

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
10-006522

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER

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

REPORTING AGENCY \*  
Youngstown Police Dept.

# UNITS  
02

UNIT ERROR  
02 99 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02052010

TIME OF CRASH  
2206

DAY OF WEEK  
FRI

CITY \* VILLAGE \* TWP \*  
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown

COUNTY # \*  
50

LATITUDE LONGITUDE

CRASH LOCATION  
680 NORTH BOUND

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

REF POINT  
02

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 01 02 ROBINSON, TAQUILLA J.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
622 W. DELAWARE Youngstown, OHIO

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
10251984 25 F (330)233-2828

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
OH SL850486 OH T103372 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
FLOYD, TONI 617 SHERWOOD Youngstown OH 44502

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1994 Oldsmobile AERITY SEAT BLK NATIONWIDE

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 02 01 LAWSON, ARNOLD J.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
126 SUPERSON Youngstown OHIO 44510

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
01311962 48 M (330)330-2322

DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
OH RE661010 OH SEC 1481 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
HONDA ACCORD GRAY NATIONWIDE LUDT'S

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1997 HONDA ACCORD GRAY NATIONWIDE LUDT'S

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
C 01 SINKFIELD, TAVIA

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
515 E. AVONDALE, Youngstown, OHIO 44522

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
10211985 24 F (330)261-9397

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
SINKFIELD, TAVIA

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

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  
16 NON-MOTORIST

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 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

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

SUPPLEMENT #

**UNIT NUMBERS**

01	02
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**NON-MOTORIST LOCATION**

A	B
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- MARKED CROSSWALK AT INTERSECTION
- INTERSECTION NO CROSSWALK
- NON-INTERSECTION CROSSWALK
- DRIVEWAY ACCESS CROSSWALK
- IN ROADWAY
- NOT IN ROADWAY
- MEDIAN (BUT NOT SHOULDER)
- ISLAND
- SHOULDER
- SIDEWALK
- WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- OUTSIDE TRAFFICWAY
- SHARED USE PATHS OR TRAILS
- UNKNOWN

**TYPE OF UNIT**

04	07
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**MOTORIST**

- SUB-COMPACT
- COMPACT
- MID SIZE
- FULL SIZE
- MINIVAN
- SPORT UTILITY VEHICLE
- PICKUP
- PANEL/VAN
- SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
- SINGLE UNIT TRUCK; 3+ AXLES
- TRUCK/TRAILER
- TRUCK TRACTOR (BOBTAIL)
- TRACTOR/SEMI-TRAILER
- TRACTOR/DOUBLE SHORT
- TRACTOR/DOUBLE LONG
- FIFTH WHEEL OR CONVERTER DOLLY
- TRACTOR/TRIPLES
- MOTORCYCLE
- MOTORIZED BICYCLE
- SCHOOL BUS
- CHURCH BUS
- PUBLIC BUS
- OTHER BUS
- POLICE VEHICLE
- FIRE TRUCK
- AMBULANCE/RESCUE
- TAXI
- MOTOR HOME
- TRAM
- FARM VEHICLE
- FARM EQUIPMENT
- SNOWMOBILE
- CONSTRUCTION EQUIPMENT
- ALL OTHERS

**NON-MOTORIST**

- ANIMAL W/RODENT
- ANIMAL W/BUGGY
- BICYCLE
- PEDESTRIAN
- PEDALCYCLIST
- SKATER
- OTHER-NON MOTORIST
- UNKNOWN

**IN EMERGENCY RESPONSE**

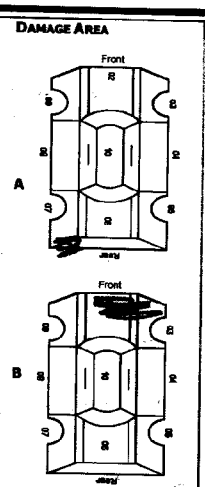
A	B
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- NO
- YES
- UNKNOWN

**DAMAGE SCALE**

6	6
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- NONE
- NON-FUNCTIONAL DAMAGE
- FUNCTIONAL DAMAGE
- DISABLING DAMAGE
- SEVERE
- UNKNOWN



**MOST DAMAGED AREA**

07	03
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**POINT OF IMPACT**

07	03
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- NONE
- CENTER FRONT
- RIGHT FRONT
- RIGHT SIDE
- RIGHT REAR
- OTHER REAR
- REAR CENTER
- LEFT REAR
- LEFT SIDE
- LEFT FRONT
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

**ACTION**

A	3
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- NON-CONTACT
- NON-COLLISION
- STRUCK
- STRUCK
- BOTH STRIKING AND STRUCK
- UNKNOWN

**STRIKING VEHICLE: OVERRIDE/ UNDERIDE**

A	B
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- NO UNDERIDE OR OVERRIDE
- UNDERIDE, COMPARTMENT INTRUSION
- UNDERIDE, NO COMPARTMENT INTRUSION
- UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- OVERRIDE, OTHER VEHICLE
- UNKNOWN

**PRE-CRASH ACTIONS**

01	01
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**MOTORIST**

- MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
- BACKING
- CHANGING LANES
- OVERTAKING/PASSING
- TURNING RIGHT
- TURNING LEFT
- MAKING U-TURN
- ENTERING TRAFFIC LANE
- LEAVING TRAFFIC LANE
- PARKED
- SLOWING/STOPPED IN TRAFFIC
- DRIVERLESS
- OTHER
- UNKNOWN

**NON-MOTORIST**

- ENTERING/CROSSING IN SPECIFIED LOCATION
- WALKING, RUNNING, JOGGING, PLAYING, CYCLING
- WORKING
- PUSHING VEHICLE
- APPROACHING/LEAVING VEHICLE
- PLAYING/WORKING ON VEHICLE
- STANDING
- OTHER
- UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

07	15
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**MOTORIST**

- NONE
- FAILURE TO YIELD
- RED LIGHT, OR STOP SIGN
- EXCEEDED SPEED LIMIT
- UNSAFE SPEED
- IMPROPER TURN
- LEFT OF CENTER
- FOLLOWED TOO CLOSELY/ACDA
- IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- IMPROPER BACKING
- IMPROPER START FROM PARKED POSITION
- STOPPED OR PARKED ILLEGALLY
- OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
- SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- FAILURE TO CONTROL
- VISION OBSTRUCTION
- DRIVER INATTENTION
- FATIGUE/ASLEEP
- OPERATING DEFECTIVE EQUIPMENT
- LOAD SHIFTING/FALLING/SPILLING
- OTHER IMPROPER ACTION
- UNKNOWN

**NON-MOTORIST**

- NONE
- IMPROPER CROSSING
- DARTING
- LYING AND/OR ILLEGALLY IN ROADWAY
- FAILURE TO YIELD RIGHT OF WAY
- NOT VISIBLE (DARK CLOTHING)
- INATTENTIVE
- FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- WRONG SIDE OF THE ROAD
- OTHER
- UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

A	B
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- TURN SIGNALS
- HEAD LAMPS
- TAIL LAMPS
- BRAKES
- STEERING
- TIRE BLOWOUT
- WORN OR SLICK TIRES
- TRAILER EQUIPMENT DEFECTIVE
- MOTOR TROUBLE
- DISABLED FROM PRIOR CRASH
- OTHER DEFECTS

**SEQUENCE OF EVENTS**

A	B
20	20
2	2
3	3
4	4

**NON-COLLISION**

- OVERTURN/Rollover
- FIRE/EXPLOSION
- IMMERSION
- JACKKNIFE
- CARGO/EQUIPMENT LOSS/SHIFT
- EQUIPMENT FAILURE
- SEPARATION OF UNITS
- RAN OFF ROAD RIGHT
- RAN OFF ROAD LEFT
- CROSS MEDIAN/CENTERLINE
- DOWNHILL RUNAWAY
- OTHER NON-COLLISION
- UNKNOWN NON-COLLISION

**COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**

- PEDESTRIAN
- PEDALCYCLE
- RAILWAY VEHICLE
- ANIMAL - FARM
- ANIMAL - DEER
- ANIMAL - OTHER
- MOTOR VEHICLE IN TRANSPORT
- PARKED MOTOR VEHICLE
- WORK ZONE MAINTENANCE EQUIPMENT
- OTHER MOVABLE OBJECT
- UNKNOWN MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT**

- IMPACT ATTENUATOR/CRASH CUSHION
- BRIDGE OVERHEAD STRUCTURE
- BRIDGE PIER OR ABUTMENT
- BRIDGE PARAPET
- BRIDGE RAIL
- GUARDRAIL FACE
- GUARDRAIL END
- MEDIAN BARRIER
- HIGHWAY TRAFFIC SIGN POST
- OVERHEAD SIGN POST
- LIGHT/LUMINARIES SUPPORT
- UTILITY POLE
- OTHER POST, POLE OR SUPPORT
- CULVERT
- CURB
- DITCH
- EMBANKMENT
- FENCE
- MAILBOX
- TREE
- OTHER FIXED OBJECT
- WORK ZONE MAINTENANCE EQUIPMENT
- UNKNOWN FIXED OBJECT
- OTHER
- UNKNOWN

**FIRST HARMFUL EVENT**

A	B
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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**

A	B
---	---

- STATED
- ESTIMATED SPEED

**SPEED**

A	B
---	---

**POSTED SPEED**

A	B
---	---

**TRAFFIC CONTROL**

01	01
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- NO CONTROLS
- STOP SIGN
- YIELD SIGN
- TRAFFIC SIGNAL
- TRAFFIC FLASHERS
- SCHOOL ZONE
- RAILROAD CROSSBUCKS
- RAILROAD FLASHERS
- RAILROAD GATES
- CONSTRUCTION BARRICADE
- POLICE OFFICER
- PAYMENT MARKINGS
- CROSSWALK LINES
- WALK/DON'T WALK SIGNAL
- TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- OTHER

**DIRECTION**

FROM TO	FROM TO
4	3
4	3

- NORTH
- SOUTH
- EAST
- WEST
- NORTHEAST
- NORTHWEST
- SOUTHEAST
- SOUTHWEST
- UNKNOWN

**CONDITION**

A	B
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- APPARENTLY NORMAL
- PHYSICAL IMPAIRMENT
- EMOTIONAL
- ILLNESS
- FELL ASLEEP, FAINTED, FATIGUED, ETC
- UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- OTHER
- UNKNOWN

**ALCOHOL/DRUG SUSPECTED**

A	B
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- NONE
- YES - ALCOHOL SUSPECTED
- YES - HBD NOT IMPAIRED
- YES - DRUGS SUSPECTED
- YES - ALCOHOL / DRUGS SUSPECTED
- UNKNOWN

**ALCOHOL TEST STATUS**

A	B
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- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

**ALCOHOL TEST TYPE**

A	B
---	---

- NONE
- BLOOD
- URINE
- BREATH
- OTHER

**ALCOHOL TEST RESULT**

A	B
---	---

**DRUG TEST STATUS**

A	B
---	---

- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

**DRUG TEST TYPE**

A	B
---	---

- NONE
- BLOOD
- URINE
- OTHER

**DRUG TEST 1&2 RESULT**

A	B
1	2
1	2

- NONE
- MARIJUANA
- COCAINE
- OPiates
- AMPHETAMINES
- PCP
- OTHER
- UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**

01
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- NOT AN INTERSECTION
- FOUR-WAY INTERSECTION
- T-INTERSECTION
- Y-INTERSECTION
- TRAFFIC CIRCLE/ROUNDBOUT
- FIVE-POINT, OR MORE
- ON RAMP
- OFF RAMP
- CROSSOVER
- DRIVEWAY/ACCESS
- RAILWAY GRADE CROSSING
- SHARED-USE PATHS OR TRAILS
- UNKNOWN

**OCCURRENCE**

2
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- ON ROADWAY
- ON SHOULDER
- IN MEDIAN
- ON ROADSIDE
- ON GORE
- OUTSIDE TRAFFICWAY
- UNKNOWN

**ROAD CONTOUR**

1
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- STRAIGHT LEVEL
- STRAIGHT GRADE
- CURVE LEVEL
- CURVE GRADE

**ROAD CONDITIONS**

PRIMARY	SECONDARY
03	

- DRY
- WET
- SNOW
- ICE
- SAND, MUD, DIRT, OIL, GRAVEL
- WATER (STANDING, MOVING)
- SLUSH
- DEBRIS\*\*
- RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
- OTHER
- UNKNOWN

\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT \* LOCAL REPORT # \*  
 X\* IF YES 10-006-22

**Narrative**

THE DRIVER OF UNIT #1 PULLED OUT OF THE ROADWAY ON 680 S.B. NEAR THE GLENWOOD ST TO ASSIST A D.A.V. THE DRIVER OF UNIT #2 FAILED TO MAINTAIN CONTROL OF HIS VEHICLE DUE TO THE HEAVY SNOW FALL AND STRUCK UNIT #1 IN THE REAR.

**MANNER OF COLLISION OR IMPACT**

2

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

**SCHOOL BUS RELATED**

1

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

**WORK ZONE RELATED**

1

- NO
- YES
- UNKNOWN

**WEATHER**

06

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

**TYPE OF WORK ZONE**

1

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

**LOCATION OF CRASH IN WORK ZONE**

1

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

**LIGHT CONDITIONS**

PRIMARY  A

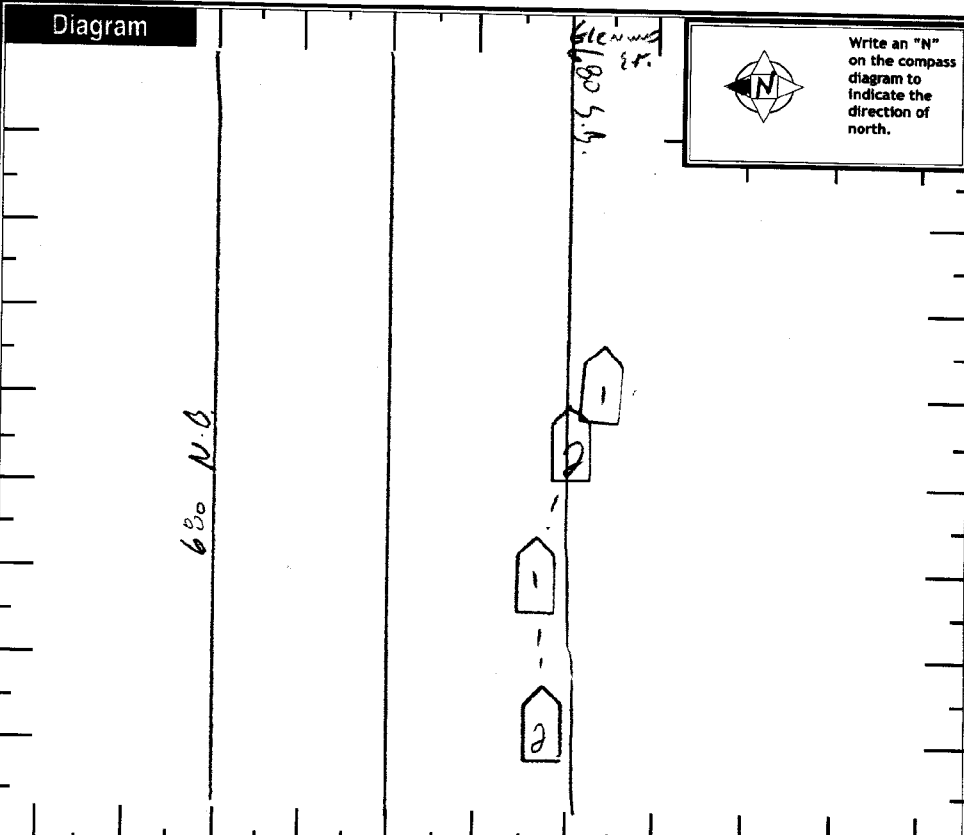
SECONDARY

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

**WORKERS PRESENT**

1

- NO
- YES
- UNKNOWN



**Truck/Bus**

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.

COMPANY (FROM SHIPPING PAPERS)

Address (STREET, CITY, ST, ZIP CODE)

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.

COMPANY PHONE

US DOT  ICC MC  PUCO  TRAILER LP ST.  TRAILER LP YEAR  TRAILER LP #  PLACARD #  # DIA.

**CARGO BODY TYPE**

<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 09 CONCRETE MIXER
<input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)	<input type="checkbox"/> 06 CARGO TANK	<input type="checkbox"/> 10 AUTO TRANSPORTER
<input type="checkbox"/> 03 VAN/ENCLOSED BOX	<input type="checkbox"/> 07 FLATBED	<input type="checkbox"/> 11 GARBAGE/REFUSE
<input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 12 OTHER
		<input type="checkbox"/> 13 UNKNOWN

**Weight (GVWR)**

1 LESS/EQUAL 10,000  
 2 10,001 - 26,000  
 3 MORE THAN 26,000

**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

**Police Action**

DATE CRASH REPORTED: 02052010 TIME REC CALL: 2206 DISPATCH: 221A ARRIVED: 2220 CLEARED: 0020 OTHER: TOTAL MINUTES: 120

OFFICER'S NAME: C. HOSEMAN BADGE #: 1099 CHECKED BY: D/S P. GARCIA DATE REPORT FILED: 02062010

REPORT TAKEN BY:  1 POLICE AGENCY  2 MOTORIST REPORT TAKEN AT:  1 SCENE  2 STATION

SUPPLEMENT:  LOCAL REPORT: