

UNIT NUMBERS

10 10

NON-MOTORIST LOCATION

10 10

- 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

3 4

- 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, 8 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/BOGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

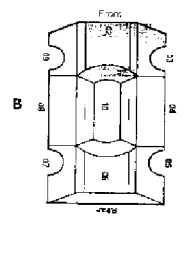
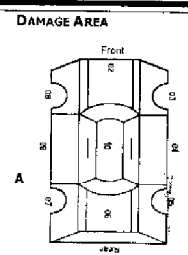
IN EMERGENCY RESPONSE

1 1

DAMAGE SCALE

4 4

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



MOST DAMAGED AREA

1 2

- 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

1 2

- 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

1 2

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

1 1

- 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 01

- 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

01 02 03

- 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
10 IMPROPER BACKING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED OR PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RICKLESS, 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

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

01 01

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

01 01

- 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

SEQUENCE OF EVENTS

A 2 2
 B 2 2

NON-COLLISION

01 01
 02 02
 03 03
 04 04
 05 05
 06 06
 07 07
 08 08
 09 09
 10 10
 11 11
 12 12
 13 13
 14 14
 15 15
 16 16
 17 17
 18 18
 19 19
 20 20
 21 21
 22 22
 23 23
 24 24

- 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/LUMINARIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULTURE
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 1

MOST HARMFUL EVENT

1 1

SPEED DETECTED

1 1

SPEED

1 25
 2 35

POSTED SPEED

25 25

TRAFFIC CONTROL

04 04

- 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/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION

FROM TO FROM TO

3 3 3 3

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

CONDITION

1 1

- 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 1

ALCOHOL TEST STATUS

1 1

ALCOHOL TEST TYPE

1 1

ALCOHOL TEST RESULT

1 1

DRUG TEST STATUS

1 1

- 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 1

- 1 NONE**
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

1 1

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

TYPE OF INTERSECTION

02

- 01 NOT AN INTERSECTION**
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDBOUT
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

1 1

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

ROAD CONTOUR

1 1

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

ROAD CONDITIONS

01 01

- 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

Narrative

Unit #1 traveling Northbound on Hudson with the green light. Unit #2 traveling westbound on Midtown and did NOT stop at red traffic control signal. Unit #1 advised before he could stop he was struck by Unit #2 on the right passenger side. Unit #2 advised not ever seeing the red traffic control signal.

MANNER OF COLLISION OR IMPACT

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

WEATHER

- 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

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

WORK ZONE RELATED

- 1 NO
- 2 YES
- 3 UNKNOWN

TYPE OF WORK ZONE

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/ MOVING WORK
- 5 OTHER

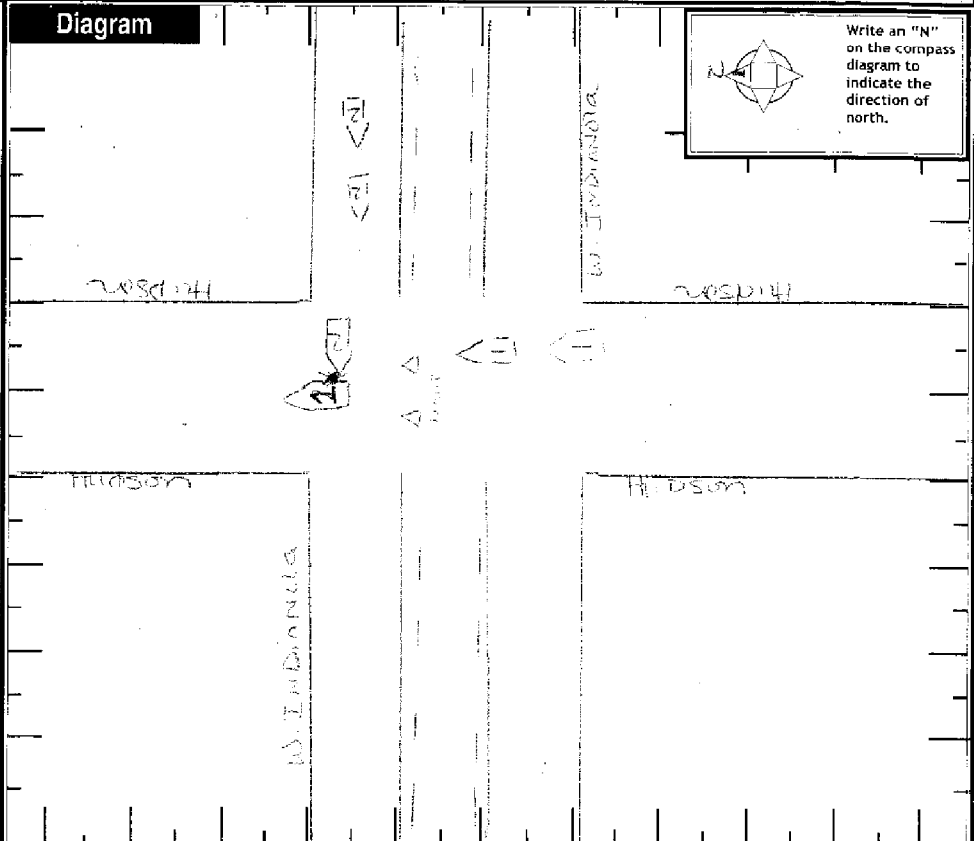
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

- 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

PLCO

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 GRAN/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

DATE CRASH REPORTED

08/27/2007

TIME

17:08

DISPATCH

1708

ARRIVED

1713

CLEARED

1956

OTHER

OFFICER'S ID #

1168

OFFICER'S NAME*

D. JOHNSON

PLACARD #

1104

CHECKED BY

D/S R. Dechman

DATE REPORT FILED*

08282007

REPORT TAKEN BY

1 POLICE AGENCY

REPORT TAKEN AT

1 POLICE AGENCY

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

POLICE # 07-064258	VIC # 05009	REPORTING AGENCY * YOUNGSTOWN PD	DATE OF CRASH * 08272007
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PLATE # 02	NAME (LAST, FIRST, MIDDLE) LIOTTI, Amelia	HOME PHONE # 3305788-1972	SEX F	AGE 10	DOB 10/19/91	
ADDRESS (STREET, CITY, STATE, ZIP CODE) 4013 HOPKINS RD W. OHIO		INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO		

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

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

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

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

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

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

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

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-064258	REPORTING AGENCY 4 PD	DATE OF CRASH M 8 10 27 07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Maurice Gurley HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)
OFF. D. JOHNSON AT HUDSON AT INDIANOLA
(OFFICERS NAME) (LOCATION)

I was walk down the street
 the car hit miss the light
 and hit the car

ADDRESS OF WITNESS 430 W INDIANOLA	PHONE
SIGNATURE OF Maurice Gurley	OFFICERS SIGNATURE D. Johnson