

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/05)



LOCAL REPORT # * 09-006154

CRASH SEVERITY: 4 (1 FATAL, 3 PDO, 2 INJURY, 4 UNKNOWN)

PRIVATE PROPERTY: X

MIT/SKIP: 3 (NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED)

PHOTOS TAKEN: X

OH-2, OH-3, OH-1P, OTHER

NCIC # * 05009

REPORTING AGENCY * Youngstown Police

UNITS 02

UNIT ENGIN 02

DATE OF CRASH * 01312009

TIME OF CRASH 1800

DAY OF WEEK SAT

CITY X

VILLAGE

TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP) * Youngstown Police

COUNTY # * 50

LATITUDE

LONGITUDE

PREVIOUS CRASH LOCATION South Ave.

TYPE LOC 1

TYPE LOCATION POINT USED: 1 NAMED STREET, 3 NUMBERED ROUTE, 2 NUMBERED STREET

VEHICLE REFERENCE (VIN) 2325

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 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET ON ROUTE W/O REFERENCE

UNIT # A 01

OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE OH

DL # D5C8559

LP STATE

LP #

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") Sukhwinder, Muttani

ADDRESS (STREET, CITY, STATE, ZIP CODE) 51 Lemans Dr. #5 Boardman, Ohio 44512

YEAR 1998

MAKE Subaru

MODEL Legacy

COLOR Green

INSURANCE COMPANY Statefarm

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # B

OF OCC.

NAME (LAST, FIRST, MIDDLE)

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, 2 EMS, 5 UNKNOWN, 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # C

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

UNIT # D

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

Motorist/Non-Motorist

Occupant

<p>SMASHING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER)</p> <p>02 FRONT - MIDDLE</p> <p>03 FRONT - FRONT</p> <p>04 SECOND - LEFT (MC PASS)</p> <p>05 SECOND - MIDDLE</p> <p>06 SECOND - RIGHT</p> <p>07 THIRD - LEFT (MC PASSENGER/SEE CAR)</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - RIGHT</p> <p>10 SLEEPER SECTION OF CAB</p> <p>11 UNCLOSED CARGO AREA</p> <p>12 UNCLOSED CARGO AREA</p> <p>13 TRAILING UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>16 NON-MOTORIST</p> <p>17 UNKNOWN</p>	<p>SAFETY EQUIPMENT</p> <p>01 NONE USED</p> <p>02 SHOULDER BELT ONLY</p> <p>03 LAP BELT ONLY</p> <p>04 SHOULDER/LAP BELT</p> <p>05 CHILD SAFETY SEAT</p> <p>06 MC HELMET USED</p> <p>07 USE UNKNOWN</p> <p>08 NONE-INTEREST</p> <p>09 HELMET USED</p> <p>10 PROTECTIVE PADS</p> <p>11 REFLECTIVE CLOTHING</p> <p>12 LIGHTING</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/REAR</p> <p>5 NOT APPLICABLE</p> <p>6 UNKNOWN</p>	<p>AIR BAG SWITCH</p> <p>1 NOT PRESENT</p> <p>2 IN ON POSITION</p> <p>3 IN OFF POSITION</p> <p>4 UNKNOWN</p>	<p>EJECTION</p> <p>1 NOT EJECTED</p> <p>2 TOTALLY EJECTED</p> <p>3 PARTIALLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 UNKNOWN</p>	<p>TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 EXTRICATED BY MECHANICAL MEANS</p> <p>3 FIRED BY NON-MECHANICAL MEANS</p> <p>4 UNKNOWN</p>	<p>INJURIES</p> <p>1 NO INJURY POSSIBLE</p> <p>2 POSSIBLE</p> <p>3 NON-INCAPACITATING</p> <p>4 INCAPACITATING</p> <p>5 FATAL INJURY</p> <p>6 UNKNOWN</p>
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UNIT NUMBERS
01 02

NON-MOTORIST LOCATION
1 2

- 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
03 42

- MOTORIST**
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 FAMILY VAN
09 SINGLE UNIT TRUCK
10 2 AXLES, 6 TIRES
11 TRACTOR/SEMI 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/TRAILER
18 MOTORCYCLE
19 MOTORBIKE/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**
05 ANIMAL W/PROG
06 ANIMAL W/NO PROG
07 BICYCLE
08 PEDESTRIAN
09 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

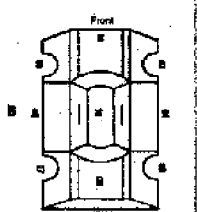
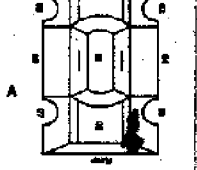
IN EMERGENCY RESPONSE
1 3

- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
3 6

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

DAMAGE AREA



MOST DAMAGED AREA
05

POINT OF IMPACT
05

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

ACTION
4

- 1 NON-CONTACT
2 NON-COLLISION
3 STRUCK
4 STRUCK
5 BOTH STRUCK AND STRUCK
6 UNKNOWN

STRIKING VEHICLE/ UNDERGRADE
1

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

PRE-CRASH ACTIONS
10

- MOTORIST**
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANES
04 OVERTAKING/PULLING
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**
18 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLANNING/WORKING ON VEHICLE
21 STRANDING
22 OTHER
23 UNKNOWN

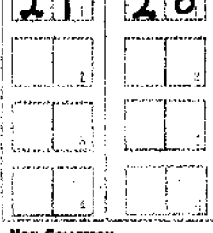
CONTRIBUTING CIRCUMSTANCES
01

- MOTORIST**
01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, ON STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNLAWY SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/CARCAZ
09 IMPROPER LANE CHANGING
10 DROVE OFF ROAD
11 IMPROPER PASSING
12 IMPROPER BACKING
13 IMPROPER START FROM PARKED POSITION
14 STOPPED ON PARKED ILLICITLY
15 OPERATING VEHICLE IN BURDUC, RECKLESS, CARELESS, NEGLIGENCE OR ADOLESCENCE, MINOR
16 SWERVED TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
17 FAILURE TO CONTROL
18 VISION OBSTRUCTION
19 DROVE INATTENTIVE
20 FATIGUE/ALCOHOL
21 OPERATING DEFECTIVE EQUIPMENT
22 LOAD EXCEEDING/FALLING/DROPPING
23 OTHER IMPROPER ACTION
24 UNKNOWN
- NON-MOTORIST**
24 IMPROPER CROSSING
25 DRIVING
26 LYING AHEAD/ILLEGALLY IN ROADWAY
27 FAILURE TO YIELD RIGHT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 INATTENTIVE
30 FAILURE TO OBEY TRAFFIC SIGNAL, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE ONLY IN '15' SELECTED ABOVE

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORK ON BLACK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRECRASH

SEQUENCE OF EVENTS
21 20



- NON-COLLISION**
01 OVERTAKING/FOLLOWER
02 FIRE/EXPLOSION
03 IMPERSON
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNIT
08 RAN OFF ROAD FRONT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DONOR/ELIMINATION
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE OR OBJECT (NOT OTHER)**
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
- COLLISION WITH FIXED OBJECT**
25 IMPACT ATTRACTION/STRUCTURE CURB
26 BRUSH OVERHEAD DRAIN CURB
27 SWUNG PAST ON ALIGNMENT
28 SWUNG PAST/NET
29 SWUNG RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
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Narrative

Unit #1 was parked in the parkinglot of 2325 South Ave. Sometime during the day before 1800hrs. Unit #2 Struck Unit #1. It is unknown what or whom unit #2 is.

MANNER OF COLLISION OR IMPACT

9

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWIPE, SAME DIRECTION
- SIDESWIPE, 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
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 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT

1 NO
2 YES
3 UNKNOWN

WEATHER

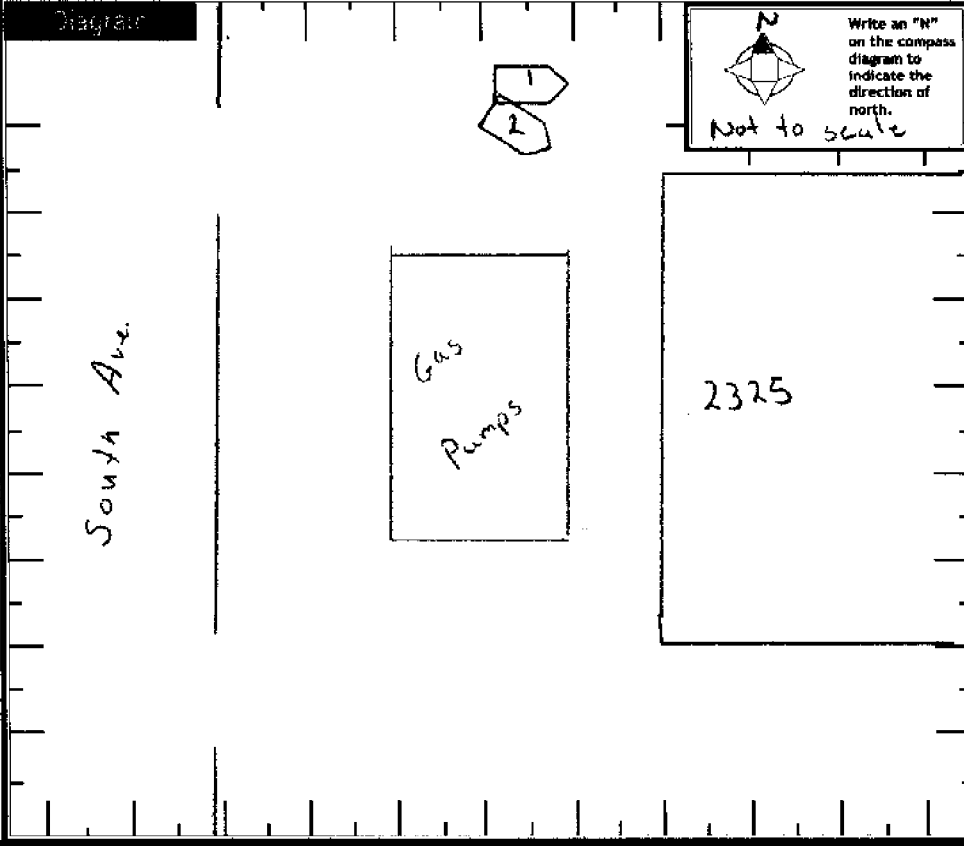
01

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

LIGHT CONDITIONS

PRIMARY: 1
SECONDARY: 1

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



CRASH BUS

Unit #

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 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 _____ PUCD _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ CDA _____

CARGO BODY TYPE

01 NOT APPLICABLE	06 POLE	09 CONCRETE MIXER
02 BUS (8-15 INCLUDING DRIVER)	07 CARGO TANK	10 AUTO TRANSPORTER
03 VAN/ENCLOSED BOX	08 FLATBED	11 GARBAGE/REFUSE
04 GRAB/CHIPS/GRAVEL	09 DUMP	12 OTHER
		13 UNKNOWN

Weight (GVWR)

1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

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: 02012009
TIME REC CALL: 0828
DISPATCH: 0830
ARRIVED: 0835
CLEARED: 0920
OTHER: _____
TOTAL MINUTES: 50

OFFICER'S NAME: PTLM J. Acopli
BADGE # +: 998
CHECKED BY: DSP. GARCAR
DATE REPORT FILED #: 02022009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST
REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER
SUPPLEMENT 'X' = Yes *
LOCAL REPORT # #: 09-006154