

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-003772

CRASH SEVERITY
3 1 FATAL 3 POSS
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

HTY/SKIP
NOT HTY/SKIP
2 SOLVED
1 UNSOLVED

PHOTOS TAKEN
IF YES

OH-2 OH-3 OH-IP OTHER
X

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN

UNITS
02

UNIT ERROR
00 = ANNUAL
09 = UNKNOWN
02

DATE OF CRASH *
01192009

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

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
BELMONT AVE 1 1 NAMED STREET 3 NUMBERED ROUTE
PARK AVE REF POINT 02 01 STATE LINE 02 INTERSECTION 2 STRETS 03 COUNTY LINE
04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRYWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

Motorist/Non-Motorist


UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 0102 JENKINS, LEWIS, W
ADDRESS (STREET, CITY, STATE, ZIP CODE)
807 ILLINOIS AVE MCDONALD OHIO 44437
SOCIAL SECURITY NUMBER
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
09 01 1960 41 B M 330 599 3648
OH STATE DE # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OH RF 209842 OH 023 9039
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME 758 PINEVIEW YOUNGSTOWN OHIO 44511
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1997 MERZ 190 E BLACK NONE
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 0204 HOLCOMB, CHLONDA N.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
403 WIRT BLVD YOUNGSTOWN OHIO 44510
SOCIAL SECURITY NUMBER
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
10 19 1983 25 F 330 788 9134
OH STATE DE # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OH SK 933181 OH MSALING
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
HOLCOMB LETRA R 758 PINEVIEW YOUNGSTOWN OHIO 44511
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1997 MERZ GRAW MA BLACK PROGRESSIVE
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
331.17 F.T.Y. TURNING LEFT 104755

Occupant

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 BARKSTON, DORETHA 330 599 3648 02 20 1969 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
576 CLEVELAND ST YOUNGSTOWN OHIO 44511
INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO
UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 02 HOLCOMB, TAMYA 330 788 9131 02 14 2002 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
758 PINEVIEW YOUNGSTOWN OHIO 44511
INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

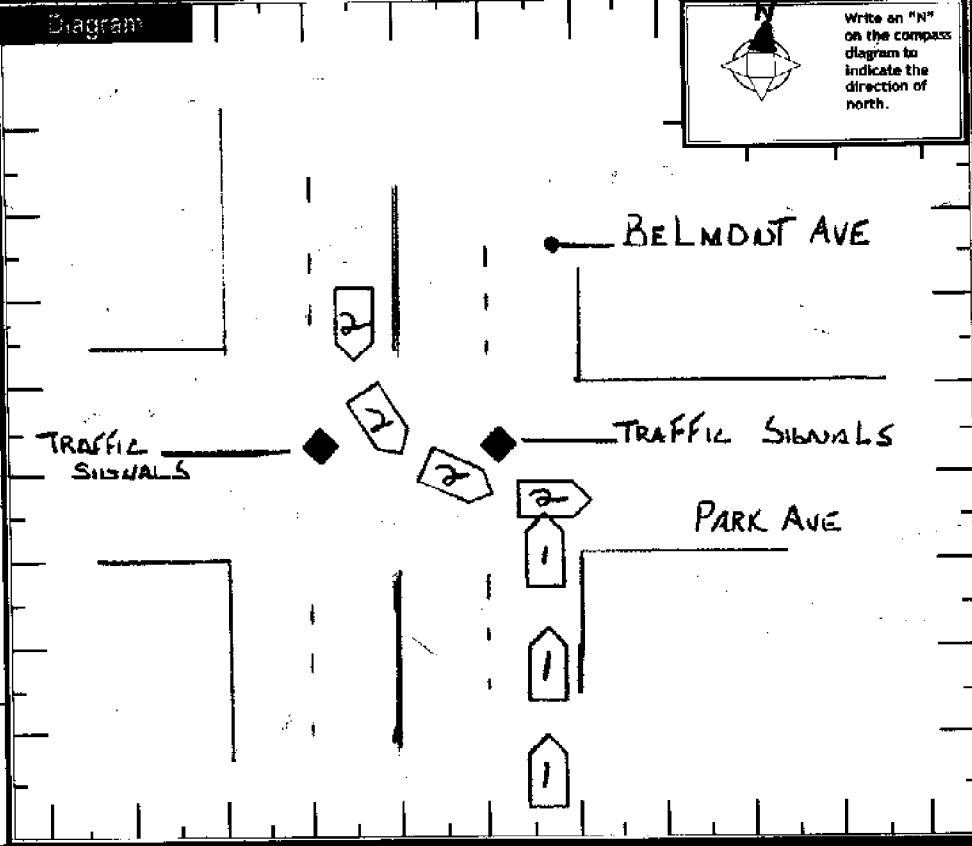
SEATING POSITION SAFETY EQUIPMENT AIR BAG EJECTION TRAPPED INJURIES
01 FRONT - LEFT (MC DRIVER) 01 NONE USED 1A 1 NOT DEPLOYED 1A 1 NOT EJECTED 1A 1 NOT TRAPPED 1A 1 NO INJURY
02 FRONT - MIDDLE 02 SHOULDERS BELT ONLY 1A 2 DEPLOYED-FRONT 1A 2 TOTALLY EJECTED 1A 2 EXTRICATED BY MECHANICAL MEANS 1A 2 POSSIBLE
03 FRONT - RIGHT 03 LAP BELT ONLY 1A 3 DEPLOYED-SIDE 1A 3 PARTIALLY EJECTED 1A 3 NON-MECHANICAL MEANS 1A 3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS) 04 SHOULDER/LAP BELT 1B 4 DEPLOYED BOTH 1B 4 NOT APPLICABLE 1B 4 FATAL INJURY
05 SECOND - MIDDLE 05 CHILD SAFETY SEAT 1B 5 NOT APPLICABLE 1B 5 UNKNOWN 1B 5 UNKNOWN
06 SECOND - RIGHT 06 MC HELMET USED 1B 6 UNKNOWN 1B 6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 07 USE UNKNOWN 1C 1C 1C 1C 1C 1C
08 THIRD - MIDDLE 08 NONE USED 1C 1C 1C 1C 1C 1C
09 THIRD - RIGHT 09 HELMET USED 1C 1C 1C 1C 1C 1C
10 SLEEPER SECTION OF CAB 10 PROTECTIVE PADS 1D 1D 1D 1D 1D 1D
11 ENCLOSED CARGO AREA 11 REFLECTIVE CLOTHING 1D 1D 1D 1D 1D 1D
12 UNENCLOSED CARGO AREA 12 LIGHTS 1D 1D 1D 1D 1D 1D
13 TRAILING UNIT 13 OTHER 1D 1D 1D 1D 1D 1D
14 EXTERIOR 14 UNKNOWN 1D 1D 1D 1D 1D 1D
15 OTHER
16 UNKNOWN
17 UNKNOWN
18 UNKNOWN
19 UNKNOWN
20 UNKNOWN
SUPPLEMENT * X IF YES

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|---|----|--|---|--|---|--|---|--|---|--|---|--|---|--|--|
| UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/> | DAMAGE AREA  | PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="06"/> | SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>20</td><td>B</td><td>20</td></tr> <tr><td></td><td>2</td><td></td><td>2</td></tr> <tr><td></td><td>3</td><td></td><td>3</td></tr> <tr><td></td><td>4</td><td></td><td>4</td></tr> </table> | A | 20 | B | 20 | | 2 | | 2 | | 3 | | 3 | | 4 | | 4 | POSTED SPEED <input type="text" value="35"/> <input type="text" value="35"/> | DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> |
| A | 20 | B | 20 | | | | | | | | | | | | | | | | | | |
| | 2 | | 2 | | | | | | | | | | | | | | | | | | |
| | 3 | | 3 | | | | | | | | | | | | | | | | | | |
| | 4 | | 4 | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION <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 | 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 | 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; 2 AXLES, 4 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BIBTAIL) 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/DRUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDICYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN | NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 GARGO/EQUIPMENT LOSS/SHIFT LOCATION 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD FRONT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - OTHER 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 COLLISION WITH FIXED 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 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | TRAFFIC CONTROL <input type="text" value="04"/> <input type="text" value="04"/> 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 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER DIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="3"/> | DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 MARIJUANA 3 COCAINE 4 CRACKS 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING | | | | | | | | | | | | | | | | |
| TYPE OF UNIT <input type="text" value="03"/> <input type="text" value="04"/> | MOST DAMAGED AREA <input type="text" value="03"/> <input type="text" value="04"/> | CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="02"/> | 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 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 SWERING 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 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 | CONDITION <input type="text" value="1"/> <input type="text" value="1"/> 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 ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN | TYPE OF INTERSECTION <input type="text" value="02"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 FIVE-PORT, 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 | | | | | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/> 1 NO 2 YES 3 UNKNOWN | POINT OF IMPACT <input type="text" value="03"/> <input type="text" value="04"/> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS | FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="5"/> | ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | OCCURRENCE <input type="text" value="1"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="03"/> <input type="text" value="02"/> | | | | | | | | | | | | | | | | |
| DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="3"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DESABLING DAMAGE 5 SEVERE 6 UNKNOWN | STRIKING VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="A"/> <input type="text" value="B"/> 1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN | | | | ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 8 DEBRIS** 9 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY | | | | | | | | | | | | | | | | |
| | | | | SUPPLEMENT * "X" IF YES <input type="text" value=""/> | LOCAL REPORT # <input type="text" value="09-003772"/> | | | | | | | | | | | | | | | | |

Narrative

UNIT #1 WAS TRAVELING NR ON BELMONT AVE APPROACHING PARK AVE. UNIT #2 WAS STOPPED S/B ON BELMONT AT PARK TO TURN LEFT. DRIVER OF UNIT #2 DID NOT SEE UNIT #1 APPROACHING AND TURNED LEFT IN FRONT OF UNIT #1. DRIVER OF UNIT #1 COULD NOT STOP IN TIME & STRUCK UNIT #2 - DRIVER OF UNIT #2 WAS CITED FOR FTY WHILE TURNING LEFT. DRIVER OF UNIT #1 DOES NOT HAVE VEHICLE INSURANCE.

| | |
|--|--|
| MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKW <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN | SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN |
| WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND/DUST, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN | Work Zone Related <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN |
| LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 3 SECONDARY <input type="checkbox"/> | TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIUM <input type="checkbox"/> 4 INTERMITTENT MOVING WORK <input type="checkbox"/> 5 OTHER |
| LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA | WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN |



| | | |
|--|---|--|
| Truck/Bus UNIT # <input type="checkbox"/> | 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 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 # _____ # DO _____ | CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSURE BOX <input type="checkbox"/> 04 GRANCHIPS/TRAVEL <input type="checkbox"/> 06 POLE <input type="checkbox"/> 07 CARGO TANK <input type="checkbox"/> 08 FLATBED <input type="checkbox"/> 09 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 | Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000 | CDL Class <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 | Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN | Hazardous Materials Released <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 | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES |
| 01192009 | 1723 | 1724 | 1729 | 1830 | 45 | 111 |
| OFFICER'S NAME # | BADGE # | CHECKED BY | DATE REPORT FILED # | | | |
| PLM TABROWN | 954 | TOSP. GARCAR | 01192009 | | | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT 'X' IF YES | LOCAL REPORT # | | | |
| 1 POLICE AGENCY 2 MOTORIST | 1 SCENE 2 STATION | <input type="checkbox"/> | 09-003772 | | | |

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

LOCAL REPORT # * 09-003772 NCLCA # 05009 REPORTING AGENCY * YOUNGSTOWN DATE OF CRASH * 01192009

E UNIT # 02 NAME (LAST, FIRST, MIDDLE) HOLCOMB, BREONDA HOME PHONE # 330 788 9134 DATE OF BIRTH 04081998 AGE SEX F

Address (STREET, CITY, STATE, ZIP CODE) 758 PINEVIEW YOUNGSTOWN OHIO 44511 1 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

F UNIT # 02 NAME (LAST, FIRST, MIDDLE) HOLCOMB, JASHAWN HOME PHONE # 330 788 9134 DATE OF BIRTH 02142005 AGE SEX F

Address (STREET, CITY, STATE, ZIP CODE) 758 PINEVIEW YOUNGSTOWN OHIO 44511 1 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

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|---|---|---|---|--|---|--|
| <p>SEATING POSITIONS</p> <p>03 01 FRONT - LEFT (MC DRIVER)</p> <p>09 02 FRONT - MIDDLE</p> <p>08 03 FRONT - RIGHT</p> <p>09 04 SECOND - LEFT (MC PASS)</p> <p>08 05 SECOND - MIDDLE</p> <p>09 06 SECOND - RIGHT</p> <p>08 07 THIRD - LEFT (MC PASSENGER/DR CAR)</p> <p>09 08 THIRD - MIDDLE</p> <p>08 09 THIRD - RIGHT</p> <p>10 BUMPER SECTION OF CAR</p> <p>11 ENCLOSED CARGO AREA</p> <p>12 UNENCLOSED CARGO AREA</p> <p>13 TRAILER UNIT</p> <p>14 EXTENSION</p> <p>15 OTHER</p> <p>16 MPA-MOTORIST</p> <p>17 UNKNOWN</p> | <p>SAFETY EQUIPMENT</p> <p>04 01 None Used</p> <p>03 02 SHOULDER BELT ONLY</p> <p>03 03 LAP BELT ONLY</p> <p>05 04 SHOULDER/LAP BELT</p> <p>06 05 CHILD SAFETY SEAT</p> <p>06 06 MC HELMET USED</p> <p>07 Use UNKNOWN</p> <p>06 None Used</p> <p>06 HELMET USED</p> <p>10 PROTECTIVE PADS</p> <p>11 RESISTIVE CLOTHING</p> <p>12 LANYARD</p> <p>13 OTHER</p> <p>14 UNKNOWN</p> | <p>AIR BAG</p> <p>1 NOT DEPLOYED</p> <p>2 DEPLOYED-FRONT</p> <p>3 DEPLOYED-SIDE</p> <p>4 DEPLOYED BOTH FRONT/SIDE</p> <p>5 NOT APPLICABLE</p> <p>6 UNKNOWN</p> | <p>AIR BAG SWITCHES</p> <p>3 1 IN ON POSITION</p> <p>3 2 IN OFF POSITION</p> <p>3 3 NOT PRESENT</p> <p>3 4 UNKNOWN</p> | <p>EJECTION</p> <p>1 NOT EJECTED</p> <p>1 E 2 TOTALLY EJECTED</p> <p>1 F 3 PARTIALLY EJECTED</p> <p>1 G 4 NOT APPLICABLE</p> <p>1 H 5 UNKNOWN</p> | <p>TRAPPED</p> <p>1 NOT TRAPPED</p> <p>1 E 2 ENTRAPPED BY MECHANICAL</p> <p>1 F 3 FIRED BY NON-MECHANICAL</p> <p>1 G 4 UNKNOWN</p> | <p>INJURIES</p> <p>1 NO INJURY</p> <p>1 E 2 POSSIBLE</p> <p>1 F 3 NON-INCAPACITATING</p> <p>1 G 4 INCAPACITATING</p> <p>1 H 5 FATAL BURN</p> <p>1 K 6 UNKNOWN</p> |
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