

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
07-059059

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
2

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER  
X IF YES

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
Youngstown Police

# UNITS  
02

UNIT ERROR  
02  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
08082007

TIME OF CRASH DAY OF WEEK CITY\* VILLAGE\* TWP\* NAME (OF CITY, VILLAGE OR TOWNSHIP)\* COUNTY # \* LATITUDE LONGITUDE  
1523 WED / / / Youngstown 50

CRASH OCCURRED ON: PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
US 422 03 1 NAMED STREET 3 NUMBERED ROUTE OAK ST.

ATT REFERENCE: LAST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED LOCAL INFORMATION  
10-N Lansdowne Blvd 02 01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECTION 2 STREETS 06 MILE POST 09 DRIVEWAY  
03 COUNTY LINE 07 CORPORATION LIMIT 10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
A 01 01 FULLER II, Ronald W.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
4229 New Rd. Youngstown, Ohio 44515

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
11051984 22 M 330 381-7832

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 5H565394 OH PFM2763 1 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)  
KL Lipton Dist. LLC 491 McClurg Rd. Youngstown, Ohio 44512

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2007 Freightliner White Grange 629-8724

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
B 02 02 Lebron, Olga M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
456 SANDERSON AVE Campbell, Ohio 44605

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
04051967 40 F 330 261-4442

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 RL414640 OH DSC8084 2 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)  
SAME 44605

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1994 FORD MUSTANG DR. GREEN Founders Ludt's

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C 02 NUNEZ, Melony A. 261-4442 07091988 19 F

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
456 SANDERSON AVE Campbell, Ohio 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

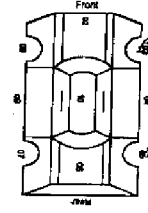
UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
D

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

Motorist/Non-Motorist

Occupant

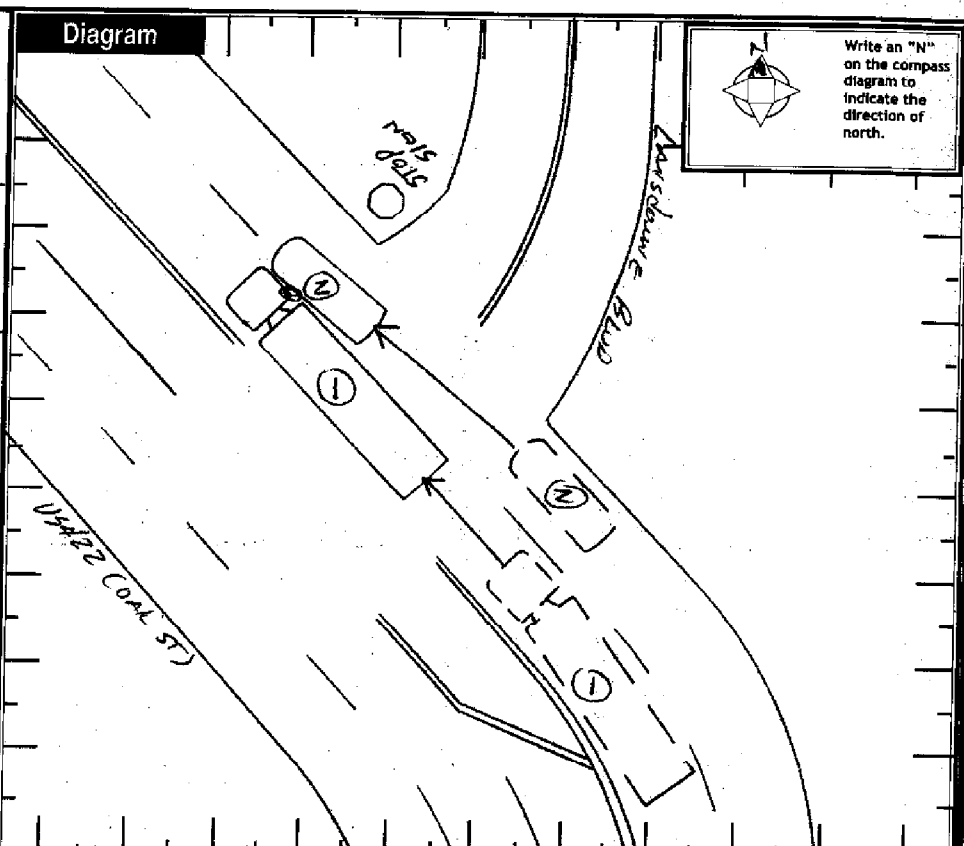
01 A	SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	07 A	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	1 A	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4 A	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 A	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 A	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 A	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON- INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text" value="03"/>	<b>SEQUENCE OF EVENTS:</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>29</td><td>20</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	A	B	29	20																	<b>POSTED SPEED</b> <input type="text" value="35"/> <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1A"/> <input type="text" value="1B"/>
A	B																								
29	20																								
<b>NON-MOTORIST LOCATION</b> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST DAMAGED AREA</b> <input type="text" value="04"/> <input type="text" value="08"/>	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 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 <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATION/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	<b>TRAFFIC CONTROL</b> <input type="text" value="12"/> <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>																				
<b>TYPE OF UNIT</b> <input type="text" value="13"/> <input type="text" value="03"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="09"/>	<b>MOTORIST</b> 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 INEBRIETY/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 <b>NON-MOTORIST</b> 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	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="7A"/> <input type="text" value="6B"/> <input type="text" value="7A"/> <input type="text" value="6B"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>																				
<b>MOTORIST</b> 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 (BOSTAIL) 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 <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="04"/> <input type="text" value="08"/>	<b>VEHICLE DEFECT</b> CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>CONDITION</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>																				
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ACTION</b> <input type="text" value="4A"/> <input type="text" value="3B"/>	<b>STRIKING VEHICLE:</b> OVERLIDE / UNDERLIDE <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>OCURRENCE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>																				
<b>DAMAGE SCALE</b> <input type="text" value="2A"/> <input type="text" value="3B"/>	<b>ROAD CONTOUR</b> <input type="text" value="3A"/> <input type="text" value="3B"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value="01"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="1A"/> <input type="text" value="1B"/>	<b>ROAD CONDITIONS</b> D1 DRY D2 WET D3 SNOW D4 ICE D5 SAND, MUD, DIRT, OIL, GRAVEL D6 WATER (STANDING, MOVING) D7 SLUSH D8 DEBRIS** D9 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** D10 OTHER D11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																				
<b>Supplement #</b> <input type="text" value=""/> <input type="text" value=""/>	<b>Local Report #</b> <input type="text" value="07-059059"/>	<b>TOP COPY - ODPS      BOTTOM COPY - AGENCY</b>																							

**Narrative**

DRIVER OF UNIT #1 STATES HE WAS N/B WHEN UNIT #2 ATTEMPTED TO CHANGE LANES, STRIKING HIS VEHICLE. DRIVER OF UNIT #2 STATES SHE WAS ATTEMPTING TO CHANGE LANES AND DID NOT SEE UNIT #1 COMING. UPON DOING SO, SHE WAS STRUCK. DRIVER OF UNIT #2 WANTED TO ASCERTAIN SAFETY BEFORE LANE CHANGE. NO CITATIONS ISSUED AT THIS TIME.

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



<b>Truck/Bus</b> 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.	A <input type="checkbox"/> N <input type="checkbox"/> 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) _____ COMPANY PHONE _____		
ADDRESS (STREET, CITY, ST, ZIP CODE) _____		

US DOT	ICC #C	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DR.
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	<input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08	<input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>CDL Class</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08082007	1523	1523	1527	1630	20	82
OFFICER'S NAME*	BADGE # *	CHECKED BY	DATE REPORT FILED *			
M. LEE	1049	D/S R. Dechman	08092007			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT "X" IF YES *	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION 3 OTHER		07-059059			

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-059059	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 8 10 3 1Y07
IN COUNTY OF MAH-00	CRASH LOCATION US 422 (near Lansdowne)	

Ref. Unit #1:

Power Unit: PFM2763 (OH) 2007 Freightliner Tractor  
VIN# 1FU0CXCS47HY06630 / TK # T-12-6

Trailer unit: TNV2534 (OH) 2006 Mack Bee Trailer  
VIN# 5CWRA33146H068872 / TR # TR-12

Driver: Ronald W. Fuller II w/CLASS A CDL

(Vehicle: unit #1) (3) total AXLES (1) STEER (1) DRIVE (1)  
Trailer axle)

- Digital photos of crash damage are file.

OFFICER'S SIGNATURE

X

(M. Lee)

BADGE NUMBER

1048

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-059054	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 8 / D 3 / Y 07
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Driver Unit #1

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, A Ronald W Fuller II (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Off. M. Lee #1048 (OFFICERS NAME) AT L. Oak / Kearsdowne (LOCATION)

I was Driving Down Left Lane on 2 Lane 422 when the car in the Right lane next to me swerved into my lane and Hit the front Right Side of my tractor

ADDRESS OF WITNESS 4229 New Rd. Austinsdown OH 44515	PHONE 18817832
SIGNATURE OF WITNESS <u>A Ronald Fuller</u>	OFFICERS SIGNATURE <u>[Signature]</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

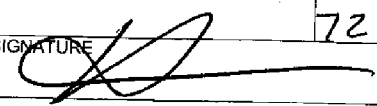
OH-3 REV 1/82

LOCAL REPORT NUMBER 07-089054	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH 10/28/07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Roy D. Paifer Jr (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Off. M. Lee #1049 (OFFICERS NAME) AT Lansdowne and Oak St (LOCATION)

I SAW A VEHICLE WEAVE INTO THE LEFT HAND LANE AND COME IN CONTACT WITH A COMBINATION VEHICLE, AND THEN DRIFT BACK INTO THE RIGHT HAND LANE.

ADDRESS OF WITNESS P.O. Box 6735 YG. OH	PHONE 724-312-1160
SIGNATURE OF WITNESS Roy D. Paifer Jr	OFFICERS SIGNATURE 

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-059059	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH 08 / 05 / 07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JACQUELYN BOWMAN (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Off. M. Lee #1040 (OFFICERS NAME) AT LANDSDOWN # 422 (McARTHR) (LOCATION)

I WAS BEHIND THE CAR AND BUD LIGHT TRUCK WAS TO MY LEFT. CAR IN FRONT OF ME DRIFTED INTO LEFT LANE IN DIRECT FRONT OF BUD LIGHT TRUCK.

ADDRESS OF WITNESS 513 DEVITT AVE, CAMPBELL OHIO	PHONE 330-755-1710
SIGNATURE OF WITNESS <u>Jacquelyn Bowman</u>	OFFICERS SIGNATURE <u>[Signature]</u>