

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*

09-036929

CRASH SEVERITY  
1 FATAL 2 PDG 3 PDG  
2 HARMY 4 UNKNOWN

2

PRIVATE PROPERTY

1 YES 2 NO

HIT/SKEW

1 NOT HIT/SKEW  
2 SOLID  
3 UNSOLVED

PHOTOS TAKEN

X IF YES

OH-2 OH-3 OH-1P OTHER

NCIC # \*

05009

REPORTING AGENCY #

YOUNGSTOWN PD

# UNITS

01

UNDEVIANT

01 - ANIMAL  
02 - UNKNOWN

01

DATE OF CRASH \*

06.11.2009

TIME OF CRASH

2212

DAY OF WEEK

THR

CITY \*

X

VILLAGE \*

TWP \*

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

YOUNGSTOWN

COUNTY # \*

50

LATITUDE

LONGITUDE

CRASH LOCATION

GLENWOOD

TYPE LOC

1

TYPE LOCATION POINT USED  
1 NAMED STREET 2 NUMBERED ROUTE  
3 NUMBERED STREET

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 NMS REFERENCE

09 DIVERGENT  
10 STREET OR ROUTE NMS REFERENCE

UNIT #

A 0102

# OF OCC.

2

NAME (LAST, FIRST, MIDDLE)

ROSENDARY, MOUSSA M

ADDRESS (STREET, CITY, STATE, ZIP CODE)

484 IDORA YOUNGSTOWN OH 44509

DATE OF BIRTH

09.25.1986

AGE

22

SEX

F

HT

5'10"

WT

160

HAIR

BRN

EYES

BLU

DOB

09.25.1986

DOB

09.25.1986

DL STATE

OH

DL #

SN978119

LP STATE

OH

LP #

W3512

INSURED

TAKEN BY

1

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

RURAL METRO

INSURED TAKEN TO

ST.E'S ETC

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1996

MAKE

MAZD

MODEL

4DOOR

COLOR

TAN

INSURANCE COMPANY

PROGRESSIVE

TOWING SERVICE

LUOTS

OWNER PHONE #

330.398.6212

CRASH CHANGED

CRASH DESCRIPTION

CITATION #

LOCAL CODE #

X IF YES

UNIT #

B

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

AGE

SEX

HT

WT

HAIR

EYES

DOB

DOB

DL STATE

DL #

LP STATE

LP #

INSURED

TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

CRASH CHANGED

CRASH DESCRIPTION

CITATION #

LOCAL CODE #

X IF YES

UNIT #

C 01

# OF OCC.

1

NAME (LAST, FIRST, MIDDLE)

OLIVER, JANE L

HOME PHONE #

3309419039

DATE OF BIRTH

03.25.1987

AGE

22

SEX

F

HT

WT

HAIR

EYES

DOB

DOB

ADDRESS (STREET, CITY, STATE, ZIP CODE)

4006 MONTICELLO YOUNGSTOWN OH 44555

INSURED TAKEN BY

2

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

TRANSPORTED BY

RURAL METRO

INSURED TAKEN TO

ST.E'S ETC

UNIT #

D

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

HT

WT

HAIR

EYES

DOB

DOB

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INSURED TAKEN BY

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

TRANSPORTED BY

INSURED TAKEN TO

SEATING POSITION

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/2ND CAR)

08 THIRD - MIDDLE

09 THIRD - RIGHT

10 SLEEPER SECTION OF CAR

11 ENCLOSED CARGO AREA

01A

02B

03C

04D

05E

06F

07G

08H

09I

10J

11K

04A

04B

04C

04D

04E

04F

04G

04H

04I

04J

02

02

02

02

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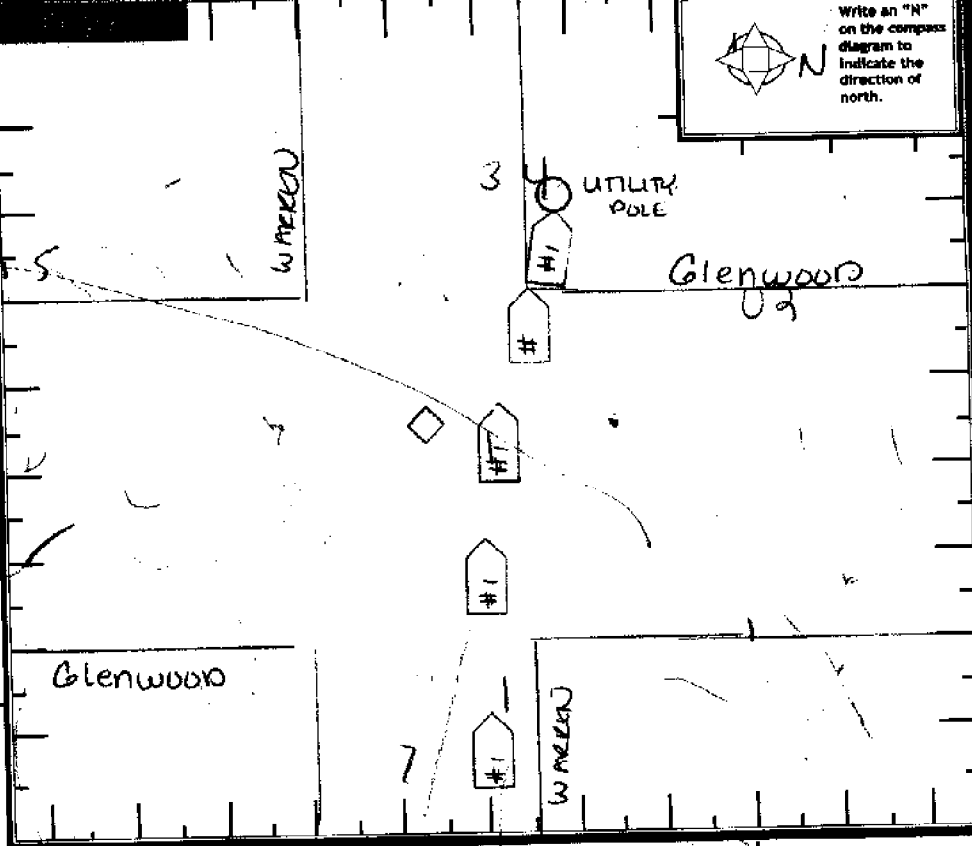
04

04



UNIT #1 TRAVELING WESTBOUND ON W. WARKEN  
 HIT ANIMAL POLE AT W. WARKEN AND GLENWOOD  
 UNIT #1 STATED SHE DID NOT SEE THAT THE ROAD  
 CURVED TO THE LEFT.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWIRE, SAME DIRECTION 8 SIDEWIRE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 04 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 4 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN



<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<b>AND</b>	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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 # <input type="text"/>	COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCD <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	FIA <input type="text"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/COVER/DRAYEL	<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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDE Class</b> <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	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN

<b>Police Action</b>									
DATE CRASH REPORTED 06/11/2009	TIME REC CALL 2212	DISPATCH 2219	APPROVED 2223	CLEARED 2312	OTHER <input type="text"/>	TOTAL MINUTES 60			
OFFICER'S NAME B. Quinn	BADGE # 11114	CHECKED BY [Signature]	DATE REPORT FILED 06/12/2009	REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENTARY REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL REPORT # 09-036929		