

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-019950

CRASH SEVERITY
3 1 FATAL 3 FRO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES
HIT/SKID
1 NOT HIT/SKID 2 SOLID 3 UNKNOLED

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
51009

REPORTING AGENCY *
Youngstown

UNITS
01
UNIT ERROR
01 00 = ANIMAL 00 = UNKNOWN

DATE OF CRASH *
04/09/2010

TITLE OF CRASH
19104
DAY OF WEEK
FRI
CITY *
X
VILLAGE *
TWP *
NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown
COUNTY # *
50

TYPE LOC
01
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
REFERENCE POINT USED
01 STATE LINE 04 HOUSE NUMBER 06 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 08 DRIVEWAY
03 COUNTY LINE 06 MILE POST 09 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

UNIT #
A 01
OF OCC.
01
NAME (LAST, FIRST, MIDDLE)
Wright, Tevin
ADDRESS (STREET, CITY, STATE, ZIP CODE)
4008 Howard St. Youngstown OH 44511

DATE OF BIRTH
07/19/1990
AGE
19
SEX
M
INSURED TAKEN BY
NONE
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY
INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
"SAME"
ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR
1918
MAKE
Chevy
MODEL
Monte Carlo
COLOR
Red
INSURANCE COMPANY
NONE
TOWING SERVICE
Cudts
OWNER PHONE #
CITATION #
313.01
Disbury Traffic Control Dev. I46366
LOCAL CODE? X IF YES

UNIT #
B
OF OCC.
NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH
AGE
SEX
DC STATE
DC #
LP STATE
LP #
INSURED TAKEN BY
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY
INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR
MAKE
MODEL
COLOR
INSURANCE COMPANY
TOWING SERVICE
OWNER PHONE #
CITATION #
LOCAL CODE? X IF YES

UNIT #
C
OF OCC.
NAME (LAST, FIRST, MIDDLE)
HOME PHONE #
DATE OF BIRTH
AGE
SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INSURED TAKEN BY
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY
INSURED TAKEN TO

UNIT #
D
OF OCC.
NAME (LAST, FIRST, MIDDLE)
HOME PHONE #
DATE OF BIRTH
AGE
SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INSURED TAKEN BY
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY
INSURED TAKEN TO

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 TRAILER UNIT 14 EXTENSION 15 OTHER	SAFETY EQUIPMENT 01 MICHIGAN 02 SHOULDERS BELT ONLY 03 LAP BELT ONLY 04 SHOULDERS/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 Use UNKNOWN 08 NON-EFFECTIVE 09 NONE USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-PARTIAL 3 DEPLOYED-FULL 4 DEPLOYED BOTH FRONT/REAR 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 3 FREED BY NON-MECHANICAL 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
---	--	---	---	--	--	--

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

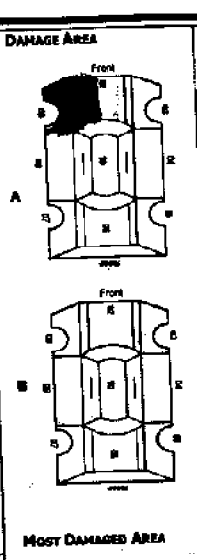
Motorist/Non-Motorist

Occupant

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 SHOULD USE PATHS OR TRAILS
 15 UNKNOWN



PRE-CRASH ACTIONS
 01 [] [] [] []

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, RUBBING, JOGGING, PLAYING, CYCLING
 17 WORKING
 18 PUSHING VEHICLE
 19 APPROACHING/LEAVING VEHICLE
 20 SLIPPING/MOVING ON VEHICLE
 21 STANDING
 22 OTHER
 23 UNKNOWN

SEQUENCE OF EVENTS

A	30	B	1
			2
			3
			4

Non-COLLISION
 01 OVERTURN/FELLOVER
 02 FIRE/EXPLOSION
 03 HARBORING
 04 JACKKNIFE
 05 CARGO/EQUIPMENT LOSS/DROPT
 06 EQUIPMENT FAILURE
 07 SEPARATION OF UNITS
 08 RAN OFF ROAD FRONT
 09 RAN OFF ROAD LEFT
 10 CROSS MEDIAN/CENTERLINE
 11 DORNIER RUNWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION

COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT COVERED BY OTHER CODES
 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 VEHICLE
 24 UNKNOWN TRAFFIC OBJECT

COLLISION WITH FIXED OBJECT
 25 IMPACT ATTENUATOR/CRAASH 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 OVERHANG 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

POSTED SPEED
 A [] [] [] []
 B [] [] [] []

TRAFFIC CONTROL
 01 [] [] [] []

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 BARRIAGE
 13 CROSSWALK LINES
 14 WALKDOWN/WALK SIGNAL
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
 16 OTHER

DIRECTION
 FROM TO FROM TO
 01 [] [] [] []
 02 [] [] [] []

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

DRUG TEST STATUS
 A [] [] [] []
 B [] [] [] []

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 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1&2 RESULT
 A [] [] [] []
 B [] [] [] []

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

TYPE OF UNIT
 01 [] [] [] []

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 (SEMI-TRAIL)
 13 TRACTOR/SEMI-TRAILER
 14 TRACTOR/DOUBLE SHORT
 15 TRACTOR/DOUBLE LONG
 16 FIFTH WHEEL OR CONVERTIBLE DOLLY
 17 TRACTOR/TRIPLES
 18 MOTORCYCLE
 19 MOTORISED 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 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

Non-MOTORIST
 35 ANIMAL W/DRIVER
 36 ANIMAL W/O DRIVER
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

POINT OF IMPACT
 01 [] [] [] []

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

CONTRIBUTING CIRCUMSTANCES
 01 [] [] [] []

MOTORIST
 01 NONE
 02 FAILURE TO YIELD
 03 RAN RED LIGHT, ON STOP SIGN
 04 EXCEEDED SPEED LIMIT
 05 UNSAFE SPEED
 06 IMPROPER TURN
 07 LEFT OF CENTER
 08 FOLLOWED TOO CLOSELY/CADDA
 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, NEGLIGENT OR AGGRESSIVE MANNER
 14 SWERVED 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 AHEAD/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

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
 A [] [] [] []
 B [] [] [] []

1 STATED
 2 ESTIMATED SPEED

SPEED
 A [] [] [] []
 B [] [] [] []

CONDITION
 A [] [] [] []
 B [] [] [] []

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 BIOTRICAL
 4 LUNGE
 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUGS SUSPECTED
 A [] [] [] []
 B [] [] [] []

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

ALCOHOL TEST STATUS
 A [] [] [] []
 B [] [] [] []

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
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 A [] [] [] []
 B [] [] [] []

TYPE OF INTERSECTION
 01 [] [] [] []

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

OCCURRENCE
 A [] [] [] []
 B [] [] [] []

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

ROAD CONTOUR
 A [] [] [] []
 B [] [] [] []

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

IN EMERGENCY RESPONSE
 A [] [] [] []
 B [] [] [] []

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 A [] [] [] []
 B [] [] [] []

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

ACTION
 A [] [] [] []
 B [] [] [] []

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

STRUCK VEHICLE: OVERSIDE / UNDERSLIDE
 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

VEHICLE DEFECT CODES (ONLY IF "1B" SELECTED ABOVE)
 A [] [] [] []
 B [] [] [] []

01 TURN SIGNALS
 02 HEAD LAMPS
 03 TAIL LAMPS
 04 BRAKES
 05 STEERING
 06 TIRE BLOWOUT
 07 WORN OR SLEEK TIRES
 08 TRAILER EQUIPMENT DEFECTIVE
 09 MOTOR TROUBLE
 10 DISABLED FROM PREVIOUS CRASH
 11 OTHER DEFECTS

SPEED
 A [] [] [] []
 B [] [] [] []

SUPPLEMENT #
 A [] [] [] []
 B [] [] [] []

LOCAL REPORT # *
 10-019950

DRUG TEST STATUS
 A [] [] [] []
 B [] [] [] []

DRUG TEST TYPE
 A [] [] [] []
 B [] [] [] []

DRUG TEST 1&2 RESULT
 A [] [] [] []
 B [] [] [] []

TYPE OF INTERSECTION
 A [] [] [] []
 B [] [] [] []

OCCURRENCE
 A [] [] [] []
 B [] [] [] []

ROAD CONDITIONS
 PRIMARY [] [] [] []
 SECONDARY [] [] [] []

01 DRY
 02 WET
 03 SNOW
 04 ICE
 05 SAND, MUD, DIRT, OL, GRAVEL
 06 WATER (STANDING, FLOWING)
 07 SLUSH
 08 OIL/GREASE
 09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT **
 10 OTHER
 11 UNKNOWN
 **Secondary Rdn Conditions Only

Unit 1 was traveling west bound on old furnace. Unit 1's brakes would not work. Unit 1 ran the stop sign at Bears Den and old furnace. Unit 1 struck the guard rail and landed in the front yard of 1734 Bears Den.

MANNER OF COLLISION OR IMPACT

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

SCHOOL BUS RELATED

- 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

- 1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

- 1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 IMPROVEMENT/ MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

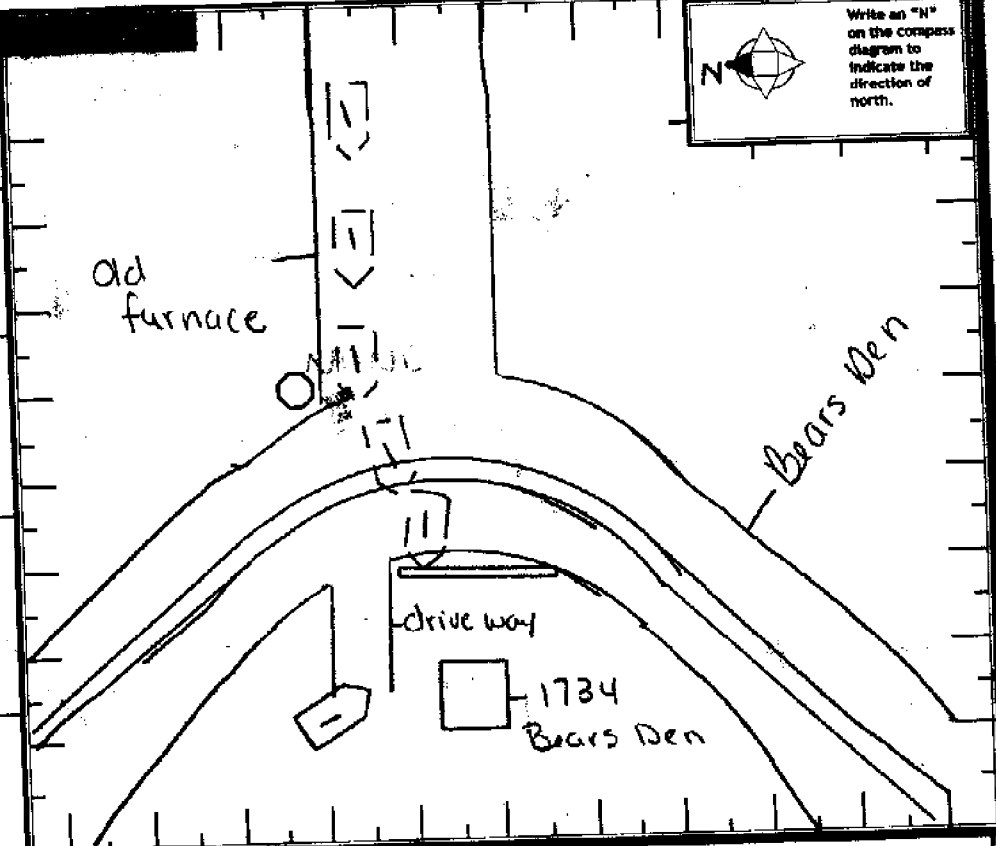
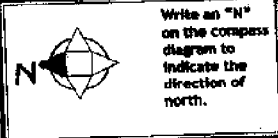
- 1 NO
 2 YES
 3 UNKNOWN

WEATHER

- 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

LIGHT CONDITIONS

- PRIMARY SECONDARY
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 CLARE
 8 OTHER
 9 UNKNOWN



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.

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 DISABLING 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 # 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 GRAN/CHEMP/GRAYEL	POLE <input type="checkbox"/> 05 CARGO TANK <input type="checkbox"/> 06 FLATBED <input type="checkbox"/> 07 DUMP <input type="checkbox"/> 08	CONCRETE MIXER <input type="checkbox"/> 09 AUTO TRANSPORTER <input type="checkbox"/> 10 GARBAGE/REFUSE <input type="checkbox"/> 11 OTHER <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	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

DATE CRASH REPORTED: 04/09/2010 TIME REC CALL: 11904 DISPATCH: 1908 ARRIVED: 1910 CLEARED: 2108 OTHER: TOTAL MINUTES: 1120

OFFICER'S NAME: SOT BADES #: 1113 CHECKED BY: B.P. GARCIA DATE REPORT FILED #: 04/10/2010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION LOCAL REPORT #: 10-019950