

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-007010

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1E OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
Youngstown PD

UNITS
01

UNIT ERROR
98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
02 05 2009

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
1539 THU X Youngstown 50

CRASH LOCATION PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
Wagon 01 1 NAMED STREET 2 NUMBERED ROUTE
2 NUMBERED STREET
DIST REFERENCE OR PREFIX REFERENCE POINT REF POINT REFERENCE POINT USED
153 W Wagon OH 01 01 HOUSE NUMBER 04 PLACE NAME W/O REFERENCE
01 STATE LINE 05 TOWNSHIP BOUNDARY 08 DRIVEWAY
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O
03 COUNTY LINE 07 CORPORATION LIMIT REFERENCE

A Unit # 01 # of Occ. NAME (LAST, FIRST, MIDDLE) Arnold, Carolyn P
ADDRESS (STREET, CITY, STATE, ZIP CODE) 752 Lake Dr Youngstown Ohio 44511
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH 12 28 1963 AGE 45 SEX F HOME PHONE # 330 207-3904 WORK PHONE #
DL STATE OH DL # RL396808 LP STATE OH LP # EN65463 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") Same ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR 2004 MAKE GMC MODEL Envoy COLOR Gray INSURANCE COMPANY Erie Insurance TOWING SERVICE OWNER PHONE #
OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

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

C Unit # 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
D Unit # 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

G SEATING POSITION
01 FRONT - LEFT (MC DRIVER) 04 SECOND - LEFT (MC PASS) 06 SECOND - MIDDLE 08 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SEC 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 17 UNKNOWN
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 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN
AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN
AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN
EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN
TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN
INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

Narrative

Unit #1 white traveling east on Warren street
the utility pole in front of 153 W. Warren.

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 ANGLE
 7 SIDESWIP, SAME DIRECTION
 8 SIDESWIP, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WEATHER

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN, DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 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

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

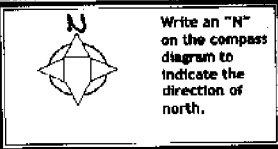
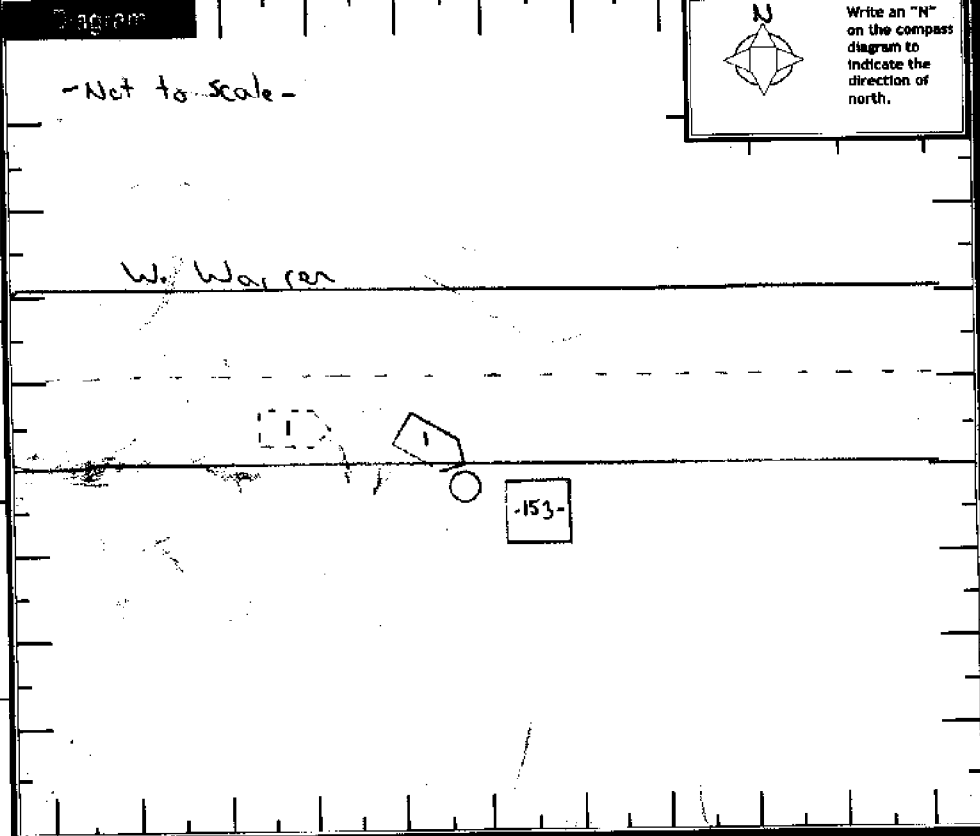
SECONDARY 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

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



Truck 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 PUCC TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DIA.

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (8-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/CHP/GRANEL
 05 POLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAGE/REFUSE
 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: 02052009 TIME REC CALL: 11539 DISPATCH: 11542 ARRIVED: 11545 CLEARED: 11639 OTHER: TOTAL MINUTES: 60

OFFICER'S NAME: Perkins, Shakti BADGE # : 1114 CHECKED BY: [Signature] DATE REPORT FILED: 02062009

REPORT TAKEN BY: 1 POLICE AGENT 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT "X" IF YES: LOCAL REPORT # : 09-007010