

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-006236

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

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

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
02 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
02012009

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
1637 SUN X YOUNGSTOWN 50

PREFR CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
SOUTH AVE 1 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
REF POINT USED 04 HOUSE NUMBER 06 PLACE NAME WHO REFERENCE
01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
02 INTERSECTION 2 STREETS 08 MILE POST 10 STREET OR ROUTE WHO REFERENCE
03 COUNTY LINE 07 CORPORATION LIMIT

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)
A 01 02 PACK, HELEN L.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
941 WOODSIDE AVE, YOUNGSTOWN OHIO 44505
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
09291942 66 F 330-746-8749

DL STATE DL # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO
OH RL401390 OH 824XBC 1 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
PACK JAMES A. 941 WOODSIDE AVE, YOUNGSTOWN OHIO 44505
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2001 CHEV MONTE CARLO SILVER NATIONWIDE LUDTS 330-746-8749

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)
B 02 05 ZARLENGO, ADRIENNE M.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1342 DOUGLAS AVE, YOUNGSTOWN OHIO 44502
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
03311971 37 F 330-788-2810

DL STATE DL # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO
OH RQ302969 OH R519820 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
H WHEELS 5925 SOUTH AVE, YOUNGSTOWN OHIO 44512
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
DODGE DURANGO SILVER GENERAL 330-788-2810

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 PACK, JAMES A. 330-746-8749 08051934 74 M
ADDRESS (STREET, CITY, STATE, ZIP CODE)
941 WOODSIDE, YOUNGSTOWN OHIO 44505
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 LEFLORE, SABLE 330-746-8749 12251989 19 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1342 DOUGLAS, YOUNGSTOWN OHIO 44502
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
01A 01 FRONT - LEFT (MC DRIVER) 04A 01 NONE USED 1A 1 NOT DEPLOYED 1A 1 NOT EJECTED 1A 1 NOT TRAPPED 1A 1 NO INJURY
02 FRONT - MIDDLE 02 SHOULDER BELT ONLY 2 DEPLOYED-FRONT 2 2 IN ON POSITION 2 2 TOTALLY EJECTED 2 2 EXTINGUISHED BY 2 2 POSSIBLE
03 FRONT - RIGHT 03 LAP BELT ONLY 3 DEPLOYED-SIDE 3 3 IN OFF POSITION 3 3 PARTIALLY EJECTED 3 3 MECHANICAL 3 3 NON-
04 SECOND - LEFT (MC PASS) 04 LAP BELT ONLY 4 DEPLOYED BOTH 4 4 UNKNOWN 4 4 NOT APPLICABLE 4 4 MEANS 4 4 INCAPACITATING
05 SECOND - MIDDLE 05 SHOULDER/LAP BELT 5 NOT APPLICABLE 5 5 UNKNOWN 5 5 UNKNOWN 5 5 FATAL INJURY
06 SECOND - RIGHT 06 CHILD SAFETY SEAT 6 UNKNOWN 6 6 UNKNOWN 6 6 UNKNOWN 6 6 UNKNOWN
07 THIRD - LEFT 07 MC HELMET USED 7 UNKNOWN 7 7 UNKNOWN 7 7 UNKNOWN 7 7 UNKNOWN
08 (MC PASSENGER/3RD CAR) 08 NONE USED 8 UNKNOWN 8 8 UNKNOWN 8 8 UNKNOWN 8 8 UNKNOWN
09 THIRD - MIDDLE 09 HELMET USED 9 NONE USED 9 9 UNKNOWN 9 9 UNKNOWN 9 9 UNKNOWN
10 SLEEPER SECTION OF CAB 10 PROTECTIVE PADS 10 NONE USED 10 10 UNKNOWN 10 10 UNKNOWN 10 10 UNKNOWN
11 ENCLOSED CARGO AREA 11 REFLECTIVE CLOTHING 11 NONE USED 11 11 UNKNOWN 11 11 UNKNOWN 11 11 UNKNOWN
12 UNENCLOSED CARGO AREA 12 LIGHTING 12 NONE USED 12 12 UNKNOWN 12 12 UNKNOWN 12 12 UNKNOWN
13 TRAILING UNIT 13 OTHER 13 NONE USED 13 13 UNKNOWN 13 13 UNKNOWN 13 13 UNKNOWN
14 EXTERIOR 14 UNKNOWN 14 UNKNOWN 14 14 UNKNOWN 14 14 UNKNOWN 14 14 UNKNOWN
15 OTHER
16 NONE/UNKNOWN

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESS

SUPPLEMENT # X" IF YES

UNIT NUMBERS

01	02
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NON-MOTORIST LOCATION

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- 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	06
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- 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 SINGLE UNIT TRUCK (3+ AXLES)
 - 11 TRUCK/TRAILER
 - 12 TRUCK TRACTOR (BOSTAL)
 - 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 BIICYCLE
 - 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 TRAILER
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 SNOWMOBILE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/PEDER
 - 36 ANIMAL W/BUGGY
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

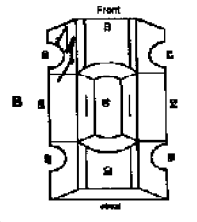
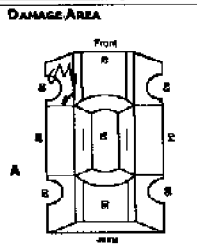
IN EMERGENCY RESPONSE

1	1
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DAMAGE SCALE

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



MOST DAMAGED AREA

09	09
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- 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	09
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- 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

ACTION

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

STRIKING VEHICLE: OVERRIDE/ UNDERIDE

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

PRE-CRASH ACTIONS

01	06
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- 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/LAYING VEHICLE
 - 20 PLAYING/WORKING ON VEHICLE
 - 21 STANDING
 - 22 OTHER
 - 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

01	02
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- 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
 - 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 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/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

VEHICLE DEFECT CODE ONLY IF "15" SELECTED ABOVE

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

SEQUENCE OF EVENTS

70	70
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2	2
3	3
4	4

- NON-COLLISION**
- 01 OVERTURN/ROLLOVER
 - 02 FIRE/EXPLOSION
 - 03 IMBROSION
 - 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
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 14 PEDESTRIAN
 - 15 PEDALCYCLE
 - 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
 - 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 FACE
 - 32 GUARDRAIL END
 - 33 MEDIAN BARRIER
 - 34 HIGHWAY TRAFFIC SIGN POST
 - 35 OVERHEAD SIGN POST
 - 36 LIGHT/LUMINAIR SUPPORT
 - 37 UTILITY POLE
 - 38 OTHER POST, POLE OR SUPPORT
 - 39 CULVERT
 - 40 CURB
 - 41 DITCH
 - 42 EMBANKMENT
 - 43 FENCE
 - 44 MAILBOX
 - 45 TREE
 - 46 OTHER FIXED OBJECT
 - 47 WORK ZONE MAINTENANCE EQUIPMENT
 - 48 UNKNOWN FIXED OBJECT
 - 49 OTHER

FIRST HARMFUL EVENT

1	1
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OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1	1
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OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

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- 1 STATED
- 2 ESTIMATED SPEED

SPEED

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ALCOHOL TEST STATUS

1	1
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- 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

--	--

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

--	--

POSTED SPEED

--	--

TRAFFIC CONTROL

04	04
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- 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

2	1	1	3
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- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NORTHEAST
- 6 NORTHWEST
- 7 SOUTHWEST
- 8 SOUTHWEST
- 9 UNKNOWN

CONDITION

1	1
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- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FANDED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1	1
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- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL/ DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS

1	1
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- 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

--	--

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

--	--

DRUG TEST STATUS

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

DRUG TEST TYPE

1	1
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- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1	2	1	2
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- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 ORFATES
- 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/ROUNDABOUT
- 06 FIVE-PT. 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

1

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

ROAD CONDITIONS

02	
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- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STAGNANT, MOVING)
- 07 SLUSH
- 08 DEBRIS**
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
- 10 OTHER
- 11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT * "X" IF YES
 LOCAL REPORT # *
 09-006296

Narrative

UNIT #1 WAS N. BOONA ON SOUTH AVE. UNIT #2 WAS S. BOONA ON SOUTH AVE. UNIT #2 FAILED TO YIELD TURNING LEFT ONTO E. LUCIUS, CAUSING UNIT #1 TO STRIKE UNIT #2.

MANNER OF COLLISION OR IMPACT

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SKIDSWIPE, SAME DIRECTION
- SKIDSWIPE, 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 SHIFT/CROSSOVER
- WORK ON SHOULDER OR MICHAN
- 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

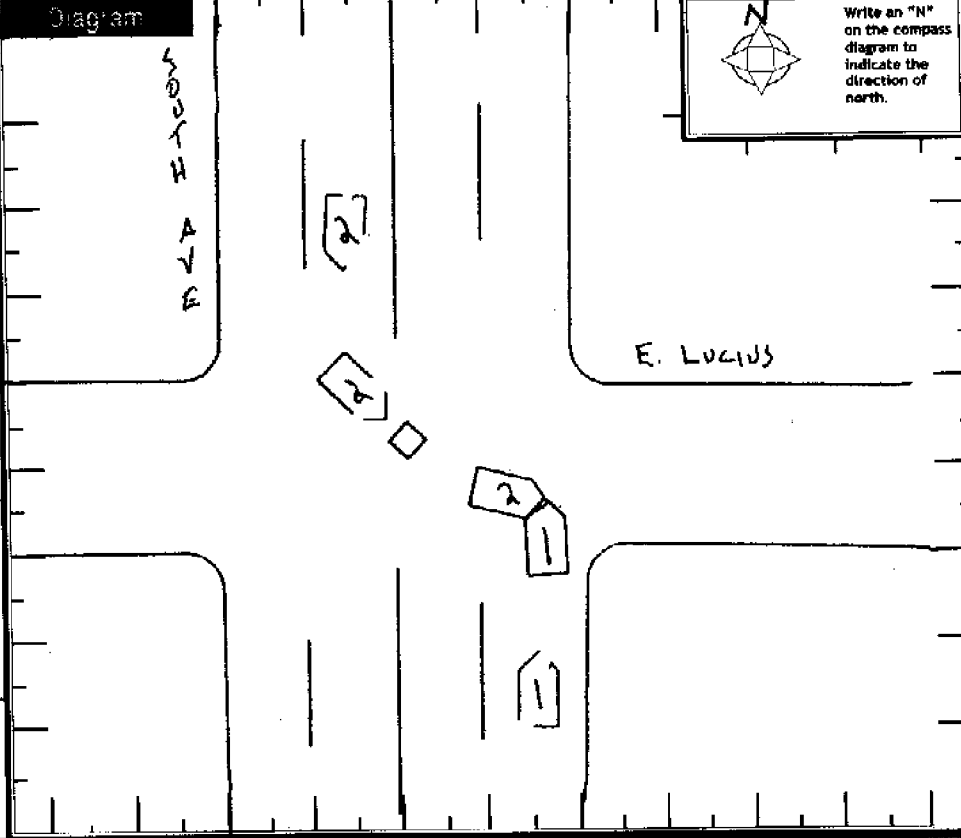
01

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

LIGHT CONDITIONS

PRIMARY SECONDARY

- DAYLIGHT
- DAWN
- DAK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- CLARE
- OTHER
- UNKNOWN



VEHICLE INFORMATION

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) _____

VEHICLE IDENTIFICATION

US DOT _____ ICC MC _____ PUCO _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ LDA _____

CARGO BODY TYPE

<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 09 CONCRETE MIXER
<input type="checkbox"/> 02 BUS (9-18 INCLUDING DRIVER)	<input type="checkbox"/> 06 CARGO TANK	<input type="checkbox"/> 10 AUTO TRANSPORTER
<input type="checkbox"/> 03 VAN/ENCLOSED BOX	<input type="checkbox"/> 07 FLATBED	<input type="checkbox"/> 11 GARBAGE/REFUSE
<input type="checkbox"/> 04 GRAB/CHP/GRAVEL	<input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 12 OTHER
		<input type="checkbox"/> 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: 1637 DISPATCH: 1657 ARRIVED: 1700 CLEARED: 1810 OTHER: _____ TOTAL MINUTES: 73

OFFICER NAME: R. DIMATIO BADGE #: 1043 CHIEF BY: [Signature] DATE REPORT FILED #: 02012009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT: YES LOCAL REPORT #: 09-6062361

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

LOCAL REPORT # * 09-006236 N.C.I.C.# * 05009 REPORTING AGENCY * YOUNGSTOWN P.D. DATE OF CRASH * 02012009

E UNIT # 02 NAME (LAST, FIRST, MIDDLE) KIMBROUGH, ADRIAN HOME PHONE # 330-788-2816 DATE OF BIRTH 09121994 AGE 14 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1342 DOUGLAS AVE, YOUNGSTOWN OH 44502 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

F UNIT # 02 NAME (LAST, FIRST, MIDDLE) TOWNSEND, KEVIN HOME PHONE # 330-330-2833 DATE OF BIRTH 10091994 AGE 14 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 633 PASADENA, YOUNGSTOWN OH 44502 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

G UNIT # 02 NAME (LAST, FIRST, MIDDLE) KIMBROUGH, GEORGE HOME PHONE # 330-788-2816 DATE OF BIRTH 06221995 AGE 13 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1342 DOUGLAS AVE, YOUNGSTOWN OH 44502 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

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

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

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1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

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ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

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ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

<p>04 SEATING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER)</p> <p>02 FRONT - MIDDLE</p> <p>03 FRONT - RIGHT</p> <p>04 SECOND - LEFT (MC PASS)</p> <p>05 SECOND - MIDDLE</p> <p>06 SECOND - RIGHT</p> <p>07 THIRD - LEFT (MC PASSENGER/SIDE CAR)</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - RIGHT</p> <p>10 SLEEPER SECTION OF CAB</p> <p>11 ENCLOSED CARGO AREA</p> <p>12 UNENCLOSED CARGO AREA</p> <p>13 TRAILER UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>16 NON-MOTORIST</p> <p>17 UNKNOWN</p>	<p>01 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 USED</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>5 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>1 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>1 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>1 TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 EXTRICATED BY MECHANICAL MEANS</p> <p>3 FREED BY NON-MECHANICAL MEANS</p> <p>4 UNKNOWN</p>	<p>1 INJURED:</p> <p>1 NO INJURY</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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