

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-065907

CRASH SEVERITY
1 FATAL 3 FRO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

MIT/EXCP
1 NOT HIT/EXP
2 BOLVED
3 UNSOLVED

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

REPORTING AGENCY *
05009

REPORTING AGENCY *
Youngstown Police Dept

UNITS
02

UNIT ERROR
02

DATE OF CRASH *
09 28 2009

TIME OF CRASH
2037

DAY OF WEEK
MON

CITY *
Y

VILLAGE *
Youngstown

TWP *
50

COUNTY # *
50

TYPE LOC
01

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

TYPE LOCATION
OAKHILL AVE

ADDRESS (STREET, CITY, STATE, ZIP CODE)
W. EVERGREEN AVE

REFERENCE POINT LINES
01 NAMED STREET 3 NUMBERED ROUTE
02 INTERSECTION 2 STREETS 03 COUNTY LINE

UNIT #
A 0102

NAME (LAST, FIRST, MIDDLE)
Babu, Stephanie A

ADDRESS (STREET, CITY, STATE, ZIP CODE)
4750 Stratford Rd Boardman Ohio 44512

DATE OF BIRTH
08 27 1990

DL STATE DL #
NY 7493

INSURED TAKEN BY
4

TRANSPORTED BY
Mother

INJURED TAKEN TO
St. Elizabeths Bed.

OWNER NAME (IF SAME, WRITE "SAME")
Babu, Tabu

ADDRESS (STREET, CITY, STATE, ZIP CODE)
6190 Sammerville Ellicottville NY 14751

YEAR MAKE MODEL COLOR
1997 Pontiac Grand Am Red

INSURANCE COMPANY
Allstate

TOWNSHIP SERVICE
Ludts

OWNER PHONE #
716 689 6168

LOCAL CODE? X IF YES

UNIT #
B 0201

NAME (LAST, FIRST, MIDDLE)
Banks, Anthony R

ADDRESS (STREET, CITY, STATE, ZIP CODE)
833 E. Lucius Ave Youngstown Ohio 44507

DATE OF BIRTH
05 13 1990

DL STATE DL #
OH 7K376607

INSURED TAKEN BY
2

TRANSPORTED BY
Rural Metro

INJURED TAKEN TO
St. Elizabeths Man

OWNER NAME (IF SAME, WRITE "SAME")
SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME

YEAR MAKE MODEL COLOR
1993 Pontiac Bonneville Green

INSURANCE COMPANY
General

TOWNSHIP SERVICE
Ludts

OWNER PHONE #

LOCAL CODE? X IF YES

UNIT #
C 01

NAME (LAST, FIRST, MIDDLE)
Gronvall, Jonathan

ADDRESS (STREET, CITY, STATE, ZIP CODE)
4750 Stratford Rd Boardman Ohio 44512

DATE OF BIRTH
08 08 1987

DL STATE DL #
OH 7K376607

INSURED TAKEN BY
4

TRANSPORTED BY
Mother

INJURED TAKEN TO
St. Elizabeths Bed.

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR

INSURANCE COMPANY

TOWNSHIP SERVICE

OWNER PHONE #

LOCAL CODE? X IF YES

UNIT #
D

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

DL STATE DL #

INSURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR

INSURANCE COMPANY

TOWNSHIP SERVICE

OWNER PHONE #

LOCAL CODE? X IF YES

SLIDING POSITION

SAFETY EQUIPMENT

AIR BAG

AIR BAG SWITCH

EJECTION

TRAPPED

INJURIES

BLANK FOR

SUPPLEMENT * X IF YES

1 FRONT - LEFT (MC DRIVER)

1 NONE 4 OTHER

1 NOT PRESENT

1 NOT TRAPPED

1 NO INJURY

2 FRONT - MIDDLE

2 EMS 5 UNKNOWN

2 IN ON POSITION

2 EXTINCTED BY MECHANICAL MEANS

2 POSSIBLE

3 FRONT - RIGHT

3 POLICE

3 IN OFF POSITION

3 PARTIALLY EXTINCTED

3 NON-INCAPACITATING

4 SECOND - LEFT (MC PASS)

4 OTHER

4 UNKNOWN

4 NOT APPLICABLE

4 FRIED BY NON-MECHANICAL MEANS

4 INCAPACITATING

5 SECOND - MIDDLE

5 UNKNOWN

5 UNKNOWN

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UNIT NUMBERS

01 02

NON-MOTORIST LOCATION

A B

- 01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACROSS 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

03 03

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/TRIMPLES
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/VEHICLE
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 WALKER
36 ANIMAL W/BLIND
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SEATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE

A B

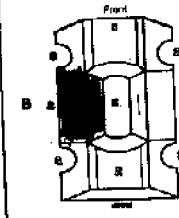
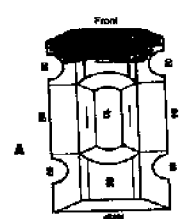
- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

A B

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

DAMAGE AREA



MOST DAMAGED AREA

02 08

POINT OF IMPACT

02 08

- 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

3 4

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

STRUCK VEHICLE:

A B

- 1 NO UNDERDRIVE OR OVERDRIVE INTERUSION
2 UNDERDRIVE, COMPARTMENT INTERUSION
3 UNDERDRIVE, NO COMPARTMENT INTERUSION
4 UNDERDRIVE, COMPARTMENT INTERUSION UNKNOWN
5 OVERDRIVE, MOTOR VEHICLE IN TRANSPORT
6 OVERDRIVE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS

01 01

- 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 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNLAWY 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 BURSTIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
15 FAILING TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTS/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 FRONT 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

MOTORIST

01 03

- 01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNLAWY 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 BURSTIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
15 FAILING TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTS/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 FRONT 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 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS

20 20

- NON-COLLISION
01 OVERTURE/FOLLOWER
02 FIRE/EXPLOSION
03 IMBROSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SNIPT
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 FIXED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - DIER
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/LUMINAIES 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 2

- 1 STATED
2 ESTIMATED SPEED

SPEED

35 A

15 B

POSTED SPEED

35 25

TRAFFIC CONTROL

01 02

- 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 LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION

1 2 4 3

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

CONDITION

A B

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

ALCOHOL/DRUGS SUSPECTED

A B

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HSD 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/UNRELIABLE
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

A B

SUPPLEMENT * "X" IF YES

09-065907

DRUG TEST STATUS

A B

- 1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
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/ROUNDOABOUT
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

01

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

Unit 1 was traveling South on Oakhill at W. Evergreen.
 Unit 2 was traveling East on Evergreen at Oakhill.
 Unit 2 disobeyed the stop sign and was struck by Unit 1.

MANNER OF COLLISION OR IMPACT
 6
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 REAR-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDEWIRE, SAME DIRECTION
 8 SIDEWIRE, 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

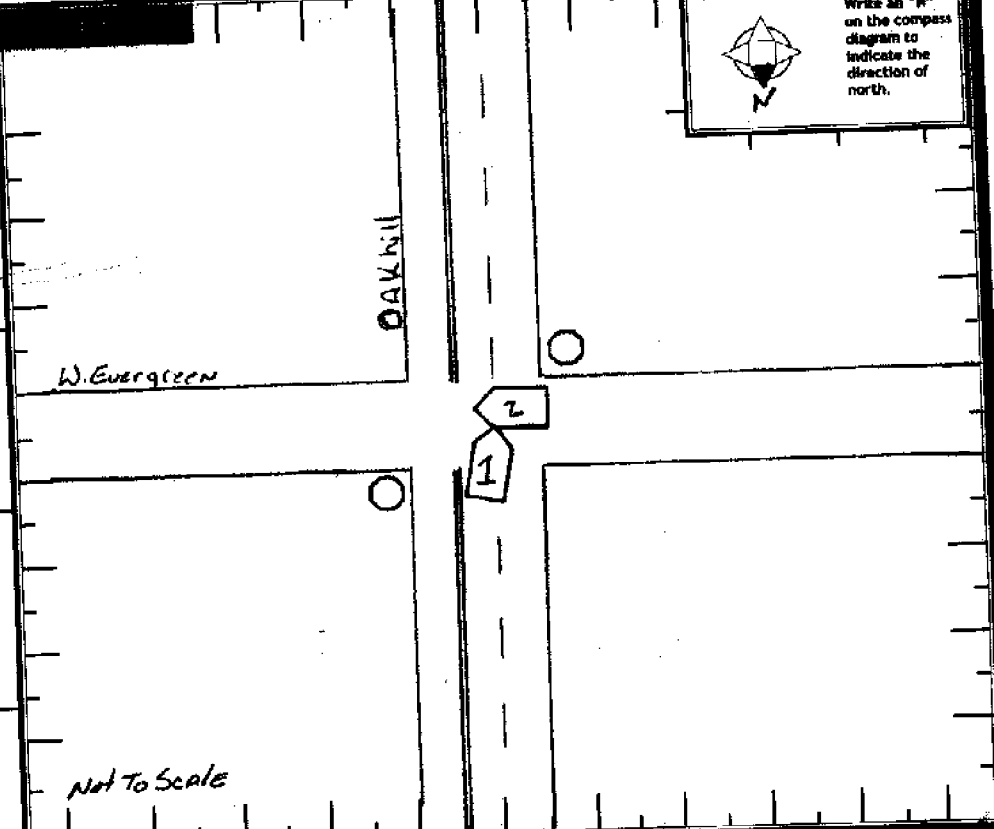
 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN

WEATHER
 02
 01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, BRIDGE
 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
PRIMARY 4 **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



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

UNIT #
COMPANY (FROM SHIPPING PAPERS) _____
ADDRESS (STREET, CITY, ST, ZIP CODE) _____
COMPANY PHONE _____

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

US DOT _____ **ICC MC** _____ **PUCO** _____ **TRAILER LP ST.** _____ **TRAILER LP YEAR** _____ **TRAILER LP #** _____ **PLACARD #** _____ **PLA** _____

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHOP/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

DATE CRASH REPORTED 09/28/2007 **TIME REC CALL** 2037 **DISPATCH** 2047 **ARRIVED** 2048 **CLEARED** 2217 **OTHER** _____ **TOTAL MINUTES** 90

OFFICER'S NAME # PTL M Bodnar **BADGE # *** 1108 **CHECKED BY** M P GARCAR **DATE REPORT FILED #** 09282009

REPORT TAKEN BY 1 POLICE AGENT 2 MOTORIST **REPORT TAKEN AT** 1 SCENE 2 STATION 3 OFFICE **SUPPLEMENT 'X' IF YES *** **LOCAL REPORT # *** 09-065907



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 09-065907	REPORTING AGENCY Youngstown Police	DATE OF CRASH M 9 028 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Stephanie Bohm PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PTL M. Bodnar OFFICER'S NAME AT Oakhill @ W. Evergreen LOCATION

I was driving south on Oakhill heading towards my boyfriend Bradman's dad's office (John Gronwald Sr.) right next to the Cavelli Center when a man in a green car did not even remotely ^{come} close to stopping at the stop sign. I swerved right and hit him to avoid hitting another car head on.

*Evergreen
Oakhill*

ADDRESS OF WITNESS 4250 Street Road Boardman Ohio 44512	PHONE 716801-1905
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SIGNATURE OF WITNESS X Stephanie Bohm	OFFICER'S SIGNATURE X PTL M. Bodnar #1108
---	---