

Date of Crash 03/22/05		M T W Th F S Sun 1 2 3 4 5 6 7		Time of Crash 1200 HRS.		CRASH REPORTED BY: 1 State Police 2 City Police 3 Sheriff 4 Other		Time of Notification 1201 HRS.		Time of Arrival 1202 HRS.		<input type="checkbox"/> Fatality <input type="checkbox"/> Leaving Scene <input type="checkbox"/> Hit & Run <input type="checkbox"/> Striking Unattended Vehicle <input type="checkbox"/> Other	
COUNTY USA				CITY OR TOWN IN NEAR Wheeling				HIGHWAY CLASSIFICATION 1 Interstate 2 U.S. 3 WV 4 County 5 City 6 Other					
CRASH OCCURRED ON ROUTE 1 North		STREET 1 Or Kennedy Street		MAXIMUM SPEED LIMIT Posted Not Posted		ADVISORY SPEED 50		IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE 1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On 4 Exit Ramp On				<input type="checkbox"/> N Side <input type="checkbox"/> S Side <input type="checkbox"/> E Side <input type="checkbox"/> W Side	
AT INTERSECTION WITH ROUTE 2 South		STREET 2 Or Humpkin Road		MAXIMUM SPEED LIMIT Posted Not Posted		ADVISORY SPEED 50		STREET, HIGHWAY, TOWN ETC. Kennedy Street, Wheeling				RELATION TO ROADWAY (Location of First Impact) 1 On Road 2 Median 3 Shoulder 4 Outside of Gore 5 Shoulder/Curb 6 Other/Unknown	

DRIVER'S FULL NAME John Bonham				ADDRESS 90 Chapman Place				CITY Wheeling		STATE WV		ZIP 85558	
DATE OF BIRTH 09/28/84		SOCIAL SECURITY NUMBER 121212546449		DRIVER LICENSE NUMBER 12784546652185				CDL <input type="checkbox"/> Jr. Operator's <input type="checkbox"/> Learner's Perm.		STATE KY		LICENSE RESTRICTION(S) VIOLATED	
CITATION NUMBER 45454212		CITATION CHARGE \$150.00		DRIVER CONDITION: 1 Normal 2 Fatigued 3 Asleep		4 Ill 5 Drinking 6 Medication		7 Other 8 Unknown					
SOBRIETY TEST GIVEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TYPE OF TEST GIVEN: <input type="checkbox"/> FIELD BLOOD <input type="checkbox"/> BREATH PBT <input type="checkbox"/> URINE OTHER <input checked="" type="checkbox"/> N/A		TEST RESULTS: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)									

OWNER'S FULL NAME John Bonham				ADDRESS 90 Chapman Place				CITY Wheeling		STATE WV		ZIP 85558	
YEAR 1977		MAKE Ford		MODEL Mustang		STYLE GT		COLOR (List Primary/Secondary) Red					
LICENSE PLATE NUMBER 4545454		STATE AL		YEAR 2005		VEHICLE IDENTIFICATION NUMBER 12121545421							
DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.) N <input checked="" type="checkbox"/> E <input type="checkbox"/> ON ROUTE 1 ABOVE S <input type="checkbox"/> W <input type="checkbox"/> (Or Street) 2 ABOVE		TOTAL OCCUPANTS OF THIS VEHICLE: 1		EXTENT OF DAMAGE 0 1 2 3 4 5 6 - Unknown		DRIVEABLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DAMAGED AREA(S) 		PT. OF INITIAL IMPACT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
TOWED DUE TO DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TOWED BY: Joe's Towing		TOWED TO: Joe's Shop									
AUTO LIABILITY INSURANCE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INSURANCE COMPANY Barton Black and Robertson		POLICY NO. 454541		AGENT Lori Slater							
CONTRIBUTING CIRCUMSTANCES (Check One or More) 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed		4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal		11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation		18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)		12 UNDERCARRIAGE 13 NONE/NON-APPARENT 14 OTHER/UNKNOWN 15 ALL AREAS					

DRIVER'S FULL NAME Shinade O'Connor				ADDRESS 1777 Queens Ave.				CITY Wheeling		STATE WV		ZIP 58854	
DATE OF BIRTH 09/15/80		SOCIAL SECURITY NUMBER 1231315		DRIVER LICENSE NUMBER 13215486				CDL <input type="checkbox"/> Jr. Operator's <input type="checkbox"/> Learner's Perm.		STATE WV		LICENSE RESTRICTION(S) VIOLATED	
CITATION NUMBER 1221654		CITATION CHARGE \$250.00		DRIVER CONDITION: 1 Normal 2 Fatigued 3 Asleep		4 Ill 5 Drinking 6 Medication		7 Other 8 Unknown					
SOBRIETY TEST GIVEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TYPE OF TEST GIVEN: <input type="checkbox"/> FIELD BLOOD <input type="checkbox"/> BREATH PBT <input type="checkbox"/> URINE OTHER <input checked="" type="checkbox"/> N/A		TEST RESULTS: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)									

OWNER'S FULL NAME Shinade O'Connor				ADDRESS 1777 Queens Ave.				CITY Wheeling		STATE WV		ZIP 58854	
YEAR 2005		MAKE Toyota		MODEL Celica		STYLE GT		COLOR (List Primary/Secondary) Yellow					
LICENSE PLATE NUMBER 545454		STATE WV		YEAR 2005		VEHICLE IDENTIFICATION NUMBER 313213215							
DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.) N <input checked="" type="checkbox"/> E <input type="checkbox"/> ON ROUTE 1 ABOVE S <input type="checkbox"/> W <input type="checkbox"/> (Or Street) 2 ABOVE		TOTAL OCCUPANTS OF THIS VEHICLE: 1		EXTENT OF DAMAGE 0 1 2 3 4 5 6 - Unknown		DRIVEABLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DAMAGED AREA(S) 		PT. OF INITIAL IMPACT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15			
TOWED DUE TO DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TOWED BY: Big O Towing		TOWED TO: Big O Shop									
AUTO LIABILITY INSURANCE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INSURANCE COMPANY Capri Insurance		POLICY NO. 545454		AGENT Mike Shepard							
CONTRIBUTING CIRCUMSTANCES (Check One or More) 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed		4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal		11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation		18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)		12 UNDERCARRIAGE 13 NONE/NON-APPARENT 14 OTHER/UNKNOWN 15 ALL AREAS					

FORM OVERRIDE # 7420

DRIVER'S PHONE #: ()

WORK PHONE: ()

DRIVER'S PHONE #: ()

WORK PHONE: ()

PHONE #: (304) 858-9989

PHOTOS TAKEN: BY WHOM: Ben Benjamin

ASSISTING OFFICER: Officer Paul Stanelly

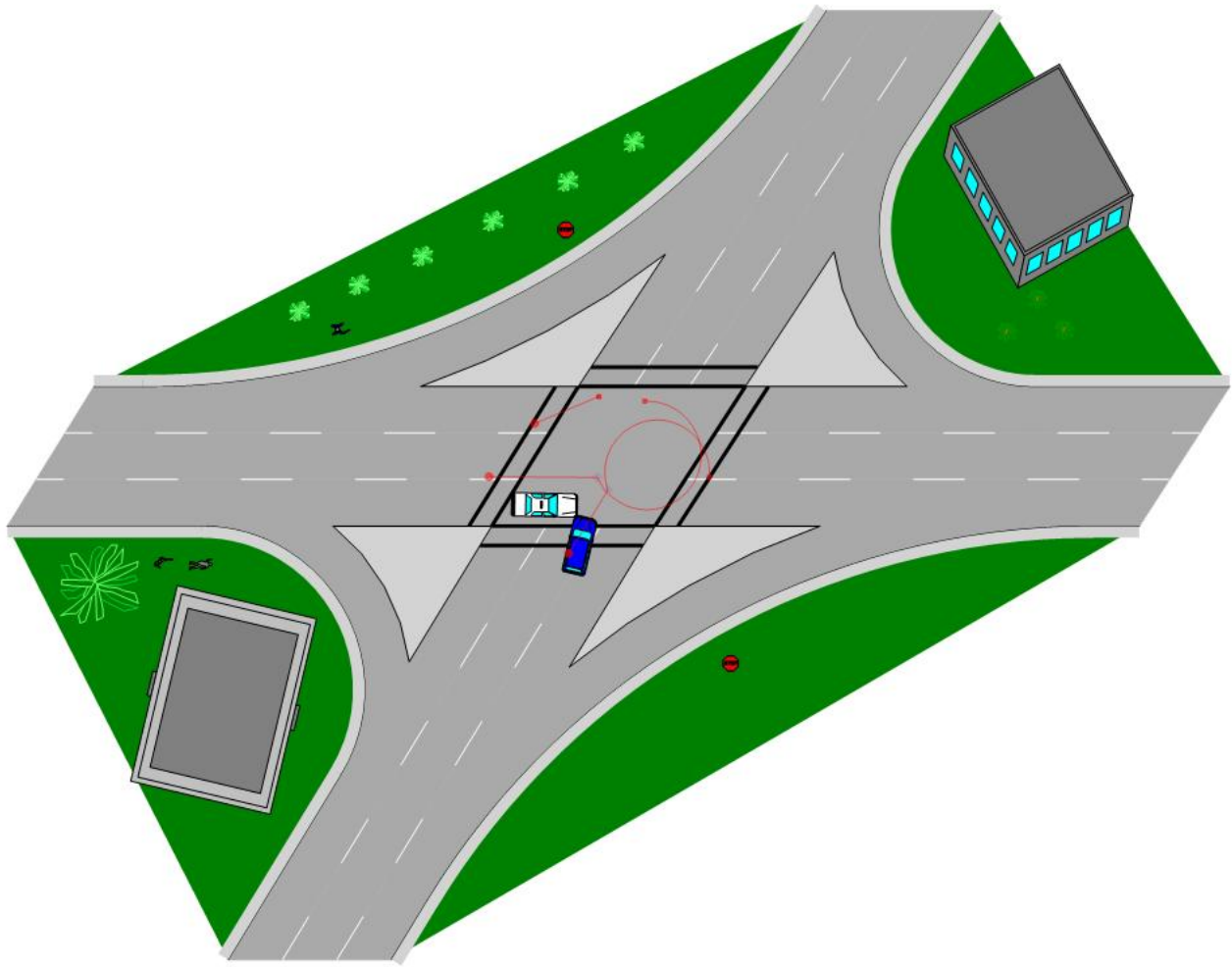
O D A M A G E R E	DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE)				ON PAVEMENT OR 120 FEET	
	John Reding's Fence was smash				N S E W OF PAVEMENT EDGE	
C O D E S	OWNER'S NAME <input type="radio"/> Other (Please List)		ADDRESS		CITY STATE ZIP	
	<input checked="" type="radio"/> DOH <input type="radio"/> City John Reding		180 Sherman Street		Wheeling WV 85584	
C R A S H	SEATING		OCCUPANT PROTECTION		INJURY CLASSIFICATION	
	10 - Sleeper Section 11 - Other Enclosed Passenger Area/ Cargo Area 12 - Other Unenclosed Passenger Area/ Cargo Area 13 - Riding In/On Trailing Unit 14 - Riding On Vehicle Exterior 15 - Unknown 16 - Other (SEE NARRATIVE)		1 - None Installed 2 - None Used 3 - Lap Belt Only Used 4 - Shoulder Belt Only 5 - Lap and Shoulder Belt Used 6 - Child Safety Seat 7 - Helmet, Glasses/Shield 8 - Unknown		K - Killed A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene. B - Bruises, Abrasions, Swelling, Limping, Etc. C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness O - Not Injured	
	AIRBAG DEPLOYED 1 - Yes 2 - No 3 - Not equipped		EJECTED 1 - No 3 - Partially 2 - Yes 4 - Unknown		TRAPPED/EXTRICATED 1 - Not Trapped 3 - Trapped/Not Extricated 2 - Trapped/Extricated 4 - Unknown	
P I N N O L V E D	VEHICLE FIRE OCCURRENCE		HAZARDOUS CARGO		DRIVER	
	Veh. #: 0 <input checked="" type="radio"/> No Fire Occurrence 1 <input type="radio"/> Fire Occurrence		Veh. #: 0 <input checked="" type="radio"/> No 1 <input type="radio"/> Yes 2 <input type="radio"/> Unknown		1 <input type="radio"/> 2 <input type="radio"/>	
P E D	NAME		M/F		AGE	
	John Bonham		M		20	
W I T N E S S	NAME OF WITNESS		ADDRESS		CITY STATE ZIP	
	Mike Jones		77 Kennedy Street		Wheeling WV 85846	
E N V I R O N M E N T	LIGHT		WEATHER		ROADWAY SURFACE	
	1 <input checked="" type="radio"/> Daylight 2 <input type="radio"/> Dark 3 <input type="radio"/> Dark, Artificial Lights 4 <input type="radio"/> Dusk 5 <input type="radio"/> Dawn		1 <input checked="" type="radio"/> Clear 2 <input type="radio"/> Cloudy 3 <input type="radio"/> Raining 4 <input type="radio"/> Fog/Smog 5 <input type="radio"/> Snowing 6 <input type="radio"/> Sleeting 7 <input type="radio"/> Hailing 8 <input type="radio"/> Crosswinds		1 <input checked="" type="radio"/> Dry 2 <input type="radio"/> Wet 3 <input type="radio"/> Snow 4 <input type="radio"/> Ice 5 <input type="radio"/> Muddy 6 <input type="radio"/> Haz. Mat. 7 <input type="radio"/> Other	
C R A S H T Y P E	MANNER OF COLLISION:		ROADWAY CHARS.		ROAD TYPE	
	1 <input type="radio"/> Rear End 2 <input type="radio"/> Head On 3 <input checked="" type="radio"/> Same Direction Sideswipe 4 <input type="radio"/> Opp. Direction Sideswipe 5 <input type="radio"/> Rear-to-Rear 6 <input type="radio"/> Single Vehicle Crash 7 <input type="radio"/> Other		1 <input type="radio"/> Straight and Level 2 <input type="radio"/> Straight and Grade 3 <input type="radio"/> Straight at Hillcrest 4 <input type="radio"/> Curve and Level 5 <input type="radio"/> Curve and Grade 6 <input type="radio"/> Curve at Hillcrest 7 <input type="radio"/> Straight and Rolling 8 <input type="radio"/> Sag Curve		1 <input type="radio"/> Blacktop 2 <input checked="" type="radio"/> Concrete 3 <input type="radio"/> Brick 4 <input type="radio"/> Gravel 5 <input type="radio"/> Dirt 6 <input type="radio"/> Other:	
C O M M E R C I A L C A R R I E R	VEH. SEQUENCE OF EVENTS (Use Codes at Right)		NON-COLLISION		HAD A COLLISION WITH	
	1: 0 1 2: 0 1		01-Loss of Control 02-Cross centerline/median 03-Ran off Roadway-left 04-Ran off Roadway-right 05-Re-enter Roadway 06-Overturn 07-Separation of Units 08-Fire/explosion 09-Immersion 10-Jackknife 11-Downhill Runaway 12-Cargo loss/shift 13-Individual fell from veh. 14-Stopped In traffic lane 15-Other noncollision		16-Moving motor vehicle 17-Pedestrian 18-Bicyclist 19-Motor veh. in transport 20-Parked motor vehicle 21-Railroad/Train 22-Animal 23-Other non-fixed object 24-Bridge/pier/abutment 25-Bridge parapet end 26-Bridge rail 27-Guardrail face 28-Guardrail end 29-Median barrier 30-Highway traffic sign post 31-Highway sign post 32-Luminaire/light support 33-Utility pole 34-Other pole 35-Culvert 36-Curb 37-Ditch 38-Embankment 39-Fence 40-Mailbox 41-Tree 42-RR crossing signal 43-Building 44-Traffic island 45-Fire hydrant 46-Impact attenuator 47-Other fixed object	
C O M M E R C I A L C A R R I E R	SCREENING INFORMATION:		VEHICLE NUMBER		CARRIER INFORMATION SOURCE:	
	NUMBER OF QUALIFYING VEHICLES INVOLVED: _____ Trucks with 6 or more tires or a Haz Mat Placard _____ Buses designed to carry 16 or more persons _____ NUMBER OF: _____ Persons Sustaining fatal injuries _____ Persons transported for IMMEDIATE medical treatment _____ Vehicles towed from the scene due to damage or provided assistance _____		1 <input checked="" type="radio"/> Shipping Papers 2 <input type="radio"/> Vehicle Side 3 <input type="radio"/> Log Book 4 <input type="radio"/> Driver 5 <input type="radio"/> Other		1 <input type="radio"/> Any 4-tire vehicle 2 <input type="radio"/> Bus 3 <input type="radio"/> Single unit truck (2 axles/6 or more tires) 4 <input type="radio"/> Single unit truck (3 or more axles) 5 <input type="radio"/> Truck with trailer 6 <input type="radio"/> Truck tractor only (Bobtail) 7 <input type="radio"/> Tractor with semi-trailer 8 <input type="radio"/> Tractor with double trailer 9 <input type="radio"/> Tractor with triple trailers 10 <input type="radio"/> Other - Unable to classify	
C O M M E R C I A L C A R R I E R	CARRIER NAME		CITY		STATE ZIP	
	Rick Roger		Wheeling		WV 577546	
C O M M E R C I A L C A R R I E R	ADDRESS		USDOT		ICCMC	
	88 Samson Way		WV		GVWR	
C O M M E R C I A L C A R R I E R	NUMBER OF AXLES PER UNIT		CARGO BODY TYPE		HAZARDOUS MATERIAL	
	Tractor Trailer 1 Trailer 2 Trailer 3		1 <input type="radio"/> Bus 2 <input type="radio"/> Van/enclosed box 3 <input type="radio"/> Cargo tank 4 <input type="radio"/> Flatbed 5 <input type="radio"/> Dump 6 <input type="radio"/> Concrete Mixer 7 <input type="radio"/> Auto Transport 8 <input type="radio"/> Garbage or Refuse 9 <input type="radio"/> Other (List Below)		PLACARD: <input type="radio"/> Yes <input type="radio"/> No SPILL: <input type="radio"/> Yes <input type="radio"/> No Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom: _____	
C O M M E R C I A L C A R R I E R	NAME OF INVESTIGATING OFFICER (Please Print)		NUMBER		NAME OF POLICE AGENCY	
	Officer Tyler Kennedy		007		N/A	
C O M M E R C I A L C A R R I E R	O.R.I. NUMBER		DATE OF COMPLETION		INVESTIGATING OFFICER'S SIGNATURE:	
	5412154		0 3 2 2 0 5		Fred Jackson	

The data in this report reflects my best judgement and knowledge.

Fred Jackson

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DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

Vehicle 1 was heading North bound and failed to obey the stop sign. Vehicle 2 was heading south bound making a turn to head east. Vehicle 1 impacted vehicle 2 on its left side. The impact caused vehicle 2 to slide 50 ft.

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