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-018153

CRASH SEVERITY  
3 1 FATAL 3 POB  
2 HURTY 4 UNKNOWN

PRIVATE PROPERTY  
X YES  
HIT/SWIP  
1 NOT HIT/SWIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X YES  
DATE OF CRASH  
04022010

NOTICE #  
05009

REPORTING AGENCY #  
Youngstown Police 02

UNIT #  
02

UNIT ERROR  
08 = ANNUAL  
09 = UNKNOWN

TIME OF CRASH  
1907

DAY OF WEEK  
FRI

CITY \*  
Youngstown

VILLAGE \*  
Youngstown

ZIP \*  
50

COUNTY # \*  
50

CRASH LOCATION  
WICK AVE

TYPE LOCATION  
1 NAMED STREET  
2 NUMBERED STREET

TYPE LOCATION POINT USED  
1 NAMED STREET  
2 NUMBERED ROUTE  
3 NUMBERED STREET

CRASH LOCATION  
AT 524 WICK AVE

TYPE LOCATION  
04

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

UNIT # 01 OCC # 02 NAME (LAST, FIRST, MIDDLE) QUINN, MIKE  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 116 W. BOARDMAN ST YOUNGSTOWN, OH 44503

DATE OF BIRTH 10041978 SEX M HOME PHONE 3307428929 WORK PHONE

DL STATE OH EL # PS 231713 LP STATE OH CAR 14 ISSUED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MARKED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") CITY OF YOUNGSTOWN ADDRESS (STREET, CITY, STATE, ZIP CODE) 116 W. BOARDMAN ST

YEAR 2010 MAKE FORD MODEL CrownVic WH1 COLOR SPECIALTY TOWNSHIP SERVICE OWNER PHONE #

OFFENSE CHARGE UNSAFE LANE CHANGE LOCAL CODE? X

UNIT # 02 OCC # 03 NAME (LAST, FIRST, MIDDLE) SPIEGEL, LEONARD B  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 455 ARBOR CIRCLE YOUNGSTOWN, OH 44505

DATE OF BIRTH 05261929 SEX M HOME PHONE 3307590558 WORK PHONE

DL STATE OH EL # KM 982591 LP STATE OH S 586686 ISSUED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MARKED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2010 MAKE FORD MODEL FUSION WH1 COLOR STATE FARM TOWNSHIP SERVICE OWNER PHONE #

OFFENSE CHARGE UNSAFE LANE CHANGE LOCAL CODE? X

UNIT # 01 OCC # 01 NAME (LAST, FIRST, MIDDLE) GASIOR, VICTOR A  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 116 W. BOARDMAN ST YOUNGSTOWN OH

DATE OF BIRTH 07021972 SEX M HOME PHONE 3307428929 WORK PHONE

DL STATE OH EL # ISSUED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MARKED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2010 MAKE FORD MODEL FUSION WH1 COLOR STATE FARM TOWNSHIP SERVICE OWNER PHONE #

OFFENSE CHARGE UNSAFE LANE CHANGE LOCAL CODE? X

UNIT # 02 OCC # 02 NAME (LAST, FIRST, MIDDLE) COOPER, DELMA  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 461 ARBOR CIRCLE YOUNGSTOWN OH

DATE OF BIRTH 09161924 SEX F HOME PHONE 3307592710 WORK PHONE

DL STATE OH EL # ISSUED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MARKED TAKEN TO

| SEATING POSITION                       | SAFETY EQUIPMENT | ADR 340 | ADR 340 SWITCH | EJECTION | TRAPPED | INJURIES |
|--|------------------|---------|----------------|----------|---------|----------|
| 01 FRONT - LEFT (MC DRIVER)            | 04 SEATBELT      | 1A      | 1              | 1        | 1       | 1        |
| 02 FRONT - MIDDLE                      | 04 SEATBELT      | 1A      | 2              | 2        | 2       | 2        |
| 03 FRONT - RIGHT                       | 04 SEATBELT      | 1A      | 3              | 3        | 3       | 3        |
| 04 SECOND - LEFT (MC PASS)             | 04 SEATBELT      | 1B      | 4              | 4        | 4       | 4        |
| 05 SECOND - MIDDLE                     | 04 SEATBELT      | 1B      | 5              | 5        | 5       | 5        |
| 06 SECOND - RIGHT                      | 04 SEATBELT      | 1B      | 6              | 6        | 6       | 6        |
| 07 THIRD - LEFT (MC PASSENGER/2ND CAR) | 04 SEATBELT      | 1C      | 7              | 7        | 7       | 7        |
| 08 THIRD - MIDDLE                      | 04 SEATBELT      | 1C      | 8              | 8        | 8       | 8        |
| 09 THIRD - RIGHT                       | 04 SEATBELT      | 1C      | 9              | 9        | 9       | 9        |
| 10 SLEEPER SECTION OR CAB              | 04 SEATBELT      | 1D      | 10             | 10       | 10      | 10       |
| 11 ENCLOSED CARGO AREA                 | 04 SEATBELT      | 1D      | 11             | 11       | 11      | 11       |
| 12 UNENCLOSED CARGO AREA               | 04 SEATBELT      | 1D      | 12             | 12       | 12      | 12       |
| 13 TRAILING UNIT                       | 04 SEATBELT      | 1D      | 13             | 13       | 13      | 13       |
| 14 EXTERIOR                            | 04 SEATBELT      | 1D      | 14             | 14       | 14      | 14       |
| 15 OTHER                               | 04 SEATBELT      | 1D      | 15             | 15       | 15      | 15       |

Motorist/Non-Motorist

Occupant

SUPPLEMENT \*  
X IF YES

UNIT NUMBERS  
01 02

NON-MOTORIST LOCATION  
A B

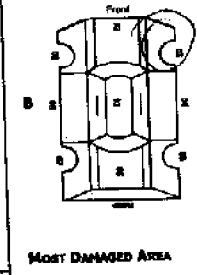
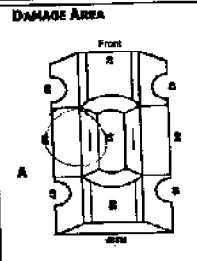
- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT  
04 03

- 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; 3+ AXLES
  - 11 TRACTOR
  - 12 TRUCK TRACTOR (BOBTAIL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHOT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTH WHEEL OR CONVERTER DOLLY
  - 17 TRACTOR/TRIPLES
  - 18 MOTORCYCLE
  - 19 MOTORIZED BICYCLE
  - 20 SCHOOL BUS
  - 21 CRUNCH 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/NO DRIVER
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER NON-MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
A B

DAMAGE SCALE  
3 3



MOST DAMAGED AREA  
08 03

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 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

POINT OF IMPACT  
08 03

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 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

ACTION  
4 3

STRIKING VEHICLE:  
OVERSIDE / UNDERSIDE  
A B

- 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  
01 03

- 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 DRIVELESS
  - 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 09

- 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 START FROM PARKED POSITION
  - 11 STOPPED OR PARKED ILLEGALLY
  - 12 OPERATING VEHICLE IN IMPAIRED, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
  - 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
  - 14 FAILURE TO CONTROL
  - 15 VISION OBSTRUCTION
  - 16 DRIVER INATTENTION
  - 17 FATIGUE/ASLEEP
  - 18 OPERATING DEFECTIVE EQUIPMENT
  - 19 LOAD SHIFTING/FALLING/SPILLING
  - 20 OTHER IMPROPER ACTION
  - 21 UNKNOWN
- NON-MOTORIST**
- 22 NONE
  - 23 IMPROPER CROSSING
  - 24 DARTING
  - 25 LYING AND/OR ILLEGALLY IN ROADWAY
  - 26 FAILING TO YIELD RIGHT OF WAY
  - 27 NOT VISIBLE (DARK CLOTHING)
  - 28 INATTENTIVE
  - 29 FAILING TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
  - 30 OTHER SIDE OF THE ROAD
  - 31 OTHER
  - 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 WORK ON SLACK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
20 20

NON-COLLISION  
01 OVERTURN/RULLOVER  
02 FIRE/EXPLOSION  
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 RUMBLAY  
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 ATTENUATOR/CHAIN 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  
A B  
1 1

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

MOST HARMFUL EVENT  
A B  
1 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (3-4)

SPEED DETECTED  
A B  
1 STATED  
2 ESTIMATED SPEED

SPEED  
A B

POSTED SPEED  
25 25

TRAFFIC CONTROL  
01 NO CONTROLS  
02 STOP SIGN  
03 YIELD SIGN  
04 TRAFFIC SIGNAL  
05 TRAFFIC FLASHERS  
06 SCHOOL ZONE  
07 RAILROAD CROSSINGS  
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, OBSCURED  
16 OTHER

DRUG TEST STATUS  
1 1

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

DRUG TEST TYPE  
A B  
1 1

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

DRUG TEST 1&2: RESULT  
A B  
1 2

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 ORATES
- 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 FIVE-POINT, ON RAMP
- 07 ON RAMP
- 08 OFF RAMP
- 09 OVERPASS
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

CONDITION  
A B  
1 1

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

ALCOHOL/DRUG SUSPECTED  
A B  
1 1

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

ALCOHOL TEST STATUS  
A B  
1 1

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

ALCOHOL TEST TYPE  
A B  
1 NONE 4 BREATH  
2 BLOOD 5 OTHER  
3 URINE

ALCOHOL TEST RESULT  
A B

ROAD CONTOUR  
2

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

ROAD CONDITIONS  
PRIMARY SECONDARY  
01 01

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

SUPPLEMENT \* X" IF YES  
LOCAL REPORT # \*  
10-018153

UNIT 1 WAS TRAVELING SOUTH BOUND ON WICK AVE. UNIT 2 WAS TRAVELING SOUTH BOUND ON WICK AVE. UNIT 2 CHANGED LANES AND SIDE SWIPED UNIT 1.

~~DRAWN NOT TO SCALE~~



Write an "N" on the compass diagram to indicate the direction of north.

MANNER OF COLLISION OR IMPACT  
**7**  
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKING  
 6 ANGLE  
 7 SIDEWIFE, SAME DIRECTION  
 8 SIDEWIFE, OPPOSITE DIRECTION  
 9 UNKNOWN

SCHOOL BUS RELATED  
**1**  
 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

WORK ZONE RELATED  
**1**  
 1 NO  
 2 YES  
 3 UNKNOWN

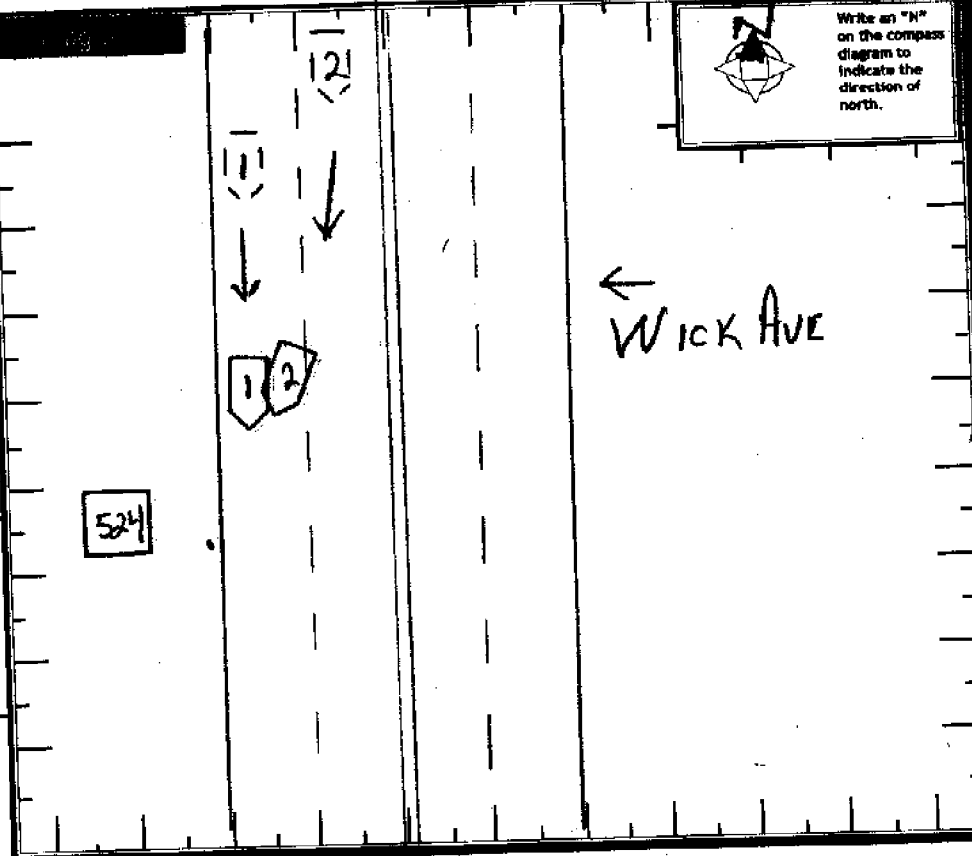
TYPE OF WORK ZONE  
**1**  
 1 LANE CLOSURE  
 2 LANE SHIFTS/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIAN  
 4 INTERMITTENT MOVING WORK  
 5 OTHER

LOCATION OF CRASH IN WORK ZONE  
**1**  
 1 BEFORE FIRST WORK ZONE WARNING SIGN  
 2 ADVANCE WARNING AREA  
 3 TRANSITION AREA  
 4 ACTIVITY AREA

WORKERS PRESENT  
**1**  
 1 NO  
 2 YES  
 3 UNKNOWN

WEATHER  
**01**  
 01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, BRICK  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

LIGHT CONDITIONS  
 PRIMARY SECONDARY  
**1 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



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 DRIBBLING 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  PUCC  TRAILER LP ST.  TRAILER LP YEAR  TRAILER LP #  PLACARD #  IGA

|  |   |   |  |   |  |  |
|--|---|---|--|---|--|--|
| CARGO BODY TYPE<br><input type="checkbox"/> 01 NOT APPLICABLE<br><input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)<br><input type="checkbox"/> 03 VAN/ENCLOSED BOX<br><input type="checkbox"/> 04 GRAB/CRANE/RAVEL | 05 POLE<br>06 CARGO TANK<br>07 FLATBED<br>08 DUMP | 09 CONCRETE MIXER<br>10 AUTO TRANSPORTER<br>11 GARBAGE/REFUSE<br>12 OTHER<br>13 UNKNOWN | Weight (GVWR)<br><input type="checkbox"/> 1 LESS/EQUAL 10,000<br><input type="checkbox"/> 2 10,001 - 26,000<br><input type="checkbox"/> 3 MORE THAN 26,000 | CDL Class<br><input type="checkbox"/> 1 CLASS A<br><input type="checkbox"/> 2 CLASS B<br><input type="checkbox"/> 3 CLASS C<br><input type="checkbox"/> 4 CLASS III<br><input type="checkbox"/> 5 CLASS D | Hazardous Materials Placard<br><input type="checkbox"/> 1 No<br><input type="checkbox"/> 2 Yes<br><input type="checkbox"/> 3 Unknown | Hazardous Materials Released<br><input type="checkbox"/> 1 No<br><input type="checkbox"/> 2 Yes<br><input type="checkbox"/> 3 NOT APPLICABLE<br><input type="checkbox"/> 4 UNKNOWN |
|--|---|---|--|---|--|--|

DATE CRASH REPORTED  TIME REC CALX  DISPATCH  ARRIVED  CLEARED  OTHER  TOTAL MINUTES

OFFICER'S NAME  RATED BY  CHECKED BY  DATE REPORT FILED

REPORT TAKEN BY  1 POLICE AGENCY  2 MOVEMENT  REPORT TAKEN AT  1 SCENE  2 STATION  SUPPLEMENT "X" IF YES  LOCAL REPORT #