

# TRAFFIC CRASH REPORT

CRASH REPORT # <b>10CR 17 04</b>	CRASH SEVERITY 1.FATAL ERROR 3.PDO 2.INJURY 4.UNKNOWN <b>2</b>	PRIVATE PROPERTY <input type="checkbox"/> 'X' IF YES	HIT/SKIP 1.NOT HIT/SKIP 2.SOLVED 3.UNSOLVED <b>1</b>	PHOTOS TAKEN <input checked="" 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. # <b>01313</b>	REPORTING AGENCY <b>WILLIAMSBURG POLICE DEPT</b>	# UNITS <b>2</b>	UNIT ERROR 98.ANIMAL 99.UNKNOWN <b>01</b>	DATE OF CRASH <b>4/19/2010</b>	

TIME OF CRASH <b>11:14</b>	DAY OF WEEK <b>MON</b>	CITY/VILLAGE/TOWNSHIP <b>VILLAGE</b>	NAME (OF CITY, VILLAGE OR TOWNSHIP) <b>WILLIAMSBURG</b>	COUNTY # <b>13</b>	LATITUDE <b>3903152063</b>	LONGITUDE <b>0840313795</b>
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CRASH OCCURRED ON			TYPE LOCATION POINT USED		LOCAL INFORMATION	
PREFIX <b>W</b>	CRASH LOCATION <b>MAIN</b>	TYPE LOC <b>1</b>	1.NAMED STREET 2.NUMBERED STREET 3.NUMBERED ROUTE			
AT/REFERENCE			REFERENCE POINT USED			
DIST. REF.	DR	PREFIX	REFERENCE <b>000305</b>	REF POINT <b>04</b>	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	

<b>A</b>	UNIT # <b>01</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>KONG KATHY</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>218 SOUTH BROADWAY STREET WILLIAMSBURG OH 45176</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>12/17/1948</b>	AGE <b>61</b>	SEX <b>F</b>	HOME PHONE # <b>(513)724-6568</b>	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RQ518673</b>	LP STATE <b>OH</b>	LP # <b>DKB3184</b>	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>1</b>	TRANSPORTED BY	INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE 'SAME') <b>KONG, KATHY</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>218 SOUTH BROADWAY STREET WILLIAMSBURG OH 45176</b>			
YEAR <b>1990</b>	MAKE <b>FORD</b>	MODEL <b>TEMPO</b>	COLOR <b>RED</b>	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE# <b>(513)724-6568</b>
OFFENSE CHARGED <b>73.10A</b>		OFFENSE DESCRIPTION <b>A.C.D.A.</b>			CITATION # <b>3906</b>	LOCAL CODE <input checked="" type="checkbox"/> 'X' IF YES

<b>B</b>	UNIT # <b>02</b>	# OF OCC <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>PANGALLO JOSEPH M</b>			
ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3655 TODDS RUN FOSTER ROAD WILLIAMSBURG OH 45176</b>						
SOCIAL SECURITY NUMBER		DATE OF BIRTH <b>10/08/1946</b>	AGE <b>63</b>	SEX <b>M</b>	HOME PHONE #	WORK PHONE #
DL STATE <b>OH</b>	DL # <b>RM031379</b>	LP STATE <b>OH</b>	LP # <b>COLTS 32</b>	INJURED TAKEN BY 1.NONE 4.OTHER 2.EMS 5.UNKNOWN 3.POLICE <b>2</b>	TRANSPORTED BY <b>WILLIAMSBURG TWP E</b>	INJURED TAKEN TO <b>CMH</b>
OWNER NAME (IF SAME, WRITE 'SAME') <b>PANGALLO, CAROL</b>			OWNER ADDRESS (STREET, CITY, STATE, ZIP-CODE) <b>3655 TODDS RUN FOSTER ROAD WILLIAMSBURG OH 45176</b>			
YEAR <b>2002</b>	MAKE <b>FORD</b>	MODEL <b>RANGER</b>	COLOR <b>BLACK</b>	INSURANCE COMPANY <b>PROGRESSIVE</b>	TOWING SERVICE	OWNER PHONE#
OFFENSE CHARGED		OFFENSE DESCRIPTION			CITATION #	LOCAL CODE <input type="checkbox"/> 'X' IF YES

<b>C</b>	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>D</b>	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		

SEATING POSITION A <b>01</b> B <b>01</b> C D BLANK FOR WITNESS	SAFETY EQUIPMENT A <b>04</b> B <b>04</b> C D	AIR BAG A <b>1</b> B <b>1</b> C D	AIR BAG SWITCH A <b>1</b> B <b>4</b> C D	EJECTION A <b>1</b> B <b>1</b> C D	TRAPPED A <b>1</b> B <b>1</b> C D	INJURIES A <b>1</b> B <b>2</b> C D SUPPLEMENT 'X' IF YES
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MOTORIST / NON-MOTORIST

OCCUPANT

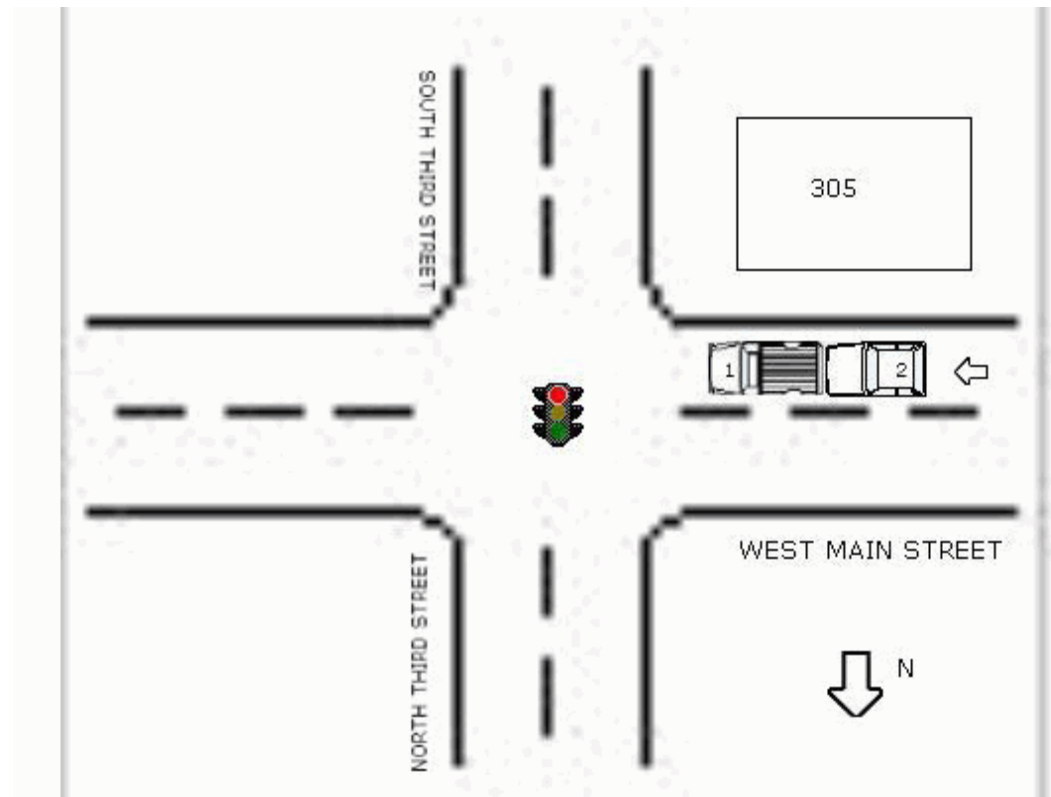
<b>UNIT NUMBERS</b> A <input type="text" value="01"/> B <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> A <input type="text" value="01"/> B <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td>1 <input type="text" value="20"/></td> <td>1 <input type="text" value="20"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>2 <input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>3 <input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>4 <input type="text"/></td> </tr> </table>	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"/>	<b>POSTED SPEED</b> A <input type="text" value="25"/> B <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>
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"/>														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/>		<b>MOTORIST</b> 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 15.NON-MOTORIST 16.ENTRANCE OR CROSSING SPECIFIED LOCATION 17.WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18.PUSHING VEHICLE 19.APPROACHING OR LEAVING VEHICLE 20.PLAYING OR WORKING ON VEHICLE 21.STANDING 22.OTHER 23.UNKNOWN	<b>NON-COLLISION</b> 01.OVERTURN/ROLL-OVER 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 OF 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 FIXED 15.PEDAL CYCLE 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.EMBANKMENT 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	<b>TRAFFIC CONTROL</b> A <input type="text" value="04"/> B <input type="text" value="04"/>	<b>DRUG TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> A <input type="text" value="03"/> B <input type="text" value="07"/>		<b>CONTRIBUTING CIRCUMSTANCES</b> A <input type="text" value="08"/> B <input type="text" value="01"/>	<b>MOTORIST</b> 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 23.NON-MOTORIST 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 OTHER 31.WRONG SIDE OF THE ROAD 32.OTHER 33.UNKNOWN	<b>DIRECTION</b> FROM TO A <input type="text" value="4"/> <input type="text" value="3"/> B <input type="text" value="4"/> <input type="text" value="3"/>	<b>DRUG TEST 1 &amp; 2 RESULT</b> <table border="1"> <tr> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>A <input type="text" value="1"/></td> <td>A <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> <td>B <input type="text" value="1"/></td> </tr> </table>	1	2	1	2	A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>		
1	2	1	2												
A <input type="text" value="1"/>	A <input type="text" value="1"/>	B <input type="text" value="1"/>	B <input type="text" value="1"/>												
<b>MOTORIST</b> 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 (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 35.NON-MOTORIST 36.ANIMAL W/RIDER 37.BICYCLE 38.PEDESTRIAN 39.PEDALCYCLIST (BICYCLE, TRICYCLE, UNICYCLE, PEDAL CAR) 40.SKATER 41.OTHER-NON MOTORIST (WHEELCHAIR, ETC) 42.UNKNOWN	<b>MOST DAMAGED AREA</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>VEHICLE DEFECT CODE ONLY IF '9' SELECTED ABOVE</b> A <input type="text"/>	<b>FIRST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>CONDITION</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/>										
<b>POINT OF IMPACT</b> A <input type="text" value="02"/> B <input type="text" value="06"/>	<b>ACTION</b> A <input type="text" value="3"/> B <input type="text" value="4"/>	<b>01.TURN SIGNALS</b> <b>02.HEAD LAMPS</b> <b>03.TAIL LAMPS</b> <b>04.BRAKES</b> <b>05.STEERING</b> <b>06.TIRE BLOWOUT</b> <b>07.WORN OR SLICK TIRES</b> <b>08.TRAILER EQUIPMENT DEFECTIVE</b> <b>09.MOTOR TROUBLE</b> <b>10.DISABLED FROM PRIOR ACCIDENT</b> <b>11.OTHER DEFECTS</b> <b>12.NO DEFECTS</b>	<b>MOST HARMFUL EVENT</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>OCURRENCE</b> <input type="text" value="1"/>										
<b>IN EMERGENCY RESPONSE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>STRIKING VEHICKE OVERRIDE/UNDERRIDE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>01.TURN SIGNALS</b> <b>02.HEAD LAMPS</b> <b>03.TAIL LAMPS</b> <b>04.BRAKES</b> <b>05.STEERING</b> <b>06.TIRE BLOWOUT</b> <b>07.WORN OR SLICK TIRES</b> <b>08.TRAILER EQUIPMENT DEFECTIVE</b> <b>09.MOTOR TROUBLE</b> <b>10.DISABLED FROM PRIOR ACCIDENT</b> <b>11.OTHER DEFECTS</b> <b>12.NO DEFECTS</b>	<b>SPEED DETECTED</b> A <input type="text"/>	<b>ALCOHOL TEST STATUS</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> A <input type="text" value="2"/> B <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> A <input type="text" value="1"/> B <input type="text" value="1"/>	<b>01.TURN SIGNALS</b> <b>02.HEAD LAMPS</b> <b>03.TAIL LAMPS</b> <b>04.BRAKES</b> <b>05.STEERING</b> <b>06.TIRE BLOWOUT</b> <b>07.WORN OR SLICK TIRES</b> <b>08.TRAILER EQUIPMENT DEFECTIVE</b> <b>09.MOTOR TROUBLE</b> <b>10.DISABLED FROM PRIOR ACCIDENT</b> <b>11.OTHER DEFECTS</b> <b>12.NO DEFECTS</b>	<b>SPEED</b> A <input type="text" value="0"/> B <input type="text" value="0"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/>	<b>ROAD CONDITION</b> PRIMARY <input type="text" value="01"/> SECONDARY <input type="text"/>										
<b>SUPPLEMENT 'X' IF YES</b> <input type="checkbox"/>	<b>LOCAL REPORT #</b> 10CR 17 04	<b>1.NONE</b> 2.NON-FUNCTIONAL 3.FUNCTIONAL DAMAGE 4.DISABLING DAMAGE 5.SEVERE 6.UNKNOWN	<b>1.NONE</b> 2.BLOOD 3.URINE	<b>1.NONE</b> 2.BLOOD 3.URINE	<b>1.NONE</b> 2.MARIJUANA 3.COCAINE 4.OPHATES 5.AMPHETAMINES 6.PCP 7.OTHER 8.UNKNOWN AT TIME OF REPORTING										

**NARRATIVE**

UNIT 1 WAS TRAVELING EAST BOUND ON WEST MAIN STREET. UNIT 2 WAS STOPPED EAST BOUND AT TRAFFIC SIGNAL AT THE INTERSECTION OF WEST MAIN AND THRID STREET. UNIT 1 FAILING TO MAINTAIN ASSURED CLEAR DISTANCE STRUCK UNIT 2 IN THE REAR.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> <b>2</b> 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	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> <b>01</b> 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	<b>WORK ZONE RELATED</b> <input checked="" type="checkbox"/> <b>1</b> 1. NO 2. YES 3. UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> <b>1</b> SECONDARY <input type="checkbox"/> 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	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1. LANE CLOSURE 2. LANE SHIFT/CROSSOVER 3. WORK ON SHOULDER OR MEDIAN 4. INTERMITTENT OR MOVING WORK 5. OTHER
<b>LOC ATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1. BEFORE THE FIRST WORK ZONE WARNING SIGN 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN

**DIAGRAM**



<b>TRUCK/BUS</b> UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A. TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR N. A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR D. 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.
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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
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 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	<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 1. LESS/EQUAL 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	<b>CDL CLASS</b> <input type="checkbox"/> 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	<b>HAZARDOUS MATERIALS</b> <input type="checkbox"/> 1. NO 2. YES 3. UNKNOWN	<b>HAZARDOUS MATERIALS RFI FASED</b> <input type="checkbox"/> 1. NO 2. YES 3. NOT APPLICABLE 4. UNKNOWN			

<b>DATE CRASH REPORTED</b> 4/19/2010		<b>TIME REC CALL</b> 11:17	<b>DISPATCH</b> 11:17	<b>ARRIVED</b> 11:22	<b>CLEARED</b> 11:49	<b>OTHER</b> 20	<b>TOTAL MINUTES</b> 52
<b>OFFICER'S NAME</b> CHIEF M. GREGORY			<b>BADGE #</b> 4W90	<b>CHECKED BY</b> 4W85		<b>DATE REPORT FILED</b> 4/20/2010	
<b>REPORT TAKEN BY</b> <input checked="" type="checkbox"/> <b>1</b> 1. POLICE AGENCY 2. MOTORIST	<b>REPORT TAKEN AT</b> <input checked="" type="checkbox"/> <b>1</b> 1. SCENE 2. STATION 3. OTHER	<input type="checkbox"/> <b>SUPPLEMENT 'X' IF YES</b>	<b>LOCAL REPORT #</b> 10CR 17 04				