

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-035167

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. # *
05609

REPORTING AGENCY *
YOUNGSTOWN PD

UNITS
02

UNIT ERROR
02 99 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
06052009

TIME OF CRASH: 1420 DAY OF WEEK: FRI CITY: X VILLAGE: TWP: NAME (OF CITY, VILLAGE OR TOWNSHIP): YOUNGSTOWN COUNTY #: 50 LATITUDE: LONGITUDE:

CRASH LOCATION: SR 625 TYPE LOC: 3 TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

UNIT REFERENCE: AT REFERENCE: SOUTHERN REF POINT: 02 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 OR ROUTE W/O REFERENCE

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 01 PADISAK, WILLIAM JR.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
4886 PINE TRACE AUSTINTOWN, OHIO 44515

DATE OF BIRTH: 10011956 AGE: 53 SEX: M HOME PHONE # 330 506-3066 WORK PHONE # 614 890-3700

DL STATE DL # LP STATE 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)
OHIO ASS. OF PUBLIC SCHOOL EMPLOYEES 6805 OAK CREEK DR. COLUMBUS, OHIO 43229

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2008 CHEVY IMPALA BLUE NATIONWIDE 814 890-4770

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02 04 MILLER, PAUL H.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1595 SEQUOYA DR. AUSTINTOWN, OHIO 44514

DATE OF BIRTH: 02131930 AGE: 79 SEX: M HOME PHONE # 330 788-9240

DL STATE DL # LP STATE 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)
SAME SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2008 MERCURY SABLE SILVER AAA MEMBER SELECT 330 788-9240

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
331.08(A) DRIVE WITHIN MARKED LINES I 40851 X

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 02 MILLER, HELEN 330 788-9240 10041929 79 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1595 SEQUOYA DR. AUSTINTOWN, OHIO 44514

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 DIANA, ANTOINETTE 330 788-5077 08181926 82 F
ADDRESS (STREET, CITY, STATE, ZIP CODE)
724 WILBUR YOUNGSTOWN, OHIO 44502

INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

01 A	SEATING POSITION 01 FRONT - LEFT (MC DRIVER)	04 A	SAFETY EQUIPMENT 01 NONE USED	1 A	AIR BAG 1 NOT-DEPLOYED	1 A	AIR BAG SWITCH 1 NOT PRESENT	1 A	EJECTION 1 NOT EJECTED	1 A	TRAPPED 1 NOT TRAPPED	1 A	INJURIES 1 NO INJURY
02 B	02 FRONT - MIDDLE	04 B	02 SHOULDER BELT ONLY	2 B	2 DEPLOYED-FRONT	2 B	2 IN ON POSITION	2 B	2 TOTALLY EJECTED	2 B	2 EXTINGUISHED BY MEANS	2 B	2 POSSIBLE
03 C	03 FRONT - RIGHT	04 C	03 LAP BELT ONLY	3 C	3 DEPLOYED-SIDE	3 C	3 IN OFF POSITION	3 C	3 PARTIALLY EJECTED	3 C	3 FREED BY MEANS	3 C	3 NON-INCAPACITATING
04 D	04 SECOND - LEFT (MC PASS)	04 D	04 SHOULDER LAP BELT	4 D	4 DEPLOYED BOTH FRONT/SIDE	4 D	4 UNKNOWN	4 D	4 NOT APPLICABLE	4 D	4 UNKNOWN	4 D	4 INCAPACITATING
	05 SECOND - MIDDLE		05 CHILD SAFETY SEAT		5 NOT APPLICABLE				5 UNKNOWN				5 FATAL INJURY
	06 SECOND - RIGHT		06 MC HELMET USED		6 UNKNOWN								6 UNKNOWN
	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)		07 USE UNKNOWN NON-FRONTSEAT										
	08 THIRD - MIDDLE		08 NONE USED										
	09 THIRD - RIGHT		09 HELMET USED										
	10 SLEEPER SECTION OF CAB		10 PROTECTIVE PADS										
	11 ENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING										
	12 UNENCLOSED CARGO AREA		12 LIGHTING										
	13 TRAILING UNIT		13 OTHER										
	14 EXTERIOR		14 UNKNOWN										
	15 OTHER												
	16 UNKNOWN												

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 NON-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
03A 03B

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, 6 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/TRIMPLES
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
NON-MOTORIST
35 ANIMAL W/IDER
36 ANIMAL W/BUGGY
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 2B

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

DAMAGE AREA

Front

A

Front

B

MOST DAMAGED AREA
08A 03

POINT OF IMPACT
08 03

ACTION
4 3

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

STRIKING VEHICLE: OVERLIDE / UNDERLIDE
A B

1 NO UNDERLIDE OR OVERLIDE
2 UNDERLIDE, COMPARTMENT INTRUSION
3 UNDERLIDE, NO COMPARTMENT INTRUSION
4 UNDERLIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERLIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERLIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS
01 03

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 09

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/
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
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 '19' 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
A B
20 20
3 3
4 4

NON-COLLISION
01 OVERTURN/Rollover
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF LIMITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RIMWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
15 PEDESTRIAN
16 PEDALCYCLE
17 RAILWAY VEHICLE
18 ANIMAL - FARM
19 ANIMAL - DEER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
22 PARKED MOTOR VEHICLE
23 WORK ZONE MAINTENANCE EQUIPMENT
24 OTHER 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 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINAIRES 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
A B

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

MOST HARMFUL EVENT
A 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
10 A
5 B

POSTED SPEED
35 35

TRAFFIC CONTROL
04A 04B

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
FROM TO FROM TO
24 34

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
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 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 B

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
A B

1 NONE
4 BREATH
2 BLOOD
3 URINE
5 OTHER

ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
A B

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

DRUG TEST TYPE
A B

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT
A B
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
06

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 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
PRIMARY SECONDARY
01 01

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

SUPPLEMENT * X* IF YES
LOCAL REPORT # *
09-035167

UNR1 #1 HEAD ON WEST ON MALOOTHIAN WAS STRUCK BY UNIT #2, WHICH WAS HEAD ON WEST ON MALOOTHIAN IN THE INSIDE LANE WAITING IN TRAFFIC AND ATTEMPTED TO CHANGE TO THE OUTSIDE LANE, STRIKING UNIT #1 AT SOUTHERN.

MANNER OF COLLISION OR IMPACT

7

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIPE, SAME DIRECTION
 8 SIDESWIPE, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1

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

WORK ZONE RELATED

1

1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

1

1 LANE CLOSURE
 2 LANE SHIFTS/CROSSOVER
 3 WORK ON SHOULDER OR MEDIUM
 4 INTERMITTENT MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1

1 NO
 2 YES
 3 UNKNOWN

WEATHER

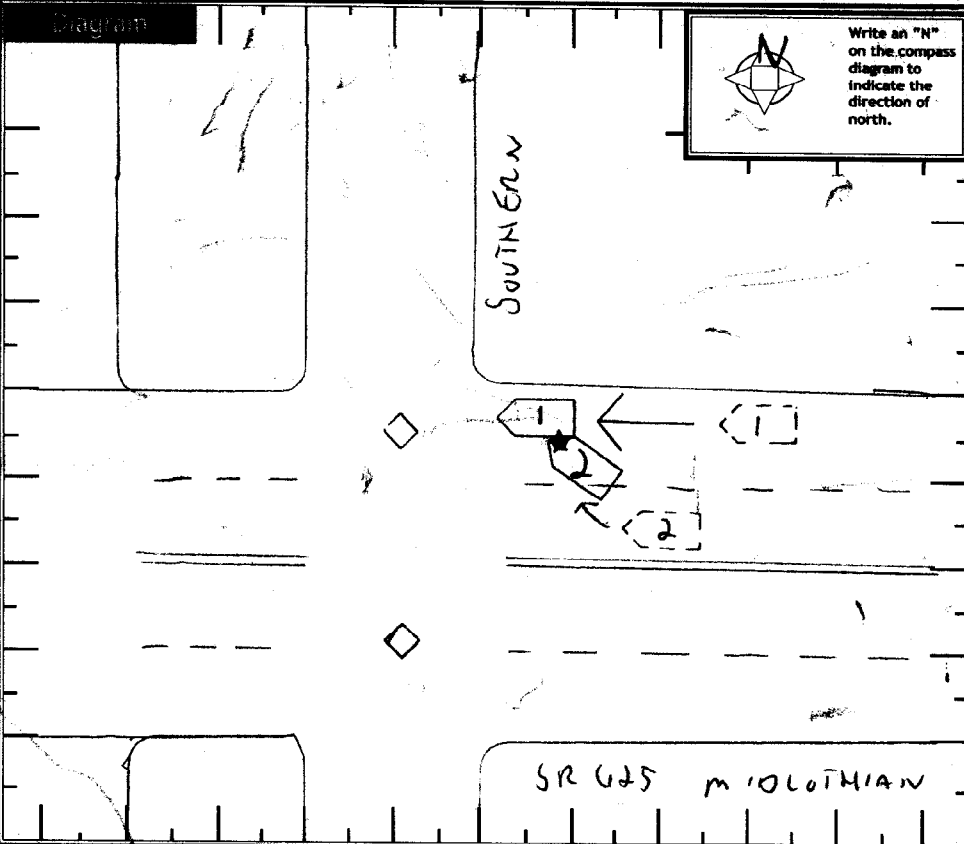
0 1

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

LIGHT CONDITIONS

PRIMARY 1 **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



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.

UNIT #

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

Address (STREET, CITY, ST, ZIP CODE) _____

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

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	<input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 06052009
 TIME REC CALL: 1622
 DISPATCH: 1624
 ARRIVED: 1624
 CLEARED: 1730
 OTHER: _____
 TOTAL MINUTES: 66

OFFICER'S NAME: RUTLAND
 BADGE #: 1040
 CHECKED BY: M.S.P. GARCAR
 DATE REPORT FILED: 06062009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST
 REPORT TAKEN AT: 1 SCENE 2 STATION
 SUPPLEMENT "X" IF YES: _____
 LOCAL REPORT # #: _____

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

04-1-P (Rev. 11/99)

CAL REPORT # * 29-035167
 N.C.I.C.# * 05009
 REPORTING AGENCY * YOUNGSTOWN PD
 DATE OF CRASH * 06052000

E UNIT # 02 NAME (LAST, FIRST, MIDDLE) DIANA, ANGELO
 HOME PHONE # 330788-5370
 DATE OF BIRTH 01141921
 AGE 88
 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 734 WILBUR YOUNGSTOWN, OHIO 44504

INJURED TAKEN BY: L
 TRANSPORTED BY: _____
 INJURED TAKEN TO: _____

F 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: _____

G 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: _____

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: _____

I 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: _____

J 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: _____

K 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: _____

<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 CAB)</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 TRAILING UNIT</p> <p>14 EXTENSION</p> <p>15 OTHER</p> <p>16 NON-SUBJECT</p> <p>17 UNKNOWN</p>	<p>04 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>1 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>3 AIR BAG SWITCH</p> <p>1 IN ON POSITION</p> <p>2 IN OFF POSITION</p> <p>3 NOT PRESENT</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 INJURIES</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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BLANK FOR WRITERS

SUPPLEMENT 'X' IF YES