

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-005130

CRASH SEVERITY  
2 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

N.C.I.C. #  
05009

REPORTING AGENCY \*  
Youngstown

# UNITS  
01

UNIT ERROR  
01 99 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
01262009

TIME OF CRASH  
2239  
DAY OF WEEK  
MON  
CITY \*  
X  
VILLAGE \*  
TWP \*  
NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown  
COUNTY # \*  
50  
LATITUDE  
LONGITUDE

TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET  
REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE  
04 HOUSING NUMBER  
05 TOWNSHIP BOUNDARY  
06 MILE POST  
07 CORPORATION LIMIT  
08 PLACE NAME W/O REFERENCE  
09 DRIVEWAY  
10 STREET ON ROUTE W/O REFERENCE

**A** UNIT # 01 # OF OCC. 1  
NAME (LAST, FIRST, MIDDLE) STOCKSLAGER, JOHN JR.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 382 N. GLENAVEN Youngstown, OH 44507  
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 10/16/1985 AGE 23 SEX M HOME PHONE # (330) 955-1080 WORK PHONE #  
DL STATE OH DL # SK933509 LP STATE OH LP # ENY3944 INJURED TAKEN BY 4 NONE 4 OTHER TRANSPORTED BY WIFE INJURED TAKEN TO Hospital  
OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR 1993 MAKE CHEVY MODEL COBALT COLOR RED INSURANCE COMPANY General TOWING SERVICE Luots OWNER PHONE #  
OFFENSE CHARGES 331-34A OFFENSE DESCRIPTION Failed to Maintain Research Control CITATION # 7.30788 LOCAL CODE? X IF YES

**B** UNIT # [REDACTED] # OF OCC. [REDACTED]  
NAME (LAST, FIRST, MIDDLE) [REDACTED]  
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED] HOME PHONE # [REDACTED] WORK PHONE # [REDACTED]  
DL STATE [REDACTED] DL # [REDACTED] LP STATE [REDACTED] LP # [REDACTED] INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]  
OWNER NAME (IF SAME, WRITE "SAME") [REDACTED] ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]  
YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED] INSURANCE COMPANY [REDACTED] TOWING SERVICE [REDACTED] OWNER PHONE # [REDACTED]  
OFFENSE CHARGES [REDACTED] OFFENSE DESCRIPTION [REDACTED] CITATION # [REDACTED] LOCAL CODE? [REDACTED] IF YES [REDACTED]

**C** UNIT # [REDACTED] # OF OCC. [REDACTED]  
NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]  
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

**D** UNIT # [REDACTED] # OF OCC. [REDACTED]  
NAME (LAST, FIRST, MIDDLE) [REDACTED] HOME PHONE # [REDACTED] DATE OF BIRTH [REDACTED] AGE [REDACTED] SEX [REDACTED]  
ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED] INJURED TAKEN BY [REDACTED] 1 NONE 4 OTHER TRANSPORTED BY [REDACTED] INJURED TAKEN TO [REDACTED]

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/REAR 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

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-PROFESSOR  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTS  
13 OTHER  
14 UNKNOWN

AIR BAG  
1 NOT-DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-ROOF  
4 DEPLOYED BOTH FRONT/REAR  
5 NOT APPLICABLE  
6 UNKNOWN

AIR BAG SWITCH  
1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

ERECTOR  
1 NOT ERICED  
2 TOTALLY ERICED  
3 PARTIALLY ERICED  
4 NOT APPLICABLE  
5 UNKNOWN

TRAPPED  
1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 EXTRICATED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES  
1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT #  
X IF YES

Motorist/Non-Motorist

Occupant

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DAMAGE AREA</b> 	<b>PRI-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="3"/> <input type="text" value="4"/></td> <td><input type="text" value=""/> <input type="text" value="1"/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value="2"/></td> <td><input type="text" value=""/> <input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value="3"/></td> <td><input type="text" value=""/> <input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value="4"/></td> <td><input type="text" value=""/> <input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="3"/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="1"/>	<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="4"/>	<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST STATUS</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A	B														
<input type="text" value="3"/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="1"/>														
<input type="text" value=""/> <input type="text" value="2"/>	<input type="text" value=""/> <input type="text" value="2"/>														
<input type="text" value=""/> <input type="text" value="3"/>	<input type="text" value=""/> <input type="text" value="3"/>														
<input type="text" value=""/> <input type="text" value="4"/>	<input type="text" value=""/> <input type="text" value="4"/>														
<b>NON-MOTORIST LOCATION</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST DAMAGED AREA</b> <input type="text" value="02"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<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 DROPPING PEA 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 IMBROSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SWIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF WHEELS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNBALL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION IN/PROXIMITY VEHICLE OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDESTRIAN 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/CRAIN CURTAIN 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/ILLUMINATION SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 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="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST TYPE</b> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
<b>TYPE OF UNIT</b> <input type="text" value="04"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>POINT OF IMPACT</b> <input type="text" value="02"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="15"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<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/ACCDA 09 IMPROPER LANE CHANGE/ DRIVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OBSTRUCTING VEHICLE IN OBSCURE, REVERSED, CAMELBACK, NEGLIGENT OR AGGRESSIVE MANNER 14 STEERING 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/ALDRIP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/BOLLING 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 SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> From To From To <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PAMPER/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 LOW 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 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 <b>NON-MOTORIST</b> 35 ANIMAL WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN 40 SKATER 41 OTHER NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>CONDITION</b> <input type="text" value="7"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>STOPPING VEHICLE: OVERTAKE / UNDEROVERTAKE</b> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL / DRUGS SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>OCURRENCE</b> <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
<b>DAMAGE SCALE</b> <input type="text" value="5"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
<b>DAMAGE SCALE</b> <input type="text" value="5"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>SPEED</b> <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>ROAD CONDITIONS</b> <input type="text" value="03"/> <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
		<b>VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		<b>LOCAL REPORT # 2</b> <input type="text" value="19-005130"/>		<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 FERT, NUTS, BIRDS, OTHER 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY									

Unit #01 was traveling West Bound on N. Leavenworth. Unit #01 failed to maintain proper control of his vehicle leaving control and striking a utility pole. Unit #01, along with unknown suspect placed vehicle in drive of 382 N. Leavenworth. Driver of Unit #01 transported to Pennington Medical Center (West Side Hospital) to receive medical attention.

- MANNER OF COLLISION OR IMPACT**
- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 HEAD-ON  
 4 REAR-TO-REAR  
 5 BACKING  
 6 AHEAD  
 7 SIDEWIPES, SAME DIRECTION  
 8 SIDEWIPES, OPPOSITE DIRECTION  
 9 UNKNOWN

- SCHOOL BUS RELATED**
- 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

- WORK ZONE RELATED**
- 1 NO  
 2 YES  
 3 UNKNOWN

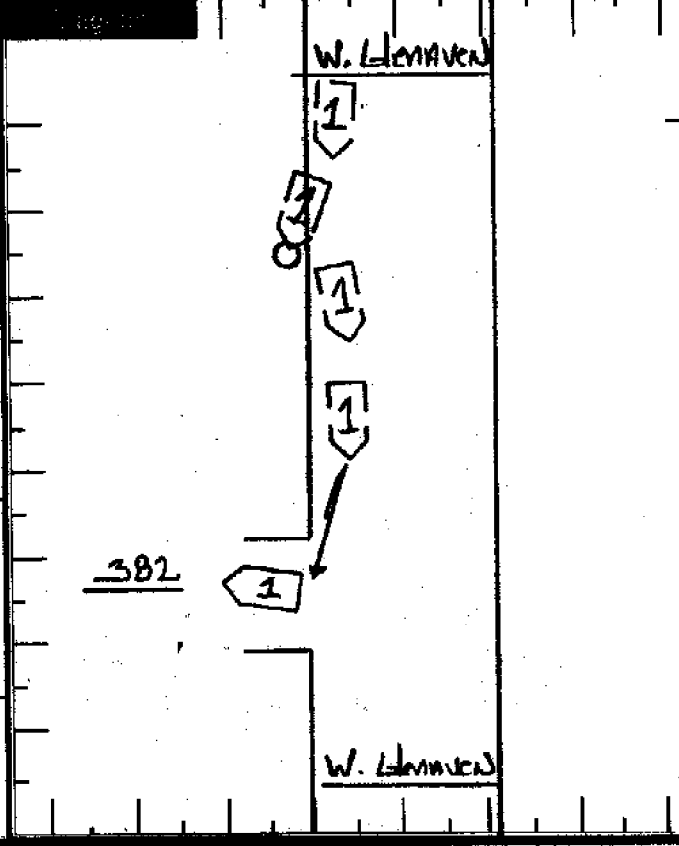
- TYPE OF WORK ZONE**
- 1 LANE CLOSURE  
 2 LANE SHIFT/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIAN  
 4 INTERMITTENT MOVING WORK  
 5 OTHER

- LOCATION OF CRASH IN WORK ZONE**
- 1 BEFORE FIRST WORK ZONE WARNING SIGN  
 2 ADVANCE WARNING AREA  
 3 TRAVELING AREA  
 4 ACTIVITY AREA

- WORKERS PRESENT**
- 1 NO  
 2 YES  
 3 UNKNOWN

- WEATHER**
- 01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLES)  
 06 SNOW  
 07 SEVERE CROSSWIND  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

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



Write an "N" on the compass diagram to indicate the direction of north.

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.

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 REQUIRED SUPERVISION 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 #	Trailer LP Year	Trailer LP #	Placard #	Placard #	
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	08 CONCRETE MIXER	16 AUTO TRANSPORTER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	09 FLATBED	11 GARBAGE/REFUSE	12 OTHER	1 LESS THAN 10,000	1 CLASS A	1 No	1 No
03 VAN/ENCLOSED BOX	07 FLATBED	10 DUMP	13 UNKNOWN	2 10,001 - 26,000	2 10,001 - 26,000	2 CLASS B	2 Yes	2 Yes
04 Open/Cover/Genrel.				3 MORE THAN 26,000	3 MORE THAN 26,000	3 CLASS C	3 Unknown	3 NOT APPLICABLE
						4 CLASS M		4 Unknown
						5 CLASS D		

DATE CRASH REPORTED: 01/26/2009

TIME REC CALL: 2239

DISPATCH: 2301

ARRIVED: 2303

CLEARED: 2350

OTHER: 0045

TOTAL MINUTES: 0124

OFFICER'S NAME: D. PESA

BADGE # : 1032

CHECKED BY: [Signature]

DATE REPORT FILED: 01272009

REPORT TAKEN BY: 1 POLICE AGENCY / 2 MOTORIST

REPORT TAKEN AT: 3 SCENE / 2 STATION

SUPPLEMENT: X Yes

LOCAL REPORT # 2: 096005630

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

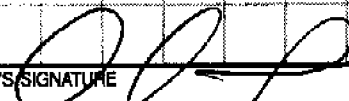
LOCAL REPORT NUMBER 09-005130	REPORTING AGENCY Youngstown	DATE OF CRASH M 01 10 26 10 09
IN COUNTY OF Mahoning	CRASH LOCATION 368 N. Heavens YOH	

Car 203, OFFICER PISA, while conducting a follow-up on a recent accident at West Side Hospital was advised via owner/driver Stocklager, John that there were THREE (3) OTHER PASSENGERS in the vehicle AT THE TIME OF THE CRASH:

- (1) WISNER, George (Front Seat Passenger)  
Campbell, OH (755-0405)
- (2) Amanda Piazzi (Rear Seat Right)  
Campbell, OH (755-0405)
- (3) BRIAN (Rear Seat Left)  
Unknown

OFFICER attempted to contact ABOVE WITH NEGATIVE RESULTS AT THIS TIME. THANKS TO VEHICULAR INFORMATION AND/OR INQUIRIES AT THIS TIME.

OFFICER'S SIGNATURE



BADGE NUMBER