

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
10-021083

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
3

PRIVATE PROPERTY  
X  
IF YES

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

PHOTOS TAKEN  
X  
IF YES

OH-2 OH-3 OH-4

N.C.I.C. # \*  
05009

REPORTING AGENCY #  
YOUNGSTOWN PD

# UNITS  
01

UNIT ERROR  
98 - ANNUAL  
99 - UNKNOWN  
01

DATE OF CRASH \*  
04142010

TIME OF CRASH: 2017 DAY OF WEEK: WED CITY: X VILLAGE: TWP: NAME: YOUNGSTOWN COUNTY: 50 LATITUDE: LONGITUDE:

TYPE LOCATION POINT USED  
1 HAZARD STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET  
US 422 3

REFERENCE POINT USED  
04 HOUSE NUMBER 06 TOWNSHIP BOUNDARY  
05 STATE LINE 07 CORPORATION LIMIT  
08 PLACE NAME WHO REFERENCE  
09 DIRECTION  
10 STREET OR ROUTE WHO REFERENCE  
100 W BLAINE 02

Motorist/Non-Motorist

**A** UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) PHILLIPS, JAMES A.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 2922 MARINER YOUNGSTOWN, OHIO 44505  
 DATE OF BIRTH 04301985 AGE 24 SEX M HOME PHONE # 389 531-2200 WORK PHONE #  
 DL STATE OH DL # SJ913194 LP STATE OH LP # S642947 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
 OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME  
 YEAR 1999 MAKE PONTIAC MODEL GRAND AM COLOR RED INSURANCE COMPANY NOT SHOWN TOWING SERVICE Luv's OWNER PHONE # 389 531-2200  
 OFFENSE (CHARGE) 331.34(A) OFFENSE DESCRIPTION FAIL TO MAINTAIN REASONABLE CONTROL CITATION # I 40859 LOCAL CODE? X IF YES

**B** UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
 DL STATE DL # LP STATE LP # INJURED 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)  
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
 OFFENSE (CHARGE) OFFENSE DESCRIPTION CITATION # LOCAL CODE? IF YES

Occupant

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

<b>SEATING POSITION</b>	<b>SAFETY EQUIPMENT</b>	<b>AIR BAG</b>	<b>AIR BAG SWITCH</b>	<b>EJECTION</b>	<b>TRAPPED</b>	<b>INJURIES</b>
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
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
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 PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						
16 NON-MOTORIST						

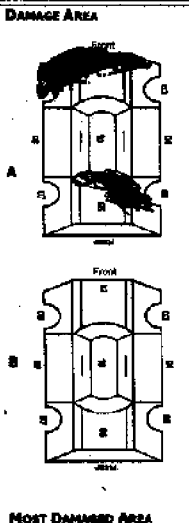
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SUPPLEMENT \* 'X' if Yes

**UNIT NUMBERS**

**NON-MOTORIST LOCATION**

**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 GUARDED USE PATHS OR TRAILS  
 15 UNKNOWN



**PRE-CRASH ACTIONS**

**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, CYCLING, JOGGING, PLAYING, RUCKING  
 17 WORKING  
 18 PUSHING VEHICLE  
 19 APPROXIMATING LEAVING VEHICLE  
 20 PLAYING/WORKING ON VEHICLE  
 21 STANDING  
 22 OTHER  
 23 UNKNOWN

**SEQUENCE OF EVENTS**

<input type="text" value="08"/>	<input type="text" value="1"/>
<input type="text" value="25"/>	<input type="text" value="2"/>
<input type="text" value="27"/>	<input type="text" value="3"/>
<input type="text" value="44"/>	<input type="text" value="4"/>

**NON-COLLISION**  
 01 OVERTURN/FOLLOWER  
 02 FIRE/EXPLOSION  
 03 IMMERSED  
 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  
 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT PICKED UP  
 15 PEDESTRIAN  
 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  
 25 COLLISION WITH FIXED OBJECT  
 26 IMPACT ATTENUATOR/CRASH CUSHION  
 27 BRIDGE OVERHEAD STRUCTURE  
 28 BRIDGE PIER OR ABUTMENT  
 29 BRIDGE PARAPET  
 30 BRIDGE RAIL  
 31 GUARDRAIL FACE  
 32 GUARDRAIL END  
 33 MEDIAN BARRIER  
 34 HIGHWAY TRAFFIC SIGN POST  
 35 OVERHEAD SIGN POST  
 36 LIGHT/LUMINAIRE SUPPORT  
 37 UTILITY POLE  
 38 OTHER POST, POLE OR SUPPORT  
 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**

**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 IMPERATIVE, MISSING, OBSCURED  
 16 OTHER

**DRUG TEST STATUS**

**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 NONE**  
 2 BLOOD  
 3 URINE  
 4 OTHER

**DRUG TEST 1&2 RESULT**

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

**TYPE OF UNIT**

**MOTORIST**  
 01 SUB-COMPACT  
 02 COMPACT  
 03 MID SIZE  
 04 FULL SIZE  
 05 MINIVAN  
 06 SHORT UTILITY VEHICLE  
 07 PICKUP  
 08 PANEL/VAN  
 09 SINGLE UNIT TRUCK; 2 AXLES, 8 TIRES  
 10 SINGLE UNIT TRUCK; 3+ AXLES  
 11 TRUCK/TRAILER  
 12 TRUCK TRACTOR (BORTAL)  
 13 TRACTOR/SEMI-TRAILER  
 14 TRACTOR/DOUBLE SHORT  
 15 TRACTOR/DOUBLE LONG  
 16 FIFTH WHEEL OR CONVERTER DOLLY  
 17 TRACTOR/TRIPLE  
 18 MOTORCYCLE  
 19 MOTORIZED BIICYCLE  
 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 TRAILER  
 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

**IN EMERGENCY RESPONSE**

**1 NO**  
 2 YES  
 3 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

**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/ACCDA  
 09 IMPROPER LANE CHANGE/  
 10 DROVE OFF ROAD/  
 11 IMPROPER PASSING  
 12 IMPROPER BACKING  
 13 IMPROPER START FROM PARKED POSITION  
 14 STOPPED ON PARKED SIDEWALK  
 15 OVERTAKING VEHICLE IN ERRATIC, FICKLE, CARELESS, INDECENT OR AGGRESSIVE MANNER  
 16 SWEERING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)  
 17 FAILURE TO CONTROL  
 18 VISION OBSTRUCTION  
 19 DRIVER DISTRACTION  
 20 FATIGUE/ASLEEP  
 21 OPERATING DEFECTIVE EQUIPMENT  
 22 LOAD SHIFTING/FALLING/SPILLING  
 23 OTHER IMPROPER ACTION  
 24 UNKNOWN

**NON-MOTORIST**  
 25 NONE  
 26 IMPROPER CROSSING  
 27 DARTING  
 28 LYING AROUND ILLEGALLY IN ROADWAY  
 29 FAILURE TO YIELD-RIGHT OF WAY  
 30 NOT VISIBLE (DARK CLOTHING)  
 31 INATTENTIVE  
 32 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER  
 33 WRONG SIDE OF THE ROAD  
 34 OTHER  
 35 UNKNOWN

**POINT OF IMPACT**

**01 NONE**  
 02 CENTER FRONT  
 03 RIGHT 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**

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

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

**01 TURN SIGNALS**  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STRINGS  
 06 TIRE BLOWOUT  
 07 WORK OR SLACK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR COLLISION  
 11 OTHER DEFECTS

**DIRTION**  
 FROM TO FROM TO

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

**CONDITION**

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

**ALCOHOL/DRUG SUSPECTED**

**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**

**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 NONE**  
 4 BREATH  
 2 BLOOD  
 3 URINE  
 5 OTHER

**ALCOHOL TEST RESULT**

**FIRST HARMFUL EVENT**

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

**MOST HARMFUL EVENT**

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

**SPEED DETECTED**

**1 STATED**  
 2 ESTIMATED SPEED

**SPEED**

**ROAD CONTOUR**

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

**ROAD CONDITIONS**  
 Primary    Secondary

**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

**DAMAGE SCALE**

**1 NONE**  
 2 NON-FUNCTIONAL DAMAGE  
 3 FUNCTIONAL DAMAGE  
 4 BRUISED DAMAGE  
 5 SEVERE  
 6 SEVERE  
 7 UNKNOWN

**STRIKING VEHICLE: OVERSIDE/ UNDERSIDE**

**1 NO UNDERSIDE OR OVERSIDE**  
 2 UNDERSIDE, COMPARTMENT INTENTION  
 3 UNDERSIDE, NO COMPARTMENT INTENTION  
 4 UNDERSIDE, COMPARTMENT INTENTION UNKNOWN  
 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT  
 6 OVERSIDE, OTHER VEHICLE  
 7 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

**01 TURN SIGNALS**  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STRINGS  
 06 TIRE BLOWOUT  
 07 WORK OR SLACK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR COLLISION  
 11 OTHER DEFECTS

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 11 OTHER DEFECTS

**SUPPLEMENT # "X" IF YES**

**LOCAL REPORT #**

Narrative

UNIT #1 TRUCK OFF ROAD NEARBY WEST  
 ON MCCARTNEY 100 YDS WEST OF BLAINE UNIT #1  
 THEN RAN UP ON GUARDRAIL AND INTO BRIDGE ABUTMENT  
 AND INTO A TREE NEXT TO BRIDGE.

**NUMBER OF COLLISION OR IMPACT**

1

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKDR  
 6 ANGLE  
 7 SIDESWPE, SAME DIRECTION  
 8 SIDESWPE, 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 SHIFT/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIAN  
 4 INTERMITTENT MOVING WORK  
 5 OTHER

**LOCATION OF CRASH IN WORK ZONE**

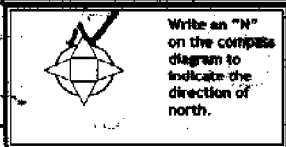
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1 BEFORE FIRST WORK ZONE WARNING SIGN  
 2 ADVANCE WARNING AREA  
 3 TRANSITION AREA  
 4 ACTIVITY AREA

**WORKERS PRESENT**

1

1 NO  
 2 YES  
 3 UNKNOWN



**WEATHER**

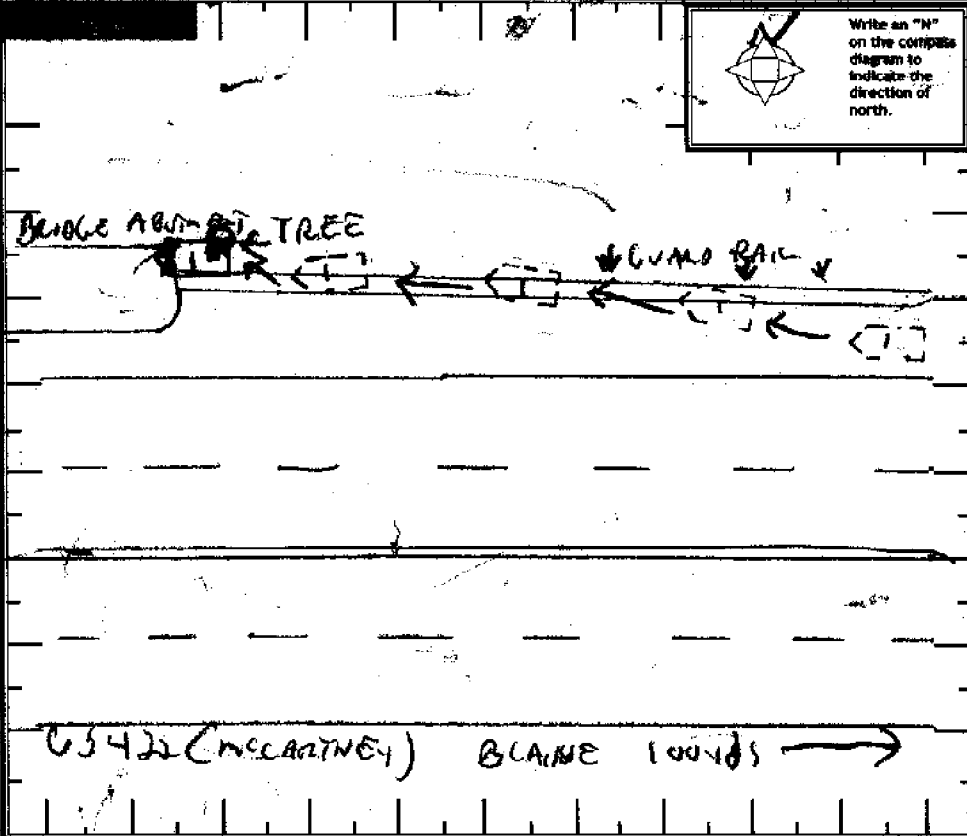
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01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

4

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



**UNIT #**

1

**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  
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DRIBBLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCESSING UNDER ITS OWN POWER.

**COMPANY (FROM SHIPPING PAPERS)** \_\_\_\_\_ **COMPANY PHONE** \_\_\_\_\_

**ADDRESS (STREET, CITY, ST, ZIP CODE)** \_\_\_\_\_

**US DOT** \_\_\_\_\_ **ICC INC** \_\_\_\_\_ **TRUCK** \_\_\_\_\_ **TRAILER LP ST** \_\_\_\_\_ **TRAILER LP YEAR** \_\_\_\_\_ **TRAILER LP #** \_\_\_\_\_ **PLACARD #** \_\_\_\_\_ **LDA** \_\_\_\_\_

**CARGO BODY TYPE**

01 NOT APPLICABLE  
 02 BUS (8-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 GRAB/CHIPS/GRAVEL  
 05 POLE  
 06 CARGO TANK  
 07 FLATBED  
 08 DUMP  
 09 CONCRETE MIXER  
 10 AUTO TRANSPORTER  
 11 GARAGE/REPAIR  
 12 OTHER  
 13 UNKNOWN

**Weight (GVWR)**

2 10,001 - 26,000

1 LESS THAN 10,000  
 2 10,001 - 26,000  
 3 MORE THAN 26,000

**CDL Class**

1 CLASS A  
 2 CLASS B  
 3 CLASS C  
 4 CLASS III  
 5 CLASS D

**Hazardous Materials Placard**

1 NO  
 2 YES  
 3 UNKNOWN

**Hazardous Materials Released**

1 NO  
 2 YES  
 3 NOT APPLICABLE  
 4 UNKNOWN

**DATE CRASH REPORTED** 04/20/10 **TIME REC CALL** 2017 **DISPATCH** 2021 **ARRIVED** 2024 **CLEARED** 2200 **OTHER** \_\_\_\_\_ **TOTAL MINUTES** 99

**OFFICER'S NAME #** RUTLAND **BADGE #** 1066 **CHECKED BY** B.S.P. GARCIA **DATE REPORT FILED #** 04/20/10

**REPORT TAKEN BY** 1 POLICE AGENCY 2 MOTORIST **REPORT TAKEN AT** 1 SCENE 2 STATION **SUPPLEMENT X? YES** **LOCAL REPORT #** 10-021082