

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



Local Report # *
07-064581

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

MET/SECT
1 Not Hrt/Sep
2 SOLVED
3 UNCOV'D

PHOTOS TAKEN
X IF YES

DMV OMS OH-IP OTHER

NOIC # *
05009

REPORTING AGENCY #
YOUNGSTOWN POLICE

UNITS
02

UNIT ERROR
02 00 = ANNUAL
02 = UNKNOWN

DATE OF CRASH *
08282007

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
2048 THU * YOUNGSTOWN 50

THREE CHAIN LOCATION TYPE LOC TYPE LOCATION POINT USED
E5M T 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
BROADWAY REF 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

A Unit # # of Occ. NAME (LAST, FIRST, MIDDLE)
01 01 GATTI, LANCE M.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
635 CARLOTTA YOUNGSTOWN, OH 44504
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
01 RT 984099 05291981 26 M 3305194930
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
01 OH 984099 01 OH ECM8400 11 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
GATTI, ROBERT 635 CARLOTTA YOUNGSTOWN, OH 44504
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
11978 CADILLAC CATANA GRN

B Unit # # of Occ. NAME (LAST, FIRST, MIDDLE)
02 01
ADDRESS (STREET, CITY, STATE, ZIP CODE)
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
01 OH DRU 11 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
BIK

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

D Unit # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)
INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
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/3RD CAR)
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 SEATBELT SECTION OF CAR
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR

SAFETY EQUIPMENT
01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER LAP BELT
05 CHILD SAFETY SEAT
06 NO HELMET USED
07 USE UNKNOWN
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER

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 MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

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

UNIT NUMBERS:
01 02

NON-MOTORIST LOCATION:
A B

TYPE OF UNIT:
03 03

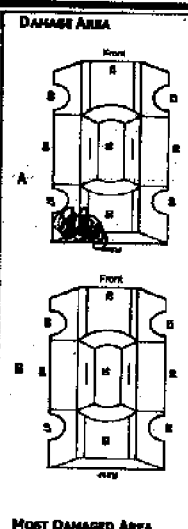
UNIT NUMBERS:
03 03

- 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:**
- 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 (BOSTAL)
 - 13 TRACTOR/SEMI-TRAILER
 - 14 TRACTOR/DOUBLE SHUNT
 - 15 TRACTOR/DOUBLE LOW
 - 16 FIFTH WHEEL ON CONVERTIBLE DOLLY
 - 17 TRACTOR/TRAILER
 - 18 MOTORCYCLE
 - 19 MOTORIZED BICYCLE
 - 20 SCHOOL BUS
 - 21 ORCHON BUS
 - 22 PUBLIC BUS
 - 23 OTHER BUS
 - 24 POLICE VEHICLE
 - 25 FIRE TRUCK
 - 26 AMBULANCE/EMERGENCY
 - 27 TAXI
 - 28 MOTOR HOME
 - 29 TRAM
 - 30 FARM VEHICLE
 - 31 FARM EQUIPMENT
 - 32 BICYCLE
 - 33 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST:**
- 35 ANIMAL W/DRIVER
 - 36 ANIMAL W/OUT DRIVER
 - 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:

3 3

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



- POINT OF IMPACT:**
- 07 03
- 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 NON-CONTACT
2 NON-COLLISION
3 STRUCK
4 STRUCK
5 BOTH STRUCK AND STRUCK
6 UNKNOWN
- STRIKING VEHICLE:**
- 1 NO UNDERWIRE OR OVERWIRE
2 UNDERWIRE, COMPARTMENT INTRUSION
3 UNDERWIRE, NO COMPARTMENT INTRUSION
4 UNDERWIRE, COMPARTMENT INTRUSION UNKNOWN
5 OVERWIRE, MOTOR VEHICLE IN TRANSPORT
6 OVERWIRE, OTHER VEHICLE

VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE:

A B

01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STRUTS
06 TIRE BLOWOUT
07 WORN OR SLACK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TRAILER
10 DAMAGED FROM PRIOR CRASH

- PRE-CRASH ACTIONS:**
- 01 MOVEMENTS ESSENTIALLY STOPPED/ARRESTED
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
15 ENTERING/CROSSING IN SPECIFIED LOCATION
- CONTRIBUTING CIRCUMSTANCES:**
- 01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNLAWY SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACCID
09 IMPROPER LANE CHANGE/
DROVE OFF ROAD/
IMPROPER PASSING
IMPROPER BACKING
10 IMPROPER START FROM PARKED POSITION
11 STOPPED ON PARKED ILLEGALLY
12 OPERATING VEHICLE IN BURGLAR, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER
13 STRUCK TO AVOID (DUE TO HIND, 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 SHIFTS/FALLING/SPILLING
20 OTHER IMPROPER ACTION
21 UNKNOWN
22 NON-MOTORIST
23 NONE
24 IMPROPER CROSSING
25 DARTING
26 LINGO 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

- SEQUENCE OF EVENTS:**
- A B
- 20 20
- 01 NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMBROSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD FRONT
09 RAN OFF ROAD LEFT
10 CROSS-BORDER/CENTERLINE
11 DOWNHILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
14 COLLECTION IN/ COLLISION, VEHICLE OR OBJECT, NOT FIXED
15 PEDESTRIAN
16 PEDALCYCLIST
17 RAILWAY VEHICLE
18 ANIMAL - FARM
19 ANIMAL - DEER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
22 WORK ZONE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
25 COLLISION WITH FIXED OBJECT
26 IMPACT ATYENKONTO/CRASH CURBORN
27 BRIDGE OVERHEAD STRUCTURE
28 BRIDGE PIER OR ABUTMENT
29 BRIDGE PARAPET
30 BROKE PILE
31 GUARDRAIL FACE
32 GUARDRAIL END
33 MEDIAN BARRIER
34 HIGHWAY TRAFFIC SIGN POST
35 OVERHEAD SIGN POST
36 LIGHTS/LUMINARIES SUPPORT
37 UTILITY POLE
38 OTHER POST, POLE OR SUPPORT
39 CULVERT
40 DITCH
41 EMBANKMENT
42 POICE
43 MOUND
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE:

A B

01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STRUTS
06 TIRE BLOWOUT
07 WORN OR SLACK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TRAILER
10 DAMAGED FROM PRIOR CRASH

POSTED SPEED:

25 25

TRAFFIC CONTROL:

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:

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

CONDITION:

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 FELL ASLEEP, FAINTED, FATIGUED, ETC
5 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED:

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

ALCOHOL TEST STATUS:

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

ALCOHOL TEST TYPE:

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT:

A B

DRUG TEST STATUS:

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

DRUG TEST TYPE:

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT:

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

TYPE OF INTERSECTION:

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 CROWFOOT
10 DRIVEWAY/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE:

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

ROAD CONTOUR:

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

ROAD CONDITIONS PRIMARY SECONDARY:

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEW/FROST
09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

FAST HARMFUL EVENT:

1 1

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

1 1

MOST HARMFUL EVENT:

1 1

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

1 1

SPEED DETECTED:

A B

1 STATED
2 ESTIMATED SPEED

SPEED:

A B

POSTED SPEED:

25 25

TRAFFIC CONTROL:

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:

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

CONDITION:

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 FELL ASLEEP, FAINTED, FATIGUED, ETC
5 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED:

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

ALCOHOL TEST STATUS:

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

ALCOHOL TEST TYPE:

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT:

A B

DRUG TEST STATUS:

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

DRUG TEST TYPE:

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT:

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

TYPE OF INTERSECTION:

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 CROWFOOT
10 DRIVEWAY/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE:

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

ROAD CONTOUR:

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

ROAD CONDITIONS PRIMARY SECONDARY:

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEW/FROST
09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT
10 OTHER
11 UNKNOWN

FAST HARMFUL EVENT:

1 1

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

1 1

MOST HARMFUL EVENT:

1 1

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

1 1

SPEED DETECTED:

A B

1 STATED
2 ESTIMATED SPEED

SPEED:

A B

LOCAL REPORT #:

1 1

SUPPLEMENT #:

1 1

UNIT 1 WAS STOPPED FACING SOUTH BOUND ON ELM AT THE INTERSECTION OF BROADWAY. UNIT 2 WAS TRAVELING SOUTH BOUND ON ELM. UNIT 2 STRUCK UNIT 1 IN THE REAR WHILE UNIT 1 WAS WAITING TO TURN. UNIT 2 STOPPED AND TOOK THE NUMBER OF UNIT 1, AND THEN FLED NORTH ON ELM.

MANNER OF COLLISION OR IMPACT
 2
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACK-ON
 6 ANGLE
 7 SIDESWIP, SAME DIRECTION
 8 SIDESWIP, OPPOSITE DIRECTION
 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

WEATHER
 01
 01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, BRIDGE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN/DROZL)
 06 SNOW
 07 SEVERE CROSSWIND
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

TYPE OF WORK ZONE

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

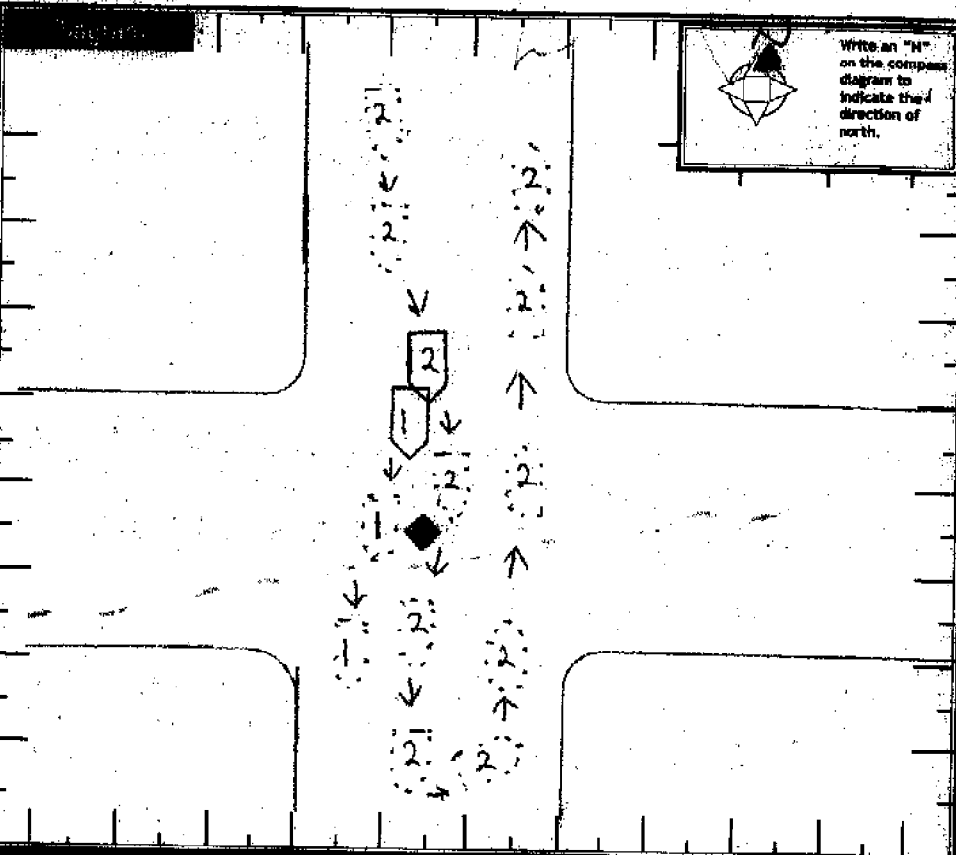
LOCATION OF CRASH IN WORK ZONE

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

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

WORKERS PRESENT

 1 NO
 2 YES
 3 UNKNOWN



Write an "N" on the compass diagram to indicate the direction of north.

VEHICLE INFORMATION
 Unit #
 COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE
 Address (STREET, CITY, ST, ZIP CODE)

CRASH DETAILS
 THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (BOTH VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (BOTH VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.
 A B 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 DAMAGING DAMAGE OR REQUIRING INTERVENING ASSISTANCE BEFORE PROCESSING UNDER ITS OWN POWER.

VEHICLE IDENTIFICATION
 US DOT ICC MC PUCC TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # P.D.#

CARGO BODY TYPE
 01 NOT APPLICABLE
 02 BUS (8-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/CHUP/GRABV.
 05 POLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 BAGGAGE/REPLAC
 12 OTHER
 13 UNKNOWN

Weight (GVWR)
 1 LESS/EQUAL 10,000
 2 10,001 - 25,000
 3 MORE THAN 25,000

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 TIME REC CALL DISPATCH ARRIVED CLEARED OTHER TOTAL MINUTES
 OFFICER'S NAME # BADGE # CHECKED BY DATE REPORT FILED #
 CARTER 11110 DISP. GARCAR 09072007

REPORT TAKEN BY 1 POLICE AGENCY 2
 REPORT TAKEN AT 1 HOME 2
 LOCAL REPORT #

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-064581	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 08 10 28 14 07
IN COUNTY OF MAHONING	CRASH LOCATION ELM @ BROADWAY	

UNIT 1 ADVISED THAT UNIT 2 STOPPED AFTER HITTING HIM AND STATED HIS NAME WAS KEESE. THE DRIVER OF UNIT 1 GAVE HIS PHONE NUMBER TO THE DRIVER OF UNIT 2, BUT FLED THE SCENE WHEN UNIT 1 CALLED THE POLICE.

UNIT 1 STATED UNIT 2 DRIVER WAS A MALE BLACK SHORT IN HEIGHT. DRIVING A BIK POSSIBLY LUMINA. PARTIAL PLATE DRU WITH A FOX SALE SIGN IN THE WINDOW. UNIT 1 STATED THAT UNIT 2 HAD DAMAGE ON THE RIGHT FRONT SIDE.

8/29/07 Called victim to determine if any information can be obtained other than given to Case.

9/5/07 Attempted to call victim again for further info.

9/7/07 Case closed due to no response from GATTI.

OFFICER'S SIGNATURE

BADGE NUMBER