

UNIT NUMBERS
 01 A 02 B

NON-MOTORIST LOCATION
 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
 03 A 04 B

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 TRAIN
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

NON-MOTORIST
 35 ANIMAL W/RIDER
 36 ANIMAL W/BUGGY
 37 BICYCLE
 38 PEDESTRIAN
 39 PEDALCYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

IN EMERGENCY RESPONSE
 1 NO
 2 YES
 3 UNKNOWN

DAMAGE SCALE
 4 A 5 B

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

DAMAGE AREA

MOST DAMAGED AREA
 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
 02 A 03 B

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
 3 A 4 B

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

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE
 7 A 8 B

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

PRE-CRASH ACTIONS
 01 A 02 B

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
 22 A 23 B

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
 IMPROPER BACKING
 10 IMPROPER START FROM PARKED POSITION
 11 STOPPED OR PARKED ILLEGALLY
 12 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
 14 FAILURE TO CONTROL
 15 VISION OBSTRUCTION
 16 DRIVER INATTENTION
 17 FATIGUE/ASLEEP
 18 OPERATING DEFECTIVE EQUIPMENT
 19 LOAD SHIFTING/FALLING/SPILLING
 20 OTHER IMPROPER ACTION
 21 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
 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

| | |
|----|---|
| 08 | 1 |
| 36 | 2 |
| | 3 |
| | 4 |

NON-COLLISION
 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

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/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

FIRST HARMFUL EVENT
 1 A 2 B

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

MOST HARMFUL EVENT
 2 A 3 B

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

SPEED DETECTED
 1 A 2 B

1 STATED
 2 ESTIMATED SPEED

SPEED
 1 A 2 B

POSTED SPEED
 35 A 36 B

TRAFFIC CONTROL
 12 A 13 B

01 NO CONTROLS
 02 STOP SIGN
 03 YIELD SIGN
 04 TRAFFIC SIGNAL
 05 TRAFFIC FLASHERS
 06 SCHOOL ZONE
 07 RAILROAD CROSSBUCKS
 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
 FROM TO FROM TO
 34 A 35 B

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

CONDITION
 8 A 9 B

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 A 2 B

1 NONE
 2 YES - ALCOHOL SUSPECTED
 3 YES - HBD NOT IMPAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL/DRUGS SUSPECTED
 6 UNKNOWN

ALCOHOL TEST STATUS
 1 A 2 B

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

ALCOHOL TEST TYPE
 1 A 2 B

1 NONE
 2 BLOOD
 3 URINE
 4 BREATH
 5 OTHER

ALCOHOL TEST RESULT
 1 A 2 B

DRUG TEST STATUS
 1 A 2 B

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

DRUG TEST TYPE
 1 A 2 B

1 NONE
 2 BLOOD
 3 URINE
 4 OTHER

DRUG TEST 1&2 RESULT
 1 A 2 B

1 NONE
 2 MARIJUANA
 3 COCAINE
 4 OPIATES
 5 AMPHETAMINES
 6 PCP
 7 OTHER
 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
 01 A 02 B

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
 6 A 7 B

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

ROAD CONTOUR
 1 A 2 B

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

ROAD CONDITIONS
 PRIMARY SECONDARY
 01 A 02 B

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 #
 YES NO

LOCAL REPORT #
 07-062972

Narrative

UNIT 1 WAS TRAVELING WEST BOUND ON US ROUTE 422. UNIT 1 RAN OFF THE ROADWAY RIGHT AND STRUCK A UTILITY POLE.

* 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 SIDESWIPE, SAME DIRECTION</p> <p><input type="checkbox"/> 8 SIDESWIPE, 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>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>LIGHT CONDITIONS</p> <p>PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p><input type="checkbox"/> 1 DAYLIGHT</p> <p><input type="checkbox"/> 2 DAWN</p> <p><input type="checkbox"/> 3 DUSK</p> <p><input type="checkbox"/> 4 DARK - LIGHTED ROADWAY</p> <p><input type="checkbox"/> 5 DARK - NOT LIGHTED</p> <p><input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING</p> <p><input type="checkbox"/> 7 GLARE</p> <p><input type="checkbox"/> 8 OTHER</p> <p><input type="checkbox"/> 9 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 INTERMITTENT/ MOVING WORK</p> <p><input type="checkbox"/> 5 OTHER</p> | | | |
| <p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN</p> <p><input type="checkbox"/> 2 ADVANCE WARNING AREA</p> <p><input type="checkbox"/> 3 TRANSITION AREA</p> <p><input type="checkbox"/> 4 ACTIVITY AREA</p> | <p>WORKERS PRESENT</p> <p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES</p> <p><input type="checkbox"/> 3 UNKNOWN</p> | | | |

| | | |
|--|--|---|
| <p>Truck/Bus</p> <p>UNIT # <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>A <input type="checkbox"/> N <input type="checkbox"/> D</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>COMPANY PHONE _____</p> |
| <p>ADDRESS (STREET, CITY, ST, ZIP CODE) _____</p> | | |

| | | | | | | | |
|--|--|---|--|--|--------------|-----------|-------|
| US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DR. |
| | | | | | | | |
| <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 GRAM/CHIPS/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

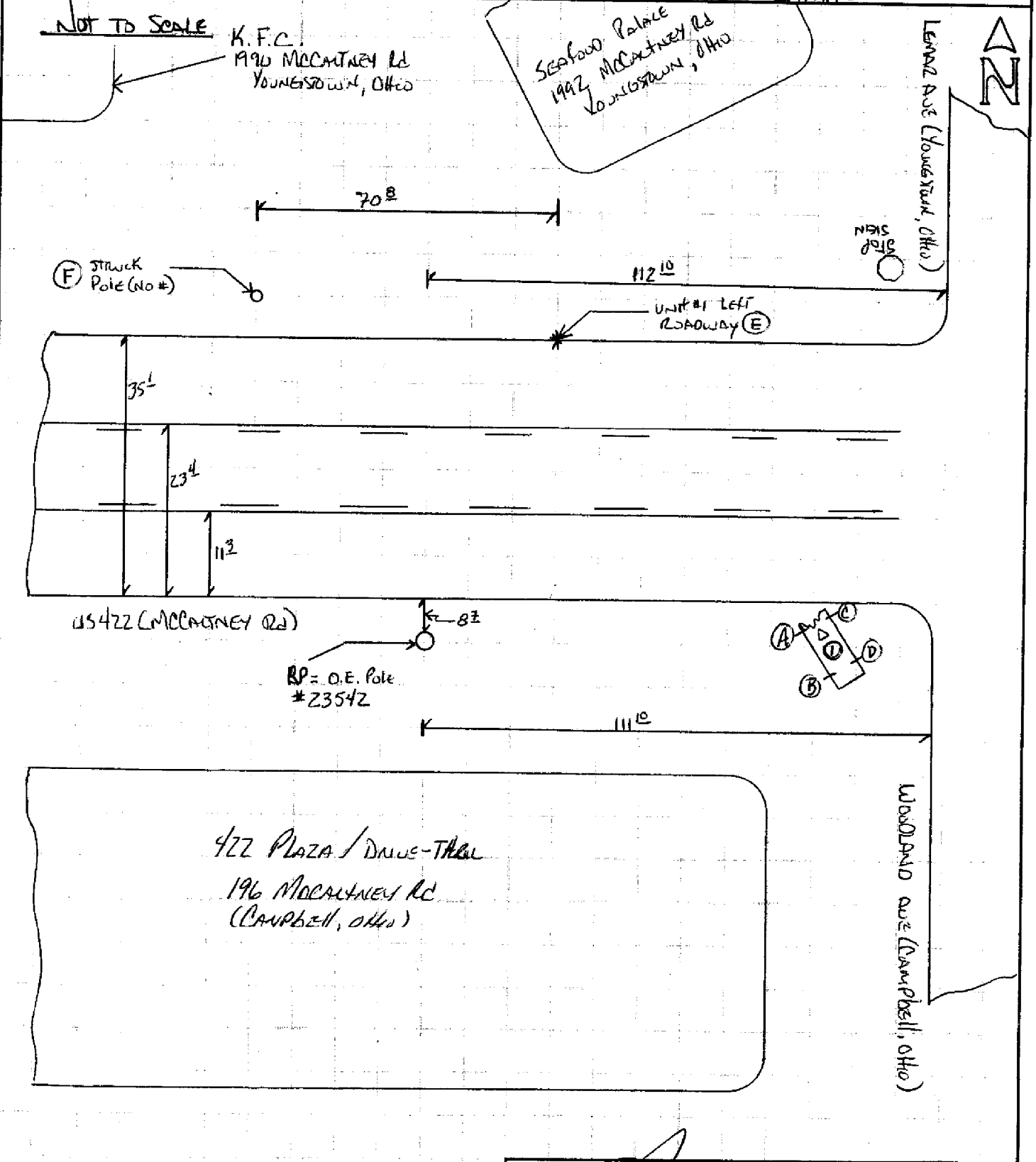
DATE CRASH REPORTED: 08 22 2007 TIME REC CALL: 2221 DISPATCH: 2222 ARRIVED: 2224 CLEARED: 0045 OTHER: TOTAL MINUTES: 144

OFFICER'S NAME: CARTER BADGE #: 1110 CHECKED BY: [Signature] DATE REPORT FILED: 08 23 2007

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT * IF YES: LOCAL REPORT # #: 07-062972

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

| | | |
|---|---|---|
| LOCAL REPORT NUMBER 07-062972 | REPORTING AGENCY Youngstown Police Dept. | DATE OF CRASH M 08 10 22 1907 |
| IN COUNTY OF MAH-SO | CRASH LOCATION US 422 (McCartney Rd) - Near Lamar | |



| | |
|---|-----------------------------|
| OFFICER'S SIGNATURE X <i>(M. Lee)</i> | BADGE NUMBER 1069 |
|---|-----------------------------|

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|----------------------------------|--|-----------------------------------|
| LOCAL REPORT NUMBER 07-062972 | REPORTING AGENCY YOUNGSTOWN POLICE DEPARTMENT | DATE OF CRASH M 08 10 22 10 07 |
|----------------------------------|--|-----------------------------------|

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

I, Mark D. Smith (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
A. CARTER (OFFICERS NAME) AT US ROUTE 422 (LOCATION)

We heard a loud bang came outside my business and seen a white car drifting backwards across the street into my parking lot. I checked him he was gasping for air & I called 911.

| | |
|--|--|
| ADDRESS OF WITNESS 373 Hyatt Ave Campbell, OH 44405 | PHONE 3307207718 |
| SIGNATURE OF WITNESS <i>Mark D. Smith</i> | OFFICERS SIGNATURE <i>A. Carter</i> #1110 |
| | 336755-1206 |

Field Measurement Key

Youngstown Police Department
 Accident Investigation Unit
 (330) 742-8946
07-062972

Accident Location: US422 (McCutney RD) - NEAR LEMAR
 Date & Time: 8-22-07 @ 2221 hrs Measurements By: M. LEE #1048
 Reference Point: OE. Pole 23-542 Baseline: SOUTH CURB LINE

| | Description | North | South | East | West |
|-------|--------------------------------|-----------------------|-----------------------|------------------------|-----------------------|
| RP to | <u>Baseline</u> | <u>8²</u> | | | |
| BL to | | | | | |
| A | <u>LF Unit #1</u> | | <u>4⁶</u> | <u>79¹⁰</u> | |
| B | <u>LR "</u> | | <u>11²</u> | <u>85⁹</u> | |
| C | <u>RF "</u> | | <u>1⁰</u> | <u>93²</u> | |
| D | <u>RR "</u> | | <u>8¹</u> | <u>89⁶</u> | |
| E | <u>Unit #1 LEFT ROADWAY</u> | <u>35^L</u> | | <u>50²</u> | |
| F | <u>Pole struck (NO NUMBER)</u> | <u>42⁸</u> | | | <u>22^B</u> |
| G | | | | | |
| H | | | | | |
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| W | | | | | |
| X | | | | | |
| Y | | | | | |
| Z | | | | | |

Measurements

Street: _____ Direction: _____ to _____ No. of Lanes _____
 Lane Width 1) 2) 3) 4) 5) 6) 7) 8) _____
 Street: _____ Direction: _____ to _____ No. of Lanes _____
 Lane Width 1) 2) 3) 4) 5) 6) 7) 8) _____

Additional measurements/comments:
DISTANCE FROM RP TO WEST CURB OF WOODLAND => 111¹⁰
DISTANCE FROM RP TO WEST CURB OF LEMAR => 112¹⁰
UNIT #1 LEFT THE ROADWAY AND TRAVELED 70² TO THE POINT OF IMPACT

See reverse side

| | | |
|---------------------|-------------------|------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF ACCIDENT |
| IN COUNTY OF | ACCIDENT LOCATION | M D Y |

Ref. Unit #1: 2005 MAZDA 6 - 4Dr - white
 OHIO PLATE: DJM9945 / VIN # 1YVFP80C955M52368
 Vehicle Track width: 5' 2"
 Wheelbase: 8' 10" - Vehicle Towed to/by LUT's
 Listed GVWR: 4312 lbs. Hold for Crash Inv.
 Driver/owner only occupant.

- ⇒ CRASH INVESTIGATORS: LT. W. Rafferty / off. M. LEE / off. A. Cantel
- ⇒ TOWN SUPERVISOR ON SCENE: D/S Dellick
- ⇒ Photos by M. LEE / W. Rafferty
- ⇒ Digital Photos stored in Crash Investigation Database

- Unit #1 left the north side of the roadway, struck the utility pole, and drifted back across the roadway, coming to rest on the southwest corner.
 - No signs of braking were noted.

OFFICER'S SIGNATURE  (M Lee)
 BADGE NUMBER 12110