

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
07-058270

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P Other  
X

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN POLICE

# UNITS  
02

UNT ERROR  
02 98 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH \*  
08052007

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
2142 SUN X YOUNGSTOWN 50

CRASH OCCURRED ON: PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
GLACIER

REFERENCE PREFIX REFERENCE REF POINT REFERENCE POINT USED LOCAL INFORMATION  
115 GLACIER 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
02 INTERSECTION 2 STREETS 10 STREET OR ROUTE W/O REFERENCE  
03 COUNTY LINE 06 MILE POST

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 01

Address (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
OH DPX5443 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
BALLARD, MICHAEL E. 3309 GLENWOOD AVE Yo OH 44511

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2005 CHEVY AVE0 WHITE LIBERTY MUTUA

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 02 01 JENKINS, DOMINIC

Address (STREET, CITY, STATE, ZIP CODE)  
425 ST. LOUIS YOUNGSTOWN OH 44511

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
05071989 18 M 3309823878

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
OH SX964959 OH AC43ZH 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
RICE, EVA M. 425 ST LOUIS Yo OH 44511

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2003 PONTIAC GRAND AM Gold TITAN

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
2 EMS 5 UNKNOWN 3 POLICE

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
D

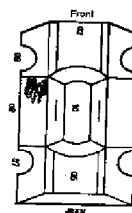
Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO  
2 EMS 5 UNKNOWN 3 POLICE

Motorist/Non-Motorist

Occupant

SEATING POSITION 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	SAFETY EQUIPMENT 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	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS SUPPLEMENT # X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="10"/> <input type="text" value="02"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td><input type="text" value="20"/></td><td><input type="text" value="21"/></td></tr> <tr><td><input type="text" value="2"/></td><td><input type="text" value="2"/></td></tr> <tr><td><input type="text" value="3"/></td><td><input type="text" value="3"/></td></tr> <tr><td><input type="text" value="4"/></td><td><input type="text" value="4"/></td></tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="21"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
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<input type="text" value="4"/>	<input type="text" value="4"/>														
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="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 USE PATHS OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> <input type="text" value="08"/> <input type="text" value="07"/>	<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/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSON 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 <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value="01"/> 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 PAYMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER <b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td><input type="text" value="1"/></td><td><input type="text" value="2"/></td></tr> <tr><td><input type="text" value="1"/></td><td><input type="text" value="2"/></td></tr> </table>	A	B	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="2"/>				
A	B														
<input type="text" value="1"/>	<input type="text" value="2"/>														
<input type="text" value="1"/>	<input type="text" value="2"/>														
<b>TYPE OF UNIT</b> <input type="text" value="01"/> <input type="text" value="03"/>	<b>POINT OF IMPACT</b> <input type="text" value="08"/> <input type="text" value="07"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="01"/>	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/>	<b>CONDITION</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>										
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 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+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BORTAL) 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 <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<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/VADCA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING IMPROPER START FROM PARKED POSITION STOPPED OR PARKED ILLEGALLY OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER SWERVING TO AVOID (DUE TO WIND, SUPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) FAILURE TO CONTROL VISION OBSTRUCTION DRIVER INATTENTION FATIGUE/ASLEEP OPERATING DEFECTIVE EQUIPMENT LOAD SHIFTING/FALLING/SPILLING OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	<b>OCCURRENCE</b> <input type="text" value="1"/>										
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>ALCOHOL TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="B"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ROAD CONTOUR</b> <input type="text" value="2"/>										
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text" value="3"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> 1 STATED 2 ESTIMATED SPEED	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value="06"/>	<b>ROAD CONDITIONS</b> 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										
<b>DAMAGE SCALE</b> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>SPEED</b> <input type="text" value="10"/> <input type="text" value="10"/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>										
SUPPLEMENT * X IF YES LOCAL REPORT # 4		<input type="text" value="07-058270"/>													

**Narrative**

UNIT 1 WAS PARKED ON THE SOUTH BOUND SIDE OF  
 GLACIER IN FRONT OF 115. UNIT 2 BACKED OUT OF THE  
 DRIVEWAY OF 115 GLACIER AND STRUCK UNIT 1.

*\* DRAWN NOT TO SCALE \**

**MANNER OF COLLISION OR IMPACT**

**5**

- 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

**TYPE OF WORK ZONE**

**1**

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

**LOCATION OF CRASH IN WORK ZONE**

**1**

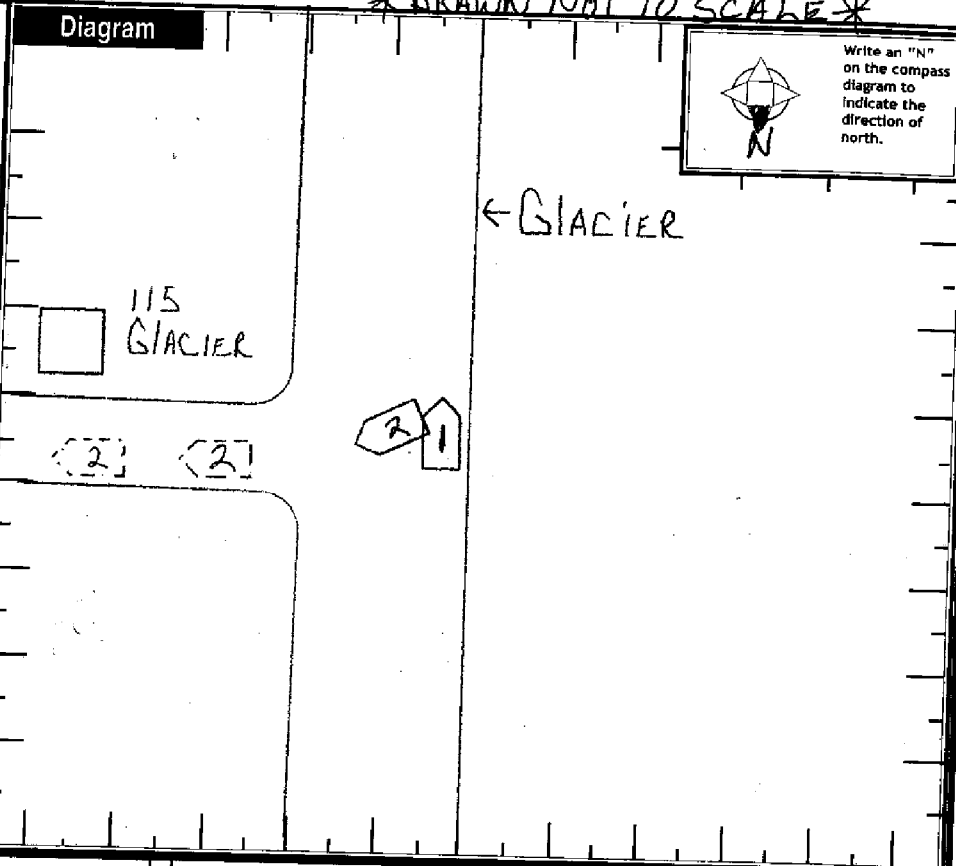
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

**WORKERS PRESENT**

**1**

- 1 NO
- 2 YES
- 3 UNKNOWN

**Diagram**



**WEATHER**

**04**

- 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**

**3**

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

**Truck/Bus**

UNIT #

**11**

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 9 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.

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 #

# DIS

**CARGO BODY TYPE**

- 01 NOT APPLICABLE
- 02 BUS (9-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAN/CHPS/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

**08052007**

TIME REC CALL

**2142**

DISPATCH

**2142**

ARRIVED

**2153**

CLEARED

**2320**

OTHER

**0000**

TOTAL MINUTES

**67**

OFFICER'S NAME \*

**Off A. Carter**

BADGE # \*

**1110**

CHECKED BY

**D/S R. Deichman**

DATE REPORT FILED \*

**08132007**

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 # \*

**07-058270**

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-058270	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 08 10 05 07
IN COUNTY OF MAHONING	CRASH LOCATION 115 GLACIER	

PERSON WHO FILED REPORT / DRIVER OF UNIT 1

BALLARD, MICAH E.  
3309 GLENWOOD AVE YO OH 44511  
330-782-7784

DOB 12-27-88 DLNSZ 750697

OFFICER'S SIGNATURE X OAK A. Carter	BADGE NUMBER 1110
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