

# OHIO TRAFFIC CRASH REPORT

|                  |  |                  |   |                 |                                       |            |          |           |
|------------------|--|------------------|---|-----------------|---------------------------------------|------------|----------|-----------|
| Local Report # * | Crash Severity                           | Private Property | Hit / Skip                                      | Photos Taken    | OH-2                                  | OH-3       | OH-1P    | OTHER     |
| 11-315           | 3<br>1 Fatal 3 PDO<br>2 Injury 4 Unknown | 'X'<br>If Yes    | 1<br>1 Not Hit / Skip<br>2 Solved<br>3 Unsolved | 'X'<br>If Yes   |                                       |            |          |           |
| N.C.I.C. # *     | Reporting Agency *                       | # Units          | Unit Error                                      | Date of Crash * |                                       |            |          |           |
| 08301            | Franklin Police Department               | 02               | 01<br>98 = Animal<br>99 = Unknown               | 09202011        |                                       |            |          |           |
| Time of Crash    | Day of Week                              | City *           | Village *                                       | TWP *           | Name (Of City, Village or Township) * | County # * | Latitude | Longitude |
| 1730             | TUE                                      | X                |   |                 | Franklin                              | 83         |          |           |

|                          |                |                                 |   |                          |    |
|--------------------------|----------------|---------------------------------|---|--------------------------|----|
| <b>CRASH OCCURRED ON</b> |                | <b>Type Location Point Used</b> |   | <b>LOCAL INFORMATION</b> |    |
| Prefix                   | Crash Location | Type Loc                        | 1 Named Street 3 Numbered Route   |                          |    |
| N                        | ST RT 123      | 3                               | 2 Numbered Street   |                          |    |
| <b>AT / REFERENCE</b>    |                |                                 | <b>Reference Point Used</b>   |                          |    |
| Dist Reference           | DR             | Prefix                          | Reference   | Ref Point                | 09 |
|                          |                |                                 | 01 State Line 04 House Number 08 Place Name W/O Reference<br>02 Intersection 2 Streets 05 Township Boundary 09 Driveway<br>03 County Line 06 Mile Post 10 Street or Route W/O Reference<br>07 Corporation Limit |                          |    |

|   |           |                     |   |                        |   |                        |                  |
|---|-----------|---------------------|---|------------------------|---|------------------------|------------------|
| <b>A</b>                                | Unit #    | # of Occ.           | Name (Last, First, Middle)              |                        |   |                        |                  |
|   | 01        | 01                  | COOK DARWYN L                           |                        |   |                        |                  |
| Address (Street, City, State, Zip Code) |           |                     |   |                        |   |                        |                  |
| PO BOX 325 PARISH NY 13131              |           |                     |   |                        |   |                        |                  |
| Social Security Number                  |           | Date of Birth       | Age                                     | Sex                    | Home Phone #                                  | Work Phone #           |                  |
|   |           | 02271932            | 79                                      | M                      | (315) 345-7313                                |                        |                  |
| DL State                                | DL #      | LP State            | LP #                                    | Injured Taken By       | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police | Transported By         | Injured Taken To |
| NY                                      | 342768387 | NY                  | 49030JT                                 |                        |   |                        |                  |
| Owner Name (if same, write "SAME")      |           |                     | Address (Street, City, State, Zip Code) |                        |   |                        |                  |
| COOK DARWYN L                           |           |                     | PO BOX 325 PARISH NY 13131              |                        |   |                        |                  |
| Year                                    | Make      | Model               | Color                                   | Insurance Company      | Towing Service                                | Owner Phone #          |                  |
| 2005                                    | CHEV      | UTILI               | WHT                                     | Protective Inc Company |   | (315) 345-7313         |                  |
| Offense Charged                         |           | Offense Description |   | Citation #             |   | Local Code? 'X' If Yes |                  |
|   |           |                     |   |                        |   |                        |                  |



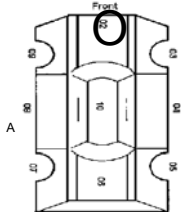
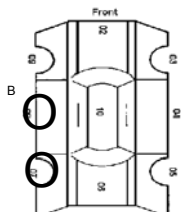




















































































Motorist / Non-Motorist

|   |          |                     |   |                   |   |                        |                  |
|---|----------|---------------------|---|-------------------|---|------------------------|------------------|
| <b>B</b>                                | Unit #   | # of Occ.           | Name (Last, First, Middle)              |                   |   |                        |                  |
|   | 02       | 01                  | HALL DAVID E                            |                   |   |                        |                  |
| Address (Street, City, State, Zip Code) |          |                     |   |                   |   |                        |                  |
| 3888 MCLEAN RD FRANKLIN OH 45005        |          |                     |   |                   |   |                        |                  |
| Social Security Number                  |          | Date of Birth       | Age                                     | Sex               | Home Phone #                                  | Work Phone #           |                  |
|   |          | 04011943            | 68                                      | M                 | (937) 746-7303                                |                        |                  |
| DL State                                | DL #     | LP State            | LP #                                    | Injured Taken By  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police | Transported By         | Injured Taken To |
| OH                                      | RU210890 | OH                  | CA21NM                                  |                   |   |                        |                  |
| Owner Name (if same, write "SAME")      |          |                     | Address (Street, City, State, Zip Code) |                   |   |                        |                  |
| HALL DAVID E                            |          |                     | 3888 MCLEAN RD FRANKLIN OH 45005        |                   |   |                        |                  |
| Year                                    | Make     | Model               | Color                                   | Insurance Company | Towing Service                                | Owner Phone #          |                  |
| 2000                                    | CHEV     | S10                 | RED                                     | Wade's Inc        |   | (937) 746-7303         |                  |
| Offense Charged                         |          | Offense Description |   | Citation #        |   | Local Code? 'X' If Yes |                  |
|   |          |                     |   |                   |   |                        |                  |

Occupant

|   |        |                            |  |   |                |                  |     |
|---|--------|----------------------------|--|---|----------------|------------------|-----|
| <b>C</b>                                | Unit # | Name (Last, First, Middle) |  | Home Phone #                                  | Date of Birth  | Age              | Sex |
|   |        |                            |  |   |                |                  |     |
| Address (Street, City, State, Zip Code) |        |                            |  | Injured Taken By                              | Transported By | Injured Taken To |     |
|   |        |                            |  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police |                |                  |     |
| <b>D</b>                                | Unit # | Name (Last, First, Middle) |  | Home Phone #                                  | Date of Birth  | Age              | Sex |
|   |        |                            |  |   |                |                  |     |
| Address (Street, City, State, Zip Code) |        |                            |  | Injured Taken By                              | Transported By | Injured Taken To |     |
|   |        |                            |  | 1 None 4 Other<br>2 EMS 5 Unknown<br>3 Police |                |                  |     |

|   |  |  |  |   |   |   |                            |
|---|--|--|--|---|---|---|----------------------------|
| <b>01</b><br>A  | <b>04</b><br>A   | <b>1</b><br>A  | <b>1</b><br>A  | <b>1</b><br>A   | <b>1</b><br>A   | <b>1</b><br>A   | <b>1</b><br>A              |
| <b>Seating Position</b><br>01 Front - Left ( MC Driver)<br>02 Front - Middle<br>03 Front - Right<br>04 Second - Left ( MC Pass)<br>05 Second - Middle<br>06 Second - Right<br>07 Third - Left<br>08 Third - Middle<br>09 Third - Right<br>10 Sleeper Section Of Cab<br>11 Enclosed Cargo Area<br>12 Unenclosed Cargo Area<br>13 Trailing Unit<br>14 Exterior<br>15 Other<br>16 Non-Motorist<br>17 Unknown | <b>Safety Equipment Motorist</b><br>01 None Used<br>02 Shoulder Belt Only<br>03 Lap Belt Only<br>04 Shoulder /Lap Belt<br>05 Child Safety Seat<br>06 MC Helmet Used<br>07 Use Unknown<br><b>Non-Motorist</b><br>08 Non Used<br>09 Helmet Used<br>10 Protective Pads<br>11 Reflective Clothing<br>12 Lighting<br>13 Other<br>14 Unknown | <b>Air Bag</b><br>1 Not Deployed<br>2 Deployed-Front<br>3 Deployed-Side<br>4 Deployed Both Front/Side<br>5 Not Applicable<br>6 Unknown | <b>Air Bag Switch</b><br>1 Not Present<br>2 In On Position<br>3 In Off Position<br>4 Unknown | <b>Ejection</b><br>1 Not Ejected<br>2 Totally Ejected<br>3 Partially Ejected<br>4 Not Applicable<br>5 Unknown | <b>Trapped</b><br>1 Not Trapped<br>2 Extricated By Mechanical Means<br>3 Freed BY Non-Mechanical Means<br>4 Unknown | <b>Injuries</b><br>1 No Injury<br>2 Possible<br>3 Non-Incapacitating<br>4 Incapacitating<br>5 Fatal Injury<br>6 Unknown | Supplement *<br>'X' if Yes |
|   |  |  |  |   |   |   |                            |

|  |  |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
|--|--|---|--|--|---|---|---|---|---|---|---|---|---|--|--|
| <b>Unit Numbers</b><br>   | <b>Damage Area</b><br><br>   | <b>Pre-Crash Actions</b><br>    | <b>Sequence Of Events</b><br><table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>  | A  | B   |  |  |    |    |  |  |  |  | <b>Posted Speed</b><br>  | <b>Drug Test Status</b><br>  |
| A  | B  |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
|   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
|   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
|   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
|   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
| <b>Non-Motorist Location</b><br> <br>01 Marked Crosswalk At Intersection<br>02 Intersection/ No Crosswalk<br>03 Non-Intersection Crosswalk<br>04 Driveway Access Crosswalk<br>05 In Roadway<br>06 Not In Roadway<br>07 Median (But Not Shoulder)<br>08 Island<br>09 Shoulder<br>10 Sidewalk<br>11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)<br>12 Beyond 10 Feet Of Roadway (Within Trafficway)<br>13 Outside Trafficway<br>14 Shared Use Paths Or Trails<br>15 Unknown  | <b>Most Damaged Area</b><br>   | <b>Motorist</b><br>01 Movements Essentially Straight Ahead<br>02 Backing<br>03 Changing Lanes<br>04 Overtaking/Passing<br>05 Turning Right<br>06 Turning Left<br>07 Making U-Turn<br>08 Entering Traffic Lane<br>09 Leaving Traffic Lane<br>10 Parked<br>11 Slowing/Stopped In Traffic<br>12 Driverless<br>13 Other<br>14 Unknown<br><b>Non-Motorist</b><br>15 Entering/Crossing In Specified Location<br>16 Walking, Running, Jogging, Playing, Cycling<br>17 Working<br>18 Pushing Vehicle<br>19 Approaching/Leaving Vehicle<br>20 Playing/Working On Vehicle<br>21 Standing<br>22 Other<br>23 Unknown  | <b>Non-Collision</b><br>01 Overturn/Rollover<br>02 Fire/Explosion<br>03 Immersion<br>04 Jackknife<br>05 Cargo/Equipment Loss/Shift<br>06 Equipment Failure<br>07 Separation Of Units<br>08 Ran Off Road Right<br>09 Ran Off Road Left<br>10 Cross Median/Centerline<br>11 Downhill Runaway<br>12 Other Non-Collision<br>13 Unknown Non-Collision<br><b>Collision w/ Person, Vehicle, Or Object Not Fixed</b><br>14 Pedestrian<br>15 Pedalcycle<br>16 Railway Vehicle<br>17 Animal - Farm<br>18 Animal - Deer<br>19 Animal - Other<br>20 Motor Vehicle In Transport<br>21 Parked Motor Vehicle<br>22 Work Zone Maintenance Equipment<br>23 Other Movable Object<br>24 Unknown Movable Object<br><b>Collision with Fixed Object</b><br>25 Impact Attenuator/Crash Cushion<br>26 Bridge Overhead Structure<br>27 Bridge Pier Or Abutment<br>28 Bridge Parapet<br>29 Bridge Rail<br>30 Guardrail Face<br>31 Guardrail End<br>32 Median Barrier<br>33 Highway Traffic Sign Post<br>34 Overhead Sign Post<br>35 Light/Luminaries Support<br>36 Utility Pole<br>37 Other Post, Pole Or Support<br>38 Culvert<br>39 Curb<br>40 Ditch<br>41 Embankment<br>42 Fence<br>43 Mailbox<br>44 Tree<br>45 Other Fixed Object<br>46 Work Zone Maintenance Equipment<br>47 Unknown Fixed Object<br>48 Other<br>49 Unknown | <b>Traffic Control</b><br> <br>01 No controls<br>02 Stop Sign<br>03 Yield Sign<br>04 Traffic Signal<br>05 Traffic Flashers<br>06 School Zone<br>07 Railroad Crossbucks<br>08 Railroad Flashers<br>09 Railroad Gates<br>10 Construction Barricade<br>11 Police Officer<br>12 Pavement Markings<br>13 Crosswalk Lines<br>14 Walk/Don't Walk Signal<br>15 Traffic Control Device Inoperative, Missing, Obscured<br>16 Other | <b>Drug Test Type</b><br> <br>1 None<br>2 Test Refused<br>3 Test Given, Contaminated Sample/Unusable<br>4 Test Given, Results Known<br>5 Test Given, Results Unknown<br>6 Unknown<br><b>Drug Test 1&amp;2 Result</b><br><table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td></td> <td></td> </tr> </table> 1 None<br>2 Marijuana<br>3 Cocaine<br>4 Opiates<br>5 Amphetamines<br>6 PCP<br>7 Other<br>8 Unknown at Time Of Reporting | A   | B   |  |  |   |   |   |   |  |  |
| A  | B  |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
|   |   |   |  |  |   |   |   |   |   |   |   |   |   |  |  |
| <b>Type Of Unit</b><br> <br><b>Motorist</b><br>01 Sub-Compact<br>02 Compact<br>03 Mid Size<br>04 Full Size<br>05 Minivan<br>06 Sport Utility Vehicle<br>07 Pickup<br>08 Panel/Van<br>09 Single Unit Truck; 2 Axles, 6 Tires<br>10 Single Unit Truck; 3+ Axles<br>11 Truck/Trailer<br>12 Truck Tractor (Bobtail)<br>13 Tractor/Semi-Trailer<br>14 Tractor/Double Short<br>15 Tractor/Double Long<br>16 Fifth Wheel Or Converter Dolly<br>17 Tractor/Triples<br>18 Motorcycle<br>19 Motorized Bicycle<br>20 School Bus<br>21 Church Bus<br>22 Public Bus<br>23 Other Bus<br>24 Police Vehicle<br>25 Fire Truck<br>26 Ambulance/Rescue<br>27 Taxi<br>28 Motor Home<br>29 Train<br>30 Farm Vehicle<br>31 Farm Equipment<br>32 Snowmobile<br>33 Construction Equipment<br>34 All Others<br><b>Non-Motorist</b><br>35 Animal W/Rider<br>36 Animal W/Buggy<br>37 Bicycle<br>38 Pedestrian<br>39 Pedalcyclist<br>40 Skater<br>41 Other-Non Motorist<br>42 Unknown | <b>Point Of Impact</b><br> <br>01 None<br>02 Center Front<br>03 Right Front<br>04 Right Side<br>05 Right Rear<br>06 Rear Center<br>07 Left Rear<br>08 Left Side<br>09 Left Front<br>10 Top And Windows<br>11 Undercarriage<br>12 Load / Trailer<br>13 Total (All Areas)<br>14 Other<br>15 Unknown  | <b>Contributing Circumstances</b><br> <br><b>Motorist</b><br>01 None<br>02 Failure To Yield<br>03 Ran Red Light, Or Stop Sign<br>04 Exceeded Speed Limit<br>05 Unsafe Speed<br>06 Improper Turn<br>07 Left of Center<br>08 Followed Too Closely/ACDA<br>09 Improper Lane Change/ Drove Off Road/ Improper Passing<br>10 Improper Backing<br>11 Improper Start From Parked Position<br>12 Stopped or Parked Illegally<br>13 Operating Vehicle In Erratic, Reckless, Careless, Negligent or Aggressive Manner<br>14 Swerving to Avoid (Due to Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)<br>15 Failure To Control<br>16 Vision Obstruction<br>17 Driver Inattention<br>18 Fatigue/Asleep<br>19 Operating Defective Equipment<br>20 Load Shifting/Falling/Spilling<br>21 Other Improper Action<br>22 Unknown<br><b>Non-Motorist</b><br>23 None<br>24 Improper Crossing<br>25 Darting<br>26 Lying And/Or Illegally In Roadway<br>27 Failure To Yield Right Of Way<br>28 Not Visible (Dark Clothing)<br>29 Inattentive<br>30 Failure to Obey Traffic Signs, Signals, Or Officer<br>31 Wrong Side Of The Road<br>32 Other<br>33 Unknown | <b>First Harmful Event</b><br> <br>Of the Sequence of Events - Which one is the First Harmful Event (1-4)  | <b>Direction</b><br>From To From To<br> <br>1 North<br>2 South<br>3 East<br>4 West<br>5 Northeast<br>6 Northwest<br>7 Southeast<br>8 Southwest<br>9 Unknown  | <b>Type of Intersection</b><br><br>01 Not An Intersection<br>02 Four-Way Intersection<br>03 T-Intersection<br>04 Y-Intersection<br>05 Traffic Circle/Roundabout<br>06 Five-Point, Or More<br>07 On Ramp<br>08 Off Ramp<br>09 Crossover<br>10 Driveway/Access<br>11 Railway Grade Crossing<br>12 Shared-Use Paths Or Trails<br>13 Unknown   |   |   |   |   |   |   |   |   |  |  |
| <b>In Emergency Response</b><br> <br>1 No<br>2 Yes<br>3 Unknown   | <b>Action</b><br> <br>1 Non-Contact<br>2 Non-Collision<br>3 Striking<br>4 Struck<br>5 Both Striking And Struck<br>6 Unknown  | <b>Vehicle Defect Code Only If '19' Selected Above</b><br> <br>01 Turn Signals<br>02 Head Lamps<br>03 Tail Lamps<br>04 Brakes<br>05 Steering<br>06 Tire Blowout<br>07 Worn Or Slick Tires<br>08 Trailer Equipment Defective<br>09 Motor Trouble<br>10 Disabled From Prior Crash<br>11 Other Defects   | <b>Most Harmful Event</b><br> <br>Of the Sequence of Events - Which One is the Most Harmful event (1-4)  | <b>Condition</b><br> <br>1 Apparently Normal<br>2 Physical Impairment<br>3 Emotional<br>4 Illness<br>5 Fell Asleep, Fainted, Fatigued, Etc.<br>6 Under The Influence Of Medications/Drugs/Alcohol<br>7 Other<br>8 Unknown  | <b>Alcohol/Drug Suspected</b><br> <br>1 None<br>2 Yes-Alcohol Suspected<br>3 Yes-HBD Not Impaired<br>4 Yes-Drugs Suspected<br>5 Yes-Alcohol / Drugs Suspected<br>6 Unknown  |   |   |   |   |   |   |   |   |  |  |
| <b>Damage Scale</b><br> <br>1 None<br>2 Non-Functional Damage<br>3 Functional Damage<br>4 Disabling Damage<br>5 Severe<br>6 Unknown   | <b>Striking Vehicle: Override/ Underride</b><br> <br>1 No Underride Or Override<br>2 Underride, Compartment Intrusion<br>3 Underride, No Compartment Intrusion<br>4 Underride, Compartment Intrusion Unknown<br>5 Underride, Motor Vehicle In Transport<br>6 Override , Other Vehicle<br>7 Unknown |   | <b>Speed Detected</b><br> <br>1 Stated<br>2 Estimated Speed  | <b>Alcohol Test Status</b><br> <br>1 None<br>2 Test Refused<br>3 Test Given, Contaminated Sample/Unusable<br>4 Test Given, Results Known<br>5 Test Given, Results Unknown<br>6 Unknown   | <b>Road Contour</b><br><br>1 Straight Level<br>2 Straight Grade<br>3 Curve Level<br>4 Curve Grade  |   |   |   |   |   |   |   |   |  |  |
|  |  |   | <b>Speed</b><br>   | <b>Alcohol Test Type</b><br> <br>1 None<br>2 Blood<br>3 Urine<br>4 Breath<br>5 Other   | <b>Road Conditions</b><br>Primary  Secondary <br>01 Dry<br>02 Wet<br>03 Snow<br>04 Ice<br>05 Sand, Mud, Dirt, Oil, Gravel<br>06 Water (Standing, Moving)<br>07 Slush<br>08 Debris**<br>09 Rut, Holes, Bumps, Uneven Pavement **<br>10 Other<br>11 Unknown<br>** Secondary Road Conditions ONLY  |   |   |   |   |   |   |   |   |  |  |
| Supplement * 'X' if Yes  Local Report # *    |  |   |  |  |   |   |   |   |   |   |   |   |   |  |  |

# Narrative

Unit # 2 was traveling south bound on SR 123 and was attempting to turn left into the driveway of McDonald's at 6810 SR 123. The driver of Unit # 2 stated traffic had stopped in the left lane of north bound traffic and he began his turn. He then stated after he began his turn he struck Unit # 1 that he did not see in the right hand lane of north bound traffic.

The driver of Unit # 2 stated he was traveling north bound on SR 123 in the right hand lane of traveling when he was struck by Unit # 1.

## 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

## Weather

01

- 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

1

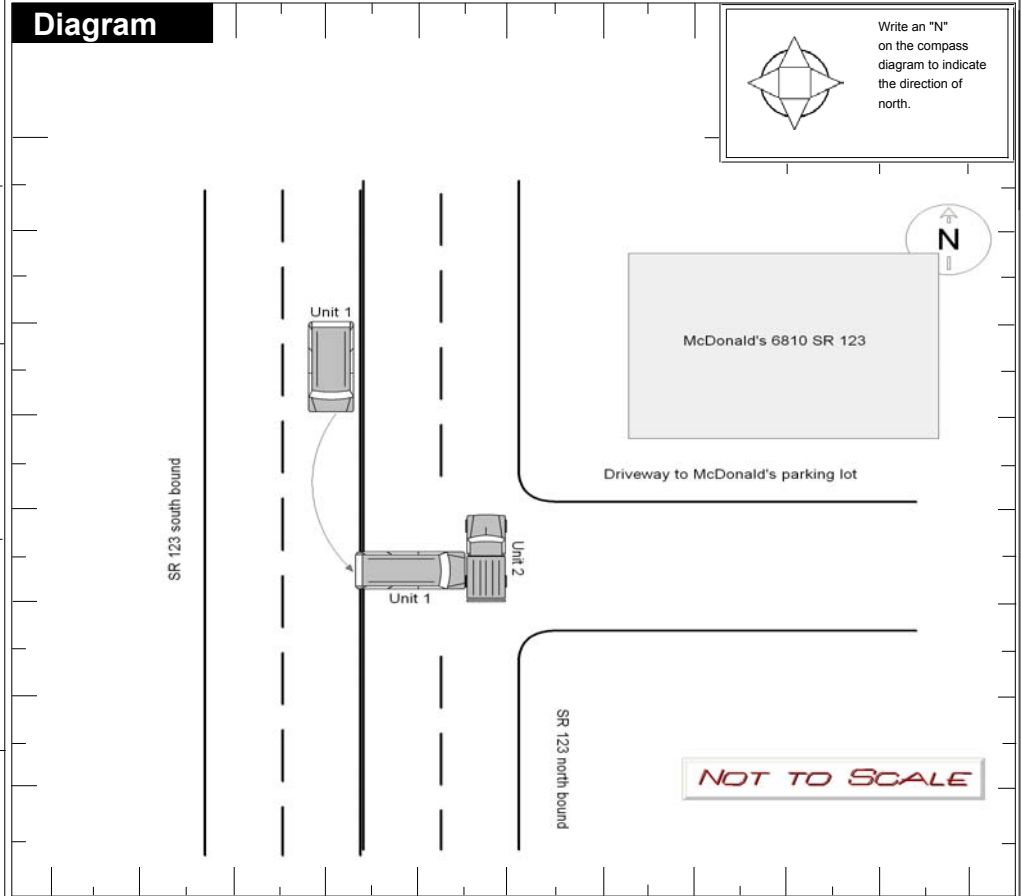
- 1 Before First Work Zone Warning Sign
- 2 Advance Warning Area
- 3 Transition Area
- 4 Activity Area

## Workers Present

1

- 1 No
- 2 Yes
- 3 Unknown

## Diagram



## Truck/Bus

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.

A  
N  
D

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.

Unit #

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 Tan
- 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 - 26,000
- 3 More Than 26,000

## 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 Material Released

- 1 No
- 2 Yes
- 3 Not Applicable
- 4 Unknown

## Police Action

Date Crash Reported: 09202011 Time Rec Call: 1730 Dispatch: 1731 Arrived: 1732 Cleared: 1751 Other: 60 Total Minutes: 81

Officer's Name \*

SHANNON, DENNIS

Badge # \*

1F46

Checked By

Smith, Terry

Date Report Filed \*

09202011

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 # \*

11-315