

TRAFFIC CRASH REPORT



LOCAL REPORT # *
07-057063

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

WIT/SKIP
1 NOT HRT/SKP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER
X

N.C.I.C. # * 05009
REPORTING AGENCY * YOUNGSTOWN POLICE

UNITS 03
UNIT ERROR 01
98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
08012007

TIME OF CRASH 11955 DAY OF WEEK WED CITY * X VILLAGE * TWP * YOUNGSTOWN COUNTY # * 50

CRASH OCCURRED ON SOUTH AVE TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION
REF POINT 04 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

A UNIT # 01 # OF OCC. 1 NAME (LAST, FIRST, MIDDLE) RIVERS, NAUTICA
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 125 BROOKLINE YOUNGSTOWN OH 44505
 SOCIAL SECURITY NUMBER [] DATE OF BIRTH 06071996 AGE 11 SEX F HOME PHONE # 330743518 WORK PHONE #
 DL STATE DL # LP STATE LP # INJURED TAKEN BY 2 NONE 4 OTHER 5 UNKNOWN TRANSPORTED BY KURAL METRO INJURED TAKEN TO ST. E'S
 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 IF YES

B UNIT # 02 # OF OCC. 1 NAME (LAST, FIRST, MIDDLE) JOHNSON, SARTAIZHIA
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 355 1/2 E. LUCIUS YOUNGSTOWN OH 44502
 SOCIAL SECURITY NUMBER [] DATE OF BIRTH 11061997 AGE 08 SEX F HOME PHONE # 3307880840 WORK PHONE #
 DL STATE DL # LP STATE LP # INJURED TAKEN BY 2 NONE 4 OTHER 5 UNKNOWN TRANSPORTED BY KURAL METRO INJURED TAKEN TO ST. E'S
 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 IF YES

C UNIT # [] NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
 ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO
D UNIT # [] NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
 ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

16 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 17 UNKNOWN	08 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 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 AIR BAG SWITCH 1 NOT PRESENT 2 IN OK POSITION 3 IN OFF POSITION 4 UNKNOWN	4 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	3 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
---	--	---	---	--	--	--

BLANK FOR WITNESS SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

UNITY NUMBERS
01 02

NON-MOTORIST LOCATION
05 05

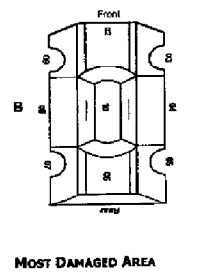
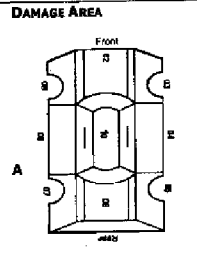
- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK,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

TYPE OF UNIT
38 38

- MOTORIST**
- 01 SUB-COMPACT
 - 02 COMPACT
 - 03 MID SIZE
 - 04 FULL SIZE
 - 05 MINIVAN
 - 06 SPORT UTILITY VEHICLE
 - 07 PICKUP
 - 08 PANELVAN
 - 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
 - 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 TRAIN
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 SNOWMOBILE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/RIDER
 - 36 ANIMAL W/BUDDY
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

IN EMERGENCY RESPONSE
1 A 1 B
1 No
2 YES
3 UNKNOWN

DAMAGE SCALE
1 A 1 B
1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN



MOST DAMAGED AREA
14 14

- 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

POINT OF IMPACT
14 14

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

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE
1 A 1 B
1 NO UNDERRIDE OR OVERRIDE
2 UNDERRIDE, COMPARTMENT INTRUSION
3 UNDERRIDE, NO COMPARTMENT INTRUSION
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS
16 16

- 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
24 24

- 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/ACCDA
 - 09 IMPROPER LANE CHANGE/ DROVE OFF 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 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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
1 A 1 B
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
A 20 B 20

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
14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
15 PEDESTRIAN
16 PEDALCYCLE
17 RAILWAY VEHICLE
18 ANIMAL - FARM
19 ANIMAL - DEER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
22 PARKED MOTOR VEHICLE
23 WORK ZONE MAINTENANCE EQUIPMENT
24 OTHER MOVABLE OBJECT
25 UNKNOWN MOVABLE OBJECT
26 COLLISION WITH FIXED OBJECT
27 IMPACT ATTENUATOR/DASH CUSHION
28 BRIDGE OVERHEAD STRUCTURE
29 BRIDGE PIER OR ABUTMENT
30 BRIDGE PARAPET
31 BRIDGE RAIL
32 GUARDRAIL FACE
33 GUARDRAIL END
34 MEDIAN BARRIER
35 HIGHWAY TRAFFIC SIGN POST
36 OVERHEAD SIGN POST
37 LIGHT/LUMINAIRE SUPPORT
38 UTILITY POLE
39 OTHER PAST, POLE OR SUPPORT
40 CULVERT
41 CURB
42 DITCH
43 EMBANKMENT
44 FENCE
45 MAILBOX
46 TREE
47 OTHER FIXED OBJECT
48 WORK ZONE MAINTENANCE EQUIPMENT
49 UNKNOWN FIXED OBJECT
50 OTHER

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

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

SPEED DETECTED
2 2
1 STATED
2 ESTIMATED SPEED

SPEED
5 5

POSTED SPEED
25 25

TRAFFIC CONTROL
01 A 01 B

- 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
43 43

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

CONDITION
1 A 1 B
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 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

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

ALCOHOL TEST TYPE
1 A 1 B
1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
1 A 1 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

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 INTERSECTION
01

- 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

OCCURRENCE
1 1
1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR
1 1
1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS
PRIMARY 01 SECONDARY 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 # 07-057003

Narrative UNIT 1 AND 2 WERE WALKING EASTBOUND ACROSS SOUTH AVE. UNIT 3 WAS TRAVELING NORTHBOUND ON SOUTH AVE AND STRUCK UNIT 1 AND UNIT 2 IN FRONT OF 3215 SOUTH AVE.

* DRAWN NOT TO SCALE *

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 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 WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN TYPE OF WORK ZONE <input type="checkbox"/> 1 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 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	Diagram 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Write an "N" on the compass diagram to indicate the direction of north. </div> <p style="text-align: center;">← SOUTH AVE</p> <p style="text-align: center;">ALLEYS FOOD</p>
---	---	--------------------	---

Truck/Bus	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 INTERVIEWING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
UNIT #	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 #	# DIA
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 28,000	2 CLASS B	2 YES	2 YES
	04 GRAM/CHIPS/GRAVEL	08 DUMP	12 OTHER	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

Police Action						
DATE CRASH REPORTED	DATE REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL #MINUTES
08012007	1955	1955	2000	2200		200
OFFICER'S NAME #	BADGE #	CHECKED BY	DATE REPORT FILED #			
Off. A. Carter	11110	D/S Robert [Signature]	08062007			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT	LOCAL REPORT #			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	07-057063			

TRAFFIC CRASH REPORT



LOCAL REPORT # *
07-057063

CRASH SEVERITY
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
X

N.C.I.C.A. #
051009

REPORTING AGENCY *
YOUNGSTOWN POLICE

UNITS
03

UNIT ERROR
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
08012007

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
1955 WED X YOUNGSTOWN 50

CRASH OCCURRED ON PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION
SOUTH AVE 1 1 NAMED STREET 3 NUMBERED ROUTE
AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED
3215 01 STATE LINE 04 HOUSE NUMBER 06 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

Motorist/Non-Motorist

A UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
03 01 BARNES, JENNIFER L.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
865 COOK AVE APT 4 BOARDMAN OH 44512
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
03111979 28 F 330757429
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH KU000846 OH DVX9718 11
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1992 PLYM VAN MAROON STATE FARM
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

B UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED 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 IF YES

Occupant

C UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

D UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED 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 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT MOTORIST 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 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN	SUPPLEMENT * X IF YES
--	---	---	---	--	--	--	--------------------------

UNIT NUMBERS <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> </table>	A	B	<input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	POSTED SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	DRUG TEST STATUS <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
A	B														
<input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> <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 DRIVERSLESS 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	<table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> </table>	A	B	<input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	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 <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
A	B														
<input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>														
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		CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKIFE 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 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/LUMINARIES 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	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, OSCURED 16 OTHER	DRUG TEST 1&2 RESULT <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
TYPE OF UNIT <input type="text" value="05"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	MOST DAMAGED AREA <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	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/ 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 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	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/LUMINARIES 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=""/> <input type="text" value=""/> <input type="text" value=""/>	1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING										
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, 8 TIRES 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 CHUNGH 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/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="03"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	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/ 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 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	ALCOHOL / DRUG SUSPECTED <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST 9 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ACTION <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	OCURRENCE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED DETECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	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	1 STATED 2 ESTIMATED SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE										
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NONE 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 8 DEBRIS** 9 RUT, HOLES, BUMPS, UNEVEN PAVEMENT ** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										
1 No 2 Yes 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="25"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										

SUPPLEMENT *
X" IF YES
LOCAL REPORT # *
07-057063

Narrative

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input 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 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN		SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN		Diagram 	 Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input type="checkbox"/> 01 CLEAR <input 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 type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN			
WEATHER <input type="checkbox"/> 01 CLEAR <input 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		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			
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> <input 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		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 type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN			

Truck/Bus UNIT # <input type="checkbox"/> <input type="checkbox"/>		THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR <input type="checkbox"/> A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.		A <input type="checkbox"/> THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: N <input type="checkbox"/> A FATALITY; OR D <input type="checkbox"/> AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR <input type="checkbox"/> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING 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 # _____
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/CHIPS/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 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	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: 08/01/2007 TIME REC CALL: 1955 DISPATCH: 1955 ARRIVED: 2000 CLEARED: 2200 OTHER: _____ TOTAL MINUTES: 200

OFFICER'S NAME: Off. A. Carter BADGE # 1110 CHECKED BY: D/S R. Deichman DATE REPORT FILED: 08062007

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER

SUPPLEMENTARY REPORTS: _____ LOCAL REPORT # _____

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-057063	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 08 10 01 Y 07
IN COUNTY OF MAHONING	CRASH LOCATION IN FRONT OF 3215 SOUTH AVE	

KARONE RIVERS
555 1/2 E. LUCIUS YO DH 44502
10-26-78 MOTHER OF SARTAZHIA JOHNSON
330-788-0840

ERICA MOSES
125 BROOKLINE YO DH 44505
6-4-75 GUARDIAN OF NAUTICA RIVERS
330-743-5158

OFFICER'S SIGNATURE

X O.K. A. Carter

BADGE NUMBER

1110