

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *
07-057525

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER
XX

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
99 = ANIMAL
99 = UNKNOWN
99

DATE OF CRASH *
08022007

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
1715 THU X YOUNGSTOWN 50

CRASH OCCURRED ON: PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION
THALIA AVE 1 1 NAMED STREET 3 NUMBERED ROUTE

AT / REFERENCE DIST REFERENCE OR PREFIX REFERENCE REF POINT REFERENCE POINT USED 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
0500 W SHERIDAN RD. 02 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
03 COUNTY LINE 07 CORPORATION LIMIT

Motorist/Non-Motorist

A UNIT # 1 # OF OCC. 1 NAME (LAST, FIRST, MIDDLE) FARWELL, Edward
ADDRESS (STREET, CITY, STATE, ZIP CODE) 145 Maple Dr, Boardman, Ohio 44512
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
04 R H 9 0 6 8 1 12 10 1 9 5 8 4 8 M 330-782-5047
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
OH R H 9 0 6 8 1 OH C D H 9 3 3 0 1 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1997 DODGE RAM BROWN PROGRESSIVE NONE SAME
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

Occupant

B UNIT # 1 # OF OCC. 1 NAME (LAST, FIRST, MIDDLE) Wilson, Rosann
ADDRESS (STREET, CITY, STATE, ZIP CODE) 48 Wilson St. Struthers, OH 44471
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
11301969 37 F 3307550090
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
OH R V 0 3 4 1 0 7 OH E B V 3 3 7 2 1 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") Wilson, Don ADDRESS (STREET, CITY, STATE, ZIP CODE) 48 Wilson St. Struthers, OH 44471
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1995 Ford F150 Brn Progressive
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 TRANSPORTED BY INJURED TAKEN TO
2 EMS 5 UNKNOWN 3 POLICE

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 TRANSPORTED BY INJURED TAKEN TO
2 EMS 5 UNKNOWN 3 POLICE

01 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	04 SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	5 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH -FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 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	1 INJURED 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

SUPPLEMENT # "X" IF YES

UNIT NUMBERS

01 02

NON-MOTORIST LOCATION

A B

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

08 07

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 (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 OTHER 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/BOGUY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

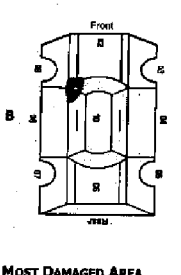
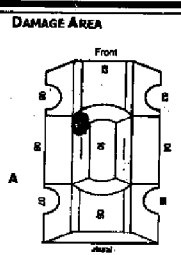
IN EMERGENCY RESPONSE

1 No
 2 Yes
 3 UNKNOWN

DAMAGE SCALE

3 B

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



MOST DAMAGED AREA

08 08

POINT OF IMPACT

08 08

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/ UNDERIDE

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

01 04

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 07

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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

01 01 01

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

SEQUENCE OF EVENTS

A B

20 20

2 2
 3 3
 4 4

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 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 CULTVERT
 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

POSTED SPEED

25 25

TRAFFIC CONTROL

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 PAYMENT MARKINGS
 13 CROSSWALK LINES
 14 WALK/DON'T WALK SIGNAL
 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
 16 OTHER

DIRECTION

FROM TO FROM TO

34 43

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 FELL ASLEEP, FAIMTED, FATIGUED, ETC
 5 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
 7 OTHER
 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 0

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 I&2 RESULT

1 1

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 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 #

07-057529

Narrative Unit #1 was westbound in the 1000 blk of Thalia when Unit #2 who was coming eastbound came around a parked car left of center striking the left side rear view mirror of Unit #1. Unit #2 then fled eastbound on Thalia following Youngstown Road Rd. turned right and went southbound on Youngstown Poland Rd. After a brief chase Unit #1 lost sight of it somewhere on Youngstown Poland Rd.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 8 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"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 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 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	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="text"/> <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.	A N D 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 <input type="text"/>	ICC ITC <input type="text"/>	PUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	PLACARD # <input type="text"/>	# DIA. <input type="text"/>
CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
<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 GRN/CRPS/GRAVEL	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			
<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						

Police Action							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
08032007	1158	1158	1200	1300		08	
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *				
J. ROUNDS	677	D/S R. Deichman	08172007				
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X IF YES					
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER	LOCAL REPORT # * 07-057525					

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-057525	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 8 10 2 1Y 07
IN COUNTY OF Mahoning	CRASH LOCATION 1600 BIK of Thalia	

8-3-07 Assigned case - obtained plate of EBV3372 thru OHLEG - 95 Ford TK to Don Wilson of 48 Wilson St. Struthers

8-10-07 Checked 48 Wilson St. - no response at door, no vehicle

8-13-07 Sent Letter

8-16-07 Rosann Wilson came to AIV office and provided a written statement advising that Unit #1 was the one that went left of center around a parked car

- The provided witness statement by John Ord, advises that he did not see the actual crash, just the aftermath, so it is unknown at this time who was actually left of center.

OFFICER'S SIGNATURE X D/S Robert D. Deer	BADGE NUMBER 1054
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-057525	REPORTING AGENCY WOUNASTAND P.D	DATE OF CRASH M 8 2 07
IN COUNTY OF MAHONING	CRASH LOCATION 1000 BLK Thalia	

Description of Unit #2

FORD F150 OR F250 TRUCK (TAN IN COLOR)

BEARING Ohio Reg. Partial E - 3372

On 8/3/07 Victim was told by a witness that a F/W with BLOND HAIR CAME THROUGH WHERE THE ACCIDENT OCCURRED LOOKING FOR HER MIRROR.

OFFICER'S SIGNATURE
X [Signature]

BADGE NUMBER
677

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-057525	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 8 10 2 107
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Rosann Wilson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
D/S R. Deichman (OFFICERS NAME) AT YPD 2nd Floor (LOCATION)

I was driving east on thalia to my home a brown Van went left of Center around a car and knocked my mirror off of my truck looked in rear view mirror to see if cars were behind me pulled over and stopped looked in mirror again and he kept going didnt have a cell phone to call police and he kept going so I couldnt get his license number went home to son to Emergency Room called husband told him I didnt get his license number so we thought there was nothing we could do.

ADDRESS OF WITNESS 48 Wilson St Stokers Ohio 44471	PHONE 330 755-0090
SIGNATURE OF WITNESS Rosann Wilson	OFFICERS SIGNATURE D/S Robert D De

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-057525	REPORTING AGENCY Youngstown P.O.	DATE OF CRASH M 8 10 2 / 07
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I, John Ord (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

J. BOUNDS (OFFICER'S NAME) AT 1600 Blk Thalia (LOCATION)

On Thurs 8-2, I heard a loud thump and looked up to see a 2 door Ford pickup going east on Thalia left of center missing a drivers side mirror. he hit the brown van. then drove off into STRUTHERS

ADDRESS OF WITNESS <u>John Ord</u>	PHONE 350 598 9254
SIGNATURE OF WITNESS <u>John Ord</u>	OFFICER'S SIGNATURE <u>J. Bounds</u>
<u>1661 Thalia Ave Youngstown</u>	