

TRAFFIC CRASH REPORT



CRASH REPORT # 08CR 0090	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 1/4/2008

TIME OF CRASH 12:12	DAY OF WEEK FRI	CITY/VILLAGE/TOWNSHIP CITY	NAME (OF CITY, VILLAGE OR TOWNSHIP) CAMBRIDGE	COUNTY # 30	LATITUDE 40002780	LONGITUDE 081343959
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CRASH OCCURRED ON PREFIX SOUTHGATE	CRASH LOCATION SOUTHGATE	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	REFERENCE ADVANCE AUTO PARTS	REF POINT 08	REFERENCE POINT USED <small>01.STATE LINE 02.INTERSECTION OF TWO STREETS 03.COUNTY LINE 04.HOUSE NUMBER</small>	<small>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) BADERTSCHER THOMAS						
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11129 RUBY RD CAMBRIDGE OH 43725									
SOCIAL SECURITY NUMBER			DATE OF BIRTH 01/17/1966		AGE 41	SEX M	HOME PHONE # (740)432-5095		WORK PHONE #
DL STATE OH	DL # SH624919		LP STATE OH	LP # DE49EL		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') SAME				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 11129 RUBY RD CAMBRIDGE OH 43725					
YEAR 2006	MAKE DODGE	MODEL OTHER TRUC	COLOR WHITE	INSURANCE COMPANY THE CINCIANNITI II		TOWING SERVICE		OWNER PHONE# (740)432-5095	
OFFENSE CHARGED			OFFENSE DESCRIPTION				CITATION # 55956		LOCAL CODE <input checked="" type="checkbox"/> X <small>*X IF YES</small>

B	UNIT # 02	# OF OCC 1	NAME (LAST, FIRST, MIDDLE) SULLIVAN RYAN P						
ADDRESS (STREET, CITY, STATE, ZIP-CODE) 298 S. 4TH ST. BYESVILLE OH 43723									
SOCIAL SECURITY NUMBER			DATE OF BIRTH 05/16/1987		AGE 20	SEX M	HOME PHONE # (740)685-2614		WORK PHONE #
DL STATE OH	DL # SQ854357		LP STATE OH	LP # DMA9499		INJURED TAKEN BY <input checked="" type="checkbox"/> 1 <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') PAT SULLIVAN				OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) 298 S. 4TH ST. BYESVILLE OH 43723					
YEAR 1997	MAKE FORD	MODEL F-SERIES PIC	COLOR RED	INSURANCE COMPANY		TOWING SERVICE		OWNER PHONE# (740)685-2614	
OFFENSE CHARGED			OFFENSE DESCRIPTION				CITATION #		LOCAL CODE <input type="checkbox"/> <small>*X IF YES</small>

OCCUPANT

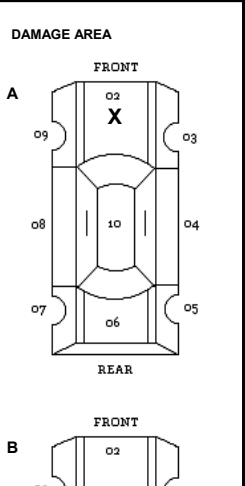
C	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#		DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP-CODE)					INJURED TAKEN BY <input type="checkbox"/> <small>1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE</small>	TRANSPORTED BY		INJURED TAKEN TO	
D	UNIT #	NAME (LAST, FIRST, MIDDLE)			HOME PHONE#		DATE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

SEATING POSITION A <input checked="" type="checkbox"/> 01 B <input checked="" type="checkbox"/> 01 C <input type="checkbox"/> D <input type="checkbox"/> <small>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.RAILING UNIT 14.EXTERIOR 15.OTHER 16.NON-MOTORIST 17.UNKNOWN</small>	SAFETY EQUIPMENT A <input checked="" type="checkbox"/> 07 B <input checked="" type="checkbox"/> 07 C <input type="checkbox"/> D <input type="checkbox"/> <small>MOTORIST 01.NONE USED 02.SHOULDER BELT ONLY USED 03.LAP BELT ONLY USED 04.SHOULDER AND LAP BELT USED 05.CHILD SAFETY SEAT USED 06.HELMET USED 07.RESTRAINT USE UNKNOWN NON-MOTORIST 08.NONE USED 09.HELMET USED 10.PROTECTIVE PADS 11.REFLECTIVE CLOTHING 12.LIGHTING 13.OTHER 14.UNKNOWN</small>	AIR BAG A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> <small>1.NOT-DEPLOYED 2.DEPLOYED - FRONT 3.DEPLOYED - SIDE 4.DEPLOYED BOTH FRONT SIDE 5.NOT APPLICABLE 6.DEPLOYMENT UNKNOWN</small>	AIR BAG SWITCH A <input checked="" type="checkbox"/> 4 B <input checked="" type="checkbox"/> 4 C <input type="checkbox"/> D <input type="checkbox"/> <small>1.ON-OFF SWITCH NOT PRESENT 2.SWITCH IN ON POSITION 3.SWITCH IN OFF POSITION 4.UNKNOWN POSITION</small>	EJECTION A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> <small>1.NOT EJECTED 2.TOTALLY EJECTED 3.PARTIALLY EJECTED 4.NOT APPLICABLE 5.UNKNOWN</small>	TRAPPED A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> <small>1.NOT TRAPPED 2.EXTRACTED BY MECHANICAL MEANS 3.FREED BY NON-MECHANICAL MEANS 4.UNKNOWN</small>	INJURIES A <input checked="" type="checkbox"/> 1 B <input checked="" type="checkbox"/> 1 C <input type="checkbox"/> D <input type="checkbox"/> <small>1.NO INJURY 2.POSSIBLE 3.NON-INCAPACITATING 4.INCAPACITATING 5.FATAL INJURY 6.UNKNOWN</small>
<input type="checkbox"/> SUPPLEMENT *X IF YES						

UNIT NUMBERS
 A B

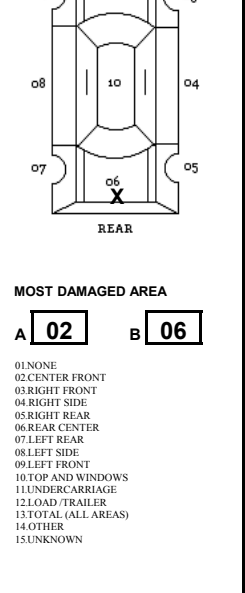
NON-MOTORIST LOCATION
 A B

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.PEDALCYCLIST (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

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

DAMAGE SCALE
 A B

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

CONTRIBUTING CIRCUMSTANCES
 A 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 MROPER 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 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.OTHER TURN/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
 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.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
 A

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
 A

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

ROAD CONTOUR
 A

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 0090**

NARRATIVE

UNIT # 1 WAS FOLLOWING TO CLOSELY WHEN IT STRUCK UNIT # 2 AS IT WAS STOPPING IN TRAFFIC.

MANNER OF COLLISION OR IMPACT

2
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

DIAGRAM

Vehicles Moved Prior to Officers Arrival

WEATHER

01
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

PRIMARY SECONDARY
1
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

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 A FATALITY; OR
N AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR
D 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
 01 NOT APPLICABLE 05 POLE 10 AUTO TRANSPORTER
02 BUS (9-15 INCLUDING DRIVER) 06 CARGO TANK 11 GARBAGE/REFUSE
03 VAN/ENCLOSED BOX 07 FLATBED 12 OTHER
04 GRAIN/CHIPS/GRAVEL 08 DUMP 13 UNKNOWN
WEIGHT (GVWR) **CDL CLASS** **HAZARDOUS MATERIALS** **HAZARDOUS MATERIALS RFI FASFD**
 1.LESS=EQUAL 10,000 1.CLASS A 1.MO 1.NO 4.UNKNOWN
2.10,001 - 26,000 2.CLASS B 2.YES 2.YES
3.MORE THAN 26,000 3.CLASS C 3.UNKNOWN 3.NOT APPLICABLE
4.CLASS D 4.CLASS D
5.CLASS E 5.CLASS E

POLICE ACTION

DATE CRASH REPORTED **TIME REC CALL** **DISPATCH** **ARRIVED** **CLEARED** **OTHER** **TOTAL MINUTES**
1/4/2008 **12:12** **12:12** **12:14** **12:31** **20** **39**

OFFICER'S NAME **BADGE #** **CHECKED BY** **DATE REPORT FILED**
PTL CHRISTIAN PORTOCARRERO **22** **30** **1/4/2008**

REPORT TAKEN BY **REPORT TAKEN AT** **SUPPLEMENT 'X' IF YES** **LOCAL REPORT #**
1 1.POLICE AGENCY **1** 1.SCENE **08CR 0090**
2.MOTORIST 2.STATION 3.OTHER