

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-006088

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
J009

REPORTING AGENCY *
Youngstown Police Dept

UNITS
02

UNIT ERROR
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
02032010

TIME OF CRASH
1446

DAY OF WEEK
WED

CITY *
X

VILLAGE *
X

TWP *
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

COUNTY # *
50

LATITUDE
LONGITUDE

CRASH LOCATION
W. Todianda

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

REFERENCE POINT USED
01 STATE LINE 02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSING NUMBER 05 PLACED NAME W/NO REFERENCE
06 TOWNSHIP BOUNDARY 08 DIVERGENT
09 MILE POST 10 STREET OR ROUTE W/NO REFERENCE
07 CORPORATION LIMIT

UNIT # 1 OF OCC.
A 0103 Kerns, Maurice, D

ADDRESS (STREET, CITY, STATE, ZIP CODE)
28 8th ST. Campbell, OH 44505

DATE OF BIRTH
02091990

AGE
19

SEX
M

HAIR COLOR
BRN

EYES
BRN

DL STATE DL #
OH T5916382

LP STATE LP #
OH T103664

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1990 Chevy Caprice Blue Acceptance Ins

OFFENSE CHARGES
331.19

OFFENSE DESCRIPTION
Failure to Yield right of Way

CITATION #
I40964

LOCAL CODE? X

UNIT # 2 OF OCC.
B 0201 Rodway, Debra, A

ADDRESS (STREET, CITY, STATE, ZIP CODE)
116 W. Boardman, Youngstown, OH 44503

DATE OF BIRTH
07061954

AGE
55

SEX
F

HAIR COLOR
BRN

EYES
BLU

DL STATE DL #
OH RT987698

LP STATE LP #
OH AS9360

INSURED TAKEN BY

TRANSPORTED BY

INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
City of Youngstown

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
Ford Taurus Silver US Specialty 3307428926

OFFENSE CHARGES

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE?

UNIT # 3 OF OCC.
C 01 Ivy, Richard, R.

HOME PHONE #
2348551061

DATE OF BIRTH
11041984

AGE
25

SEX
M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
775 Sherwood, Youngstown, OH 44511

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

UNIT # 4 OF OCC.
D 01 Garner, Allen, L.

HOME PHONE #
3302339337

DATE OF BIRTH
06301988

AGE
21

SEX
M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
113 Erskine, Boardman, OH 44512

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT
01 FRONT - LEFT (MC DRIVER)	01 NONE USED
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY
03 FRONT - RIGHT	03 LAP BELT ONLY
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT
06 SECOND - RIGHT	06 MC HELMET USED
07 THIRD - LEFT (MC PASSENGER/BOX CAR)	07 USE UNKNOWN
08 THIRD - MIDDLE	08 NONE/NOT USED
09 THIRD - RIGHT	09 NONE USED
10 SLEEPER SECTION OF CAB	09 HELMET USED
11 ENCLOSED CARGO AREA	10 PROTECTIVE FACE
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING
13 TRAILER UNIT	12 LIGHTING
14 EXTERIOR	13 OTHER
15 OTHER	14 UNKNOWN

AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
4 DEPLOYED-BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 FATAL INJURY
5 NOT APPLICABLE		5 UNKNOWN		5 UNKNOWN
6 UNKNOWN				6 UNKNOWN

1	4	1	1	1
1	4	1	1	1
1	4	1	1	1
1	4	1	1	1

1	1	1	1
1	1	1	1
1	1	1	1
1	1	1	1

1	1	1
1	1	1
1	1	1
1	1	1

BLANK FOR WITNESS

SUPPLEMENT *
X If Yes

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01 02

NON-MOTORIST LOCATION
A B

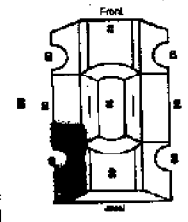
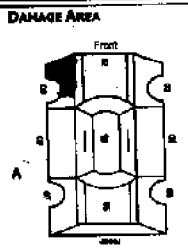
- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT
04 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
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BORTAL)
- 13 TRACTOR/SUB-TRACTOR
- 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 TRAM
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
- 36 ANIMAL W/DRUGGY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE
1 1

DAMAGE SCALE
2 2



MOST DAMAGED AREA
09 07

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 FRONT 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
09 07

- 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: OVERSIDE / UNDERSIDE
1 1
- 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
01 01 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/MOVING ON VEHICLE
- 21 STANDING
- 22 OTHER
- 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
02 01

- 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/ACCIA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD
- 10 IMPROPER PASSING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED ON PARKED ILLLEGALLY
- 13 OPERATING VEHICLE IN IMPROPER, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER
- 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- 15 FAILURE TO CONTROL
- 16 VEHICLE OBSTRUCTION
- 17 DRIVER INATTENTION
- 18 FATIGUE/SLEEP
- 19 OPERATING DEFECTIVE EQUIPMENT
- 20 LOAD SHIFTER/FALLING/BILLING
- 21 OTHER IMPROPER ACTION
- 22 UNKNOWN
- NON-MOTORIST**
- 23 NONE
- 24 IMPROPER CROSSING
- 25 DARTING
- 26 LYING AND/OR ILLLEGALLY IN ROADWAY
- 27 FAILURE TO YIELD RIGHT OF WAY
- 28 HOT VEHICLE (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 SLACK TIGHTS
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DRAINAGE FROM FRONT CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
20 20

A B
2 2
3 3
4 4

- NON-COLLISION**
- 01 OVERTAKE/FOLLOWER
- 02 FIRE/EXPLOSION
- 03 IMPROPER
- 04 JACKKNIFE
- 05 CARBON/EXHAUSTION LOSS/SWIFT
- 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 PAVED**
- 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**
- 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/FURNISHING 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
1 1

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

MOST HARMFUL EVENT
1 1

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

SPEED DETECTED
1 STATED
2 ESTIMATED SPEED
A B

POSTED SPEED
A B

TRAFFIC CONTROL
02 12

- 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 PAYMENT 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 3 4

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

CONDITION
1 1

ALCOHOL / DRUG SUSPECTED
1 1

ALCOHOL TEST STATUS
1 1

ALCOHOL TEST TYPE
1 1

ALCOHOL TEST RESULT
A B

ALCOHOL TEST RESULT
A B

SUPPLEMENT # 'X' IF YES
10-006088

DRUG TEST STATUS
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
1 1

DRUG TEST 1,2,3 RESULT
1 1

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPATINES
- 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 CROSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE
1

ROAD CONTOUR
2

ROAD CONDITIONS
PRIMARY SECONDARY
02

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, CL., GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS**
- 09 RUT, HOLES, BUMPS, UNUSUAL FURNISHMENT**
- 10 OTHER
- 11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

Unit #1 was stopped facing NB on Utilis at W. Indianola. Unit #2 was traveling WB on W. Indianola approaching Utilis. Unit #1 traveled NB through the intersection striking Unit #2 with the front left bumper and hit unit #2's left side.

MANNER OF COLLISION OR IMPACT

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDEWIPES, SAME DIRECTION
- SIDEWIPES, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MESH
- INTERMITTENT MOVING WORK
- OTHER

LOCATION OF CRASH IN WORK ZONE

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

WORKERS PRESENT

- NO
- YES
- UNKNOWN

WEATHER

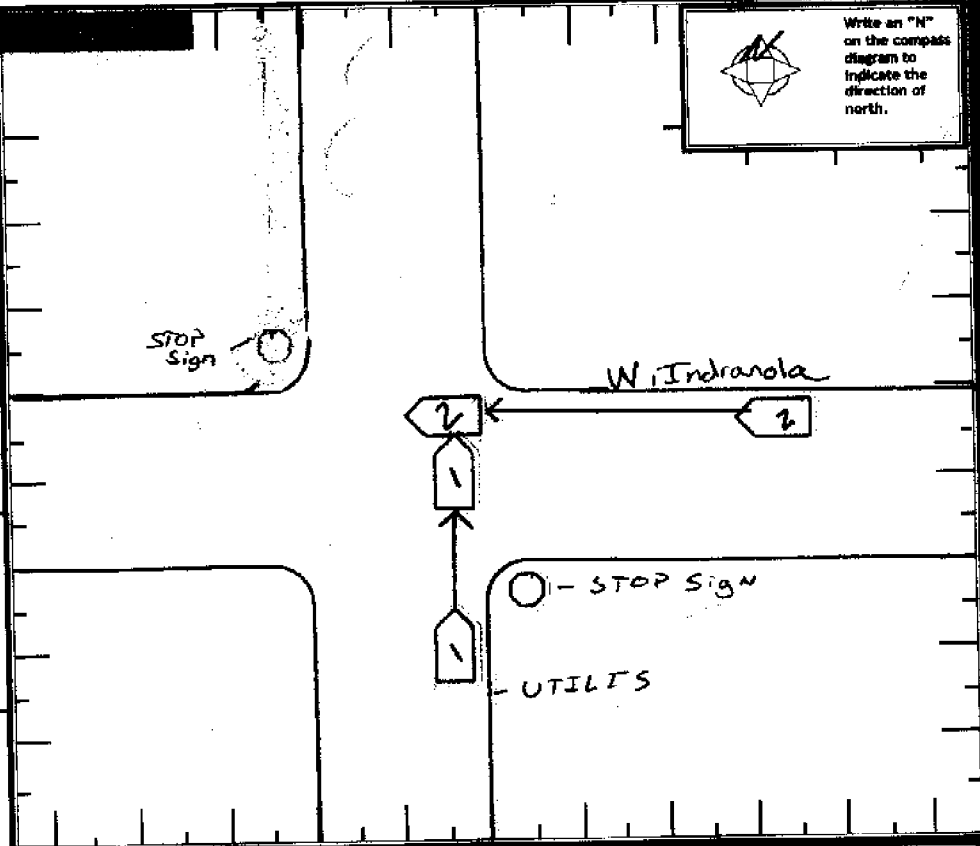
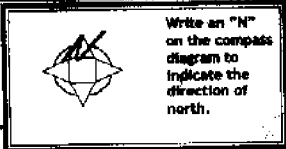
06

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLES)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

PRIMARY 1
SECONDARY

- DAYLIGHT
- DAWN
- DAK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN



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 BUS DESIGNED FOR AT LEAST 9 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 DRIVING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) _____ **COMPANY PHONE** _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

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

CARGO BODY TYPE

01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER
03 VAN/ENCLOSED BOX	07 FLATBED	11 GARAGE/TRIFURC
04 GRANULAR/SRAVEL	08 DUMP	12 OTHER
		13 UNKNOWN

Weight (GVWR)

<input type="checkbox"/> 1 LESS THAN 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

Police Action

DATE CRASH REPORTED 02032010 **TIME REC CALL** 1446 **DISPATCH** 1447 **ARRIVED** 1447 **CLEARED** 1546 **OTHER** _____ **TOTAL MINUTES** 60

OFFICER'S NAME LAATSCH **BADGE #** 1112 **CHECKED BY** TOS P. GARCIA **DATE REPORT FILED** 02042010

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST **REPORT TAKEN AT** 1 SCENE 2 STATION **SUPPLEMENT 'X' IF YES** **LOCAL REPORT #** 10-006988