

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-037165

CRASH SEVERITY
3
1 FATAL 3 PDO
2 BLJRY 4 UNKNOWN

PRIVATE PROPERTY
IF YES

MIT/SLIP
1 NOT MIT/SLIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
IF YES

OH-2 OH-3 OH-1P OTHER

PLATE # *

05009

REPORTING AGENCY *

Youngstown P.D.

UNITS

02

UNIT ERROR

02

98 - ANNUAL
99 - UNKNOWN

DATE OF CRASH *

06122009

TIME OF CRASH

1910

DAY OF WEEK

Fri

CITY *

X

VILLAGE *

TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

Youngstown

COUNTY # *

50

LATITUDE

LONGITUDE

PRECISE CRASH LOCATION

E Boston

TYPE LOC

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

STREET NAME

97 Southern Blvd

REF POINT

02

REFERENCE POINT USED

01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY

06 DIVERGENT

07 CORPORATION LIMIT

08 PLACE NAME WHO REFERENCE

09 STREET OR ROUTE WHO REFERENCE

UNIT #

A

OF OCC.

0104

NAME (LAST, FIRST, MIDDLE)

moody, Dolores

ADDRESS (STREET, CITY, STATE, ZIP CODE)

105 meadowbrook Boardman OH 44512

DATE OF BIRTH

04041955

AGE

54

SEX

F

HEIGHT

50

WEIGHT

120

DL STATE

OH

DL #

RU031351

LP STATE

OH

LP #

DZ41495

INSURED TAKEN BY

1

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Same

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2001

MAKE

Chrysler

MODEL

300

COLOR

tan

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

(330) 782-1410

OFFENSE CHARGES

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE #

UNIT #

B

OF OCC.

0202

NAME (LAST, FIRST, MIDDLE)

Tulipano, Anthony

ADDRESS (STREET, CITY, STATE, ZIP CODE)

116 W Boardman St. Youngstown OH 44503

DATE OF BIRTH

09181956

AGE

52

SEX

M

HEIGHT

57

WEIGHT

170

DL STATE

OH

DL #

RT008693

LP STATE

OH

LP #

102

INSURED TAKEN BY

1

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

City of Youngstown

ADDRESS (STREET, CITY, STATE, ZIP CODE)

116 W Boardman St. Youngstown OH 44503

YEAR

MAKE

Ford

MODEL

Crown Victoria

COLOR

white

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

(330) 742-8929

OFFENSE CHARGES

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE #

UNIT #

C

OF OCC.

01

NAME (LAST, FIRST, MIDDLE)

Simmons, James

HOME PHONE #

(330) 742-0237

DATE OF BIRTH

01191946

AGE

63

SEX

M

ADDRESS (STREET, CITY, STATE, ZIP CODE)

131 W Boardman St. apt 607 Youngstown OH 44503

INSURED TAKEN BY

1

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

moody, Kenya

ADDRESS (STREET, CITY, STATE, ZIP CODE)

105 Meadowbrook Boardman OH 44512

HOME PHONE #

(330) 782-1410

DATE OF BIRTH

06051987

AGE

22

SEX

F

ADDRESS (STREET, CITY, STATE, ZIP CODE)

105 Meadowbrook Boardman OH 44512

INSURED TAKEN BY

1

1 NONE 4 OTHER

2 EMS 5 UNKNOWN

TRANSPORTED BY

INJURED 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

08 PASSENGER/ROW CAR)

09 THIRD - MIDDLE

10 THIRD - RIGHT

11 ENCLOSED CARGO AREA

12 UNENCLOSED CARGO AREA

13 TRAILING UNIT

14 EXTERIOR

15 OTHER

16 NON-MOTORIST

01A

01B

03

06

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 NON-MECHANICAL

09 HELMET USED

10 PROTECTIVE PADS

11 REFLECTIVE CLOTHING

12 LIGHTS

13 OTHER

14 UNKNOWN

04A

04B

04C

03B

AIR BAG

1 NOT DEPLOYED

2 DEPLOYED-FRONT

3 DEPLOYED-RIDE

4 DEPLOYED BOTH FRONT/REAR

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 PULSED BY NON-MECHANICAL MEANS

4 UNKNOWN

EXCUSED

1 NO INJURY

2 POSSIBLE

3 NONE

4 INCAPACITATING

5 FATAL INJURY

6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT #

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
04 04

- 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/TRAILER
 - 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 TRAIN
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 SNOWMOBILE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/PEDER
 - 36 ANIMAL W/BIKED
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

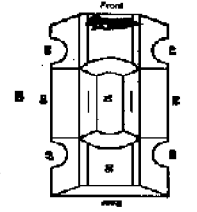
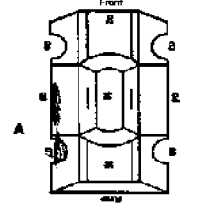
IN EMERGENCY RESPONSE
A B

- 1 No
- 2 Yes
- 3 UNKNOWN

DAMAGE SCALE
2 2

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

DAMAGE AREA



MOST DAMAGED AREA
08 02

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 RIGHT 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 02

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 RIGHT 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 3

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

STRIKING VEHICLE: OVERSIDE/ UNDERSIDE
A B

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

PRE-CRASH ACTIONS
01A 01B

- 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

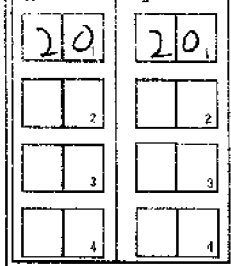
CONTRIBUTING CIRCUMSTANCES
01A 02B

- 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 ON PARKED ILLEGALLY
 - 13 OPERATING VEHICLE IN IMPROPER, 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 '15' SELECTED ABOVE
A B

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 THE 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



- NON-COLLISION**
- 01 OVERTURN/FOLLOWOVER
 - 02 FIRE/EXPLOSION
 - 03 IMMERSION
 - 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 FOUND**
- 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
 - 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/LUMINAES 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
A B

SUPPLEMENT # A
LOCAL REPORT # A
09-0371165

POSTED SPEED
A B

TRAFFIC CONTROL
01A 02B

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLAGMANS
- 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 FROM TO FROM TO
21 43

- 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 LUNESS
- 5 FELL ASLEEP, FARTED, 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 - MDD 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
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 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 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 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPiates
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
02

- 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
02

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

Unit 1 was traveling northbound on Southern Blvd near E. Boston. Unit 2 was traveling eastbound on E. Boston, stopped at the stop sign at Southern Blvd, failed to yield the right of way and collided with Unit 1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 REAR-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLAY 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER	

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.	<input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D	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 # <input type="checkbox"/> <input type="checkbox"/>	COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____	
ADDRESS (STREET, CITY, ST, ZIP CODE) _____		

US DOT	ICC INC	PUCO	TRAILER LP BY	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLACARD #
CARGO BODY TYPE <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 GRAN/CNCR/GRVEL	<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	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	CDL Class <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	Hazardous Materials Placard <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06122009	1911	1911	1912	2042		90
Officer's Name *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Bigowsky	1101					
REPORT TAKEN BY	1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT	1 SCENE 2 STATION 3 OTHER	SUPPLEMENT "X" if Yes *	LOCAL REPORT # *	
1		1			09-037165	

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
09-037165	05009	Youngstown P.D.	06122009

E	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	01	Floyd, Kristina	(330)627-2367	07211984	24	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
20 S. Wood St. Youngstown OH 44503			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

F	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	02	Davis, Russell	(330)774-8729	06051953	56	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO	
116 W. Boardman St. Youngstown OH 44503			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

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	
			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

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	
			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

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	
			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

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	
			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

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	
			1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE			

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SUPPLEMENT "X" IF YES
