

TRAFFIC CRASH REPORT



LOCAL REPORT # *
07-0608841

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 'X' IF YES

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

PHOTOS TAKEN
 'X' IF YES

OH-2 OH-3 OH-1P OTHER

NCIC # *
05009

REPORTING AGENCY *
YOUNGSTOWN POLICE

UNITS
02

UNIT ERROR
02 00 = ANIMAL
09 = UNKNOWN

DATE OF CRASH *
08142007

TIME OF CRASH **2100** DAY OF WEEK **TUE** CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * **YOUNGSTOWN** COUNTY # * **50** LATITUDE LONGITUDE

CRASH LOCATION PREFIX **REEL AVE** TYPE LOC **1** TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 06 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 08 DRIVEWAY 10 STREET ON ROUTE W/O REFERENCE

UNIT # **A 01** # OF OCC. **1** NAME (LAST, FIRST, MIDDLE) **MORRIS, STACEY** ADDRESS (STREET, CITY, STATE, ZIP CODE) **2725 Volney Rd Youngstown, OH 44511**

SOCIAL SECURITY NUMBER **12251957** DATE OF BIRTH **11/25/1957** AGE **49** SEX **M** HOME PHONE # **3307880474** WORK PHONE #

DL STATE **OH** DL # **1** LP STATE **OH** LP # **1** INJURED TAKEN BY **2** 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY **RURAL METRO ST. E'S** 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

UNIT # **B 02** # OF OCC. **1** 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

UNIT # **C** 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

UNIT # **D** 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

Motorist/Non-Motorist

Occupant

SEATING POSITION 116 17B C D	SAFETY EQUIPMENT 08 07B C D	AIR BAG 5 6 C D	AIR BAG SWITCH 1A 1B C D	EJECTION 1A 1B C D	TRAPPED 1A 4B C D	INJURIES 4 6 C D
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	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 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

SUPPLEMENT *
 YES NO

UNIT NUMBERS
01 02

NON-MOTORIST LOCATION
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 42

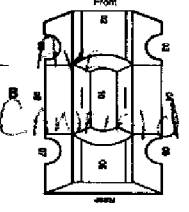
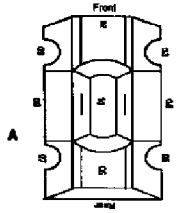
- MOTORIST**
 - 01 SUB-COMPACT
 - 02 COMPACT
 - 03 MID SIZE
 - 04 FULL SIZE
 - 05 MINIVAN
 - 06 SPORT UTILITY VEHICLE
 - 07 PICKUP
 - 08 PANEL/VAN
 - 09 SINGLE UNIT TRUCK, 2 AXLES/4 TIRES
 - 10 SINGLE UNIT TRUCK, 3+ AXLES
 - 11 TRUCK/TRAILER
 - 12 TRUCK TRACTOR (BOSTAL)
 - 13 TRACTOR/SEM-TRAILER
 - 14 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/DRIVER
 - 36 ANIMAL W/DRUG
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

IN EMERGENCY RESPONSE
1 3

DAMAGE SCALE
6 6

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

DAMAGE AREA



MOST DAMAGED AREA
14 15

- 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 15

- 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 2

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

- 1 NO UNDERIDE OR OVERIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

10 14

- 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
26 22

- 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

1 1 1 1

- 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 20 B 14

- NON-COLLISION**
 - 01 OVERTAKING/FOLLOWER
 - 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/ILLUMINATED SUPPORT
 - 36 UTILITY POLE
 - 37 OTHER POST, POLE OR SUPPORT
 - 38 CURB
 - 39 CURB
 - 40 DITCH
 - 41 EMBANKMENT
 - 42 FENCE
 - 43 MAILBOX
 - 44 TREE
 - 45 OTHER FIXED OBJECT
 - 46 WORK ZONE MAINTENANCE EQUIPMENT
 - 47 UNKNOWN FIXED OBJECT
 - 48 OTHER
 - 49 UNKNOWN

FIRST HARMFUL EVENT
1 1

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

MOST HARMFUL EVENT
1 1

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

SPEED DETECTED
2 2

SPEED
10 10

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 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, MISSING, OBSCURED
- 16 OTHER

DIRECTION

21 21

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

CONDITION

1 8

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1 1

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HEAD 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/UNRELIABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

1 1

- 1 NONE
- 4 BREATH
- 2 BLOOD
- 5 OTHER
- 3 URINE

ALCOHOL TEST RESULT

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

DRUG TEST STATUS

1 1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1 1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

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

03

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

ROAD CONTOUR

1

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS

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 A X IF YES LOCAL REPORT # 07-060884

Narrative

UNIT 1 WAS WALKING ON ROADWAY NORTH BOUND ON REEL AVE. UNIT 2 TRAVELLED NORTH BOUND ON REEL AVE AND STRUCK UNIT 1. UNIT 2 THEN FLEW THE SCENE IN AN UNKNOWN DIRECTION.

DRAWN NOT TO SCALE

<p>MANNER OF COLLISION OR IMPACT</p> <p><input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT</p> <p><input type="checkbox"/> 2 REAR-END</p> <p><input type="checkbox"/> 3 HEAD-ON</p> <p><input type="checkbox"/> 4 REAR-TO-REAR</p> <p><input type="checkbox"/> 5 BACKING</p> <p><input type="checkbox"/> 6 ANGLE</p> <p><input type="checkbox"/> 7 SIDESWIP, SAME DIRECTION</p> <p><input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION</p> <p><input type="checkbox"/> 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES, DIRECTLY INVOLVED</p> <p><input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED</p> <p><input type="checkbox"/> 4 UNKNOWN</p>	<p>Diagram</p> <p>CANFIELD Rd →</p> <p>REEL AVE</p> <p>(2) (2) (2) (2) (2)</p> <p>01 01</p>	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>
<p>WEATHER</p> <p><input type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input type="checkbox"/> 04 RAIN</p> <p><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)</p> <p><input type="checkbox"/> 06 SNOW</p> <p><input type="checkbox"/> 07 SEVERE CROSSWINDS</p> <p><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW</p> <p><input type="checkbox"/> 09 OTHER</p> <p><input type="checkbox"/> 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p>		<p>TYPE OF WORK ZONE</p> <p><input type="checkbox"/> 1 LANE CLOSURE</p> <p><input type="checkbox"/> 2 LANE SHIFT/CROSSOVER</p> <p><input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN</p> <p><input type="checkbox"/> 4 INTERMITTENTLY MOVING WORK</p> <p><input type="checkbox"/> 5 OTHER</p>
<p>WEATHER</p> <p><input type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input type="checkbox"/> 04 RAIN</p> <p><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)</p> <p><input type="checkbox"/> 06 SNOW</p> <p><input type="checkbox"/> 07 SEVERE CROSSWINDS</p> <p><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW</p> <p><input type="checkbox"/> 09 OTHER</p> <p><input type="checkbox"/> 10 UNKNOWN</p>	<p>WEATHER</p> <p><input type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input type="checkbox"/> 04 RAIN</p> <p><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)</p> <p><input type="checkbox"/> 06 SNOW</p> <p><input type="checkbox"/> 07 SEVERE CROSSWINDS</p> <p><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW</p> <p><input type="checkbox"/> 09 OTHER</p> <p><input type="checkbox"/> 10 UNKNOWN</p>	<p>WEATHER</p> <p><input type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input type="checkbox"/> 04 RAIN</p> <p><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)</p> <p><input type="checkbox"/> 06 SNOW</p> <p><input type="checkbox"/> 07 SEVERE CROSSWINDS</p> <p><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW</p> <p><input type="checkbox"/> 09 OTHER</p> <p><input type="checkbox"/> 10 UNKNOWN</p>	<p>WEATHER</p> <p><input type="checkbox"/> 01 CLEAR</p> <p><input type="checkbox"/> 02 CLOUDY</p> <p><input type="checkbox"/> 03 FOG, SMOG, SMOKE</p> <p><input type="checkbox"/> 04 RAIN</p> <p><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)</p> <p><input type="checkbox"/> 06 SNOW</p> <p><input type="checkbox"/> 07 SEVERE CROSSWINDS</p> <p><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW</p> <p><input type="checkbox"/> 09 OTHER</p> <p><input type="checkbox"/> 10 UNKNOWN</p>

<p>Truck/Bus</p> <p>UNIT #</p> <p><input type="checkbox"/></p>	<p>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</p>	<p>AND</p> <p>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.</p>
<p>COMPANY (FROM SHIPPING PAPERS)</p> <p><input type="checkbox"/></p>	<p>COMPANY PHONE</p> <p><input type="checkbox"/></p>	<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p> <p><input type="checkbox"/></p>

<p>US DOT</p> <p><input type="checkbox"/></p>	<p>ICC MC</p> <p><input type="checkbox"/></p>	<p>PUCO</p> <p><input type="checkbox"/></p>	<p>TRAILER LP ST.</p> <p><input type="checkbox"/></p>	<p>TRAILER LP YEAR</p> <p><input type="checkbox"/></p>	<p>TRAILER LP #</p> <p><input type="checkbox"/></p>	<p>PLACARD #</p> <p><input type="checkbox"/></p>	<p>PLACARD #</p> <p><input type="checkbox"/></p>
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE</p> <p><input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)</p> <p><input type="checkbox"/> 03 VAN/ENCLOSED BOX</p> <p><input type="checkbox"/> 04 GRAB/CRIBS/GRAVEL</p>	<p><input type="checkbox"/> 05 POLE</p> <p><input type="checkbox"/> 06 CARGO TANK</p> <p><input type="checkbox"/> 07 FLATBED</p> <p><input type="checkbox"/> 08 DUMP</p>	<p><input type="checkbox"/> 09 CONCRETE MIXER</p> <p><input type="checkbox"/> 10 AUTO TRANSPORTER</p> <p><input type="checkbox"/> 11 GARBAGE/REFUSE</p> <p><input type="checkbox"/> 12 OTHER</p> <p><input type="checkbox"/> 13 UNKNOWN</p>	<p>Weight (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000</p> <p><input type="checkbox"/> 2 10,001 - 26,000</p> <p><input type="checkbox"/> 3 MORE THAN 26,000</p>	<p>CDL Class</p> <p><input type="checkbox"/> 1 CLASS A</p> <p><input type="checkbox"/> 2 CLASS B</p> <p><input type="checkbox"/> 3 CLASS C</p> <p><input type="checkbox"/> 4 CLASS M</p> <p><input type="checkbox"/> 5 CLASS D</p>	<p>Hazardous Materials Placard</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p>	<p>Hazardous Materials Released</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 NOT APPLICABLE</p> <p><input type="checkbox"/> 4 UNKNOWN</p>	

Police Action

DATE CRASH REPORTED: 08/14/2007 2111

DISPATCH: 2112

ARRIVED: 2119

CLEARED: 2220

OFFICER'S NAME: CARTER

CHECKED BY: D/S R. Deichman

DATE REPORT FILED: 08/17/2007

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 STATION

09-0160884

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-060884	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 8 14 11 07
IN COUNTY OF Mahoning	CRASH LOCATION Reel @ Canfield	

8-15-07 Assigned case, went to scene, observed no debris or other physical evidence. Made attempt to contact victim with negative results.

8-27-07 Attempted to contact victim (0845 hrs.) no answer

9-14-07 Victim unable to provide any description of suspect auto - case filed as unsolved

OFFICER'S SIGNATURE

BADGE NUMBER