

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *
07-063226

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER
/ /

PLATE # *
05009

REPORTING AGENCY *
Youngstown Police

UNITS
02

UNIT ERROR
02 86 = ANIMAL
89 = UNKNOWN

DATE OF CRASH *
08232007

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
2331 THU X Youngstown 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
MATHWING AVE 1 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

REF POINT REF POINT REFERENCE POINT USED
100A E Belle Vista 02 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 # # OF OCC NAME (LAST, FIRST, MIDDLE)
A 01 01 FINNETTY, GEORGE A III

ADDRESS (STREET, CITY, STATE, ZIP CODE)
3937 HOWARD YOUNGSTOWN, OHIO 44572

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
12261947 59 M 330 782-3963

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 RT985760 OH OP 3309 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
CITY OF YOUNGSTOWN 26 S Phelps St. Youngstown, Ohio 44503

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1978 FORD F250 Yellow AICH N/A 330 742-8900

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
331-088 Improper use of vehicle horn I 43680 X

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)
B 02 01 BRIGGS, ROBERT A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
57 S. Belle Vista Youngstown, Ohio 44509

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
04271949 58 M 330 270-8473

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 RH93550 OH BIRDCU 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1990 Chevy Cavalier Red NONE N/A SAME

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
331-088 Improper use of vehicle horn I 43680 X

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C

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
D

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
01A 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

SAFETY EQUIPMENT
01A 01 NONE USED
02 SHOULDERS BELT ONLY
03 LAP BELT ONLY
04 SHOULDERS LAP BELT
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
NON-MECHANICAL
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

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

AIR BAG SWITCH
1A 1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

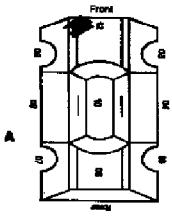
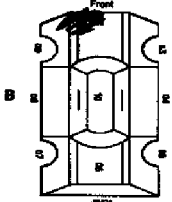
EJECTION
1A 1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1A 1 NOT TRAPPED
2 EXTRICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
1A 1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	POSTED SPEED <input type="text" value="35"/> <input type="text" value="35"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="6"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="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	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 FOLLO 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 MANHOLE 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="01"/> <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="07"/> <input type="text" value="04"/>	MOST DAMAGED AREA <input type="text" value="09"/> <input type="text" value="09"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="21"/>	COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FOLLO 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 MANHOLE 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	DIRECTION From To From To <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="4"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>										
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; 5+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOSTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL ON CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLED BIKE 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 TRAWL 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/DRUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="09"/> <input type="text" value="09"/>	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/CADA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON PARKED ILLEGALLY 13 OPERATING VEHICLE IN EBRATIC, FICKLELESS, CARELESS, NEGLECTED OR ADVERSELY IMPAIRED 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/ALSOOP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/BILLING 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="6"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/>	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="2"/>	OCCURRENCE <input type="text" value="1"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERSIDE/ UNDERSLIDE <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="4"/>	ROAD CONTOUR <input type="text" value="2"/>										
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DESTRUCTIVE DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERSLIDE OR OVERSLIDE 2 UNDERSLIDE, COMPARTMENT INTRUSION 3 UNDERSLIDE, NO COMPARTMENT INTRUSION 4 UNDERSLIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSLIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSLIDE, OTHER VEHICLE 7 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE										
1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="B"/>	1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER										
1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	1 STATED 2 ESTIMATED SPEED <input type="text" value="00"/> <input type="text" value="A"/>	ALCOHOL TEST RESULT <input type="text" value="232"/> <input type="text" value="B"/>	1 NONE 2 BLOOD 3 URINE 4 OTHER										
1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	SPEED <input type="text" value="00"/> <input type="text" value="A"/>	ALCOHOL TEST RESULT <input type="text" value="232"/> <input type="text" value="B"/>	1 NONE 2 BLOOD 3 URINE 4 OTHER										
1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	1 NONE 2 BLOOD 3 URINE 4 OTHER	SUPPLEMENT * "X" IF YES <input type="text" value="07-063206"/>	LOCAL REPORT # * <input type="text" value="07-063206"/>	1 NONE 2 BLOOD 3 URINE 4 OTHER										

UNIT #1 stated the unit was in the Center turn lane on Mathway Ave (Facing S) to turn into the parking lot to a Chinese Restaurant named Belle Vista when UNIT #2 turned left from S Maryland onto Mathway Ave, striking in the Center turn lane striking UNIT #2 then that the second vehicle UNIT #2 was found about 3 minutes later the stated the turned onto Mathway Ave from S Maryland and tried to turn onto S Belle Vista and struck UNIT #1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 3 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SHOULDER, SAME DIRECTION 8 SHOULDER, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		WEATHER <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
WEATHER <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
WEATHER <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
WEATHER <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

UNIT # <input type="checkbox"/> 1 <input type="checkbox"/> 2	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.	A N D	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 PROCESSING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="checkbox"/>	COMPANY PHONE <input type="checkbox"/>	Address (Street, City, St, Zip Code) <input type="checkbox"/>	

US DOT <input type="checkbox"/>	ICC MC <input type="checkbox"/>	PUCO <input type="checkbox"/>	TRAILER LP ST. <input type="checkbox"/>	TRAILER LP YEAR <input type="checkbox"/>	TRAILER LP # <input type="checkbox"/>	PLACARD # <input type="checkbox"/>	# No. <input type="checkbox"/>
CARGO BODY TYPE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	<input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08	<input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	Weight (GVWR) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	CDL Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Hazardous Materials Placard <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Hazardous Materials Released <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

Police Action

DATE CRASH REPORTED 08 23 2007	TIME REC CALL 2331	DISPATCH 2332	ARRIVED 2332	CLEARED 0000	OTHER 120	TOTAL MINUTES 148	
OFFICER'S NAME # Booksing	BADGE # 1037	CHECKED BY D/S R. Dechman	DATE REPORT FILED # 08 24 2007	REPORT TAKEN BY <input type="checkbox"/> 1 <input type="checkbox"/> 2	REPORT TAKEN AT <input type="checkbox"/> 1 <input type="checkbox"/> 2	SUPPLEMENT 'X' IF YES <input type="checkbox"/>	LOCAL REPORT # 07-06-2007

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-063226	REPORTING AGENCY Youngstown Police	DATE OF CRASH M 8/10/3/87
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, George A Finnerty III (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Booksing (OFFICERS NAME) AT Mahoning Ave (LOCATION)
EAST OF Bella Vista, I MADE A Right
TURN OFF Bella Vista, I MOVE INTO THE
TURNING Lane to make a left Turn.
A Red Cavalier with an older white
MAN driving TURN LEFT from Maryland
He came West in the Turning Lane
AT me.
I came to a complete STOP And he
CONTINUED Till he STUCK the TRUCK
I WAS driving - 1978 Ford, owned by
City of Youngstown used for Mosquito
SPRAYING. I HAD JUST FINISHED SPRAYING
Krakmore & Connersburg Area.

DRIVER OF A heavily Damaged car went
SOUTH on Bella Vista -

ADDRESS OF WITNESS 3932 Howard Ynsst 44572	PHONE 61 502-6989 782-3963
SIGNATURE OF WITNESS <i>George A Finnerty III</i>	OFFICERS SIGNATURE <i>[Signature]</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-063236	REPORTING AGENCY Youngstown Police	DATE OF CRASH M 8 10 3 1967
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Paul Duvlson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Boeking (OFFICERS NAME) AT Mahoning; Belle Vista (LOCATION)

AS I WAS PREPARING TO PULL OUT OF PARKING LOT AT HOWAN EXPRESS PARKING LOT MAHONING & MARSHAND I OBSERVED A CITY DECK UP TRUCK ROLL INTO THE TURNING LANE ON MAHONING AVE TO PULL IN SAME LOT, WHEN A RED CHEVY CAVALIER PULLED OUT OF S. MARSHAND & CAME WEST ON MAHONING AVE & STRUCK THE LEFT FRONT BUMPER OF CITY TRUCK. DRIVER OF THE CAVALIER THEN BACKED UP & THEN LEFT GOING SOUTH ON BELL-VISTA.

ADDRESS OF WITNESS 411 MELROSE AVE BOARDMAN OH 44512	PHONE 330-786-5160
SIGNATURE OF WITNESS <u>Paul G. Duvlson</u>	OFFICERS SIGNATURE <u>[Signature]</u>