

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-037969

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/STUCK
1 Not Hit/Stuck
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
ON-2 ON-3 ON-1P OTHER

N.C.L.C. # *
05009

REPORTING AGENCY *
Youngstown Police

Units
03

Unit Error
03
08 = ANIMAL
09 = UNKNOWN

DATE OF CRASH *
06152009

TIME OF CRASH
1845
DAY OF WEEK
MON
CITY *
X
VILLAGE *
X
TWP *
X
NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown
COUNTY # *
50
LATITUDE
LONGITUDE

CRASH LOCATION
Kendis Circle
TYPE LOC
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
6
REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 SIDE POLE
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 CROWLEY
10 STREET ON ROUTE W/O REFERENCE

MOTORIST / Non-Motorist
A UNIT # **01** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE)
Daniel, Joi, L.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
1454 Rosewood Ln Youngstown, OH 44505

DATE OF BIRTH
09301988 20 F 788-5419
DL STATE DL # **OH 55895622** LP STATE LP # **OH ENY3820**
INSURED TAKEN BY **1** 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)
Same
YEAR **2002** MAKE **Chevy** MODEL **Impala** COLOR **White** INSURANCE COMPANY **Grange**
TOWING SERVICE
OWNER PHONE #
CITATION #
LOCAL CODE? 'X' IF YES

MOTORIST / Non-Motorist
B UNIT # **02** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH
F
DL STATE DL # LP STATE LP #
INSURED TAKEN BY **5** 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 #
Chevy Cavalier Green
CITATION #
LOCAL CODE? 'X' IF YES

OCCUPANT
C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
TRANSPORTED BY
INJURED TAKEN TO

OCCUPANT
D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
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 THIRD - MIDDLE
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAR
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILER UNIT
14 EXTERIOR
15 OTHER
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 UNKNOWN
08 NONE-RESTRAINT
09 NONE USED
10 HELMET USED
11 PROTECTIVE PADS
12 REFLECTIVE CLOTHING
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 EJECTED BY MECHANICAL MEANS
3 FRIED BY NON-MECHANICAL MEANS
4 UNKNOWN
INJURED
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN
SUPPLEMENT *
X IF YES

UNIT NUMBERS

NON-MOTORIST LOCATION

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 (MUST NOT BE SHOWN)
 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

MOTORIST
 01 SUBCOMPACT
 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 FIFTY WHEEL OR CONVERTER DOLLY
 17 TRACTOR/TRIMPS
 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

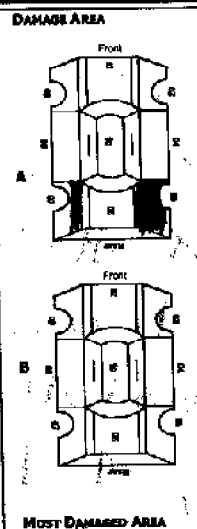
NON-MOTORIST
 35 ANIMAL W/DRIVER
 36 ANIMAL W/BLUDDY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

IN EMERGENCY RESPONSE

1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE

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



POINT OF IMPACT

01 NONE
 02 CENTER FRONT
 03 FRONT FRONT
 04 RIGHT SIDE
 05 RIGHT 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

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

STRIKING VEHICLE: OVERSIDE/UNDERSIDE

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

VEHICLE DEFECT CODE (SEE "D" SELECTED ABOVE)

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

PRE-CRASH ACTIONS

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 PUSHER VEHICLE
 19 APPROACHING/LEAVING VEHICLE
 20 PLAYING/WALKING ON VEHICLE
 21 STANDING
 22 OTHER
 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

MOTORIST
 01 NONE
 02 FAILURE TO YIELD
 03 RAN RED LIGHT, OR STOP SIGN
 04 EXCEEDED SPEED LIMIT
 05 UNLAWFUL SPEED
 06 IMPROPER TURN
 07 LEFT OF CENTER
 08 FOLLOWED TOO CLOSELY/WACDA
 09 IMPROPER LANE CHANGE/
 DRIVE 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, RECKLESSLY 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 (SEE "D" SELECTED ABOVE)

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

NON-COLLISION
 01 OVERTAKE/FOLLOWER
 02 FIRE/EXPLOSION
 03 INTRUSION
 04 JACKKNIFE
 05 CANOE/EQUIPMENT LOSS/SHIFT
 06 EQUIPMENT FAILURE
 07 SEPARATION OF UNITS
 08 RAN OFF ROAD FRONT
 09 RAN OFF ROAD LEFT
 10 CROSS MEDIAN/CENTERLINE
 11 DOWNHILL RUNAWAY
 12 OTHER NON-COLLISION
 13 UNKNOWN NON-COLLISION

COLLISION WITH FIXED OBJECT OR SPACE NOT FIXED
 14 PEDESTRIAN
 15 PEDALCYCLE
 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 OR SPACE NOT FIXED
 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/LUMINAIRE 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

MOST HARMFUL EVENT

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

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

SPEED DETECTED

1 STATED
 2 ESTIMATED SPEED

SPEED

ALCOHOL/DRUG SUSPECTED

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL
 4 BLUES
 5 FELL ASLEEP, FANDED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL TEST STATUS

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

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

POSTED SPEED

TRAFFIC CONTROL

01 NO CONTROLS
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSINGS
 08 RAILROAD FLASHERS
 09 RAILROAD GATES
 10 CONSTRUCTION BARRICADE
 11 POLICE OFFICER
 12 PAVEMENT MARKINGS
 13 CROSSWALK LIGHTS
 14 WALK/DON'T WALK SIGNAL
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
 16 OTHER

DIRECTION
 FROM TO FROM TO

1 NORTH
 2 SOUTH
 3 EAST
 4 WEST
 5 NORTHEAST
 6 NORTHWEST
 7 SOUTHWEST
 8 SOUTHWEST
 9 UNKNOWN

CONDITION

1 APPARENTLY NORMAL
 2 PHYSICAL IMPAIRMENT
 3 EMOTIONAL
 4 BLUES
 5 FELL ASLEEP, FANDED, FATIGUED, ETC
 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - HBID NOT IMPAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL / DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS

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

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

ALCOHOL TEST STATUS

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

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT

DRUG TEST STATUS

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

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST I&E RESULT

1 NONE
 2 MARIJUANA
 3 COCAINE
 4 OPiates
 5 AMPHETAMINES
 6 PCP
 7 OTHER
 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

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 ON ROADWAY
 2 ON SHOULDER
 3 IN MEDIAN
 4 ON ROADSIDE
 5 ON GORE
 6 OUTSIDE TRAFFICWAY
 7 UNKNOWN

ROAD CONTOUR

1 STRAIGHT LEVEL
 2 STRAIGHT GRADE
 3 CURVE LEVEL
 4 CURVE GRADE

ROAD CONDITIONS
 PRIMARY SECONDARY

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

LOCAL REPORT #

SUPPLEMENT #

"X" IF YES

Unit #1 states that she was parked in the parking lot at 610 Kendis Circ Next to Unit #2 talking to the front seat passenger of Unit #2 which was parked to the left of Unit #1 when Unit #3 struck Unit #1 on the right side pushing Unit #1 to the left and Unit #1 struck Unit #2 on the right side. Both Unit #2 and Unit #3 left the scene before police arrived.

MANNER OF COLLISION OR IMPACT

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 GRAB-TO-NEAR
 5 BACKING
 6 ANGLE
 7 OVERSWEPT, SAME DIRECTION
 8 OVERSWEPT, 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, BRUKE
 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

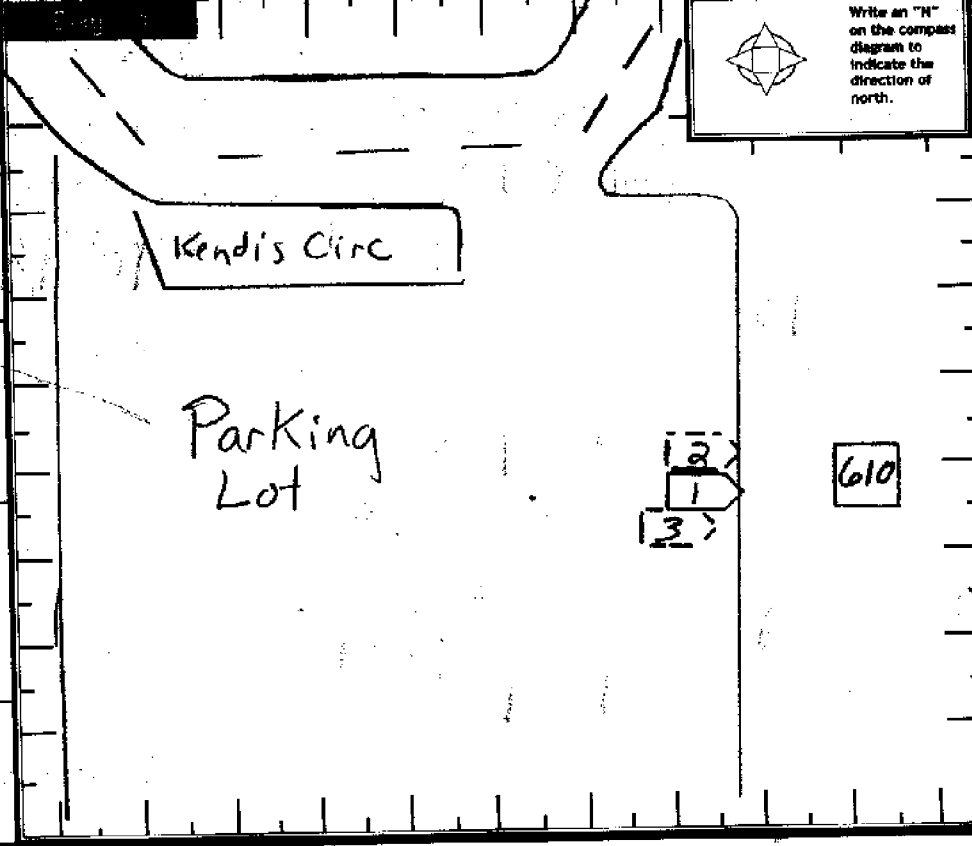
LIGHT CONDITIONS

PRIMARY 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

TYPE OF WORK ZONE

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



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 RIG DESIGNED FOR AT LEAST 8 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 DRIBBLING DAMAGE OR REQUIRED INTERVIEWING 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 # _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ ID# _____

Police Action

DATE CRASH REPORTED 06/15/2009 **TIME REC CALL** 19:01 **DISPATCH** 19:18 **ARRIVED** 19:21 **CLERKED** 20:45 **OTHER** _____ **TOTAL MINUTES** 104

OFFICER'S NAME P. Benilla **BADGE #** 923 **CHECKED BY** [Signature] **DATE REPORT FILED** 06/16/2009

REPORT TAKEN BY [Initials] **1 POLICE AGENCY** **2 MOTORIST** **REPORT TAKEN AT** [Initials] **1 SCENE** **2 STATION** **3 OTHER** **SUPPLEMENT** **% Yes** **LOCAL REPORT #** 09-037969

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-037969

CRASH SEVERITY
3
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

MTT/SDP
1 Not Hit/SDP
2 SOLVED
3 UNINVOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OH-9B

N.C.I.C. # *
05009

REPORTING AGENCY *
Youngstown Police

UNITS
03

UNIT ENCLD
03
88 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
06152009

TIME OF CRASH: **1845** DAY OF WEEK: **MON** CITY # VILLAGE # TWP # NAME (OF CITY, VILLAGE OR TOWNSHIP) #: **Youngstown** COUNTY # #: **50** LATITUDE: _____ LONGITUDE: _____

FROM (CRASH LOCATION): **Kendis Circ** TYPE LOC: **1** TYPE LOCATION: **1 NAMED STREET** POINT USED: **3 NUMBERED ROUTE**
TO (CRASH LOCATION): **610 Kendis Circ** REF. POINT: **04** REFERENCE POINT USED:
01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE
04 HOME NUMBER 05 TOWNSHIP BOUNDARY 06 BILL POST 07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

A UNIT # **03** # OF OCC. _____ NAME (LAST, FIRST, MIDDLE) _____
ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

DATE OF BIRTH _____ AGE _____ SEX _____ HAIR _____ EYES _____

DL STATE DL # _____ LP STATE LP # _____ ISSUED TAKEN BY **5** 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 **Red** INSURANCE COMPANY _____ TOWING SERVICE _____ OWNER PHONE # _____

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

B UNIT # _____ # OF OCC. _____ NAME (LAST, FIRST, MIDDLE) _____
ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

DATE OF BIRTH _____ AGE _____ SEX _____ HAIR _____ EYES _____

DL STATE DL # _____ LP STATE LP # _____ ISSUED 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 CHARGED _____ OFFENSE DESCRIPTION _____ CITATION # _____ LOCAL CODE? X IF YES

C UNIT # **03** NAME (LAST, FIRST, MIDDLE) _____ HOME PHONE # _____ DATE OF BIRTH _____ AGE _____ SEX _____
ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ ISSUED TAKEN BY **5** 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) _____ ISSUED TAKEN BY _____ 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY _____ INJURED TAKEN TO _____

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURED
01 01 FRONT - LEFT (MC DRIVER)	14 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-PORTABLE 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	6 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY Non-MECHANICAL MEANS 4 UNKNOWN	6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
03 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS)	14 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-PORTABLE 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	6 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY Non-MECHANICAL MEANS 4 UNKNOWN	6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
03 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	14 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-PORTABLE 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	6 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY Non-MECHANICAL MEANS 4 UNKNOWN	6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
03 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SUPERIOR SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTENSION 15 OTHER	14 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-PORTABLE 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	6 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY Non-MECHANICAL MEANS 4 UNKNOWN	6 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

BLANK FOR WITNESS
SUPPLEMENT *
X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
03

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 ON TRAILS
- 15 UNKNOWN

TYPE OF UNIT
06

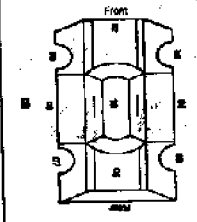
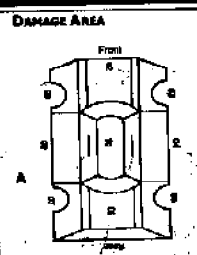
- MOTORIST**
- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BOBTAIL)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL OR CONVERTIBLE 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 TRAM
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL WILDER
- 36 ANIMAL WILDRY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE
1 A B

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE
6

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



MOST DAMAGED AREA
15

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT 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
15

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

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

STRIKING VEHICLE: OVERSIDE / UNDERSIDE
7

- 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
14

- 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
22

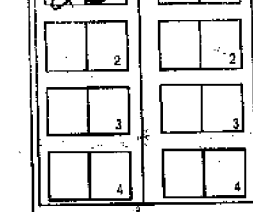
- MOTORIST**
- 01 NONE
- 02 FAILURE TO YIELD
- 03 RAN RED LIGHT, OR STOP SIGN
- 04 EXCEEDED SPEED LIMIT
- 05 UNSAFE SPEED
- 06 IMPROPER TURN
- 07 LEFT OF CENTER
- 08 FOLLOWED TOO CLOSELY/ACCID
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED ON PARKED ILLEGALLY
- 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT 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 AWAY/ON ILLEGALLY IN ROADWAY
- 27 FAILURE TO YIELD RIGHT OF WAY
- 28 HOT WHEELS (DARK CLOTHING)
- 29 INATTENTIVE
- 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- 31 WRONG SIDE OF THE ROAD
- 32 OTHER
- 33 UNKNOWN

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORN OR SLICK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

VEHICLE DEFECT CODE: ONLY IF "15" SELECTED ABOVE

A B

SEQUENCE OF EVENTS
20



- NON-COLLISION**
- 01 OVERTAKE/FOLLOWER
- 02 FIRE/EXPLOSION
- 03 REVERSE
- 04 JACKKNIFE
- 05 CARGO/EQUIPMENT LOSS/SHIFT
- 06 EQUIPMENT FAILURE
- 07 SEPARATION OF UNITS
- 08 RAN OFF ROAD FRONT
- 09 RAN OFF ROAD LEFT
- 10 CROSS MEDIAN/CENTERLINE
- 11 DOWNHILL RUNAWAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION
- 14 COLLISION W/PERSON, VEHICLE, OR OBJECT NOT POKED
- 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 UNKNOWN MOVABLE OBJECT
- 26 COLLISION WITH POKED 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/LUMINAIRE 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
2

- 1 STATED
- 2 ESTIMATED SPEED

SPEED
5

A B

POSTED SPEED
A B

TRAFFIC CONTROL
07

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSINGS
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PAVEMENT MARKINGS
- 13 CROSSWALK SIGNS
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION FROM TO FROM TO
1 2

- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NORTHEAST
- 6 NORTHWEST
- 7 SOUTHEAST
- 8 SOUTHWEST
- 9 UNKNOWN

CONDITION
8

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FANTASIED, 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 - HEROIN SUSPECTED
- 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

SUPPLEMENT # LOCAL REPORT # *
09-037969

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 AMPHETAMINE
- 5 POP
- 6 OTHER
- 7 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 TRAFFIC CIRCLE/ROUNDABOUT
- 05 FIVE-POINT, OR MORE
- 06 ON RAMP
- 07 OFF RAMP
- 08 CROSOVER
- 09 DRIVEWAY/ACCESS
- 10 RAILWAY GRADE CROSSING
- 11 SHARED-USE PATHS ON TRAILS
- 13 UNKNOWN

OCCURRENCE
6

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR
2

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE GRADE
- 4 CURVE GRADE

ROAD CONDITIONS
PRIMARY SECONDARY
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



LOCAL REPORT NUMBER 09-037969	REPORTING AGENCY Youngstown Police	DATE OF CRASH MO6 10/15/09
IN COUNTY OF Mahoning	CRASH LOCATION 610 Kendis Circ.	
<p>Driver of Unit #1 States that Unit #3 that struck her car was a small red unknown make SUV. She states that the driver of Unit #3 was a F/B Juvenile which lives in the Esa Park Apartments, unknown address. The front right passenger was an unknown male Black. Unit #1 states that the front right passenger of Unit #2 was a F/B unknown name. Unit #1 states that she was not able to see how Unit #3 struck her vehicle. Both Unit #3 and Unit #2 Drove away before Driver of Unit #1 could get License Plate numbers. She was advised to contact the Accident Investigator if she obtains any further information on Drivers and occupants and/or Plate numbers of Units #3 and #2.</p>		
OFFICER'S SIGNATURE X P. Barilla		BADGE NUMBER 923