

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *
10-020153

CRASH SEVERITY
3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
05009

REPORTING AGENCY #
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
02 00 = ANIMAL 00 = UNKNOWN

DATE OF CRASH *
04/10/2010

TIME OF CRASH
1656 SAT X

CITY * VILLAGE * TWP *
YOUNGSTOWN

COUNTY # * LATITUDE LONGITUDE
50

CRASH LOCATION
S.R. 170

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

EAST MIDWAY

REFERENCE POINT USED
SOUTHERN BLVD

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

04 HOME NUMBER 05 PLACE NAME W/O REFERENCE 06 TOWNSHIP BOUNDARY 08 DRIVEWAY 09 MILE POST 10 STREET ON ROUTE W/O REFERENCE 07 CORPORATION LIMIT

UNIT # 1 # OF OCC. 2
A 01 02 NAME (LAST, FIRST, MIDDLE)
BENSON, LATRICKA L
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1266 BELLE WISE RD WOODBRIDGE, VA 22191

DATE OF BIRTH 01/30/1973 AGE 37 SEX F HOME PHONE 703-578-4951

DL STATE VA DL # A61-34-8193 LP STATE VA LP # KM2-621 INURED TAKEN BY 1 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 2003 MAKE FORD MODEL EXPLORER LT. 1300 COLOR PROGRESSIVE INS. TOWING SERVICE OWNER PHONE # 330-578-4951

UNIT # 2 # OF OCC. 1
B 02 01 NAME (LAST, FIRST, MIDDLE)
MARTIN, ROBERT JR
ADDRESS (STREET, CITY, STATE, ZIP CODE)
360 CANTON ROAD WINTERSVILLE, OH 43913

DATE OF BIRTH 04/26/1987 AGE 22 SEX M HOME PHONE 70-317-8496

DL STATE OH DL # ST073038 LP STATE OH LP # DAN-8873 INURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MARKED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") MARTIN, ROBERT ADDRESS (STREET, CITY, STATE, ZIP CODE) 360 CANTON ROAD WINTERSVILLE, OH 43913

YEAR 1999 MAKE PONTIAC MODEL Grand am RED PERMANENT GEN. TOWING SERVICE OWNER PHONE # 70-317-8496

UNIT # 3 # OF OCC. 1
C 01 NAME (LAST, FIRST, MIDDLE)
BENSON, DOMINIC
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1266 BELLE WISE RD WOODBRIDGE, VA 22191

DATE OF BIRTH 10/12/1997 AGE 12 SEX M HOME PHONE 330-578-4951

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

| SEATING POSITION | | SAFETY EQUIPMENT | | AIR BAG | | AIR BAG SWITCH | | EJECTION | | TRAPPED | | INJURIES | |
|------------------|---|------------------|------------------------|---------|----------------------------|----------------|-------------------|----------|---------------------|---------|----------------------------------|----------|----------------------|
| 01 | 01 FRONT - LEFT (MC DRIVER) | 04 | 01 NONE USED | 1 | 1 NOT-DEPLOYED | 4 | 1 NOT PRESENT | 1 | 1 NOT EJECTED | 1 | 1 NOT TRAPPED | 2 | 1 NO INJURY |
| 01 | 02 FRONT - MIDDLE | 04 | 02 SHOULDERS BELT ONLY | 1 | 2 DEPLOYED-FRONT | 4 | 2 IN ON POSITION | 1 | 2 TOTALLY EJECTED | 1 | 2 EXTRICATED BY MECHANICAL MEANS | 7 | 2 POSSIBLE |
| 01 | 03 FRONT - RIGHT | 04 | 03 LAP BELT ONLY | 1 | 3 DEPLOYED-SIDE | 4 | 3 IN OFF POSITION | 1 | 3 PARTIALLY EJECTED | 1 | 3 MECHANICAL MEANS | 7 | 3 NON-INCAPACITATING |
| 04 | 04 SECOND - LEFT (MC PASS) | 04 | 04 SHOULDERS LAP BELT | 1 | 4 DEPLOYED BOTH FRONT/SIDE | 4 | 4 UNKNOWN | 1 | 4 NOT APPLICABLE | 1 | 4 NON-MECHANICAL MEANS | 7 | 4 INCAPACITATING |
| 04 | 05 SECOND - MIDDLE | 04 | 05 CHILD SAFETY SEAT | 1 | 5 NOT APPLICABLE | 4 | 5 UNKNOWN | 1 | 5 UNKNOWN | 1 | 5 UNKNOW | 2 | 5 FATAL INJURY |
| 04 | 06 SECOND - RIGHT | 04 | 06 MC HELMET USED | 1 | 6 UNKNOWN | 4 | 6 UNKNOWN | 1 | 6 UNKNOWN | 1 | 6 UNKNOWN | 2 | 6 UNKNOWN |
| 04 | 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) | 04 | 07 USE UNKNOWN | 1 | 7 UNKNOWN | 4 | 7 UNKNOWN | 1 | 7 UNKNOWN | 1 | 7 UNKNOWN | 2 | 7 UNKNOWN |
| 04 | 08 THIRD - MIDDLE | 04 | 08 NONE USED | 1 | 8 UNKNOWN | 4 | 8 UNKNOWN | 1 | 8 UNKNOWN | 1 | 8 UNKNOWN | 2 | 8 UNKNOWN |
| 04 | 09 THIRD - RIGHT | 04 | 09 HELMET USED | 1 | 9 UNKNOWN | 4 | 9 UNKNOWN | 1 | 9 UNKNOWN | 1 | 9 UNKNOWN | 2 | 9 UNKNOWN |
| 04 | 10 SLEEPER SECTION OF CAR | 04 | 10 PROTECTIVE PADS | 1 | 10 UNKNOWN | 4 | 10 UNKNOWN | 1 | 10 UNKNOWN | 1 | 10 UNKNOWN | 2 | 10 UNKNOWN |
| 04 | 11 ENCLOSED CARGO AREA | 04 | 11 REFLECTIVE CLOTHING | 1 | 11 UNKNOWN | 4 | 11 UNKNOWN | 1 | 11 UNKNOWN | 1 | 11 UNKNOWN | 2 | 11 UNKNOWN |
| 04 | 12 UNENCLOSED CARGO AREA | 04 | 12 LIGHTING | 1 | 12 UNKNOWN | 4 | 12 UNKNOWN | 1 | 12 UNKNOWN | 1 | 12 UNKNOWN | 2 | 12 UNKNOWN |
| 04 | 13 TRAILING UNIT | 04 | 13 OTHER | 1 | 13 UNKNOWN | 4 | 13 UNKNOWN | 1 | 13 UNKNOWN | 1 | 13 UNKNOWN | 2 | 13 UNKNOWN |
| 04 | 14 EXTERIOR | 04 | 14 UNKNOWN | 1 | 14 UNKNOWN | 4 | 14 UNKNOWN | 1 | 14 UNKNOWN | 1 | 14 UNKNOWN | 2 | 14 UNKNOWN |
| 04 | 15 OTHER | 04 | 15 UNKNOWN | 1 | 15 UNKNOWN | 4 | 15 UNKNOWN | 1 | 15 UNKNOWN | 1 | 15 UNKNOWN | 2 | 15 UNKNOWN |
| 04 | 16 NON-MOTORIST | 04 | 16 UNKNOWN | 1 | 16 UNKNOWN | 4 | 16 UNKNOWN | 1 | 16 UNKNOWN | 1 | 16 UNKNOWN | 2 | 16 UNKNOWN |

Motorist/Non-Motorist

Occupant

SUPPLEMENT #

UNIT NUMBERS
01 A 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
06 02

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, 5 TIRES
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BORTAL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHOOT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRIPLES
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 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS

NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/DRUGGY
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
3 3

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

DAMAGE AREA

MOST DAMAGED AREA
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
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 3

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

STRUCK VEHICLE: OVERRIDE/ UNDERIDE
A B

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

PRE-CRASH ACTIONS
11 A 01 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/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 08

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 BACKING
10 IMPROPER START FROM PARKED POSITION
11 STOPPED OR PARKED ILLEGALLY
12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER
14 SURVEYED 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 SHIFTS/FALLING/BILLING
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 BY '19' 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 CHAIN
11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
20 20
2 2
3 3
4 4

NON-COLLISION
01 OVERTURN/FOLLOWER
02 FIRE/EXPLOSION
03 IMMERSION
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
14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT PRIOR
15 PEDESTRIAN
16 PEDALCYCLE
17 RAILWAY VEHICLE
18 ANIMAL - FARM
19 ANIMAL - DEER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
22 PARKED MOTOR VEHICLE
23 WORK ZONE MAINTENANCE EQUIPMENT
24 OTHER MOVABLE OBJECT
25 UNKNOWN MOVABLE OBJECT
26 COLLISION WITH FIXED OBJECT
27 IMPACT ATTENUATOR/CRASH CUSHION
28 BRIDGE OVERHEAD STRUCTURE
29 BRIDGE PIER OR ABUTMENT
30 BRIDGE PARAPET
31 BRIDGE RAIL
32 GUARDRAIL FACE
33 GUARDRAIL END
34 MEDIAN BARRIER
35 HIGHWAY TRAFFIC SIGN POST
36 OVERHEAD SIGN POST
37 LIGHT/LUMINAIRE SUPPORT
38 UTILITY POLE
39 OTHER POST, POLE OR SUPPORT
40 CURB
41 DITCH
42 EMBANKMENT
43 FENCE
44 MAILBOX
45 TREE
46 OTHER FIXED OBJECT
47 WORK ZONE MAINTENANCE EQUIPMENT
48 UNKNOWN FIXED OBJECT
49 OTHER
50 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 (1-4)

SPEED DETECTED
A B
1 1

1 STATED
2 ESTIMATED SPEED

SPEED
A B
0 10

POSTED SPEED
35 A 35 B

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

TRAFFIC CONTROL
04 A 04 B

DIRECTION
FROM TO FROM TO
4 3 4 3

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 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 MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED
A B
1 1

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HED 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 1

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B
1 1

DRUG 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

DRUG TEST TYPE
A B
1 1

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT
A B
1 1

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

TYPE OF INTERSECTION
02

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 INTERSECTION/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

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

ROAD CONTOUR
1

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

ROAD CONDITIONS
PRIMARY SECONDARY
01 01

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

**SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # * * LOCAL REPORT # * *
10-0201357

UNIT #1 WAS STOPPED IN TRAFFIC IN THE PASSING LANE OF S.R. 170 (EAST MEDICATION BLVD) EASTBOUND AT SOUTHERN BLVD. UNIT #2 WAS TRAVELING DIRECTLY BEHIND UNIT #1. UNIT #2 FAILED TO STOP IN ASSURED CLEAR DISTANCE AND STRUCK UNIT #1. UNIT #1 WAS STOPPED IN TRAFFIC FOR A STEADY RED SIGNAL WITH TRAFFIC IN FRONT ON S.R. 170 AT SOUTHERN BLVD.

| | | | |
|---|--|--|---|
| NUMBER OF COLLISION OR IMPACT <input type="checkbox"/> 1 <input checked="" 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 | SCHOOL BUS RELATED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | Write an "N" on the compass diagram to indicate the direction of north. |
| WEATHER <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 | WORK ZONE RELATED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | |
| LIGHT CONDITIONS PRIMARY: <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 SECONDARY: <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 | 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 | | |

| | | |
|---|---|--|
| UNIT # <input type="text"/> | COMPANY (FROM SHIPPING PAPERS) <input type="text"/> | COMPANY PHONE <input type="text"/> |
| ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/> | | |

| | | | | | | | |
|--|--|---|--|--|--|---|------------------------------------|
| US DOT <input type="text"/> | ICC MC <input type="text"/> | PUCO <input type="text"/> | TRAILER LP ST. <input type="text"/> | TRAILER LP YEAR <input type="text"/> | TRAILER LP # <input type="text"/> | PLACARD # <input type="text"/> | PLA <input type="text"/> |
| CARGO BODY TYPE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 | <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 | <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 | Weight (GVWR) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | CDL Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | Hazardous Materials Placard <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | Hazardous Materials Released <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |

Police Action

| | | | | | | | |
|--|------------------------------|--|--|--|--------------------------------------|----------------------------|--|
| DATE CRASH REPORTED 04102010 | TIME REC CALL 1656 | DISPATCH 1657 | ARRIVED 1705 | CLEARED 1820 | OTHER <input type="text"/> | TOTAL MINUTES 84 | |
| OFFICER'S NAME # PRM. B. GATTNER | BADGE # * 1076 | CHECKED BY | DATE REPORT FILED # 04112010 | REPORT TAKEN BY <input type="checkbox"/> 1 1 POLICE AGENCY <input type="checkbox"/> 2 2 MOTORIST | | | REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 2 STATION <input type="checkbox"/> 3 3 OTHER |
| REPORT TAKEN AT <input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 2 STATION <input type="checkbox"/> 3 3 OTHER | | SUPPLEMENT "X" IF YES * <input type="checkbox"/> | LOCAL REPORT # * 10-020135 | | | | |