

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
07-062485

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
4

PRIVATE PROPERTY  
X (YES)  
IF (YES)

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

PHOTOS TAKEN  
X (YES)  
IF (YES)

OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY #  
05009

REPORTING AGENCY \*  
Youngstown P.D.

OFFICER #  
02

UNIT #  
02

DATE OF CRASH  
08212007

TIME OF CRASH DAY OF WEEK CITY STATE TYPIC NAME (OF CITY, VILLAGE OR TOWNSHIP) COUNTY # LATITUDE LONGITUDE  
0901 TUE V OH OH Youngstown 50

CRASH OCCURRED ON PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION  
Gypsy 1 1 NAMED STREET 3 NUMBERED ROUTE  
REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

UNIT # 01 OF OCC NAME (LAST, FIRST, MIDDLE) BUCCINO, CHRISTINA  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 620 SAUL DR. Hubbard, Ohio 44425  
DATE OF BIRTH 07121967 AGE 40 SEX F HOME PHONE # 330 534-5401 WORK PHONE #

DL STATE DL# OH RL407273 LP STATE LP# OH DAQ6395 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY N/A INJURED TAKEN TO  
OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2000 SATURN LS Blue The Cincinnati Wg N/A  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 02 OF OCC NAME (LAST, FIRST, MIDDLE) SWIGER, KRISTI L.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 2930 BAZETTA RD. Cortland, Ohio  
DATE OF BIRTH 12171985 AGE 22 SEX F HOME PHONE # 330 501-4230 WORK PHONE #

DL STATE DL# OH SJRS8583 LP STATE LP# OH AC11QX INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY N/A INJURED TAKEN TO  
OWNER NAME (IF SAME, WRITE "SAME") SWIGER, LARRY ADDRESS (STREET, CITY, STATE, ZIP CODE) 2930 BAZETTA RD. Cortland, Ohio

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2002 Chevrolet Cavalier Blue State Farm N/A  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES  
333.03(A) Assure clear Distance, Failed to I 35346

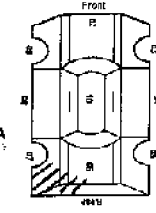
UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO  
1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

Motorist/Non-Motorist

Occupant

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 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 MECHANICAL 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	SUPPLEMENT * X IF YES
--	---	---	---	--	--	--	--------------------------

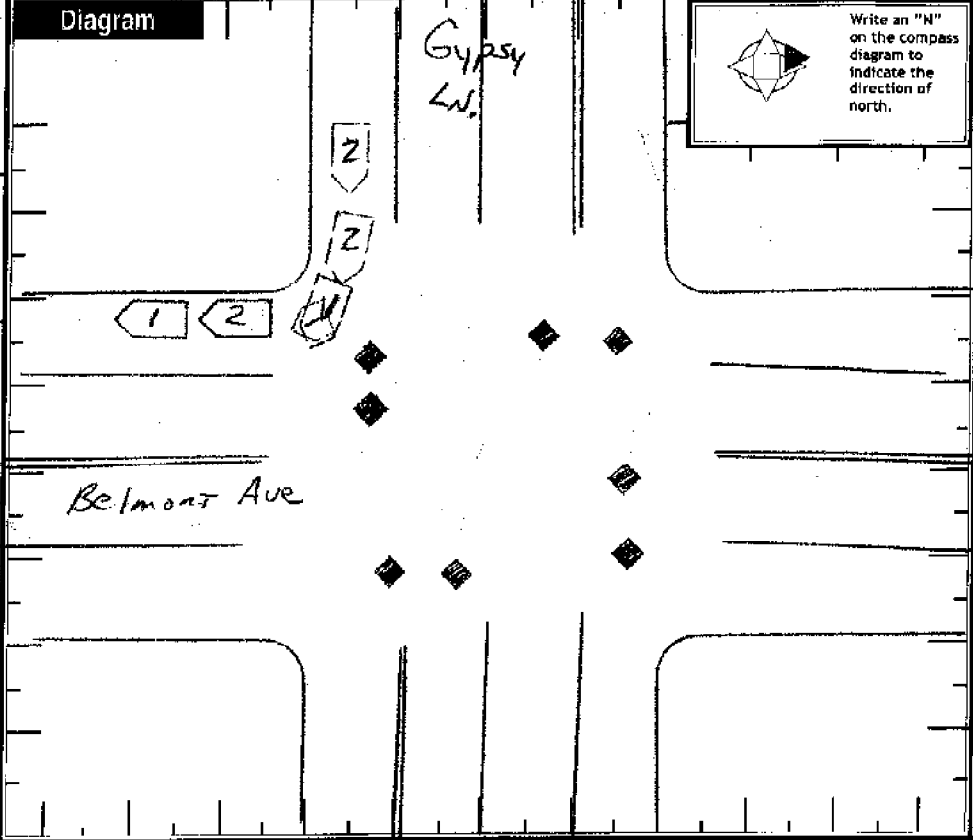
<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="05"/> <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>2</td><td>0</td></tr> <tr><td>B</td><td>2</td><td>0</td></tr> <tr><td></td><td>2</td><td></td></tr> <tr><td></td><td>3</td><td></td></tr> <tr><td></td><td>3</td><td></td></tr> <tr><td></td><td>4</td><td></td></tr> <tr><td></td><td>4</td><td></td></tr> </table>	A	2	0	B	2	0		2			3			3			4			4		<b>POSTED SPEED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	2	0																								
B	2	0																								
	2																									
	3																									
	3																									
	4																									
	4																									
<b>NON-MOTORIST LOCATION</b> <input type="text" value=""/> <input type="text" value=""/>		<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 IMMERSED 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/LUMINAIRE 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="04"/> <input type="text" value="04"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN																					
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	<b>MOST DAMAGED AREA</b> <input type="text" value="07"/> <input type="text" value="09"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="08"/>		<b>DIRECTION</b> From To From To <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="3"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>																					
<b>TYPE OF UNIT</b> <input type="text" value="03"/> <input type="text" value="03"/>				1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 UNKNOWN	<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 PANELVAN 09 SINGLE UNIT TRUCK 2 AXLES, 5 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/RESQIE 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 WRIDER 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="07"/> <input type="text" value="09"/>			<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/>	1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING																					
			<b>FIRST 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>TYPE OF INTERSECTION</b> <input type="text" value="02"/>																					
	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/>		<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>																					
<b>IN EMERGENCY RESPONSE</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 TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>																					
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text" value="2"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text" value="1"/> <input type="text" value="1"/>		<b>SPEED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value=""/> <input type="text" value=""/>	<b>ROAD CONDITIONS</b> Primary Secondary <input type="text" value="02"/> <input type="text" value=""/>																					
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	1 STATED 2 ESTIMATED SPEED	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	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																					
			<b>SPEED</b> <input type="text" value=""/> <input type="text" value=""/>	<b>LOCAL REPORT #</b> <input type="text" value="07-062485"/>																						

**Narrative**

Unit I stated she was traveling east bound on Gypsy attempting to turn right onto Belmont Avenue (south bound) when she was struck by Unit II in the rear. Unit II was behind Unit I traveling east bound on Gypsy AT Belmont, AND stated she slid into the rear end of Unit I.

WITNESS: Heidi SWIFT; 191 Wilson, Niles, Ohio (330 219-8631)

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
<b>WEATHER</b> <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL, (FREEZING RAIN, DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOTTING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
<b>LIGHT CONDITIONS</b> <b>PRIMARY</b> <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <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
<b>LOCATION OF CRASH IN WORK ZONE</b> <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	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN



<b>Truck/Bus</b> UNIT # <input type="checkbox"/> <input type="checkbox"/> COMPANY (FROM SHIPPING PAPERS) _____ ADDRESS (STREET, CITY, ST, ZIP CODE) _____ COMPANY PHONE _____	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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 8 PERSONS, INCLUDING DRIVER.	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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.
---	--	--

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLACARD #
CARGO BODY TYPE <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 GRAIN/CHIPS/GRAVEL <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	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	CDL Class <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	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

**Police Action**

DATE CRASH REPORTED: 08 21 2007    TIME REC CALL: 0901    DISPATCH: 0904    ARRIVED: 0909    CLEARED: 1020    OTHER:    TOTAL MINUTES: 71

OFFICER'S NAME: S. Wilson    BADGE # 997    CHECKED BY: P/S R. Deichman    DATE REPORT FILED: 08 21 2007

REPORT TAKEN BY:  1 POLICE AGENCY     2 MOTORIST    REPORT TAKEN AT:  1 SCENE     2 STATION     3 OTHER    SUPPLEMENT "X" IF YES:     LOCAL REPORT # X: 07-062485