

TRAFFIC CRASH REPORT



CRASH REPORT # **07-061705**

CRASH SEVERITY **3**
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

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

PHOTOS TAKEN

OH-2 OH-3 OH-1P OTHER

POLICE # **05009**

REPORTING AGENCY # **YOUNGSTOWN POLICE**

OFFICER # **01**

DATE OF CRASH **07 07**

TIME OF CRASH **08 17 2007**

CRASH NO. **2046**

DAY OF WEEK **FRI**

TYPE **X**

NAME (OF CITY, VILLAGE OR TOWNSHIP) # **YOUNGSTOWN**

SECTION **50**

LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION **U.S. 422 EAST BOUND**

TYPE LOC **3** TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION **MADISON AVENUE EXPRESSWAY**

REFERENCE DIST REFERENCE DR PREFIX REFERENCE **WICK AVENUE** REF POINT **02**

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

LOCAL INFORMATION
04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

A 0101 NAME (LAST, FIRST, MIDDLE) **HARTMAN, TIMOTHY L**
ADDRESS (STREET, CITY, STATE, ZIP CODE) **403 LANSING YOUNGSTOWN OHIO 44506**

HOME PHONE # **0428195453** m WORK PHONE #

TRANSPORTED BY **3307462946** INJURED TAKEN TO

DL STATE DL # **OH RR316765**

LP STATE LP # **OH EDK8166**

INJURED TAKEN BY **1**
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

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

YEAR **1987** MAKE **CHEVY** MODEL **CORVETTE** COLOR **RED** INSURANCE COMPANY **STATE FARM** TOWING SERVICE **GOBILS** OWNER PHONE # **"SAME"**

OFFENSE CHARGED **333.08** OFFENSE DESCRIPTION **OPERATED WITHOUT REASONABLE CONTROL** I **31686** X

NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE) 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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION

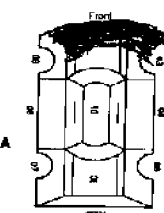
NAME (LAST, FIRST, MIDDLE) HOME PHONE # ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) HOME PHONE # 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 | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
|---|------------------------|------------------------------|---------------------|-----------------------|--------------------------------------|------------------------|
| 01 FRONT - LEFT (MC DRIVER) | 01 None Used | 5 1 NOT-DEPLOYED | 1 1 NOT PRESENT | 1 1 NOT EJECTED | 1 1 NOT TRAPPED | 1 1 NO INJURY |
| 02 FRONT - MIDDLE | 02 SHOULDER BELT ONLY | 2 2 DEPLOYED-FRONT | 2 2 IN ON POSITION | 2 2 TOTALLY EJECTED | 2 2 EXTINGUISHED BY MECHANICAL MEANS | 2 2 POSSIBLE |
| 03 FRONT - RIGHT | 03 LAP BELT ONLY | 3 3 DEPLOYED-SIDE | 3 3 IN OFF POSITION | 3 3 PARTIALLY EJECTED | 3 3 FREED BY NON-MECHANICAL MEANS | 3 3 NON-INCAPACITATING |
| 04 SECOND - LEFT (MC PASS) | 04 SHOULDER/LAP BELT | 4 4 DEPLOYED BOTH FRONT/SIDE | 4 4 UNKNOWN | 4 4 NOT APPLICABLE | 4 4 UNKNOWN | 4 4 INCAPACITATING |
| 05 SECOND - MIDDLE | 05 CHILD SAFETY SEAT | 5 5 NOT APPLICABLE | | 5 5 UNKNOWN | | 5 5 FATAL INJURY |
| 06 SECOND - RIGHT | 06 MC HELMET USED | 6 6 UNKNOWN | | | | 6 6 UNKNOWN |
| 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) | 07 USE UNKNOWN | | | | | |
| 08 THIRD - MIDDLE | 08 None Used | | | | | |
| 09 THIRD - RIGHT | 09 HELMET USED | | | | | |
| 10 SLEEPER SECTION OF CAB | 10 PROTECTIVE PADS | | | | | |
| 11 ENCLOSED CARGO AREA | 11 REFLECTIVE CLOTHING | | | | | |
| 12 UNENCLOSED CARGO AREA | 12 LIGHTING | | | | | |
| 13 TRAILING UNIT | 13 OTHER | | | | | |
| 14 EXTERIOR | 14 UNKNOWN | | | | | |
| 15 OTHER | | | | | | |
| 16 NON-MOTORIST | | | | | | |
| 17 UNKNOWN | | | | | | |

| | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|---|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|---|
| UNIT NUMBERS <input type="text" value="01"/> <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=""/> | SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="30"/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> </table> | A | B | <input type="text" value="30"/> | <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="50"/> <input type="text" value=""/> <input type="text" value=""/> | DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> |
| A | B | | | | | | | | | | | | | | | | |
| <input type="text" value="30"/> | <input type="text" value=""/> | | | | | | | | | | | | | | | | |
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| <input type="text" value=""/> | <input type="text" value=""/> | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | MOST DAMAGED AREA <input type="text" value="07"/> <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 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 | NON-COLLISION 01 OVERTURN/ROLL-OVER 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 PIEN 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 | TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value=""/> <input type="text" value=""/> | DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | | | | | |
| TYPE OF UNIT <input type="text" value="04"/> <input type="text" value=""/> <input type="text" value=""/> | POINT OF IMPACT <input type="text" value="07"/> <input type="text" value=""/> <input type="text" value=""/> | CONTRIBUTING CIRCUMSTANCES <input type="text" value="13"/> <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/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 | DIRECTION <input type="text" value="43"/> <input type="text" value=""/> <input type="text" value=""/> | DRUG TEST 1&2 RESULT <input type="text" value="112"/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | | | | | |
| 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 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/RIDER 36 ANIMAL W/BUCKET 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN | ACTION <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> | VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> | CONDITION <input type="text" value="1A"/> <input type="text" value=""/> <input type="text" value=""/> | ALCOHOL/DRUG SUSPECTED <input type="text" value="1A"/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | | | | | |
| IN EMERGENCY RESPONSE <input type="text" value="1"/> <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=""/> | VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> | ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> | ALCOHOL/DRUG SUSPECTED <input type="text" value="1A"/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | | | | | |
| DAMAGE SCALE <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> | VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | SPEED DETECTED <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> | ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> | ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | | | | | |
| DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | SPEED <input type="text" value="40"/> <input type="text" value=""/> <input type="text" value=""/> | ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | ROAD CONTOUR <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> | | | | | | | | | | | | |

07-061705

Narrative

DRIVER OF UNIT #1 STATED THAT HE WAS ENTERING THE TRAFFICWAY OFF OF WICK AVENUE E/B ONTO ILS 422 (HUMPHREY AVENUE EXPRESSWAY) WHEN HE LOST CONTROL AND STRUCK THE SOUTH GUARDRAIL.

MANNER OF COLLISION OR IMPACT

1

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-END
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 BACKING
- 6 ANGLE
- 7 SIDESWPE, SAME DIRECTION
- 8 SIDESWPE, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

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

LIGHT CONDITIONS

4

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

SCHOOL BUS RELATED

1

- 1 NO
- 2 YES, DIRECTLY INVOLVED
- 3 YES, INDIRECTLY INVOLVED
- 4 UNKNOWN

WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

TYPE OF WORK ZONE

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

1

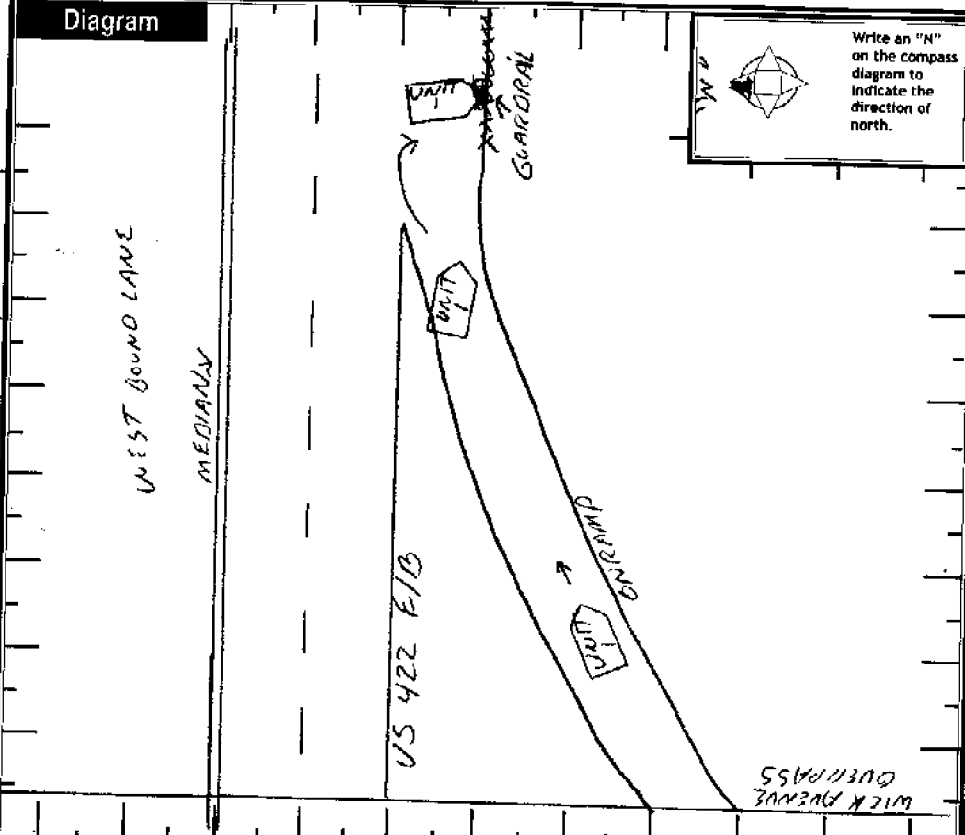
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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.

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 MC _____ PUCD _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____

CARGO BODY TYPE
 01 NOT APPLICABLE
 02 BUS (9-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAM/CHIPS/GRAVEL
 05 POLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAGE/REFUSE
 12 OTHER
 13 UNKNOWN

Weight (GVWR)
 1 LESS/EQUAL 10,000
 2 10,001 - 26,000
 3 MORE THAN 26,000

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

DISPATCH: 081720072046
 ARRIVED: 2051
 CLEARED: 2101
 OTHER: 2151
 OFFICER'S NAME: M. MARCIANO
 CHECKED BY: [Signature]
 DATE REPORT FILED: 08182007
 REPORT TAKEN BY: 1 POLICE AGENCY
 REPORT TAKEN AT: 1 SCENE
 2 STATION
 3 OTHER
 07-061705