

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-006643

CRASH SEVERITY  
3 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 POLICE

# UNITS  
02

UNIT ERROR  
02 98 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH \*  
02032009

TIME OF CRASH 1707 DAY OF WEEK TUE CITY \* X VILLAGE \* TWP \* YOUNGSTOWN COUNTY # \* 50 LATITUDE LONGITUDE

PREFIX CRASH LOCATION WOOD ST TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET PHAR-MUE PARKWOLCT

DIST REFERENCE 01 PREFIX REFERENCE PHELPS REF POINT 02 REFERENCE POINT USED 04 HOUSE NUMBER 06 PLACE NAME W/O REFERENCE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 08 MILE POST 10 STREET OR ROUTE W/O REFERENCE 03 COUNTY LINE 07 CORPORATION LIMIT

UNIT # A 0100 # 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 # LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") DEPIETRO, DONNA ADDRESS (STREET, CITY, STATE, ZIP CODE) 4150 KEMBRIDGE AUSTINTOWN, OHIO 43115

YEAR 2009 MAKE FORD MODEL FOCUS COLOR GRN INSURANCE COMPANY PROGRESSIVE TOWING SERVICE OWNER PHONE #

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # B 0201 # 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 # LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED 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 CHARGES 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) INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

<b>SEATING POSITION</b> 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/SIDE 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	<b>SAFETY EQUIPMENT</b> <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	<b>AIR BAG</b> 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	<b>AIR BAG SWITCH</b> 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	<b>EJECTION</b> 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<b>TRAPPED</b> 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<b>INJURIES</b> 1 NO INJURY POSSIBLE 2 NON-INCAPACITATING 3 INCAPACITATING 4 FATAL INJURY 5 UNKNOWN
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BLANK FOR WITNESS SUPPLEMENT \* X IF YES

Motorist/Non-Motorist

Occupant

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

03 A B

- 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, 8 TIRES, 10 SINGLE UNIT TRUCK, 3+ AXLES, 11 TRUCK/TRAILER, 12 TRUCK TRACTOR (BOBTAIL), 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 TRAIL, 30 FARM VEHICLE, 31 FARM EQUIPMENT, 32 SNOWMOBILE, 33 CONSTRUCTION EQUIPMENT, 34 ALL OTHERS
NON-MOTORIST: 35 ANIMAL W/DRIVER, 36 ANIMAL W/NO DRIVER, 37 BICYCLE, 38 PEDESTRIAN, 39 PEDALCYCLIST, 40 SKATER, 41 OTHER-NON MOTORIST, 42 UNKNOWN

IN EMERGENCY RESPONSE

A B

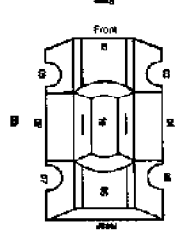
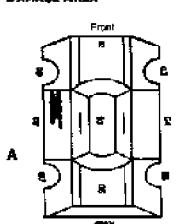
- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

2 6

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

DAMAGE AREA



MOST DAMAGED AREA

08 15 B

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 FRONT 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

08 A 02 B

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 FRONT 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

4 A 3 B

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

STRIKING VEHICLE: OVERRIDE / UNDERRIDE

1 A 1 B

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

PRE-CRASH ACTIONS

10 01 B

- 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 A 15 B

- MOTORIST: 01 NONE, 02 FAILURE TO YIELD, 03 RAN RED LIGHT, ON STOP SIGN, 04 EXCEEDED SPEED LIMIT, 05 UNSAFE SPEED, 06 IMPROPER TURN, 07 LEFT OF CENTER, 08 FOLLOWED TOO CLOSELY/VADCA, 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING, 10 IMPROPER BACKING, 11 IMPROPER START FROM PARKED POSITION, 12 STOPPED OR PARKED ILLEGALLY, 13 OPERATING VEHICLE IN ERRATIC, FLEECELESS, CARELESS, NEGLECT 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 AROUND 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 CODES ONLY IF "1B" 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

20 21
2 2
3 3
4 4

NON-COLLISION

- 01 OVERTURN/Rollover, 02 FIRE/EXPLOSION, 03 IMMERSED, 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
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/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

FIRST HARMFUL EVENT

1 A 1 B

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

MOST HARMFUL EVENT

1 A 1 B

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

SPEED DETECTED

A B

- 1 STATED
2 ESTIMATED SPEED

SPEED

A B

POSTED SPEED

A B

TRAFFIC CONTROL

01 A 01 B

- 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, OBLSCURED, 16 OTHER

DIRECTION

2 1 4 3

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

CONDITION

A B

- 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

A 6 B

- 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

A 1 B

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

ALCOHOL TEST TYPE

A 1 B

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

ALCOHOL TEST RESULT

A B

DRUG TEST STATUS

A 1 B

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

DRUG TEST TYPE

A 1 B

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

DRUG TEST 1&2 RESULT

1 2 1 2

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

TYPE OF INTERSECTION

01

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

OCCURRENCE

6

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

ROAD CONFIGURE

1

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

ROAD CONDITIONS

04

- 01 DRY, 02 WET, 03 SNOW, 04 ICE, 05 SAND, MUD, DIRT, OIL, GRAVEL, 06 WATER (STANDING, MOVING), 07 SLUSH, 08 DEERS, 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT, 10 OTHER, 11 UNKNOWN
\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT "X" IF YES LOCAL REPORT # 09-006693

**Narrative**

UNIT #1 WAS PARKED IN THE LOT. UNIT #2 WAS PULLING OUT OF THE LOT.

UNIT #2 STRUCK UNIT #1

**MANNER OF COLLISION OR IMPACT**

16

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDEWIFE, SAME DIRECTION
- SIDEWIFE, OPPOSITE DIRECTION
- UNKNOWN

**SCHOOL BUS RELATED**

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

**WORK ZONE RELATED**

1

- NO
- YES
- UNKNOWN

**WEATHER**

01

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

**TYPE OF WORK ZONE**

1

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIUM
- INTERMITTENT/ MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

1

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

**LIGHT CONDITIONS**

1

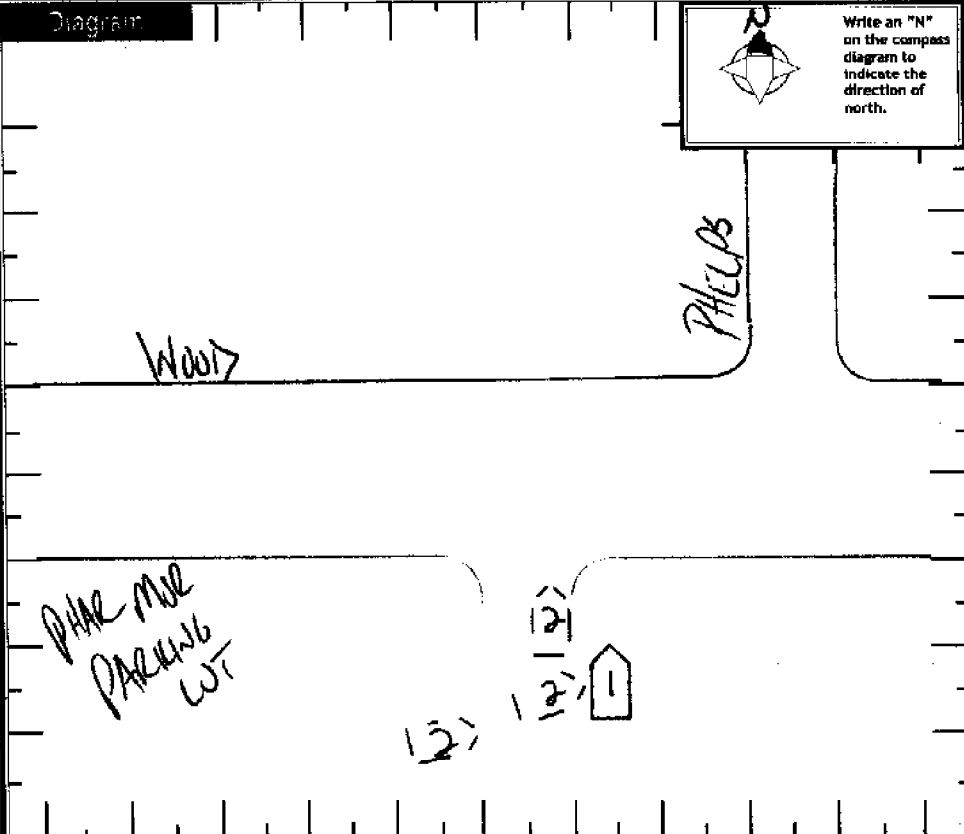
PRIMARY SECONDARY

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

**WORKERS PRESENT**

1

- NO
- YES
- UNKNOWN



**UNIT #**

1

**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** **PLCO** **TRAILER LP ST.** **TRAILER LP YEAR** **TRAILER LP #** **PLACARD #** **#DA**

**CARGO BODY TYPE**

01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER
02 BUS (8-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER
03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE
04 GRAB/CHIPS/GRAVEL	08 DUMP	12 OTHER
		13 UNKNOWN

**Weight (GVWR)**

1 LESS/EQUAL 10,000  
 2 10,001 - 28,000  
 3 MORE THAN 28,000

**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** 02032009 **TIME REC CALL** 1707 **DISPATCH** 1708 **ARRIVED** 1710 **CLEARED** 1810 **OTHER** **TOTAL MINUTES** 03

**OFFICER'S NAME #** BARBER **BADGE # \*** 1044 **CHECKED BY** [Signature] **DATE REPORT FILED #** 02042009

**REPORT TAKEN BY** 1 POLICE AGENCY 2 MOTORIST **REPORT TAKEN AT** 1 SCENE 2 STATION **SUPPLEMENT** X/ YES **LOCAL REPORT # \*** 09-006643



LOCAL REPORT NUMBER <b>09-0010643</b>	REPORTING AGENCY <b>YOUNGSTOWN POLICE</b>	DATE OF CRASH <b>02/03/09</b>
IN COUNTY OF <b>MAHONING</b>	CRASH LOCATION <b>PHAR-MOR PARKING LOT</b>	

- UNIT #1 WAS PARKED IN THE LOT BETWEEN 7:AM AND 5PM.

- THERE WAS NO DESCRIPTION OF UNIT #2

- TIRE TRACKS IN THE SNOW AND ICE SHOW THAT UNIT #2 WAS EXITING THE LOT WHEN IT STRUCK UNIT #1

OFFICER'S SIGNATURE  
 X **BARBAR**

BADGE NUMBER  
**1111**