

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-021481-3

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

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

PHOTOS TAKEN

OH-2 OH-3 OH-1P OTHER

NOTICE #
05009

REPORTING AGENCY *
YOUNGSTOWN PD 02

UNIT ERROR
02 90 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
04162010

TIME OF CRASH DAY OF WEEK
1330 FRI X
NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # *
Youngstown 50

CRASH LOCATION
MAGNOLIA AVE

TYPE LOC TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
800 W WOODCREST 02

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 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

NAME (LAST, FIRST, MIDDLE)
0100
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
OH 143745 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
JOHNSON, Anthony R. 1157 Shields Rd, Apt 4, Boardman, Ohio 44512
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNSHIP SERVICE OWNER PHONE #
2008 Pontiac G8 Gray State Farm -NONE 330-718-5504

OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)
01201
ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
OH 13767 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
CHARLOT Auto Sales 828 Wick Ave, Youngstown, Ohio 44505
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWNSHIP SERVICE OWNER PHONE #
1996 Pontiac Bonneville Green Lufts

OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE) HOME PHONE #
ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

NAME (LAST, FIRST, MIDDLE) HOME PHONE #
ADDRESS (STREET, CITY, STATE, ZIP CODE)

00	SEATING POSITION	01	SAFETY EQUIPMENT	1	AIR BAG	1	AIR BAG SWITCH	1	EJECTION	1	TRAPPED	1	INJURIES
01	01 FRONT - LEFT (MC DRIVER)	01	01 NONE USED	1	1 NOT DEPLOYED	1	1 NOT PRESENT	1	1 NOT EJECTED	1	1 NOT TRAPPED	1	1 NO INJURY
	02 FRONT - MIDDLE	02	02 SHOULDER BELT ONLY	1	2 DEPLOYED-FRONT	2	2 IN ON POSITION	2	2 TOTALLY EJECTED	1	2 EXTRICATED BY MECHANICAL MEANS	2	2 POSSIBLE
	03 FRONT - RIGHT	03	03 LAP BELT ONLY	1	3 DEPLOYED-SIDE	3	3 IN OFF POSITION	3	3 PARTIALLY EJECTED	1	3 FREED BY NON-MECHANICAL MEANS	3	3 NON-INCAPACITATING
	04 SECOND - LEFT (MC PASS)	04	04 SHOULDER/LAP BELT	1	4 DEPLOYED BOTH FRONT/SIDE	2	4 UNKNOWN	4	4 NOT APPLICABLE	1	4 INCAPACITATING	4	4 FATAL INJURY
	05 SECOND - MIDDLE	05	05 CHILD SAFETY SEAT	1	5 NOT APPLICABLE			5	5 UNKNOWN		5	5	5
	06 SECOND - RIGHT	06	06 MC HELMET USED	1	6 UNKNOWN			6			6	6	6
	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	07	07 USE UNKNOWN										
	08 THIRD - MIDDLE	08	08 NON-MOTORIST										
	09 THIRD - RIGHT	09	09 NONE USED										
	10 SLEEPER SECTION OF CAB	10	10 HELMET USED										
	11 ENCLOSED CARGO AREA	11	11 PROTECTIVE PADS										
	12 UNENCLOSED CARGO AREA	12	12 REFLECTIVE CLOTHING										
	13 TRAILING UNIT	13	13 LIGHTING										
	14 EXTERIOR	14	14 OTHER										
	15 OTHER	15	15 UNKNOWN										

BLANK FOR WITNESS

UNIT NUMBERS
01 01

NON-MOTORIST LOCATION

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
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
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/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

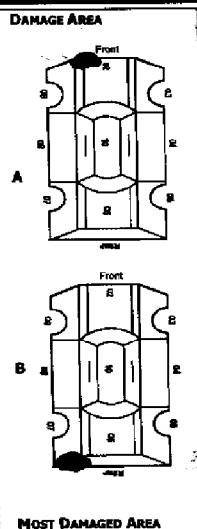
NON-MOTORIST
35 ANIMAL W/DRIVER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE
1 1

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
3 3

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

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

STRIKING VEHICLE: OVERRIDE/ UNDERGRADE
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
10 02

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 10

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/ACDA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD
10 IMPROPER PASSING
11 IMPROPER BACKING
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

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 OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS
20 21

01 NONE
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, OBSCURED
16 OTHER

NON-COLLISION
01 OVERTURN/Rollover
02 FIRE/EXPLOSION
03 IMMERSION
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 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 - 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 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/LUMINARIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB
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)

MOST HARMFUL EVENT
1 1

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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED SPEED

SPEED
A B

ALCOHOL/DRUG SUSPECTED
1 8

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
1 8

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL 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

ALCOHOL TEST TYPE
1 1

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

POSTED SPEED
10 10

TRAFFIC CONTROL
01 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, OBSCURED
16 OTHER

DIRECTION
FROM TO FROM TO
21 42

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

CONDITION
1 8

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
1 8

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL 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

ALCOHOL TEST TYPE
1 1

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

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

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT
01 01

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

TYPE OF INTERSECTION
01 01

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
4

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 * "X" IF YES LOCAL REPORT # * 10-0214811

Narrative

Unit #1 stated he parked his car in the cul-de-sac at the dead end of Magnolia and went into 658 Magnolia to visit friends. At approx. 1315 hrs date. At approx. 1330 hrs date an unidentified vehicle advised him and when he looked out the door saw a UPS Subj Unit #2 and ran through through the back yards towards woodcrest.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 5 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.
	WEATHER <input checked="" type="checkbox"/> 02 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLES) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN		
LIGHT CONDITIONS PRIMARY: <input checked="" 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 MEDIAN 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			

Truck/Bus UNIT # <input type="text"/>	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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	ICC MC	PUCG	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	/ DIA
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAM/CHPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04162010	11346	1400	1414	1615		135
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
J. ROUNDS	677	D/S (DAVIS)	04172010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT	LOCAL REPORT #			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	X IF YES	04-17-10			



LOCAL REPORT NUMBER 10-021481	REPORTING AGENCY YOUNGSTOWN P.D.	DATE OF CRASH M 4 10 16 Y 10
IN COUNTY OF MAHONING	CRASH LOCATION 600 BLK MAGNOLIA	
<p>Unit #2: 1996 PONTIAC BONNVILLE (GREEN) BEARING Ohio Reg. EDJ3167.</p> <p>Plate comes back to one Kisha Hurst 2978 Roosevelt, Campbell, Ohio on a White Chevy. PAPERS IN CAR WERE ALSO IN HER NAME.</p> <p>VIN # ON CAR COMES BACK TO CHARIOT AUTO SALES 828 WICK AVE. YOUNGSTOWN, OHIO 44505</p> <p>TALKED TO A F/B AT THE SCENE WHO WISHED NOT TO BE I D WHO STATED THE SUBJ. DRIVING UNIT #2 LAST NAME WAS JACKSON. NICKNAME "MISTER" AND STATED THE CAR DIDNT BELONG TO HIM. SHE FURTHER STATED HE LIVED SOMEWHERE ON SHEEHY ST AND WAS SHOT ON SHEEHY 2 OR 3 MONTHS AGO. DESCRIBED AS A TALL, SKINNY M/B.</p> <p>CAR TOWED TO HUDTS FOR ATU.</p>		
OFFICER'S SIGNATURE <i>[Signature]</i>		BADGE NUMBER 677

**Youngstown Police Department Traffic
Daily Activity Report**

Date 4/16/10 Shift Hrs. 0700 to 1500 Officer J. ROUNDS Badge # 677
 Cruiser 805 Mileage Out 130349 Mileage In _____
 Laser Unit _____ Radar Unit 455200003869
 Patrol Division Commander on Duty During your Shift Capt W. Parrell

Activity (Please use Military Time)

1. Time: 1245 Location McDonalds, 5th Ave
 Call Type: 8104 Action Taken 50/02
2. Time: 1400 Location 658 MAGNOLIA
 Call Type: 8106 Action Taken 55/01
3. Time: _____ Location _____
 Call Type: _____ Action Taken _____
4. Time: _____ Location _____
 Call Type: _____ Action Taken _____
5. Time: _____ Location _____
 Call Type: _____ Action Taken _____

Crash Investigation Totals

- _____ 50-01 Prop Damage
- _____ 51-01 P.I.
- _____ 52-01 Fatal
- _____ 53-01 Hit-Skip Fatal
- _____ 54-01 Hit-Skip P.I.
- 1 55-01 Hit-Skip Prop.
- _____ 56-01 OVI Involved
- _____ 57-01 City (Police)
- _____ 58-01 other city veh.
- 1 50-02 exchange info.
- _____ 50-06 Other Jurisdiction
- _____ OH-2 Supplement
- _____ OH-3 witness statement
- _____ Immobilized Autos
- _____ mobilized autos
- 2 Assist Citizen

Summons Issued Totals

- | | | |
|------------------------|---------------------|----------|
| _____ Speed | _____ M3 | _____ M1 |
| _____ OVI | _____ Seat Belt | |
| _____ MM-Traf | _____ Child Seat | |
| _____ M1-M4 Traf | _____ Parking | |
| _____ MM Crim. | _____ DUS | |
| _____ MS Crim. | _____ No OL | |
| _____ Equip Viol. | _____ Red Tags | |
| <u>1</u> Towed Autos | _____ verb warning | |
| _____ no proof of ins. | _____ writ. warning | |

Commercial Vehicle Violations

- | | |
|--------------------|--------------------|
| _____ overweight | _____ 10K+ |
| _____ oversize | _____ CMV OVI |
| _____ equipment | _____ registration |
| _____ permit viol. | _____ Other |

Arrests Made

Name _____	Incident _____
Booked at MCSO Yes No	Charge _____
Name _____	Incident _____
Booked at MCSO Yes No	Charge _____