

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-038234

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN P.D.

# UNITS  
02

DATE OF CRASH \*  
06162009

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1654 TUE X YOUNGSTOWN 50

CRASH LOCATION PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
INDIANA AVENUE 1 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

REF POINT REFERENCE POINT USED 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
POLAND AVENUE 02 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
03 COUNTY LINE 07 CORPORATION LIMIT

Unit # # OF OCC. NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE) SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
A 01 01 YASH, DAVID J. 272 HOPEWELL Struthers, Ohio 44471 03231988 21 M 330755492

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
OH 55903690 OH 8MB1964 1 2 EMS 5 UNKNOWN

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
SAME 520 CALEDONIA YOUNGSTOWN, OHIO 44502 1988 BUICK LESABRE BROWN Ludts

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

Occupant C 02 FERNANDEZ, CHRISTINA 3303333090 0207198326 F  
D FATAL INJURY

Motorist/Non-Motorist  
Motorist/Non-Motorist  
Occupant

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/SIDE CAR)  
08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING 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 USE UNKNOWN  
NON-MOTORIST  
08 NONE USED  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
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 EXTRACTED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES  
1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \* X IF YES

**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**  
06 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, 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/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 TRAIN  
30 FARM VEHICLE  
31 FARM EQUIPMENT  
32 SNOWMOBILE  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS

**Non-Motorist**  
35 ANIMAL W/RIDER  
36 ANIMAL W/BUGGY  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDALCYCLIST  
40 SKATER  
41 OTHER-NON MOTORIST  
42 UNKNOWN

**IN EMERGENCY RESPONSE**  
1A 1B  
1 NO  
2 YES  
3 UNKNOWN

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

**DAMAGE AREA**

Front  
A B

Front  
A B

**MOST DAMAGED AREA**  
04 02

**POINT OF IMPACT**  
04 05

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

**STRIKING VEHICLE: OVERRIDE/ UNDERRIDE**  
A B  
1 NO UNDERRIDE OR OVERRIDE  
2 UNDERRIDE, COMPARTMENT INTRUSION  
3 UNDERRIDE, NO COMPARTMENT INTRUSION  
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN

**PRE-CRASH ACTIONS**  
01 05

**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 15

**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)

**Non-Motorist**  
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 WORN OR SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR CRASH  
11 OTHER DEFECTIVE

**SEQUENCE OF EVENTS**  
A B  
20 10  
36  
20  
4

**Non-Collision**  
01 OVERTURN/ROLLOVER  
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  
14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED  
15 PENETRANT  
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 FIXED OBJECT  
27 IMPACT ATTENUATOR/CRASH CUSHION  
28 BRIDGE OVERHEAD STRUCTURE  
29 BRIDGE PIER OR ABUTMENT  
30 BRIDGE PARAPET  
31 BRIDGE RAIL  
32 GUARDRAIL FACE  
33 GUARDRAIL END  
34 MEDIAN BARRIER  
35 HIGHWAY TRAFFIC SIGN POST  
36 OVERHEAD SIGN POST  
37 LIGHT/LUMINAIRES SUPPORT  
38 UTILITY POLE  
39 OTHER POST, POLE OR SUPPORT  
40 CULVERT  
41 CURB  
42 DITCH  
43 EMBANKMENT  
44 FENCE  
45 MAILBOX  
46 TREE  
47 OTHER FIXED OBJECT  
48 WORK ZONE MAINTENANCE EQUIPMENT  
49 UNKNOWN FIXED OBJECT  
40 OTHER  
49 UNKNOWN

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

**MOST HARMFUL EVENT**  
1A 2B  
OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

**SPEED DETECTED**  
1A 1B  
1 STATED  
2 ESTIMATED SPEED

**SPEED**  
10 20  
A B

**POSTED SPEED**  
A B

**TRAFFIC CONTROL**  
02 01

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

**CONDITION**  
1A 1B  
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**  
1A 1B  
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**  
1A 1B  
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**  
1A 1B  
1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**ALCOHOL TEST RESULT**  
A B

**SUPPLEMENT \* 'X' IF YES**  
LOCAL REPORT # \*  
09-038234

**DRUG TEST STATUS**  
1A 1B  
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**  
1A 1B  
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

**DRUG TEST 1&2 RESULT**  
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**  
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**  
2  
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

**Narrative**

Unit # 2 WAS EAST bd. on Poland Ave. Unit #1 WAS north bd. on Indianola Ave. Driver #2 turned right/south onto Indianola & lost control striking a utility pole at Poland & Indianola Aves. Unit #2 bounced off the pole & struck #1. Driver #2 cited for FAILURE TO CONTROL. SUMMONS # 145003 ISSUED.

**MANNER OF COLLISION OR IMPACT**

- 3**
- 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 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/ MOVING WORK
- 5 OTHER

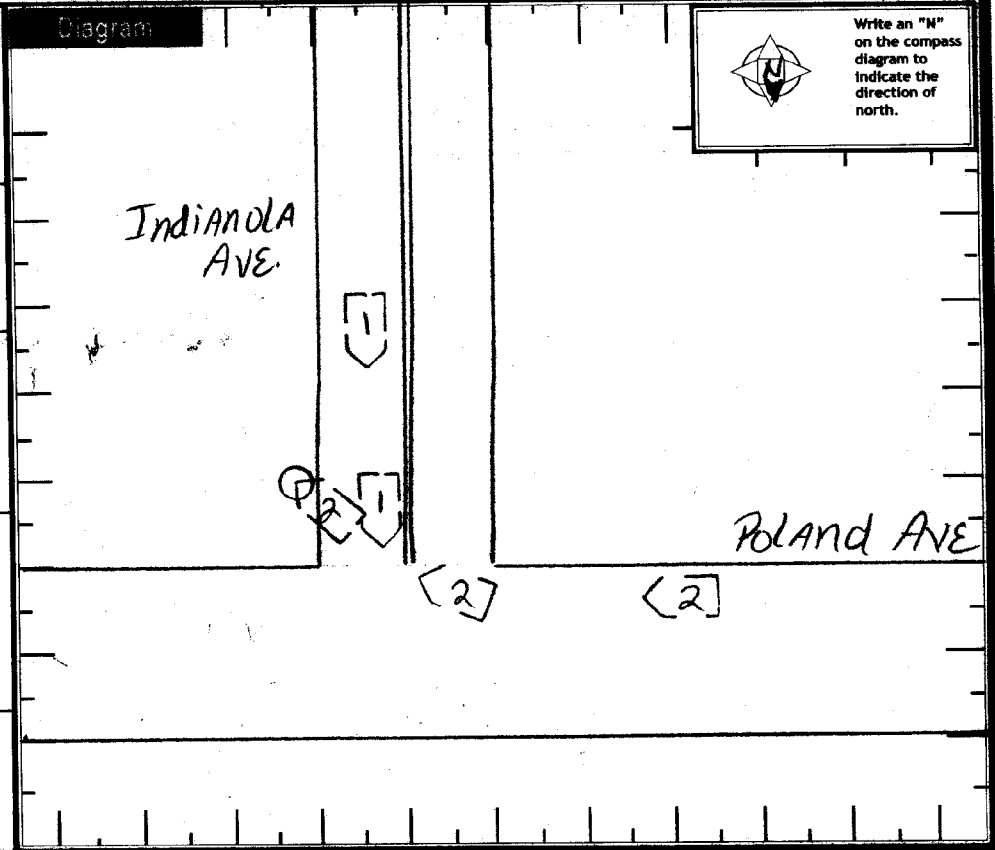
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 1 NO
- 2 YES
- 3 UNKNOWN

**Diagram**



Write an "N" on the compass diagram to indicate the direction of north.

**WEATHER**

**01**

- 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**

- 1**
- 1 DAYLIGHT
  - 2 DAWN
  - 3 DUSK
  - 4 DARK - LIGHTED ROADWAY
  - 5 DARK - NOT LIGHTED
  - 6 DARK - UNKNOWN LIGHTING
  - 7 GLARE
  - 8 OTHER
  - 9 UNKNOWN

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.

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      PUCC      TRAILER LP ST.      TRAILER LP YEAR      TRAILER LP #      PLACARD #      # DIA

**CARGO BODY TYPE**  
 01 NOT APPLICABLE      05 POLE      09 CONCRETE MIXER      **Weight (GVWR)**  
 02 BUS (9-15 INCLUDING DRIVER)      06 CARGO TANK      10 AUTO TRANSPORTER      1 LESS/EQUAL 10,000  
 03 VAN/ENCLOSED BOX      07 FLATBED      11 GARBAGE/REFUSE      2 10,001 - 26,000  
 04 GRAB/CRIPS/GRAVEL      08 DUMP      12 OTHER      3 MORE THAN 26,000  
 13 UNKNOWN

**CDL Class**  
 1 CLASS A  
 2 CLASS B  
 3 CLASS C  
 4 CLASS M  
 5 CLASS D

**Hazardous Materials Placard**  
 1 NO  
 2 YES  
 3 UNKNOWN

**Hazardous Materials Released**  
 1 NO  
 2 YES  
 3 NOT APPLICABLE  
 4 UNKNOWN

**Police Action**

DATE CRASH REPORTED      TIME REC CALL      DISPATCH      ARRIVED      CLEARED      OTHER      TOTAL MINUTES

06162009      1655      1658      1703      1858           120

OFFICER'S NAME \*      BADGE # \*      CHECKED BY      DATE REPORT FILED \*

Hector Bonilla      846      [Signature]      06162009

REPORT TAKEN BY      1 POLICE AGENCY      REPORT TAKEN AT      1 SCENE      SUPPLEMENT \*      LOCAL REPORT # \*  
 2 MOTORIST      2 STATION      X IF YES \*      09-038234  
 3 OTHER