

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-062275

CRASH SEVERITY  
1 FATAL 3 POO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER  
X

N.C.I.C. #

05009

REPORTING AGENCY \*

YOUNGSTOWN POLICE

# UNITS

02

UNIT ERROR

98 - ANIMAL  
99 - UNKNOWN

DATE OF CRASH \*

09/32/09

TIME OF CRASH

904

Day of Week

SUN

CITY \*

X

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

YOUNGSTOWN

COUNTY # \*

50

LATITUDE

LONGITUDE

CRASH LOCATION

OVERLAND

TYPE LOC

1 NAMED STREET  
2 NUMBERED STREET  
3 NUMBERED ROUTE

DIST REFERENCE #

REF

WILLIS

REF POINT

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

BROWN, ERIK, S

ADDRESS (STREET, CITY, STATE, ZIP CODE)

125 W. DELASON, YOUNGSTOWN, OH. 44511

Serial: S.I. IDENTITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

OH SC631892

LP STATE

LP #

OH DPW8228

INSURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

330-743-2059

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

BROWN, TONY, G. SR

4017 HOWARD ST. YOUNGSTOWN, OH. 44512

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

B

02

01

OLIVER, CHRISTIAN, A

ADDRESS (STREET, CITY, STATE, ZIP CODE)

41 E DELASON, YOUNGSTOWN, OH. 44507

Serial: S.I. IDENTITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

OH SC631892

LP STATE

LP #

OH DPW8228

INSURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

330-942-4230

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

BROWN, TONY, G. SR

4017 HOWARD ST. YOUNGSTOWN, OH. 44512

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

C

01

01

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

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Serial: S.I. IDENTITY NUMBER

DATE OF BIRTH

AGE

SEX

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WORK PHONE #

DL STATE

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OH SC631892

LP STATE

LP #

OH DPW8228

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INJURED TAKEN TO

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OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

BROWN, TONY, G. SR

4017 HOWARD ST. YOUNGSTOWN, OH. 44512

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

D

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COLOR

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OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

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41 E DELASON, YOUNGSTOWN, OH. 44507

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DATE OF BIRTH

AGE

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HOME PHONE #

WORK PHONE #

DL STATE

DL #

OH SC631892

LP STATE

LP #

OH DPW8228

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1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

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MODEL

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INSURANCE COMPANY

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OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

UNIT #

# OF OCC.

NAME (LAST, FIRST, MIDDLE)

F

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DATE OF BIRTH

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OH SC631892

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YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #</

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  
08 18

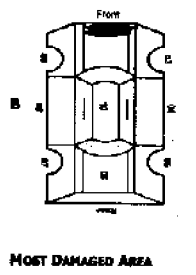
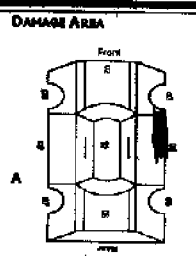
- MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANELVAN
09 SINGLE UNIT TRUCK
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BOTTAL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/IMPUS
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 TAG
28 MOTOR HOME
29 TRAM
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/BOGGY
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 4

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



MOST DAMAGED AREA  
04 02

- 01 NONE
02 CENTER FRONT
03 RIGHT 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

POINT OF IMPACT  
04 02

- 01 NONE
02 CENTER FRONT
03 RIGHT 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  
4 3

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

STRUCK VEHICLE: OVERRIDE/ UNDERIDE  
1 1

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

PRE-CRASH ACTIONS  
01 08

- 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 19

- 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/ACCDA
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 SWERVED 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 CARTING
26 LYING AND/OR ILLEGALLY IN ROADWAY
27 FAILING 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

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORK ON SUECT TRES
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/OVERLOVER
02 FIRE/EXPLOSION
03 IMMERSON
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 DONNELL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION

COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED  
14 PEDESTRIAN
15 PEDALCYCLIST
16 RAILWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - OTHER
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 GEOMETRIC FACE
31 QUADRANT END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINAIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURBVERT
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  
1 1

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

MOST HARMFUL EVENT  
A B  
1 1

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

SPEED DETECTED  
A B  
1 2

1 STATED
2 ESTIMATED SPEED

SPEED  
A B  
25 20

POSTED SPEED  
25 25

TRAFFIC CONTROL  
01 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, OBLSCURED
16 OTHER

DIRECTION FROM TO FROM TO  
2 1 3 4

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

CONDITION  
A B  
1 1

- 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 1

- 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  
A B  
1 1

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

ALCOHOL TEST TYPE  
A B  
1 1

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT  
A B  
1 1

DRUG TEST STATUS  
A B  
1 1

- 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 1

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 2BZ RESULT  
A B  
1 1

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

TYPE OF INTERSECTION  
03

- 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 \* LOCAL REPORT # \*  
09-062275

UNIT\*1 WAS N.B. ON OVERLAND. UNIT\*2 WAS TRAVELING W.B. ON THE SIDEWALK ON THE SOUTH SIDE OF THE ROAD ON WILLIS. UNIT\*2 CAME OFF THE SIDEWALK AND RAN INTO THE SIDE OF UNIT\*1

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

**SCHOOL BUS RELATED**  
 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**WORK ZONE RELATED**  
 1 NO  
 2 YES  
 3 UNKNOWN

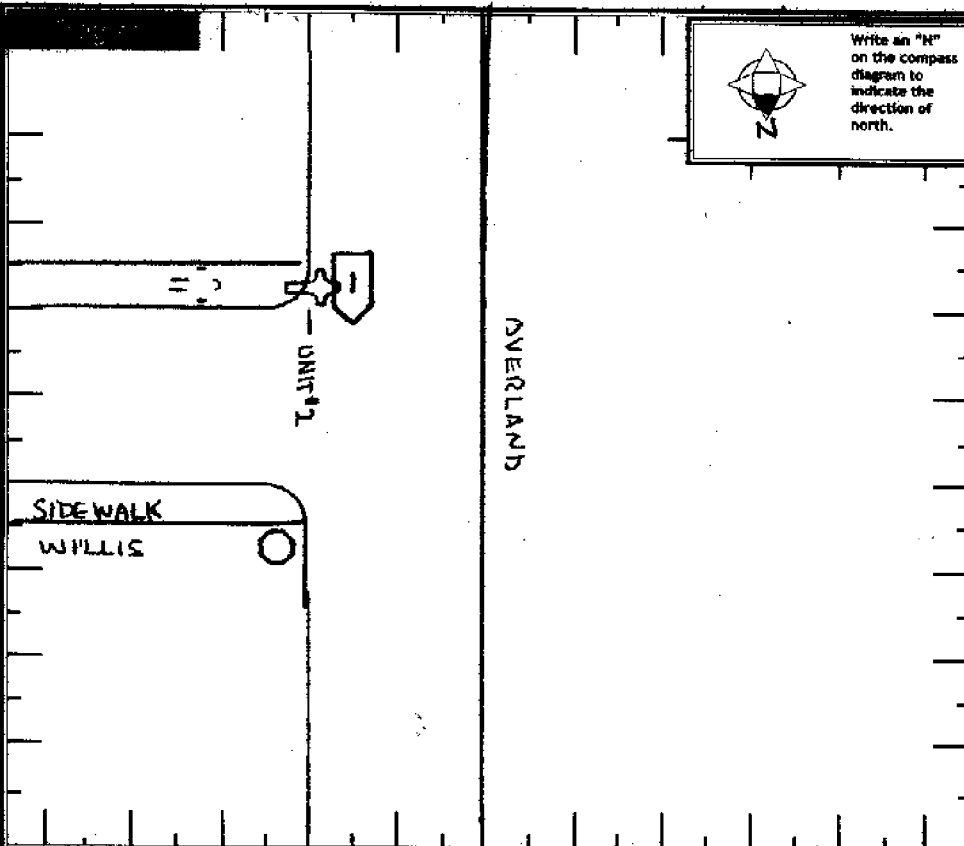
**WEATHER**  
 01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLUSH, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**TYPE OF WORK ZONE**  
 1 LANE CLOSURE  
 2 LANE SHIFT/CROSSOVER  
 3 WORK ON SHOULDER OR MEDIUM  
 4 INTERMITTENT/ MOVING WORK  
 5 OTHER

**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

**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



**THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:**  
 A SCHOOL BUS (OR OTHER VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (OR OTHER VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
 A BUS DESIGNED FOR AT LEAST 8 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 MECHANICAL DAMAGE OR REQUIRED OPERATOR ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
 ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

VE DOT: \_\_\_\_\_ ICG MC: \_\_\_\_\_ PUOD: \_\_\_\_\_ TRAILER LP ST: \_\_\_\_\_ TRAILER LP YEAR: \_\_\_\_\_ TRAILER LP # \_\_\_\_\_ PLACARD # \_\_\_\_\_ / DR: \_\_\_\_\_

**CARGO BODY TYPE**  
 01 NOT APPLICABLE  
 02 BUS (8-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 GRAN/CHIPS/GRAVEL  
 05 POLE  
 06 CARGO TANK  
 07 FLATBED  
 08 DUMP  
 09 CONCRETE MIXER  
 10 AUTO TRANSPORTER  
 11 SHEDS/REFURGE  
 12 OTHER  
 13 UNKNOWN

**Weight (GVWR)**  
 1 LESS THAN 10,000  
 2 10,001 - 20,000  
 3 MORE THAN 20,000

**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

**DATE CRASH REPORTED** 09/13/2009 **TIME REC. CALL** 1904 **DISPATCH** 1905 **ARRIVED** 1913 **CLEARED** 1930 **OTHER** 30 **TOTAL MINUTES** 55

**OFFICER'S NAME** PTL M. QUINN / P. CHANCE\*1109 **BADGE #** 1107 **CHECKED BY** BLS PGARCAZ **DATE REPORT FILED** 09/14/2009

**REPORT TAKEN BY** 1 POLICE AGENCY 2 MOTORIST **REPORT TAKEN AT** 1 SCENE 2 STATION **SUPPLEMENT** \* IF YES **LOCAL REPORT #** 09-062775

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 09-062275	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH M 09 10 13 1109
IN COUNTY OF MAHONING	CRASH LOCATION WILLIS @ OVBELAND	

MOTHER OF JUVENILE:

BONILLA, JEANINE

149 E. DELASON, YOUNGSTOWN, OH 44507

330-942-4230

MOTORCYCLE AN HONDA XTR

RED IN COLOR, UNKNOWN C.C.'S

TAKEN HOME BY MS. BONILLA

TEEN TRANSPORTED TO ST. ELIZABETH'S

IN BOARDMAN BY THE MOTHER.

OFFICER'S SIGNATURE

*PAUL M. ...*

BADGE NUMBER

1107/1109