

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-023771

CRASH SEVERITY
2 1 FATAL 3 FOO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-17 OTHER

NCIC # *
05009

REPORTING AGENCY #
Youngstown Police Dept.

UNITS
03

UNIT ERROR
01

08 = ANNUAL
09 = UNKNOWN

DATE OF CRASH #
04262010

TIME OF CRASH
1626

DAY OF WEEK
MON

CITY #

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) #
Youngstown

COUNTY # *
50

LATITUDE

LONGITUDE

NAME (MAIN LOCATION)
E INDIANOLA AVE.

TYPE LOC
1

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

AT

RUSH BLVD.

REF POINT
02

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

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DIRECTION
10 STREET OR ROUTE W/O REFERENCE

UNIT # 1 OF OCC
A 0101

NAME (LAST, FIRST, MIDDLE)
PISANO, JAMES E.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
502 THOMAS RD. LISBON OHIO 44432

DATE OF BIRTH
07311989

AGE
20

SEX
M

HAIR
BRN

EYES
BLU

HT
508

WT
135

OH SY081002

OH DPH5254

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
N/A

INSURED TAKEN TO
N/A

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)
4053 PLEASANT VALLEY LANE CANFIELD OH. 44406

YEAR
1997

MAKE
FORD

MODEL
RANGER

COLOR
WHITE

INSURANCE COMPANY
STATE FARM

TOWING SERVICE

OWNER PHONE #
330 271-9353

331.34 (A)

FAILURE TO CONTROL

CITATION #
I 46679

LOCAL CODE? *
X IF YES

UNIT # 2 OF OCC
B 0202

NAME (LAST, FIRST, MIDDLE)
RITENOUR, TAMMIE LEE

ADDRESS (STREET, CITY, STATE, ZIP CODE)
2227 BEN FRANKLIN HWY. EDINBURG PA. 16116

DATE OF BIRTH
07231960

AGE
49

SEX
F

HAIR
BRN

EYES
BLU

HT
508

WT
135

PA 26469451

OH GRANGRN

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
RURAL METRO

INSURED TAKEN TO
ST. ELIZABETH

OWNER NAME (IF SAME, WRITE "SAME")
JONES, CHARLIE M.

ADDRESS (STREET, CITY, STATE, ZIP CODE) #1
361 KENDALL AVE CAMPBELL OH. 44405

YEAR
2002

MAKE
CHRYSLER

MODEL
PT CRUISER

COLOR
GOLD

INSURANCE COMPANY
LIBERTY MUTUAL

TOWING SERVICE
N/A

OWNER PHONE #
330 755-9414

UNIT # 02
C 02

NAME (LAST, FIRST, MIDDLE)
PHILLIPS, DELORES

HOME PHONE #
330 318-4347

DATE OF BIRTH
06301932

AGE
77

SEX
F

ADDRESS (STREET, CITY, STATE, ZIP CODE)
361 KENDALL AVE #1 CAMPBELL OH. 44405

2

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
RURAL METRO

INSURED TAKEN TO
ST. ELIZABETH

UNIT #
D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INSURED TAKEN TO

SEATING POSITION

01 FRONT - LEFT (MC DRIVER) 04

02 FRONT - MIDDLE 08

03 FRONT - RIGHT 08

04 SECOND - LEFT (MC PASS) 08

05 SECOND - MIDDLE 08

06 SECOND - RIGHT 08

07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08

08 THIRD - MIDDLE 08

09 THIRD - RIGHT 08

10 SUSPENSION SECTION OF CAR 08

11 ENCLOSED CARGO AREA 08

12 UNENCLOSED CARGO AREA 08

13 TRAILING LIMIT 08

14 EXTENSION 08

15 OTHER 08

SAFETY EQUIPMENT

01 None Used 04

02 SHOULDER BUILT ONLY 08

03 LAP BELT ONLY 08

04 SHOULDER/LAP BELT 08

05 CHILD SAFETY SEAT 08

06 MC HELMET USED 08

07 Use UNKNOWN FROM-INSTRUMENT 08

08 None Used 08

09 HELMET USED 08

10 PROTECTIVE PADS 08

11 REFLECTIVE CLOTHING 08

12 LIGHTING 08

13 OTHER 08

14 UNKNOWN 08

AIR BAG

1 NOT DEPLOYED 1A

2 DEPLOYED-FRONT 1A

3 DEPLOYED-SIDE 1A

4 DEPLOYED BOTH FRONT/SIDE 4B

5 NOT APPLICABLE 4B

6 UNKNOWN 4B

AIR BAG SWITCH

1 NOT PRESENT 1A

2 IN ON POSITION 1A

3 IN OFF POSITION 1A

4 UNKNOWN 4B

EJECTION

1 NOT EJECTED 1A

2 TOTALLY EJECTED 1A

3 PARTIALLY EJECTED 1B

4 NOT APPLICABLE 1B

5 UNKNOWN 1B

TRAPPED

1 NOT TRAPPED 1A

2 EXTRACTED BY MECHANICAL MEANS 1B

3 FREED BY NON-MECHANICAL MEANS 2B

4 UNKNOWN 2C

INJURIES

1 NO INJURY 1A

2 POSSIBLE 2B

3 NON-INCAPACITATING 2B

4 INCAPACITATING 2C

5 FATAL INJURY 2C

6 UNKNOWN 2C

BLANK FOR MEDICAL

SUPPLEMENT *
X IF YES

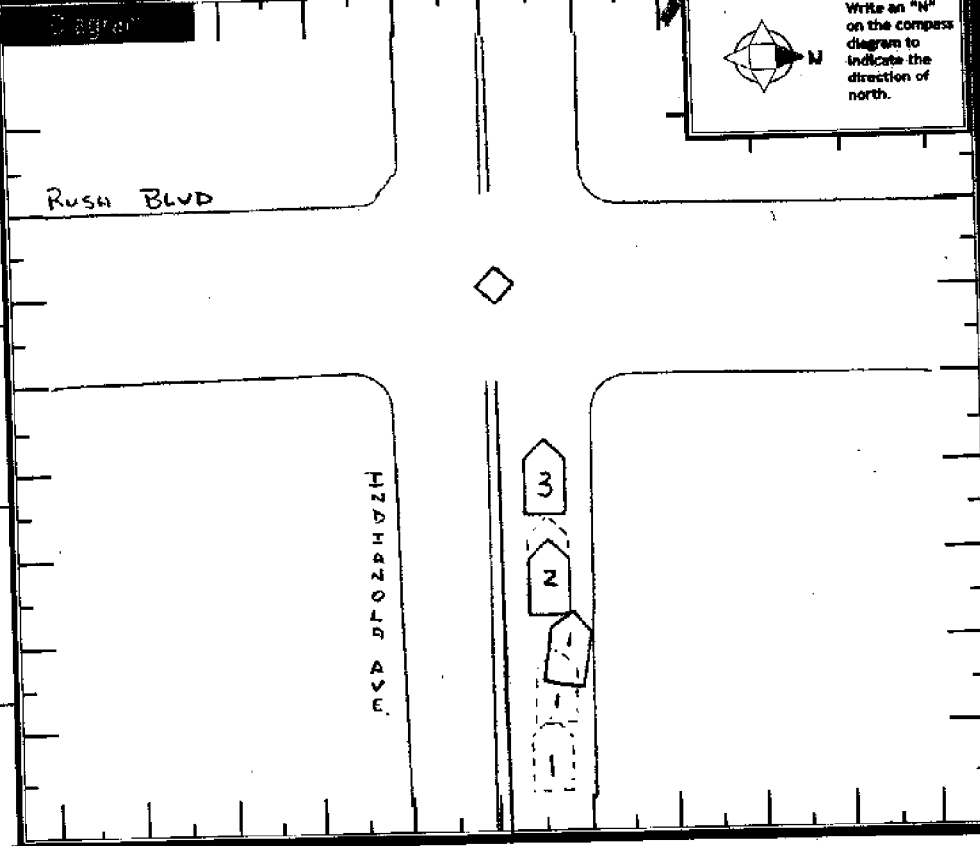
Motorist/Non-Motorist

Occupant

LINE NUMBERS 01 02	DAMAGE AREA 	PRE-CRASH ACTIONS 01 A 11 B	SEQUENCE OF EVENTS A B 20 20 2 2 3 3 4 4	POSTED SPEED A B 04 04	DRUG TEST STATUS 1 A 1 B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
NON-MOTORIST LOCATION A B		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-COLLISION 01 OVERTURN/FOLLOWER 02 FIRE/EXPLOSION 03 INVERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/DROPT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNGRADE RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION	TRAFFIC CONTROL 01 NO CONTROL 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/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSED, OBSCURED 16 OTHER	DRUG TEST TYPE 1 A 1 B 1 NONE 2 BLOOD 3 URINE 4 OTHER
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 OFFSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 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 STAMMING 22 OTHER 23 UNKNOWN	COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT EXCISED 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	DIRECTION FROM TO FROM TO 3 4 3 4 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	DRUG TEST 1&2 RESULT 1 A 1 B 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
TYPE OF UNIT 07 03	09 05	CONTRIBUTING CIRCUMSTANCES 15 01	COLLISION W/ FIXED OBJECT 25 IMPACT ATTENUATION/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON 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/ILLUMINATED SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MARLBORX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	CONDITION 1 A 1 B 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FARTIED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	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 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN
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 (BORTALK) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE LONG 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL ON CONVERTER DOLLY 17 TRACTOR/TRAILER 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	POINT OF IMPACT 09 05	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/VADCA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON PARKING 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 AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, OR OFFICER SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	ALCOHOL/DRUG SUSPECTED 1 A 1 B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	OCURRENCE 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN
IN EMERGENCY RESPONSE 1 A 1 B 1 NO 2 YES 3 UNKNOWN	ACTION 3 4 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE A B 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	FIRST HARMFUL EVENT 1 A 1 B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS 1 A 1 B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONTOUR 1 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
DAMAGE SCALE 3 2 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERSIDE/ UNDERSIDE 1 A 1 B 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	SPEED DETECTED A B 1 STATED 2 ESTIMATED SPEED	MOST HARMFUL EVENT 1 A 1 B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST TYPE 1 A 1 B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITIONS PRIMARY SECONDARY 02 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVELS 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 # 10-023771	SPEED A B 000	ALCOHOL TEST RESULT A B 000	LOCAL REPORT # 10-023771	LOCAL REPORT # 10-023771

UNITS #3 AND #2 WERE STOPPED FACING WEST AT THE TRAFFIC CONTROL LIGHT AT RUSH BLVD AND E. INDIANOLA AVE. UNIT #1 FAILED TO STOP STRIKING UNIT #2 IN THE REAR WHICH IN TURN DROVE UNIT #2 INTO THE REAR OF UNIT #3.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
WEATHER <input type="checkbox"/> 01 CLEAR <input checked="" type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (Freezing Rain Drizzle) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> <input checked="" type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN



Unit # <input type="checkbox"/> <input type="checkbox"/>	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.	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; 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="checkbox"/> <input type="checkbox"/>	Company Phone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Address (Street, City, St, Zip Code) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

US DOT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ICC MC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PUCO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TRAILER LP ST. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TRAILER LP YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TRAILER LP # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PLACARD # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PLA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHP/GRABVEL <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			

DATE CRASH REPORTED 04 26 2010	TIME REC CALL 16 26	DISPATCH 16 28	ARRIVED 16 28	CLEARED 18 00	OTHER 00 00	TOTAL MINUTES 92	
OFFICER'S NAME* MULLENEX / KENNEY	BADGE # * 1080	CHECKED BY M.S.P. GARCIA	DATE REPORT FILED* 04 27 2010	REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input checked="" type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input checked="" type="checkbox"/> 2 STATION	SUPPLEMENT "X" IF YES * <input type="checkbox"/>	LOCAL REPORT # * 10-023771

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-023771

CRASH SEVERITY
1 FATAL 3 POD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES NO

HIT/SKID
1 NOT HIT/SKID
2 SOLID
3 UNSOLID

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

N.O.I.C.# *
05009

REPORTING AGENCY *
Youngstown Police Dept.

UNITS
03

UNIT ENGRG
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
04262010

TIME OF CRASH
1626

DAY OF WEEK
MON

CITY * VILLAGE * TWP *
* * *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

COUNTY # *
50

LATITUDE LONGITUDE

PREV. CRASH LOCATION
E. INDIANOLA AVE.

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

DIRT REFERENCE OR PAVED REFERENCE
AT RUSH BLVD.

REF POINT 02

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

UNIT A A OF OCC NAME (LAST, FIRST, MIDDLE)
A 03 02 SAMAD, RAMZI I

ADDRESS (STREET, CITY, STATE, ZIP CODE)
6710 APPLEWOOD BLVD BOARDMAN OHIO 44512

DATE OF BIRTH AGE SEX
02/21/98 26 M

PHONE #
330 507-4714

DL STATE DL #
OH R2573268

LP STATE LP #
OH CVM-9661

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

TRANSPORTED BY
N/A

INSURED TAKEN TO
N/A

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)
6710 APPLEWOOD BLVD. BOARDMAN OH. 44512

YEAR MAKE MODEL
1999 LINCOLN TOWNCAR

COLOR
GREEN

INSURANCE COMPANY
VICTORIA INS.

TOWING SERVICE
N/A

OWNER PHONE #
330 507-4714

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION # LOCAL CODE? X YES

UNIT B A OF OCC NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH AGE SEX

PHONE #

DL STATE DL #

LP STATE LP #

INSURED TAKEN BY

TRANSPORTED BY

INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION # LOCAL CODE? X YES

UNIT C A OF OCC NAME (LAST, FIRST, MIDDLE)
C 03 ABURNJEELA, SAMMY

HOME PHONE #
330 774 4041

DATE OF BIRTH AGE SEX
05/14/1986 23 M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
468 12th STREET CAMPBELL OH. 44405

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

TRANSPORTED BY
N/A

INSURED TAKEN TO
N/A

UNIT D A OF OCC NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

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

TRANSPORTED BY

INSURED 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 TRAILING UNIT
14 EXTERIOR
15 OTHER

SAFETY EQUIPMENT
01 NONE USED
02 SHOULDER BELT ON
03 LAP BELT ONLY
04 SHOULDERLAP BELT
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTS
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

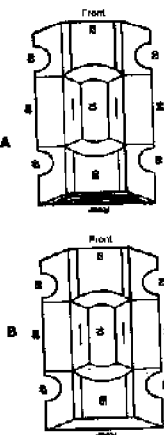
INJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR MEMORANDUM

SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIV NUMBERS <input type="text" value="03"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/>	SEQUENCE OF EVENTS <input type="text" value="20"/>	POSTED SPEED <input type="text" value="4"/>	DRUG TEST STATUS <input type="text" value="1"/>
NON-MOTORIST LOCATION <input type="text" value="A"/>	MOST DAMAGED AREA <input type="text" value="02A"/>	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	NON-COLLISION 01 OVERTURN/FOLLOWER 02 FIRE/EXPLOSION 03 IMBROGNO 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SWIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF LIMITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL ROADWAY 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 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/UNDERPASS 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="04"/>	DRUG TEST TYPE <input type="text" value="1"/>
TYPE OF UNIT <input type="text" value="04"/>	POINT OF IMPACT <input type="text" value="02A"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01A"/>	MOTORIST 01 NONE 02 FAILING 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/ACCDA 09 IMPROPER LANE CHANGE/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON 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 AND/OR 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	DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/>
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 (BOSTAL) 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 BIKE 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 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/HERD 36 ANIMAL W/DUOST 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '1'S' SELECTED ABOVE <input type="text" value="01"/>	FIRST HARMFUL EVENT <input type="text" value="1"/>	CONDITION <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>
IN EMERGENCY RESPONSE <input type="text" value="1"/>	STRIKING VEHICLE: OVERRIDE/ UNDERSIDE <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '1'S' SELECTED ABOVE <input type="text" value="01"/>	MOST HARMFUL EVENT <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>
DAMAGE SCALE <input type="text" value="2"/>	STRIKING VEHICLE: OVERRIDE/ UNDERSIDE <input type="text" value="1"/>	VEHICLE DEFECT CODE ONLY IF '1'S' SELECTED ABOVE <input type="text" value="01"/>	SPEED DETECTED <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERSIDE 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	VEHICLE DEFECT CODE ONLY IF '1'S' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR BLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED <input type="text" value="000"/>	ALCOHOL TEST TYPE <input type="text" value="1"/>	ROAD CONTOUR 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE
				ALCOHOL TEST RESULT <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/>
				SUPPLEMENT # "X" IF YES	LOCAL REPORT # <input type="text" value="10-023771"/>

Narrative

MANNER OF COLLISION OR IMPACT

2

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

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 SHIFTCROSSOVER
 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

04

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

LIGHT CONDITIONS

PRIMARY 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

Diagram



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

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 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 DAMAGING 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 PUCD TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DA

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (9-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/CHUTE/GRAVEL

05 POLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP

09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAGE/REFUSE
 12 OTHER
 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 TIME REC CALL DISPATCH ARRIVED CLEARED OTHER TOTAL MINUTES

OFFICER'S NAME # BADGE # * CHECKED BY DATE REPORT FILED *

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER SUPPLEMENT * X IF YES LOCAL REPORT # *