

TRAFFIC CRASH REPORT

OHIO
PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

LOCAL REPORT #

1 0 - 0 5 8 0 - 9 1

CRASH SEVERITY

3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWNPRIVATE
PROPERTYX
IF YES

HIT/SKIP

1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVEDPHOTOS
TAKENX
IF YES

OH-2

OH-3

OH-1P

OTHER

N.C.I.C. #

O H P 9 1

REPORTING AGENCY

Ohio State Highway Patrol

UNITS

0 1

UNIT ERROR

0 1 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH

0 7 0 4 2 0 0 8

TIME OF CRASH

1 9 5 3

DAY OF WEEK

F R I

CITY

VILLAGE

TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP)

Shalersville

COUNTY

6 7

LATITUDE

41:14:54.68

LONGITUDE

81:17:56.30

CRASH OCCURRED ON

PREFIX CRASH LOCATION

IR0080

TYPE LOC

3

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

Ohio Turnpike, Milepost 190.6

AT / REFERENCE

DIST REFERENCE

.4m

DR

W

PREFIX REFERENCE

191

REF POINT

06

REFERENCE POINT USED

01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT

08 PLACE NAME W/O REFERENCE

09 DRIVEWAY
10 STREET OR ROUTE W/O
REFERENCEA UNIT #
0 1

OF OCC.

0 8

NAME (LAST, FIRST, MIDDLE)

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Cleveland, Ohio

SOCIAL SECURITY NUMBER

0 1 0 3 1 9 6 8

DATE OF BIRTH

0 1 0 3 1 9 6 8

AGE

4 0

SEX

F

HOME PHONE #

WORK PHONE #

DL STATE

OH

DL #

LP STATE

LP #

INJURED
TAKEN BY

1

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)

YEAR

1 9 9 6

MAKE

GMC

MODEL

Suburban

COLOR

TAN/BLU

INSURANCE COMPANY

Acceptance

TOWING SERVICE

Interstate

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL
CODE?X
IF YESB UNIT #
0 1

OF OCC.

0 8

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

0 1 0 3 1 9 6 8

DATE OF BIRTH

0 1 0 3 1 9 6 8

AGE

4 0

SEX

F

HOME PHONE #

WORK PHONE #

DL STATE

OH

DL #

LP STATE

LP #

INJURED
TAKEN BY

1

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

1 9 9 6

MAKE

GMC

MODEL

Suburban

COLOR

TAN/BLU

INSURANCE COMPANY

Acceptance

TOWING SERVICE

Interstate

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL
CODE?X
IF YESC UNIT #
0 1

OF OCC.

0 8

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

0 8 1 9 1 9 7 3

AGE

3 4

SEX

M

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Cleveland, Ohio

INJURED TAKEN BY

1

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

0 1

OF OCC.

0 8

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

0 1 1 9 1 9 6 5

AGE

4 3

SEX

F

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Cleveland, Ohio

INJURED TAKEN BY

1

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION
0 1 A 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 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN
BLANK FOR
WITNESSSAFETY EQUIPMENT
0 4 A 01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
NON-MOTORIST
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN
0 4 B
0 4 C
0 4 DAIR BAG
1 A 1 NOT-DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH
FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN
1 B
1 C
5 DAIR BAG SWITCH
1 A 1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN
1 B
1 C
1 DEJECTION
1 A 1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN
1 B
1 C
1 DTRAPPED
1 A 1 NOT TRAPPED
2 EXTRACTED BY
MECHANICAL
MEANS
3 FREED BY
NON-MECHANICAL
MEANS
4 UNKNOWN
1 B
1 C
1 DINJURIES
1 A 1 NO INJURY
2 POSSIBLE
3 NON-
INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN
1 B
1 C
1 D
SUPPLEMENT *
X IF YES

N.C.J.C. # *

REPORTING AGENCY*

DATE OF CRASH *

0	7	0	4	2	0	0	8
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K	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		TRANSPORTED BY INJURED TAKEN TO	

1	E	INJURIES
1	F	1 NO INJURY
		2 POSSIBLE
		3 NON-
		INCAPACITATING
		4 INCAPACITATING
		5 FATAL INJURY
		6 UNKNOWN

TOP COPY - ODPS BOTTOM COPY - AGENCY

☒ SUPPLEMENT
"X" IF YES

UNIT NUMBERS 0 1 A B NON-MOTORIST LOCATION 1 2 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 PATHS OR TRAILS 15 UNKNOWN.	DAMAGE AREA A B MOST DAMAGED AREA 1 3 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	PRE-CRASH ACTIONS 0 1 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/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING 17 PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS A B 0 2 1 2 1 2 3 4 2 3 4 4 NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 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 NOT FIXED 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 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/LUMINAIRES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 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 6 5 A B TRAFFIC CONTROL 1 2 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/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	DRUG TEST STATUS 1 A 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 B 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT 1 1 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 UNIT 0 6 A B MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ 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/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 WRIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT 0 1 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	CONTRIBUTING CIRCUMSTANCES 1 9 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 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 SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 A B 1 STATED 2 ESTIMATED SPEED 6 5 A B SPEED 6 5 A B	DIRECTION 3 4 A B 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 A B 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED 1 A B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 1 A 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 B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT 1 A B	TYPE OF INTERSECTION 0 1 A B 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 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 A B 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 2 A B 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION 0 1 A B 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
IN EMERGENCY RESPONSE 1 A B 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE 5 A B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	ACTION 2 A B 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN STRIKING VEHICLE: OVERRIDE/ UNDERIDE 1 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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 0 9 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 CRASH 11 OTHER DEFECTS	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 0 9 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 CRASH 11 OTHER DEFECTS	LOCAL REPORT # * 1 0 - 0 5 8 0 - 9 1	SUPPLEMENT * 'X' IF YES 1 0 - 0 5 8 0 - 9 1

Narrative

Unit 1 was westbound on Ohio Turnpike. Another vehicle advised Unit 1 that it was smoking. Unit 1 stopped on right berm and caught fire.

MANNER OF COLLISION OR IMPACT**1**

- 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

WEATHER**0 1**

- 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

PRIMARY SECONDARY

1

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

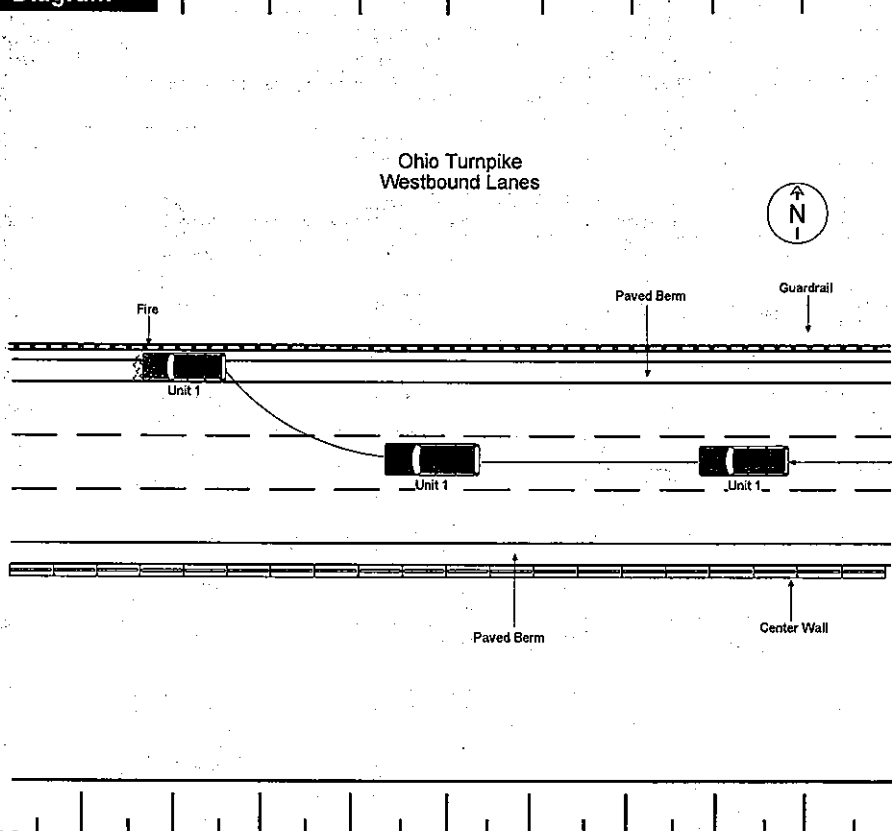
- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE**1**

- 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

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 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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

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 #

DIA.

CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN/CHIPS/GRAVEL

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARBAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

WEIGHT (GVWR)

- 1 LESS/EQUAL 10,000
- 2 10,001 - 25,000
- 3 MORE THAN 25,000

CDL CLASS

- 1 CLASS A
- 2 CLASS B
- 3 CLASS C
- 4 CLASS M
- 5 CLASS D

HAZARDOUS MATERIALS PLACARD

- 1 NO
- 2 YES
- 3 UNKNOWN

HAZARDOUS MATERIALS RELEASED

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

Police Action

DATE CRASH REPORTED

0 7 0 4 2 0 0 8

TIME REC CALL

1 9 5 3

DISPATCH

1 9 5 3

ARRIVED

1 9 5 3

CLEARED

2 1 1 0

OTHER

1 5

TOTAL MINUTES

0 0 9 2

OFFICER'S NAME *

Doles, Adam

BADGE # *

0 0 8 5

CHECKED BY

JDRUDDLE

DATE REPORT FILED *

0 7 0 9 2 0 0 8

REPORT TAKEN BY

1

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT *
"X" IF YES

LOCAL REPORT # *

1 0 - 0 5 8 0 - 9 1