

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-0196910

CRASH SEVERITY
3 1 FATAL 3 FOO 2 BARRY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

REG.# *
05009

REPORTING AGENCY *
Youngstown P.D.

UNITS
02

UNIT ERROR
02 98 = ANNUAL 99 = UNKNOWN

DATE OF CRASH *
04082010

TIME OF CRASH
1949

DAY OF WEEK
Thu

CITY * VILLAGE * TWP *
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

COUNTY # *
SP

LATITUDE LONGITUDE

FROM (LOCAL LOCATION)
Wick Ave

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

TO (LOCAL LOCATION)
Athen Ave

REFERENCE POINT USED
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 DIVERSITY 10 STREET OR ROUTE W/O REFERENCE

UNIT # 1 OF OCC NAME (LAST, FIRST, MIDDLE)
A 01 01 Magian, Ronald A
Address (STREET, CITY, STATE, ZIP CODE)
2347 Golata Youngstown OH 44505

DATE OF BIRTH
01091971

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

OWNER NAME (IF SAME, WRITE "SAME")
Mahoning County Board of Health Ohio One Building Youngstown, OH

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE OWNER PHONE #
2007 Pontiac Grand Prix black Corsa (330)747-1729

Occurrence Description Occurrence Description CITATION # LOCAL CODE? X IF YES

UNIT # 1 OF OCC NAME (LAST, FIRST, MIDDLE)
B 02 01 Sternogel, Joseph A
Address (STREET, CITY, STATE, ZIP CODE)
63 E. Lucas Youngstown, OH 44507

DATE OF BIRTH
09291946

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

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNS SERVICE OWNER PHONE #
1999 Ford Escort maroon Nationwide (330)788-0623

Occurrence Description Occurrence Description CITATION # LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C

Address (STREET, CITY, STATE, ZIP CODE) INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D

Address (STREET, CITY, STATE, ZIP CODE) INURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INURED TAKEN TO

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 TRAILER UNIT 14 EXTERIOR 15 OTHER	SAFETY EQUIPMENT MICROBRET 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-MICROBRET 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADD 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 FIRED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR SUPPLEMENT # X IF YES

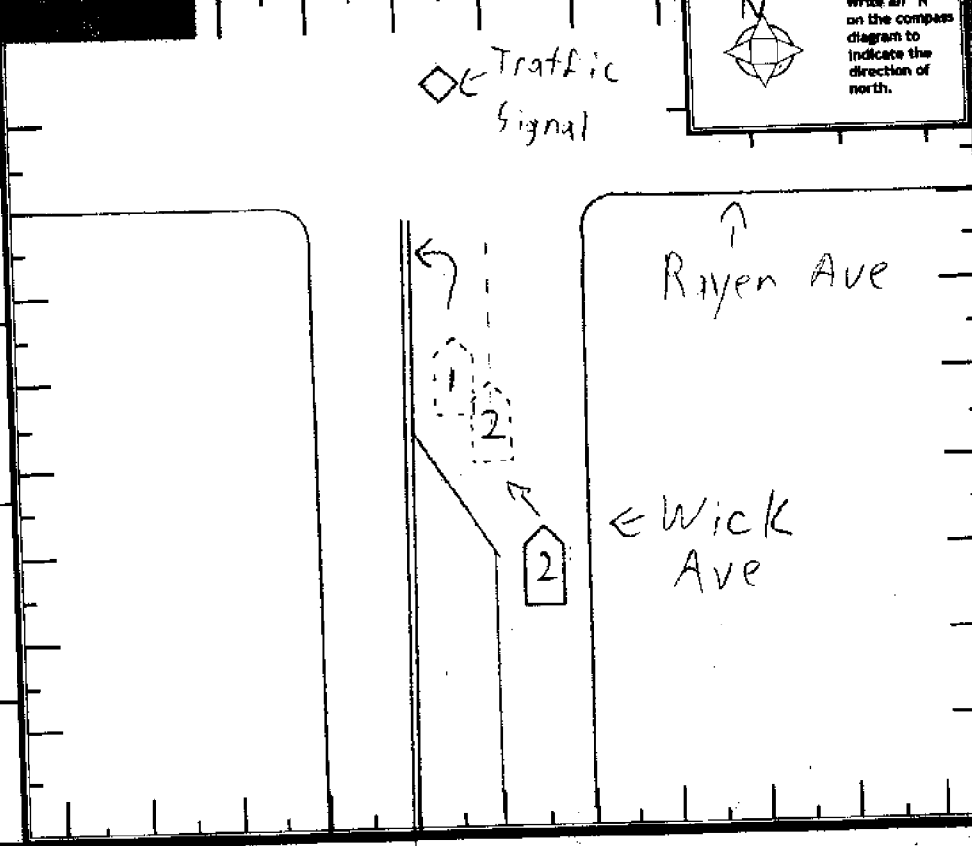
Motorist/Non-Motorist

Occupant

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="03"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	POSTED SPEED <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/>		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/SLEEPING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF LIMBS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIUM/CENTRAL LANE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT COVERED BY OTHER CATEGORIES 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 ATTENTION/DRAIN CURB/ROW 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 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/UTILITY 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	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>										
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 BIASED USE PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="05"/> <input type="text" value="09"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="09"/>	COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT COVERED BY OTHER CATEGORIES 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 ATTENTION/DRAIN CURB/ROW 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 HOVWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/UTILITY 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	DIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="04"/> <input type="text" value="04"/>	POINT OF IMPACT <input type="text" value="05"/> <input type="text" value="09"/>	MOTORIST 01 NONE 02 FAILING TO YIELD 03 RAN RED LIGHT, ON STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACC'D 09 IMPROPER LANE CHANGE/IMPROPER 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) 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 AHEAD/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 Circle (1-19) Selected Above <input type="text" value=""/> <input type="text" value=""/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>										
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 (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR COMBINER DOLLY 17 TRACTOR/TRIPLE 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 TRAWL 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/O DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT <input type="text" value=""/> <input type="text" value=""/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>										
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/>	STRIKING VEHICLE! OVERSIDE/ UNDERSIDE <input type="text" value="1"/> <input type="text" value="1"/>	VEHICLE DEFECT <input type="text" value=""/> <input type="text" value=""/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	VEHICLE DEFECT <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT <input type="text" value=""/> <input type="text" value=""/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/>										
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NONE UNDERSIDE OR OVERSIDE 02 UNDERSIDE, COMPARTMENT INTERIORS 03 UNDERSIDE, NO COMPARTMENT INTERIORS 04 UNDERSIDE, COMPARTMENT INTERIORS UNKNOWN 05 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERSIDE, OTHER VEHICLE 07 UNKNOWN	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 PRE-CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEW/FROST 09 RUT, HOLE, BUMPS, UNEVEN PAVEMENT ** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY										
SUPPLEMENT # <input type="text" value=""/> <input type="text" value=""/>	LOCAL REPORT # <input type="text" value="10-0196910"/>	SUPPLEMENT # <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value=""/> <input type="text" value=""/>	SUPPLEMENT # <input type="text" value=""/> <input type="text" value=""/>	SUPPLEMENT # <input type="text" value=""/> <input type="text" value=""/>										

Unit 1 was traveling northbound on Wick Ave in the turning lane near Rayen Ave. Unit 2 was traveling northbound on Wick Ave in the driving lane near Rayen Ave, improperly changed lanes ~~and~~ into the turning lane and collided with Unit 1.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 7 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-IMPACT 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPES, SAME DIRECTION 8 SIDESWIPES, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER <input type="checkbox"/> 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	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MIDDLE 4 INTERMITTENT MOVING WORK 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN



THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 16,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
N A FATALITY; OR
D AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DRIBBLING DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit #

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

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

US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	P. DIA.
CARGO BODY TYPE	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAN/CHESS/GRAVEL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARAGE/REFUSE 12 OTHER 13 UNKNOWN	Weight (GVWR) 1 LESS/EQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 25,000	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 Agency

DATE CRASH REPORTED: 04082010
 TIME REC CALL: 1546
 DISPATCH: 1548
 ARRIVED: 1555
 CLEARED: 1648
 OTHER: _____
 TOTAL MINUTES: 60

OFFICER'S NAME: B. Gowlsky
 BADGE #: 1101
 CHECKED BY: P. GARCIA
 DATE REPORT FILED: 04092010

REPORT TAKEN BY: 1 POLICE AGENCY
 REPORT TAKEN AT: 1 SCENE
 SUPPLEMENT "X" IF YES: _____
 LOCAL REPORT #: 10-019690