

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-020843

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
1

PHOTOS TAKEN
X
IF YES

OH-2 OH-3 OH-1P CODE
X

H.C.L.C.# *
05009

REPORTING AGENCY *
Youngstown PD

UNITS
02

UNIT ERROR
99
00 = ANNUAL
09 = UNKNOWN

DATE OF CRASH *
04/30/10

TIME OF CRASH
1912

DAY OF WEEK
TUE

CITY *
X

VILLAGE *
TWP *
NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

COUNTY # *
50

LATITUDE
LONGITUDE

FROM WHICH LOCATION
F6th

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

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

TO WHICH LOCATION
Huntington

POINT USED
02

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

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)
A 01 01 Martin, SHAMOND L
ADDRESS (STREET, CITY, STATE, ZIP CODE)
2344 E Moholman Youngstown, Oh 44505

DATE OF BIRTH
11/19/1981

DL STATE DL # LP STATE LP # INSURED TAKEN BY
OH RT984265 OH DFB6195

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE OWNERS PHONE #
1999 Pontiac Grand Prix White Titus Luob

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

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)
B 02 01 Collins, MICHAEL W
ADDRESS (STREET, CITY, STATE, ZIP CODE)
9414 Boardman Drive SE Warren, Oh 44484

DATE OF BIRTH
11/12/1980

DL STATE DL # LP STATE LP # INSURED TAKEN BY
OH RT297818 OH DC5663

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE OWNERS PHONE #
2003 Chevy Impala Bronze Progressive Champ

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

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AUC SEX
C

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
1 None 4 Other 2 EMS 5 UNKNOWN 3 POLICE

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AUC SEX
D

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
1 None 4 Other 2 EMS 5 UNKNOWN 3 POLICE

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
08 THIRD - MIDDLE (MC PASSENGER/SEAT CAR)
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 Non-Motorist

SAFETY EQUIPMENT
01 None Used
02 Buckle-up Belt Only
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 Child Safety Seat
06 MC HELMET Used
07 Helm Unknown
08 None Used
09 HELMET Used
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

AIR BAG
1 NOT-DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-BACK
4 DEPLOYED BOTH FRONT/BACK
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 EXTINGUISHED BY MEANS
3 FREED BY MEANS
4 UNKNOWN
MEANS
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLAME FOR WITNESS SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01_A 02_B

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
03_A 03_B

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; 2+ 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/EMPLE
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 WILDLIFE
36 ANIMAL WILDLIFE
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

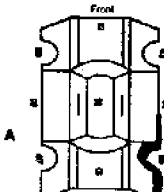
IN EMERGENCY RESPONSE
1_A 1_B

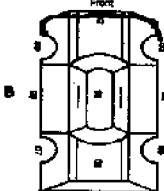
1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
4_A 3_B

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

DAMAGE AREA

Front

 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Front

 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

MOST DAMAGED AREA
05_A 02_B

01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 FRONT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
11 LIFT/TRAILER
12 TIRE (ALL TIRES)
13 OTHER
14 UNKNOWN

POINT OF IMPACT
05_A 02_B

01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 FRONT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
11 LIFT/TRAILER
12 TOTAL (ALL AREAS)
13 OTHER
14 UNKNOWN

ACTION
4_A 3_B

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

STRIKING VEHICLE/ OVERSIDE/ UNDERSIDE
A B

1 NO UNDERSIDE OR OVERSIDE
2 UNDERSIDE, COMPARTMENT INTERIORS
3 UNDERSIDE, NO COMPARTMENT INTERIORS
4 UNDERSIDE, COMPARTMENT INTERIORS UNKNOWN
5 OVERSIDE, BOTH VEHICLE IN TRANSPORT
6 OVERSIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS
01_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 DRIVING LESS
13 OTHER
14 UNKNOWN

NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROXIMATING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
23_A 23_B

MOTORIST
01 NONE
02 FAILING 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/ACDIA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING/ IMPROPER BACKING
10 IMPROPER START FROM PARKED POSITION
11 STOPPED OR PARKED ILLEGALLY
12 OPERATING VEHICLE IN IMPAIRED, RECKLESS, CARELESS, ABUSIVE OR AGGRESSIVE MANNER
13 BURNING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
14 FAILURE TO CONTROL
15 VISION OBSTRUCTION
16 DRIVER DISTRACTION
17 FATIGUE/SLEEP
18 OPERATING DEFECTIVE EQUIPMENT
19 LONG SWIFTS/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 FAILURE TO YIELD FRONT OF WAY
27 NOT VISIBLE (DARK CLOTHING)
28 INATTENTIVE
29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
30 WRONG SIDE OF THE ROAD
31 OTHER
32 UNKNOWN

VEHICLE DEFECT CODE (ONLY "A" OR "B" SELECTED ABOVE)
A B

01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORK ON BLACK 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/FOLLOVER
02 FIRE/EXPLOSION
03 IMPROPER
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
13 UNKNOWN NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT FIRST PEDITED
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 ATTENUATION/CRASH CUMBER
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PEN ON ADJUTMENT
28 BRIDGE PARAPET
29 BRIDGE RAIL
30 QUADRANT FACE
31 QUADRANT 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 MAILOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT
1_A 1_B

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

MOST HARMFUL EVENT
1_A 1_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

POSTED SPEED
35_A 35_B

TRAFFIC CONTROL
04_A 04_B

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 BARRIAGE
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
2 1 3 4

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

CONDITION
1_A 1_B

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

ALCOHOL/DRUG SUSPECTED
1_A 1_B

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

ALCOHOL TEST STATUS
1_A 1_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
1_A 1_B

1 NONE
4 BREATH
2 BLOOD
5 OTHER
3 URINE

ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
1_A 1_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
1_A 1_B

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST I.B.I. RESULT
A B
1 2 1 2

1 NONE
2 MARIJUANA
3 COCAINE
4 OPYATES
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 TRAFFIC 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
2


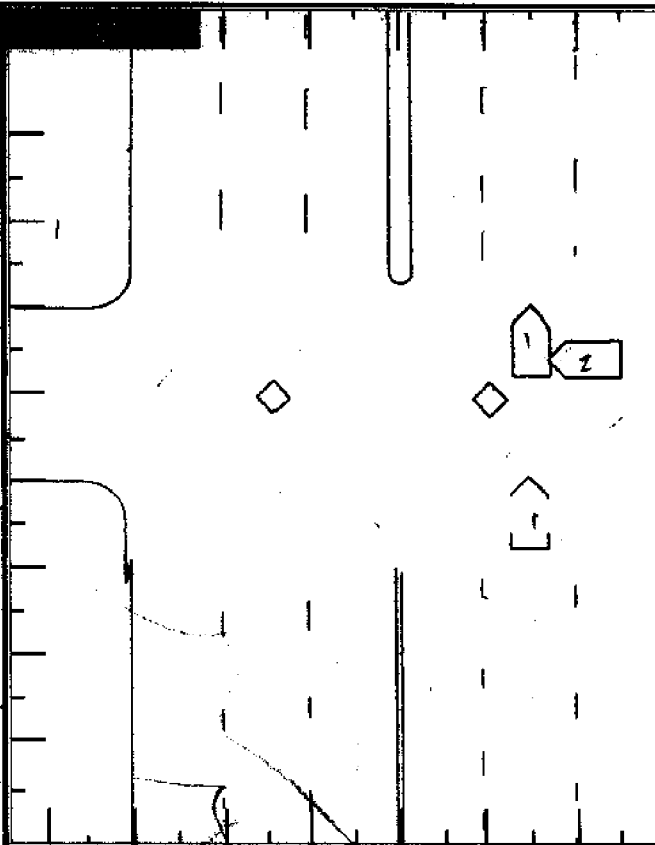
1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

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 RUT, HOLES, BUMPS, UNEVEN PAVEMENT **
10 OTHER
11 UNKNOWN
****SECONDARY ROAD CONDITIONS ONLY**

SUPPLEMENT * 'X' IF YES
LOCAL REPORT # **
10-020843

Unit #1 was travelling N.B on 6th Ave at Arlington.
 Unit #2 was travelling W.B on Arlington at 6th Ave when the two vehicles
 collided. Both claimed to have the green light in their written statements. However
 Driver of Unit #2 initially told me he had trouble seeing the traffic light because
 the sun was in his eyes. He stated after the impact he noticed his light was RED.
 No independent witnesses at the scene.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOG <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL, (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DRY SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SUPERSTIPENDIUM <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT MOVING WORK <input type="checkbox"/> 5 OTHER LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	 <p>Write an "N" on the compass diagram to indicate the direction of north.</p>
 <p>Diagram showing vehicle positions (Unit 1 and Unit 2) and road layout (Arlington, 6th). Includes a compass rose and the text 'Not to Scale'.</p>		

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR <input type="checkbox"/> A BUS DESIGNED FOR 15 OR MORE PERSONS, INCLUDING DRIVER.	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: <input type="checkbox"/> A FATALITY; OR <input type="checkbox"/> AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR <input type="checkbox"/> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
Unit # <input type="checkbox"/> <input type="checkbox"/> 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 #	# AXLES
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 GRAB/CHIPS/GRAYEL <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 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	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 E <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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04/22/10	1912	1912	1912	2000		48
OFFICER'S NAME #	BADGE #	CHECKED BY	DATE REPORT FILED #			
Vitallo	1034	P. GAROAR	04/14/2010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION		10-020942			

