

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
07-061124

CRASH SEVERITY  
2 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.# \*  
05009

REPORTING AGENCY \*  
Youngstown PD

# UNITS  
02

UNIT ERROR  
02 98 - ANIMAL  
99 - UNKNOWN

DATE OF CRASH \*  
08152007

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1907 WED X Youngstown 50

CRASH OCCURRED ON PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
Overland 1 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

REFERENCE POINT USED 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
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

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
A 01 01 Woods, Kuntre N.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
139 W. Chalmers Youngstown, OH 44507

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
11231986 21 F 330 783-0052

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 SL851812 OH EU27BE 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Woods Leasing 360 Mill Dr. Girard OH 44420

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2000 Chevy Cavalier Tan Victoria Lucts

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

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
B 02 01 Harris, Tawanna L.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
354 W. Murtle Youngstown, OH 44511

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
12051977 30 F 330 207-2708

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 R1407443 OH DPX5147 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE Rural Metro St Elizabeth

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
"SAME"

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1994 Pontiac Grand Am green Lucts

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

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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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 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  
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

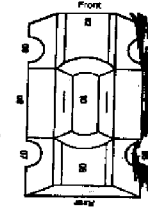
AIR BAG  
1 NOT-DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN

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 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

<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="04"/> <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>2</td><td>0</td><td>9</td></tr> <tr><td>B</td><td>2</td><td>0</td><td>9</td></tr> <tr><td></td><td></td><td>3</td><td></td></tr> <tr><td></td><td></td><td>4</td><td></td></tr> </table>	A	2	0	9	B	2	0	9			3				4		<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	2	0	9																		
B	2	0	9																		
		3																			
		4																			
<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="02"/>	<b>MOTORIST</b> 01 MOVEMENT'S 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 HARBORING 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 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	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>																
<b>TYPE OF UNIT</b> <input type="text" value="02"/> <input type="text" value="02"/>	<b>POINT OF IMPACT</b> <input type="text" value="03"/> <input type="text" value="02"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="09"/> <input type="text" value="02"/>	<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 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING 10 IMPROPER START FROM PARKED POSITION 11 STOPPED OR PARKED ILLEGALLY 12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WAID, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 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>DIRECTION</b> FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="4"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/>																
<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 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOSTAL) 14 TRACTOR/SEM-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORIZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAM 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BOGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/>																
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>STRIKING VEHICLE? OVERRIDE/ UNDERIDE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text" value="4"/>	<b>STRIKING VEHICLE? OVERRIDE/ UNDERIDE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/>	<b>SPEED DETECTED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>																
<b>DAMAGE SCALE</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>STRIKING VEHICLE? OVERRIDE/ UNDERIDE</b> 01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>SPEED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <input type="text" value="01"/> <input type="text" value=""/>																
		<b>LOCAL REPORT # **</b> <input type="text" value="07-061124"/>		<b>SUPPLEMENT * "X" if Yes</b> <input type="text" value=""/>																	

**Narrative**

unit 01 was traveling north bound on Overland when it attempted to pass a van that was turning east onto Myrtle from Overland. Unit 02 was stopped at Myrtle headed west when it saw the van, turn it continued west failing to see unit 01 and striking unit 01.

**MANNER OF COLLISION OR IMPACT**

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWIPE, SAME DIRECTION
- SIDESWIPE, OPPOSITE DIRECTION
- UNKNOWN

**SCHOOL BUS RELATED**

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

**WORK ZONE RELATED**

1

- NO
- YES
- UNKNOWN

**TYPE OF WORK ZONE**

1

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

**LOCATION OF CRASH IN WORK ZONE**

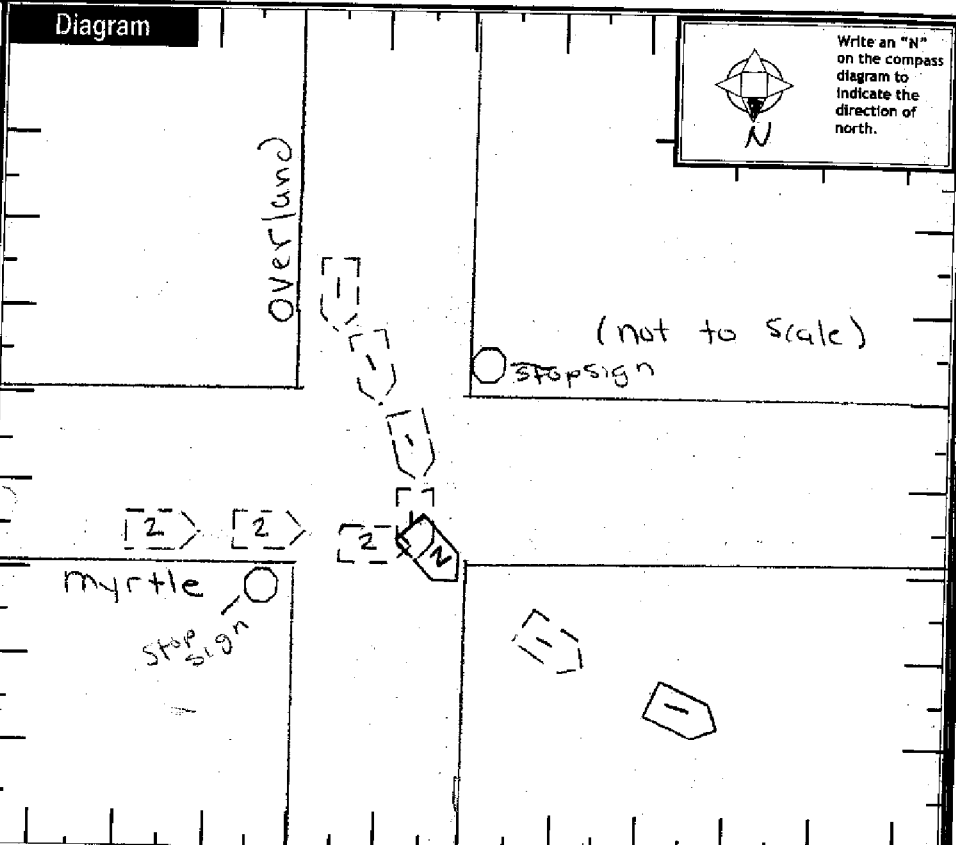
1

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

**WORKERS PRESENT**

1

- NO
- YES
- UNKNOWN



**WEATHER**

02

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSINGS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

**LIGHT CONDITIONS**

PRIMARY:  1  
SECONDARY:  1

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN

**Truck/Bus**

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
 A BUS DESIGNED FOR AT LEAST 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.

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 #:  # DIS:

**CARGO BODY TYPE**

<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 09 CONCRETE MIXER
<input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER)	<input type="checkbox"/> 06 CARGO TANK	<input type="checkbox"/> 10 AUTO TRANSPORTER
<input type="checkbox"/> 03 VAN/ENCLOSED BOX	<input type="checkbox"/> 07 FLATBED	<input type="checkbox"/> 11 GARBAGE/REFUSE
<input type="checkbox"/> 04 GRAM/CHP/GRAVEL	<input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 12 OTHER
		<input type="checkbox"/> 13 UNKNOWN

**Weight (GVWR)**

1 LESS/EQUAL 10,000  
 2 10,001 - 25,000  
 3 MORE THAN 25,000

**CDL Class**

1 CLASS A  
 2 CLASS B  
 3 CLASS C  
 4 CLASS M  
 5 CLASS D

**Hazardous Materials Placard**

1 NO  
 2 YES  
 3 UNKNOWN

**Hazardous Materials Released**

1 NO  
 2 YES  
 3 NOT APPLICABLE  
 4 UNKNOWN

**Police Action**

DATE CRASH REPORTED: 08152607 TIME REC CALL: 11907 DISPATCH: 1909 ARRIVED: 1912 CLEARED: 2100 OTHER: TOTAL MINUTES: 113

OFFICER'S NAME: S. O'H BADE # #: 11113 CHECKED BY: D/S R. Deichman DATE REPORT FILED #: 08162007

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

SUPPLEMENT 'X' IF YES:  LOCAL REPORT #: 07-061124

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-061124	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 08 10 15 1Y 07
IN COUNTY OF Mahoning	CRASH LOCATION Overland and W. Myrtle	

Witness did leave his name and number, but a formal statement was not taken at this time.

Kenneth Johnson  
330-788-0462

OFFICER'S SIGNATURE  
X [Signature]

BADGE NUMBER  
1113