

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
 08-007604

CRASH SEVERITY  
 1 FATAL 3 FDO  
 2 INJURY 4 UNKNOWN  
 3

PRIVATE PROPERTY  
 X IF YES

WIT/SACP  
 1 NOT WIT/SACP  
 2 SOLVED  
 3 UNSOLVED  
 1

PHOTOS TAKEN  
 X IF YES

OH2 OH3 OH4 OTHER  
 1 1 1 1

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

REPORTING AGENCY \*  
 Youngstown Police

# UNITS  
 02

UNIT ERROR  
 02

DATE OF CRASH \*  
 02052008

TIME OF CRASH  
 1754

DAY OF WEEK  
 TUE

CITY \* VILLAGE \* TWP \*  
 Youngstown

COUNTY # \*  
 50

LATITUDE

LONGITUDE

CRASH LOCATION  
 Bella Vista Ave

TYPE LOC  
 01

TYPE LOCATION POINT USED  
 1 NAMED STREET  
 2 NUMBERED STREET

REFERENCE POINT USED  
 01 STATE LINE  
 02 INTERSECTION 2 STRETS  
 03 COUNTY LINE  
 12

REFERENCE POINT USED  
 04 HOUSE NUMBER  
 05 TOWNSHIP BOUNDARY  
 06 MILE POST  
 07 CORPORATION LIMIT  
 08 PLACE NAME W/O REFERENCE  
 09 DIVERGENCE  
 10 STREET OR ROUTE W/O REFERENCE

**A** UNIT # 01 / OF OCC. 01  
 NAME (LAST, FIRST, MIDDLE)  
 Delgado, RACMARO N.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 5044 Lockwood Blvd Boardman, Ohio 44512

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
 01241988

AGE  
 20

SEX  
 F

HOME PHONE #  
 738-0604

WORK PHONE #

DL STATE OH DL # TE347821 LP STATE OH LP # DZX8175 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 1995 MAKE CHEVY MODEL Tracker MINION COLOR Tan INSURANCE COMPANY Amstar TMS YOUNG SERVICE OWNER PHONE #

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

**B** UNIT # 02 / OF OCC. 02  
 NAME (LAST, FIRST, MIDDLE)  
 Yousko, Kayla M.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 4843 WESTCHESTER DR. #307 Austintown, Ohio 44515

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
 12171991

AGE  
 16

SEX  
 F

HOME PHONE #  
 792-2077

WORK PHONE #

DL STATE OH DL # TX249757 LP STATE OH LP # EDW4654 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")  
 Kirtos, TARA A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 4843 WESTCHESTER DR. #307 Austintown, Ohio 44515

YEAR 1999 MAKE OLDS MODEL Intrigue COLOR Gold INSURANCE COMPANY Victoria TMS YOUNG SERVICE OWNER PHONE #

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

**C** UNIT # 02  
 NAME (LAST, FIRST, MIDDLE)  
 Kirtos, TARA A.  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 4843 WESTCHESTER DR. #307 Austintown, Ohio 44515

SOCIAL SECURITY NUMBER

DATE OF BIRTH  
 04101972

AGE  
 35

SEX  
 F

HOME PHONE #  
 792-2077

WORK PHONE #

DL STATE OH DL # TX249757 LP STATE OH LP # EDW4654 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")  
 Kirtos, TARA A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
 4843 WESTCHESTER DR. #307 Austintown, Ohio 44515

YEAR 1999 MAKE OLDS MODEL Intrigue COLOR Gold INSURANCE COMPANY Victoria TMS YOUNG SERVICE OWNER PHONE #

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

**D** 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

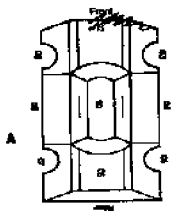
SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 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 08 NON-PROTECTIVE 09 NONE USED 10 HELMET USED 11 PROTECTIVE PANS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	AIR BAG 1 - NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/BACK 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 ESTIMATED 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

Motorist/Non-Motorist

Occupant

<b>UNIT NUMBERS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">A</td> <td style="width: 50%;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">20</td> <td style="border: 1px solid black; padding: 5px;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">2</td> <td style="border: 1px solid black; padding: 5px;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">3</td> <td style="border: 1px solid black; padding: 5px;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">4</td> <td style="border: 1px solid black; padding: 5px;">4</td> </tr> </table>	A	B	20	20	2	2	3	3	4	4	<b>POSTED SPEED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">35</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">35</div>	<b>DRUG TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>
A	B														
20	20														
2	2														
3	3														
4	4														
<b>NON-MOTORIST LOCATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	<b>MOST DAMAGED AREA</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	<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 OVERTAKE/FOLLOWER 02 PIREXPLOSION 03 IMBERSION 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/CENTERSHIELD 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT (NOT FIRED)</b> 14 PEDESTRIAN 15 BICYCLE 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 FIRED OBJECT</b> 25 IMPACT ATTENUATOR/CHAIN CURBSON 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE RAILWAY 29 BRIDGE RAIL 30 GROUNDWALL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE 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 FIRED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIRED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	<b>DRUG TEST TYPE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>										
<b>TYPE OF UNIT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	<b>POINT OF IMPACT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">04</div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div>	<b>DIRECTION</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">From To</td> <td style="width: 50%;">From To</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">1</td> <td style="border: 1px solid black; padding: 5px;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">3</td> <td style="border: 1px solid black; padding: 5px;">4</td> </tr> </table>	From To	From To	1	2	3	4	<b>DRUG TEST 1&amp;2 RESULT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>				
From To	From To														
1	2														
3	4														
<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 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BORTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHIRT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TWELVES 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 WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div>	<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, RICKLESS, 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/ALDRP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/BILLING 21 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> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	<b>CONDITION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	<b>ALCOHOL/DRUG SUSPECTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>										
<b>IN EMERGENCY RESPONSE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	<b>STRUCKING VEHICLE: OVERSIDE / UNDERSIDE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	<b>VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	<b>MOST HARMFUL EVENT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	<b>ALCOHOL TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>										
<b>DAMAGE SCALE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>	<b>DAMAGE SCALE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>	<b>VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE</b> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>SPEED DETECTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div>	<b>ALCOHOL TEST TYPE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	<b>ROAD CONDITIONS</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Primary</td> <td style="width: 50%;">Secondary</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">02</td> <td style="border: 1px solid black; padding: 5px;">02</td> </tr> </table>	Primary	Secondary	02	02						
Primary	Secondary														
02	02														
<b>SUPPLEMENT "X" IF YES</b>		<b>LOCAL REPORT #</b>													
<div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">08-007604</div>													

Driver of unit #1 was 5/8, with a green light, when unit #2 turned in front of him unable to stop in time, she struck same. Driver of unit #2 was attempting to turn left, failed to yield for unit #1, and was struck.

**MANNER OF COLLISION OR IMPACT**

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACK-ON
- ANGLE
- SIDESWIPES, SAME DIRECTION
- SIDESWIPES, OPPOSITE DIRECTION
- UNKNOWN

**SCHOOL BUS RELATED**

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

**WORK ZONE RELATED**

1

- NO
- YES
- UNKNOWN

**TYPE OF WORK ZONE**

- LANE CLOSURE
- LANE SHOULDER CLOSURE
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

**WORKERS PRESENT**

1

- NO
- YES
- UNKNOWN

**WEATHER**

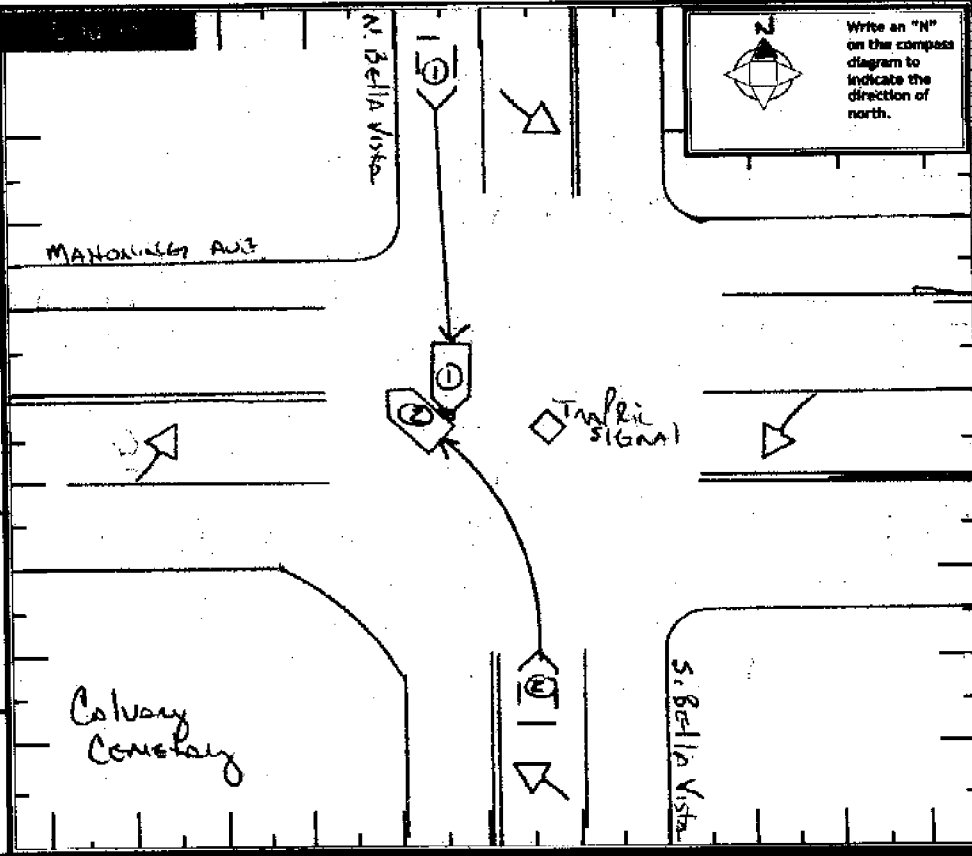
0  4

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL, FREEZING RAIN/DRIZZLE
- SNOW
- SEVERE COMBINED
- BLOWING SAND/SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**LIGHT CONDITIONS**

4  4

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



**THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:**

A TRUCK (SECTION VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (SECTION VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
 A BUS (DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER).

**AND**

**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 DAMAGING DAMAGE OR REQUIRING 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	PLVC	TRAILER LP \$1	TRAILER LP YEAR	TRAILER LP #	PLACARD #	EDA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>CARGO BODY TYPE</b>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABBER/GRABBER <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN

**Police Action**

DATE CRASH REPORTED: 02052008

TIME REC CALL: 1754

DISPATCH: 1757

ARRIVED: 1810

CLEARED: 1900

OTHER: 0

TOTAL MINUTES: 63

REPORTER'S NAME: M. Lee

RADGE # : 1040

CHECKED BY: D/S R. Deichman

DATE REPORT FILED: 02062008

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 STATION

Supplement # :  Yes  No

LOCAL REPORT # : 02-007604



LOCAL REPORT NUMBER <b>08-007604</b>	REPORTING AGENCY <b>Youngstown Police Dept.</b>	DATE OF CRASH <b>M 2   D 5   Y 08</b>
IN COUNTY OF <b>MAH-50</b>	CRASH LOCATION <b>Mathonney / Betta Vista</b>	

- Driver of unit #1 was found to have a Temp. Permit. The passenger/mother (Kurtos - OH. DL# RVO21639) was found to have a valid DL. also the vehicle was in her name.

OFFICER'S SIGNATURE

X (M. Lee)

BADGE NUMBER

1046