

TRAFFIC CRASH REPORT



CRASH REPORT # 08CR 424	CRASH SEVERITY <input checked="" type="checkbox"/> 1.FATAL ERROR 3.PDO <input type="checkbox"/> 2.INJURY 4.UNKNOWN	PRIVATE PROPERTY <input type="checkbox"/> *X IF YES	HIT/SKIP <input checked="" type="checkbox"/> 1.NOT HIT/SKIP <input type="checkbox"/> 2.SOLVED <input type="checkbox"/> 3.UNSOLVED	PHOTOS TAKEN <input type="checkbox"/> *X IF YES	OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
N.C.I.C. # 03001	REPORTING AGENCY CAMBRIDGE POLICE DEPARTMENT		# UNITS 2	UNIT ERROR <input checked="" type="checkbox"/> 01 <small>98.ANIMAL 99.UNKNOWN</small>	DATE OF CRASH 1/15/2008

TIME OF CRASH 18:03	DAY OF WEEK TUE	CITY/VILLAGE/TOWNSHIP CITY	NAME (OF CITY, VILLAGE OR TOWNSHIP) CAMBRIDGE	COUNTY # 30	LATITUDE 40015164	LONGITUDE 081351633
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CRASH OCCURRED ON PREFIX FOSTER	CRASH LOCATION FOSTER	TYPE LOC 1	TYPE LOCATION POINT USED <small>1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE</small>	LOCAL INFORMATION
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AT/REFERENCE DIST. REF.	DR	PREFIX N	REFERENCE 00009 TH	REF POINT 02	REFERENCE POINT USED <small>01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER 05.TOWNSHIP BOUNDARY 06.MILE POST 07.CORPORATION LIMIT 08.PLACE NAME WITHOUT REFERENCE 09.DRIVEWAY 10.STREET OR ROUTE WITHOUT REFERENCE</small>
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MOTORIST / NON-MOTORIST

A	UNIT # 01	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) MAZUR TYLER M			ADDRESS (STREET, CITY, STATE, ZIP-CODE) 510 HARRISON AVE. CAMBRIDGE OH 437251472		
SOCIAL SECURITY NUMBER		DATE OF BIRTH 04/09/1990		AGE 17	SEX M	HOME PHONE # (740)439-4794		WORK PHONE # (740)432-2924
DL STATE OH	DL # TF224094	LP STATE OH	LP # EEH6529	INJURED TAKEN BY <input checked="" type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') MATTHEW MAZUR				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 510 HARRISON AVE. CAMBRIDGE OH 437251472				
YEAR 1992	MAKE BUICK	MODEL REGAL 78-87	COLOR WHITE	INSURANCE COMPANY NATIONWIDE	TOWING SERVICE		OWNER PHONE# (740)432-2924	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> *X IF YES

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) FISHER JOSHUA A			ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1015 N. 18TH ST. CAMBRIDGE OH 437251725		
SOCIAL SECURITY NUMBER		DATE OF BIRTH 07/18/1989		AGE 18	SEX M	HOME PHONE # (740)680-3432		WORK PHONE #
DL STATE OH	DL # TG575120	LP STATE OH	LP # PFG8418	INJURED TAKEN BY <input checked="" type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY		INJURED TAKEN TO	
OWNER NAME (IF SAME, WRITE 'SAME') ANDREWS, EDWARD				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 1015 N. 18TH ST. CAMBRIDGE OH 437251725				
YEAR 1999	MAKE DODGE	MODEL DAKOTA	COLOR BLACK	INSURANCE COMPANY CENTRAL MUTUAL I	TOWING SERVICE		OWNER PHONE#	
OFFENSE CHARGED		OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> *X IF YES

OCCUPANT

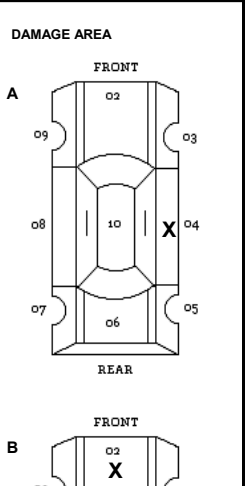
C	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#		DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY		INJURED TAKEN TO		
D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#		DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)				INJURED TAKEN BY <input type="checkbox"/> 1.NONE 4.OTHER <input type="checkbox"/> 2.EMS 5.UNKNOWN <input type="checkbox"/> 3.POLICE	TRANSPORTED BY		INJURED TAKEN TO		

SEATING POSITION <input checked="" type="checkbox"/> 01.FRONT - LEFT (MC DRIVER) <input type="checkbox"/> 02.FRONT - MIDDLE <input type="checkbox"/> 03.FRONT - RIGHT <input type="checkbox"/> 04.SECOND - LEFT (MC PASS) <input type="checkbox"/> 05.SECOND - MIDDLE <input type="checkbox"/> 06.SECOND - RIGHT <input type="checkbox"/> 07.THIRD - LEFT (MC PASSENGER/SIDE CAR) <input type="checkbox"/> 08.THIRD - MIDDLE <input type="checkbox"/> 09.THIRD - RIGHT <input type="checkbox"/> 10.SLEEPER SECTION OF CAB <input type="checkbox"/> 11.ENCLOSED CARGO AREA <input type="checkbox"/> 12.UNENCLOSED CARGO AREA <input type="checkbox"/> 13.RAILING UNIT <input type="checkbox"/> 14.EXTERIOR <input type="checkbox"/> 15.OTHER <input type="checkbox"/> 16.NON-MOTORIST <input type="checkbox"/> 17.UNKNOWN	SAFETY EQUIPMENT <input checked="" type="checkbox"/> 01.MOTORIST <input type="checkbox"/> 02.NONE USED <input type="checkbox"/> 03.SHOULDER BELT ONLY USED <input type="checkbox"/> 04.SHOULDER AND LAP BELT USED <input type="checkbox"/> 05.CHILD SAFETY SEAT USED <input type="checkbox"/> 06.HELMET USED <input type="checkbox"/> 07.RESTRAINT USE UNKNOWN <input type="checkbox"/> 08.NON-MOTORIST <input type="checkbox"/> 09.NONE USED <input type="checkbox"/> 10.HELMET USED <input type="checkbox"/> 11.PROTECTIVE PADS <input type="checkbox"/> 12.REFLECTIVE CLOTHING <input type="checkbox"/> 13.OTHER <input type="checkbox"/> 14.UNKNOWN	AIR BAG <input checked="" type="checkbox"/> 1.NOT-DEPLOYED <input type="checkbox"/> 2.DEPLOYED - FRONT <input type="checkbox"/> 3.DEPLOYED - SIDE <input type="checkbox"/> 4.DEPLOYED BOTH FRONT SIDE <input type="checkbox"/> 5.NOT APPLICABLE <input type="checkbox"/> 6.DEPLOYMENT UNKNOWN	AIR BAG SWITCH <input checked="" type="checkbox"/> 1.ON-OFF SWITCH NOT PRESENT <input type="checkbox"/> 2.SWITCH IN ON POSITION <input type="checkbox"/> 3.SWITCH IN OFF POSITION <input type="checkbox"/> 4.UNKNOWN POSITION	EJECTION <input checked="" type="checkbox"/> 1.NOT EJECTED <input type="checkbox"/> 2.TOTALLY EJECTED <input type="checkbox"/> 3.PARTIALLY EJECTED <input type="checkbox"/> 4.NOT APPLICABLE <input type="checkbox"/> 5.UNKNOWN	TRAPPED <input checked="" type="checkbox"/> 1.NOT TRAPPED <input type="checkbox"/> 2.EXTRACTED BY MECHANICAL MEANS <input type="checkbox"/> 3.FREED BY NON-MECHANICAL MEANS <input type="checkbox"/> 4.UNKNOWN	INJURIES <input checked="" type="checkbox"/> 1.NO INJURY <input type="checkbox"/> 2.POSSIBLE <input type="checkbox"/> 3.NON-INCAPACITATING <input type="checkbox"/> 4.INCAPACITATING <input type="checkbox"/> 5.FATAL INJURY <input type="checkbox"/> 6.UNKNOWN			
BLANK FOR WITNESS							<input type="checkbox"/> SUPPLEMENT *X IF YES		

UNIT NUMBERS
A B

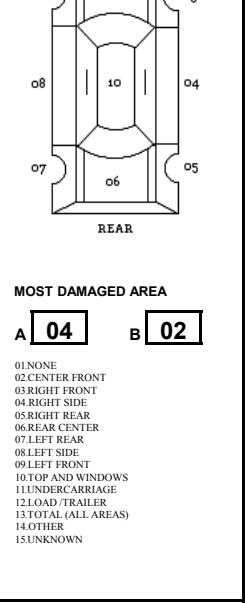
NON-MOTORIST LOCATION
A B

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



TYPE OF UNIT
A B

MOTORIST
01.SUB-COMPACT
02.COMPACT
03.MID SIZED
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 OR MORE AXLES
11.TRUCK/TRAILER
12.TRUCK TRACTOR (BOBTAL)
13.TRACTOR/SEMI-TRAILER
14.TRACTOR/DOUBLE - SHORT
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.TRAIN
30.FARM VEHICLE
31.FARM EQUIPMENT
32.SNOWMOBILE
33.CONSTRUCTION EQUIPMENT
34.ALL OTHERS
NON-MOTORIST
35.ANIMAL W/DRIVER
36.ANIMAL W/BUGGY
37.BICYCLE
38.PEDALSTRAN
39.PEDALCYLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR)
40.SKATER
41.OTHER-NON MOTORIST (WHEELCHAIR, ETC)
42.UNKNOWN



POINT OF IMPACT
A B

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
A B

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

IN EMERGENCY RESPONSE
A B

1.NO
2.YES
3.UNKNOWN

VEHICLE DEFECT CODE ONLY IF '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 ACCIDENT
11.OTHER DEFECTS
12.NO DEFECTS

DAMAGE SCALE
A B

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

STRIKING VEHICLE OVERRIDE/UNDERRIDE
A B

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

CONTRIBUTING CIRCUMSTANCES
 B

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 BACKING
11.IMPROPER START FROM PARKED POSITION
12.STOPPED OR PARKED ILLEGALLY
13.OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14.SWERVING 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 MROOPER 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

PRE-CRASH ACTIONS
A 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 OR STOPPED IN TRAFFIC
12.DRIVERLESS
13.OTHER
14.UNKNOWN
NON-MOTORIST
15.ENTRING OR CROSSING SPECIFIED LOCATION
16.WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17.WORKING
18.PUSHING VEHICLE
19.APPROCHING OR LEAVING VEHICLE
20.PLAYING OR WORKING ON VEHICLE
21.STANDING
22.OTHER
23.UNKNOWN

VEHICLE DEFECT CODE ONLY IF '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 ACCIDENT
11.OTHER DEFECTS
12.NO DEFECTS

SEQUENCE OF EVENTS

A	B
1 <input type="text" value="20"/>	1 <input type="text" value="20"/>
2 <input type="text"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>

NON-COLLISION
01.OVERTURN/ROLLOVER
02.FIRE/EXPLOSION
03.IMMERSION
04.JACKKNIFE
05.CARGO/EQUIPMENT LOSS OR SHIFT
06.EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
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 - NOT FIXED
14.PEDESTRIAN
15.PEDACYCLE
16.RAILWAY VEHICLE (E.G. TRAIN, ENGINE)
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/CRASH 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/LUMINARIES SUPPORT
36.UTILITY POLE
37.OTHER POST, POLE OR SUPPORT
38.CULVERT
39.CURB
40.DITCH
41.EMBARKMENT
42.FENCE
43.MAILBOX
44.TREE
45.OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL ETC)
46.WORK ZONE MAINTENANCE EQUIPMENT
47.UNKNOWN FIXED OBJECT
48.OTHER
49.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
A B

POSTED SPEED
A B

TRAFFIC CONTROL
A 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 BARRICADE
11.POLICE OFFICER
12.PAVEMENT MARKINGS
13.CROSSWALK LINES
14.WALK/DONT WALK
15.TRAFFIC CONTROL DEVICE
16.OPERATIVE, MISSING, OBSCURED
17.NOT REPORTED

DIRECTION
FROM TO FROM TO
A B

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

CONDITION
A B

1.APARENTLY NORMAL
2.PHYSICAL IMPAIRMENT
3.EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
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.NONE
2.YES ALCOHOL SUSPECTED
3.YES - HBD NOT IMPAIRED
4.YES - DRUGS SUSPECTED
5.YES - ALCOHOL AND DRUGS SUSPECTED
6.UNKNOWN

ALCOHOL TEST STATUS
A B

1.NONE GIVEN
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

DRUG TEST STATUS
A B

1.NONE GIVEN
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
1 2 1 2
A B

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

TYPE OF INTERSECTION

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
11.RAILWAY GRADE CROSSING
12.SHARED-USE PATHS OR TRAILS
13.UNKNOWN

OCCURRENCE

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

ROAD CONTOUR

11.STRAIGHT LEVEL
2.STRAIGHT GRADE
3.CURVE LEVEL
4.CURVE GRADE
5.UNKNOWN

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

SUPPLEMENT 'X' IF YES

LOCAL REPORT #
08CR 424

NARRATIVE

UNIT #1 WAS TRAVELING ON FOSTER AVE. ACROSS N. 9TH ST. TO CONTINUE ON FOSTER AVE. UNIT #2 WAS TRAVELING S/B ON N. 9TH. ST. UNIT #1 FAILED TO YIELD TO UNIT #2 RESULTING IN A CRASH.

MANNER OF COLLISION OR IMPACT

- 6**
- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 - 2 REAR-END
 - 3 HEAD-ON
 - 4 REAR-TO-REAR
 - 5 BACKING
 - 6 ANGLE
 - 7 SIDESWIPE SAME DIRECTION
 - 8 SIDESWIPE 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

WEATHER

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

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

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

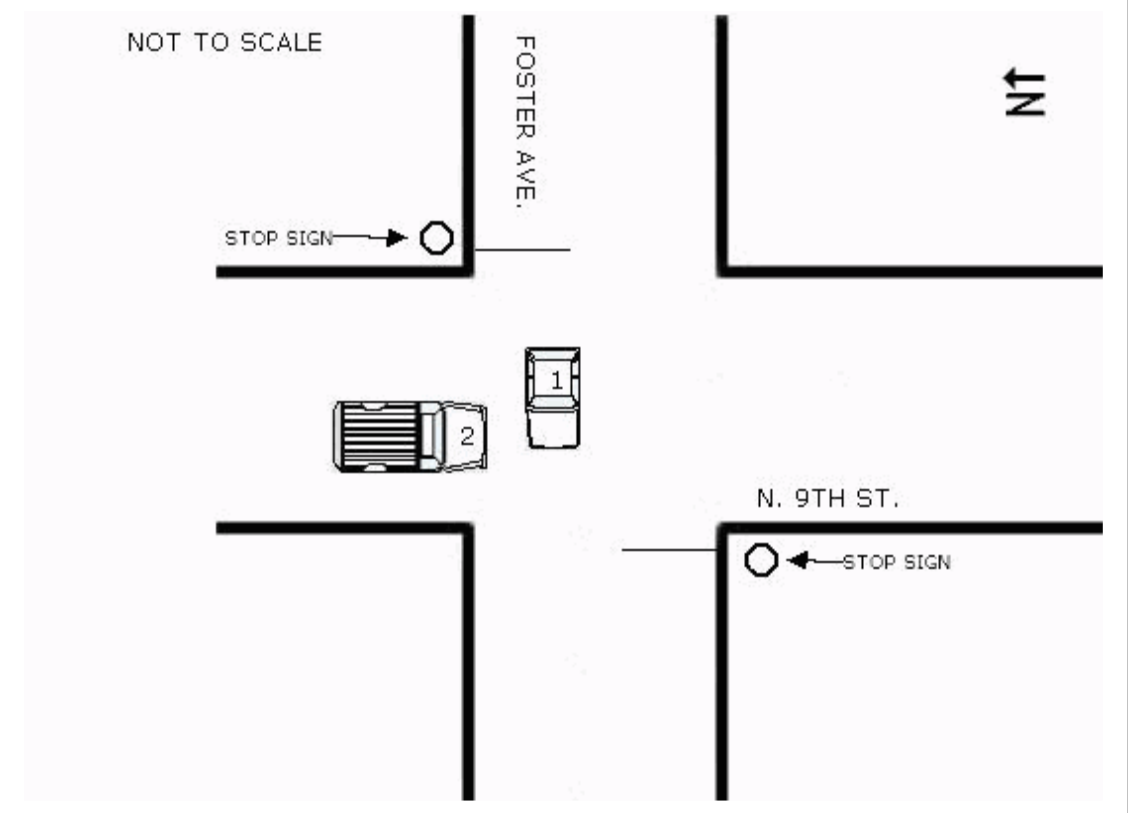
LIGHT CONDITIONS

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

WORKERS PRESENT

-
- 1 NO
 - 2 YES
 - 3 UNKNOWN

DIAGRAM



TRUCK/BUS

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 OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER	10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIALS	HAZARDOUS MATERIALS RFI FASFD	

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
1/15/2008	18:03	18:03	18:11	18:23	30	50
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
PTL ROY ANGLER	30	30	1/15/2008			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES	LOCAL REPORT #			
1	1	<input type="checkbox"/>	08CR 424			