

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-007255

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

MIX/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. # \*  
0500A

REPORTING AGENCY \*  
Youngstown PD

# UNITS  
02

UNIT ERROR  
01 93 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02062009

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1908 FRJ X Youngstown 56

PREFIC CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
Glenwood 1  
2905 Glenwood 04  
REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE  
04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 DRIVEWAY  
08 MILE POST  
10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 0101 Toney, Robert L SR  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
493 Idora Youngstown, Ohio 44511  
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
04191950 58 M (330) 782-2850  
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 RM 957345 OH PF 7291  
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2004 GMC Pickup BIK State Farm Dard O  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

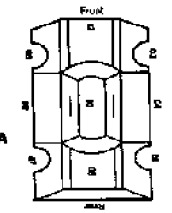
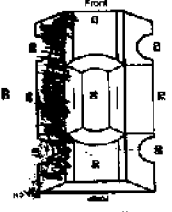
UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 0201 Fowler, Regina  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
129 W. Park Youngstown Ohio 44506  
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
08031961 47 F (330) 559-5271  
DL STATE DL # LP STATE LP # INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO  
OH RN 9485 OH EHM692  
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Same  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1998 OLDS Aurora GRN Progressive  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO  
D  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

SEATING POSITION SAFETY EQUIPMENT AIR BAG AIR BAG SWITCH EJECTION TRAPPED INJURIES  
01 FRONT - LEFT (MC DRIVER) 04 MOTORIST 1A 1 NOT DEPLOYED 1A 1 NOT EJECTED 1A 1 NOT TRAPPED 1A 1 NO INJURY  
02 FRONT - MIDDLE 04 2 DEPLOYED-FRONT 1A 2 IN ON POSITION 1A 2 TOTALLY EJECTED 1A 2 EXTRICATED BY MECHANICAL 1A 2 POSSIBLE  
03 FRONT - RIGHT 04 3 DEPLOYED-SIDE 1A 3 IN OFF POSITION 1A 3 PARTIALLY EJECTED 1A 3 MECHANICAL MEANS 1A 3 NON-INCAPACITATING  
04 SECOND - LEFT (MC PASS) 04 4 DEPLOYED BOTH 1A 4 UNKNOWN 1A 4 NOT APPLICABLE 1A 4 UNKNOWN 1A 4 FATAL INJURY  
05 SECOND - MIDDLE 04 5 NOT APPLICABLE 1A 5 UNKNOWN 1A 5 UNKNOWN 1A 5 UNKNOWN 1A 5 UNKNOWN  
06 SECOND - RIGHT 04 6 UNKNOWN 1A 6 UNKNOWN 1A 6 UNKNOWN 1A 6 UNKNOWN 1A 6 UNKNOWN  
07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 04 08 HELMET USED 1A 7 UNKNOWN 1A 7 UNKNOWN 1A 7 UNKNOWN 1A 7 UNKNOWN  
08 THIRD - MIDDLE 04 10 PROTECTIVE PADS 1A 8 UNKNOWN 1A 8 UNKNOWN 1A 8 UNKNOWN 1A 8 UNKNOWN  
09 THIRD - RIGHT 04 11 REFLECTIVE CLOTHING 1A 9 UNKNOWN 1A 9 UNKNOWN 1A 9 UNKNOWN 1A 9 UNKNOWN  
10 SLEEPER SECTION OF CAB 04 12 LIGHTING 1A 10 UNKNOWN 1A 10 UNKNOWN 1A 10 UNKNOWN 1A 10 UNKNOWN  
11 ENCLOSED CARGO AREA 04 13 OTHER 1A 11 UNKNOWN 1A 11 UNKNOWN 1A 11 UNKNOWN 1A 11 UNKNOWN  
12 UNENCLOSED CARGO AREA 04 14 UNKNOWN 1A 12 UNKNOWN 1A 12 UNKNOWN 1A 12 UNKNOWN 1A 12 UNKNOWN  
13 TRAILING UNIT 04  
14 EXTERIOR  
15 OTHER  
16 MALFUNCTION

Motorist/Non-Motorist  
Occupant

SUPPLEMENT #  
X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="05"/> <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="29"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="29"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<b>POSTED SPEED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
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<input type="text" value="4"/>	<input type="text" value="4"/>														
<b>NON-MOTORIST LOCATION</b> <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 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPICED 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 JACKKNIFE 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RUN OFF ROAD RIGHT 09 RUN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLIST 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 <b>COLLISION WITH FIXED OBJECT</b> 24 IMPACT ATTENUATOR/CRASH CUSHION 25 BRIDGE OVERHEAD STRUCTURE 26 BRIDGE PIER OR ABUTMENT 27 BRIDGE PARAPET 28 BRIDGE RAIL 29 GUARDRAIL FACE 30 GUARDRAIL END 31 MEDIAN BARRIER 32 HIGHWAY TRAFFIC SIGN POST 33 OVERHEAD SIGN POST 34 LIGHT/LUMINAIRE SUPPORT 35 UTILITY POLE 36 OTHER POST, POLE OR SUPPORT 37 CURB 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	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value="01"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> <input type="text" value="07"/> <input type="text" value="03"/>	<input type="text" value="01"/> <input type="text" value="08"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="09"/> <input type="text" value="01"/>	<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/ACC'D 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 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 <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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> <table border="1"> <tr> <th>FROM</th> <th>TO</th> <th>FROM</th> <th>TO</th> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> </tr> </table>	FROM	TO	FROM	TO	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/>		
FROM	TO	FROM	TO												
<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>												
<b>MOTORIST</b> 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 2 AXLES, 6 TIRES 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 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 W/ROVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="01"/> <input type="text" value="08"/>	<b>VEHICLE DEFECT</b> <b>CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/>										
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ACTION</b> <input type="text" value="3"/> <input type="text" value="4"/>	<b>VEHICLE DEFECT</b> <b>CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> <input type="text" value="1"/> <input type="text" value="3"/>	<b>STRIKING VEHICLE:</b> <b>OVERSIDE / UNDERSIDE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT</b> <b>CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <b>PRIMARY</b> <input type="text" value="04"/> <b>SECONDARY</b> <input type="text" value="07"/>										
<b>DAMAGE SCALE</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERFLOOR OR OVERSIDE 02 UNDERFLOOR, COMPARTMENT INTRUSION 03 UNDERFLOOR, NO COMPARTMENT INTRUSION 04 UNDERFLOOR, COMPARTMENT INTRUSION UNKNOWN 05 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERSIDE, OTHER VEHICLE 07 UNKNOWN	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	<b>SPEED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY										
			<b>SUPPLEMENT * 'X' IF YES</b>	<b>LOCAL REPORT # **</b>	<input type="text" value="09-007285"/>										

