

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
08-078797

CRASH SEVERITY  
2 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

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

PHOTOS TAKEN  
OH-2 OH-3 OH-1P Other  
X YES

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

REPORTING AGENCY \*  
Youngstown Police Dept.

# HITS  
02

UNIT ERROR  
02 88 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH \*  
11172008

TIME OF CRASH: 1754 DAY OF WEEK: MON CITY: X VILLAGE: TWP: NAME (OF CITY, VILLAGE OR TOWNSHIP): \* Youngstown COUNTY # \* 50 LATITUDE: LONGITUDE:

CRASH LOCATION: S.R. 289 TYPE LOCATION POINT USED: 3 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET WILSON AVENUE

DIST REFERENCE: BLAINE REF POINT: 02 REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLATE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

MOTIST/Non-Motist: A UNIT # 01 OF OCC. 03 NAME (LAST, FIRST, MIDDLE): FOLKWEIN, KENNETH L. ADDRESS (STREET, CITY, STATE, ZIP CODE): 324 THIRD STREET LOWELLVILLE, OHIO 44436

DATE OF BIRTH: 04121955 AGE: 53 SEX: M HOME PHONE: (330) 536-6344 WORK PHONE:

DL STATE: OH DL #: RV03394B LP STATE: OH LP #: DJB4150 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: 2006 MAKE: NISSAN MODEL: FRONTIER COLOR: RED INSURANCE COMPANY: GRANGE MUTUAL TOWING SERVICE: LUOT'S OTHER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #:

MOTIST/Non-Motist: B UNIT # 02 OF OCC. 04 NAME (LAST, FIRST, MIDDLE): CUEVAS, ANBELIQUE ADDRESS (STREET, CITY, STATE, ZIP CODE): 44 BLAINE AVENUE YOUNGSTOWN, OHIO 44506

DATE OF BIRTH: 05241972 AGE: 36 SEX: F HOME PHONE: (234) 855-0870 WORK PHONE:

DL STATE: OH DL #: LP STATE: OH LP #: 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: 1999 MAKE: FORD MODEL: TAURUS COLOR: TAN INSURANCE COMPANY: TOWING SERVICE: OTHER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #:

OCCUPANT: C UNIT # 01 NAME (LAST, FIRST, MIDDLE): FOLKWEIN, DEBORAH HOME PHONE: (330) 536-6344 DATE OF BIRTH: 01061954 AGE: 54 SEX: F ADDRESS (STREET, CITY, STATE, ZIP CODE): 324 THIRD STREET LOWELLVILLE, OHIO 44436

INJURED TAKEN BY: 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

OCCUPANT: D UNIT # 01 NAME (LAST, FIRST, MIDDLE): FOLKWEIN, DANA LYAN HOME PHONE: (330) 502-0407 DATE OF BIRTH: 10051981 AGE: 27 SEX: F ADDRESS (STREET, CITY, STATE, ZIP CODE):

INJURED TAKEN BY: 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

01 A 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 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 GLIDER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTENDED 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04 A 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 NONE-EXTRACTED 09 HELMET USED 10 PROTECTIVE PANE 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 A AIR BAG 1 NOT-EMPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 A AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 A EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 A TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 A INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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Motorist/Non-Motist

Occupant

SUPPLEMENT #

UNIT NUMBERS  
01 02

NON-MOTORIST LOCATION  
A 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

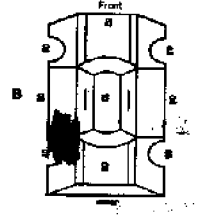
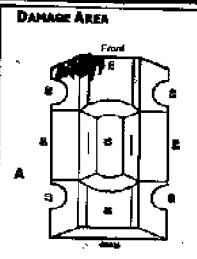
TYPE OF UNIT  
07 03

- MOTORIST**
- 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 2 AXLES, 8 TIRER
- 11 SINGLE UNIT TRUCK; 3+ AXLES
- 12 TRUCK/TRAILER
- 13 TRUCK TRACTOR (BOTH/ALL)
- 14 TRACTOR/SEMI-TRAILER
- 15 TRACTOR/DOUBLE SHORT
- 16 TRACTOR/DOUBLE LONG
- 17 FIFTH WHEEL OR CONVENTER DOLLY
- 18 TRACTOR/TRIPLES
- 19 MOTORCYCLE
- 20 MOTOBIKE/MOTOCYCLE
- 21 SCHOOL BUS
- 22 CHURCH BUS
- 23 PUBLIC BUS
- 24 OTHER BUS
- 25 POLICE VEHICLE
- 26 FIRE TRUCK
- 27 AMBULANCE/RESCUE
- 28 TAXI
- 29 MOTOR HOME
- 30 TRAIN
- 31 FARM VEHICLE
- 32 FARM EQUIPMENT
- 33 SMOBILE
- 34 CONSTRUCTION EQUIPMENT
- 35 ALL OTHERS
- NON-MOTORIST**
- 36 ANIMAL W/DRIVER
- 37 ANIMAL W/NO DRIVER
- 38 BICYCLE
- 39 PEDESTRIAN
- 40 PEDALCYCLIST
- 41 SKATER
- 42 OTHER-NON MOTORIST
- 43 UNKNOWN

IN EMERGENCY RESPONSE  
1A 1B

DAMAGE SCALE  
6A 6B

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DAMAGING DAMAGE
- 5 SEVERE
- 6 UNKNOWN



MOST DAMAGED AREA  
09 08

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT  
09 08

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 FRONT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

ACTION  
3A 4B

STRIKING VEHICLE: OVERSIDE / UNDERIDE  
A B

- 1 NO UNDERIDE OR OVERSIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERSIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS  
01A 01B

- MOTORIST**
- 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
- NON-MOTORIST**
- 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

CONTRIBUTING CIRCUMSTANCES  
01 15

- MOTORIST**
- 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 CLOSE/WAGDA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED ON PARKED ILLEGALLY
- 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER
- 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, OBSTACLE, NON-MOTORIST INTERFERENCE, ETC)
- 15 FAILURE TO CONTROL
- 16 VISION OBSTRUCTION
- 17 DRIVER INATTENTION
- 18 FATIGUE/ASLEEP
- 19 OPERATING DEFECTIVE EQUIPMENT
- 20 LOAD SHIFTING/FALLING/SPILLING
- 21 TOTAL IMPROPER ACTION
- 22 UNKNOWN
- NON-MOTORIST**
- 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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE  
A B

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORK ON SLICK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
20 20

NON-COLLISION  
01 OVERTURN/Rollover  
02 FIRE/EXPLOSION  
03 AMBUSH  
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  
14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED  
15 PEDESTRIAN  
16 PEDALCYCLE  
17 RAILWAY VEHICLE  
18 ANIMAL - FARM  
19 ANIMAL - DEER  
20 ANIMAL - OTHER  
21 PARKED MOTOR VEHICLE  
22 WORK ZONE MAINTENANCE EQUIPMENT  
23 OTHER MOVABLE OBJECT  
24 UNKNOWN MOVABLE OBJECT  
25 COLLISION WITH FIXED OBJECT  
26 IMPACT ATTENUATOR/CRASH CUSHION  
27 BRIDGE OVERHEAD STRUCTURE  
28 BRIDGE PIER OR ABUTMENT  
29 BRIDGE PARAPET  
30 BRIDGE RAIL  
31 GUARDRAIL END  
32 GUARDRAIL 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 FIXED OBJECT  
46 WORK ZONE MAINTENANCE EQUIPMENT  
47 UNKNOWN FIXED OBJECT  
48 OTHER  
49 UNKNOWN

POSTED SPEED  
A B

TRAFFIC CONTROL  
01 02

DIRECTION FROM TO FROM TO  
3 4 1 2

CONDITION  
1 1B

ALCOHOL/DRUG SUSPECTED  
1A 1B

ALCOHOL TEST STATUS  
1A 1B

ALCOHOL TEST TYPE  
1A 1B

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
1 1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE  
1A 1B

DRUG TEST 1&2 RESULT  
1 2

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 CRAPES
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION  
02

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDBOUT
- 06 FIVE-POINT OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY/GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE  
1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR  
2

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE GRADE
- 4 CURVE GRADE

ROAD CONDITIONS  
PRIMARY SECONDARY  
03 03

- 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

SUPPLEMENT \* X? IF YES

LOCAL REPORT # \* 08-078797

UNIT #1 WAS TRAVELING WESTBOUND ON S.R. 289. UNIT #2 WAS TRAVELING SOUTHBOUND ON BLAINE AVENUE. UNIT #2 FAILED TO STOP AT THE STOP SIGN DUE TO SNOW ON THE ROAD. UNIT #1 STRUCK UNIT #2.

**PLANNER OF COLLISION OR IMPACT**

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDEWIPES, SAME DIRECTION
- SIDEWIPES, 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**

1

- LANE CLOSURE
- LANE SHIFTS/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

1

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

**WORKERS PRESENT**

1

- NO
- YES
- UNKNOWN

**WEATHER**

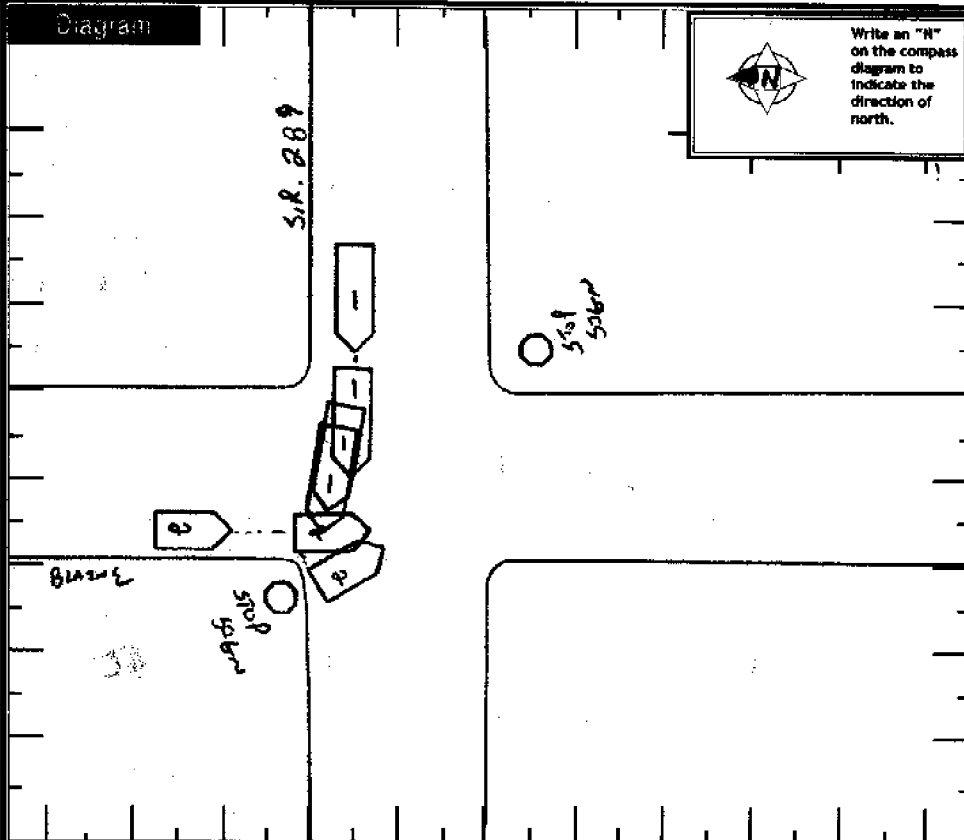
06

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

**LIGHT CONDITIONS**

PRIMARY: A SECONDARY: 1

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN



**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.

**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 DISABLING DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit #

Company (From Shipping Papers)  Company Phone

Address (Street, City, St, Zip Code)

US DOT  ICC MC  PLCD  TRAILER LP ST.  TRAILER LP YEAR  TRAILER LP #  PLACARD #  / DO

<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	<b>Weight (GVWR)</b>	1 LESS/EQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 25,000	<b>CDL Class</b>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>Hazardous Materials Placard</b>	1 No 2 Yes 3 Unknown	<b>Hazardous Materials Released</b>	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER								
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE								
	04 GRAB/CHUTE/GRAVEL	08 DUMP	12 OTHER								
			13 UNKNOWN								

**REPORTING INFORMATION**

DATE CRASH REPORTED: 11/17/2008 TIME REC CALL: 1754 DISPATCH: 1754 ARRIVED: 1803 CLEARED: 1950 OTHER: TOTAL MINUTES: 116

OFFICER'S NAME: C. HELEMAN BADGE # : 1094 CHECKED BY: [Signature] DATE REPORT FILED: 11/18/2008

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENTARY \* X IF YES LOCAL REPORT # : 08-078797

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/79)

LOCAL REPORT # \* **08-078797**      NCIC # \* **05009**      REPORTING AGENCY \* **Youngstown Police Dept.**      DATE OF CRASH \* **11172008**

**E** UNIT # **02** NAME (LAST, FIRST, MIDDLE) **HUNT, BRIAN** HOME PHONE # **(330) 727-1034** DATE OF BIRTH **12021992** AGE **15** SEX **M**  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **348 LANSING STREET YOUNGSTOWN, OHIO 44506**      INJURED TAKEN BY **1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**      TRANSPORTED BY **1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**      INJURED TAKEN TO **5. ELIZABETH'S**

**F** UNIT # **02** NAME (LAST, FIRST, MIDDLE) **CUEVAS, SHAYLIA** HOME PHONE # **(234) 855-087X** DATE OF BIRTH **03251993** AGE **15** SEX **F**  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **44 BLAINE AVENUE YOUNGSTOWN, OHIO 44506**      INJURED TAKEN BY **1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**      TRANSPORTED BY **RURAL METRO**      INJURED TAKEN TO **5. ELIZABETH'S**

**G** UNIT # **02** NAME (LAST, FIRST, MIDDLE) **GARCIA, PRINCESS** HOME PHONE # **(330) 760-3581** DATE OF BIRTH **10211992** AGE **16** SEX **F**  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) **561 CAMBRIDGE AVENUE YOUNGSTOWN, OHIO 44507**      INJURED TAKEN BY **1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**      TRANSPORTED BY **RURAL METRO**      INJURED TAKEN TO **5. ELIZABETH'S HOSPITAL**

**H** 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

**I** 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

**J** 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

**K** 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

**03** SEATING POSITION  
 01 FRONT - LEFT (DRIVER)  
 02 FRONT - MIDDLE  
 03 FRONT - RIGHT  
 04 SECOND - LEFT (MC PASS)  
 05 SECOND - MIDDLE  
 06 SECOND - RIGHT  
 07 THIRD - LEFT  
 (MC PASSENGER SEAT)  
 08 THIRD - MIDDLE  
 09 THIRD - RIGHT  
 10 BLANK SECTION OF CAR  
 11 ENCLOSED CABIN AREA  
 12 UNDEVELOPED SEAT AREA  
 13 TRUCK CAB  
 14 UNKNOWN  
 15 OTHER  
 16 NON-MOTORIZED  
 17 UNKNOWN

**04** SAFETY EQUIPMENT  
 01 NONE  
 02 SEATBELT ONLY  
 03 SEATBELT ONLY  
 04 SEATBELT AND AIR BAG  
 05 AIR BAG ONLY  
 06 AIR BAG ONLY  
 07 AIR BAG ONLY  
 08 AIR BAG ONLY  
 09 AIR BAG ONLY  
 10 AIR BAG ONLY  
 11 AIR BAG ONLY  
 12 AIR BAG ONLY  
 13 AIR BAG ONLY  
 14 UNKNOWN

**1** AIR BAG  
 1 NOT EQUIPPED  
 2 DEFACTO FRONT  
 3 DEFACTO SIDE  
 4 DEFACTO SIDE  
 5 NOT APPLICABLE  
 6 UNKNOWN

**4** AIR BAG SECTION  
 1. In On Position  
 2. In Off Position  
 3. NOT PRESENT  
 4. UNKNOWN

**1** EJECTION  
 1. NOT EJECTED  
 2. TOTALLY EJECTED  
 3. PARTIALLY EJECTED  
 4. NOT APPLICABLE  
 5. UNKNOWN

**1** FATALITY  
 1. NOT FATALITY  
 2. FATALITY  
 3. FATALITY  
 4. FATALITY  
 5. FATALITY  
 6. FATALITY

**1** INJURY  
 1. NO INJURY  
 2. POSSIBLE  
 3. MINOR  
 4. MODERATE  
 5. SERIOUS  
 6. UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT  
 YES  
 NO