

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
07-064862

CRASH SEVERITY  
3 1 FATAL 3 FOO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

Hit/Skip  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1F OTHER

REPORTING AGENCY \*  
05009

REPORTING AGENCY \*  
Youngstown Police

# UNITS  
02

UNIT #  
02

DATE OF CRASH \*  
03 29 2007

TIME OF CRASH: 2007 DAY OF WEEK: WED CITY: 1 VILLAGE: NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
YOUNGSTOWN COUNTY # \* 50 LATITUDE LONGITUDE

CRASH OCCURRED ON: PREFIX CRASH LOCATION: MATTHEWING AVE TYPE LOC: 01 TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION:

AT / REFERENCE: LIST REFERENCE: 202 PREFIX: W REFERENCE: Hampton CT REF POINT: 02 REFERENCE POINT USED: 01 STATE LINE 05 TOWNSHIP BOUNDARY 06 PLACE NAME W/O REFERENCE 02 INTERSECTION 2 STREETS 06 MILE POST 09 DRIVEWAY 03 COUNTY LINE 07 CORPORATION LIMIT 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist A UNIT # 01 # OF OCC. 02 NAME (LAST, FIRST, MIDDLE) RYSER Terri L.

Address (STREET, CITY, STATE, ZIP CODE) 3031 Youngstown-Hubbard Rd Liberty, Ohio 44505

DATE OF BIRTH: 12 18 19 62 AGE: 44 SEX: F HOME PHONE # 330 759-2753 WORK PHONE #

DL STATE: OH DL # RF989122 LP STATE: OH LP # EAW3626 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME") Gentile, Louis L. Address (STREET, CITY, STATE, ZIP CODE) 3031 VISION Liberty, Ohio 44505

YEAR: 1992 MAKE: OLDS MODEL: Cutlass Classic COLOR: White OWNER PHONE #

OFFENSE CHARGED: OFFENSE DESCRIPTION: LOCAL CODE? X IF YES

Motorist/Non-Motorist B UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) MRAZ Nicole M.

Address (STREET, CITY, STATE, ZIP CODE) 3412 Starwick Dr. Canfield, Ohio 44406

DATE OF BIRTH: 03 10 19 86 AGE: 21 SEX: F HOME PHONE # 330 717-6763 WORK PHONE #

DL STATE: OH DL # SK927053 LP STATE: OH LP # DC23944 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME") MRAZ Robert F. Address (STREET, CITY, STATE, ZIP CODE) 3412 Starwick Dr. Canfield, Ohio 44406

YEAR: 1998 MAKE: DODGE MODEL: Neon COLOR: Tan INSURANCE COMPANY: Nationwide TOWING SERVICE: OWNER PHONE #

OFFENSE CHARGED: OFFENSE DESCRIPTION: LOCAL CODE? X IF YES

Occupant C UNIT # 01 NAME (LAST, FIRST, MIDDLE) McClellan Jr., Rodger L. HOME PHONE # 330 792-8457 DATE OF BIRTH: 08 01 19 99 AGE: 08 SEX: M

Address (STREET, CITY, STATE, ZIP CODE) 1607 Mayfield Youngstown, Ohio 44509

INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

SAFETY EQUIPMENT: MOTORIST: 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 NC HELMET USED 07 USE UNKNOWN

NON-MOTORIST: 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER

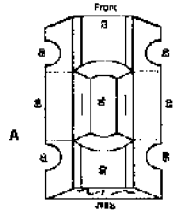
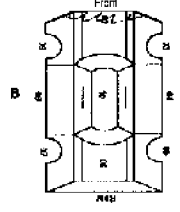
AIR BAG: 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

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 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

<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="2">A</th> <th colspan="2">B</th> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> </tr> </table>	A		B		2	9	2	0		2		2		3		3		4		4	<b>POSTRO SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">35</div> <div style="border: 1px solid black; padding: 2px;">35</div> </div>	<b>DRUG TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>
A		B																							
2	9	2	0																						
	2		2																						
	3		3																						
	4		4																						
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>01 MARKED CROSSWALK AT INTERSECTION</li> <li>02 INTERSECTION NO CROSSWALK</li> <li>03 NON-INTERSECTION CROSSWALK</li> <li>04 DRIVEWAY ACCESS CROSSWALK</li> <li>05 IN ROADWAY</li> <li>06 NOT IN ROADWAY</li> <li>07 MEDIAN (BUT NOT SHOULDER)</li> <li>08 ISLAND</li> <li>09 SHOULDER</li> <li>10 SIDEWALK</li> <li>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)</li> <li>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13 OUTSIDE TRAFFICWAY</li> <li>14 SHARED USE PATHS OR TRAILS</li> <li>15 UNKNOWN</li> </ol>	 <b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div>	<b>MOTORIST</b> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING/STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <b>NON-MOTORIST</b> <ol style="list-style-type: none"> <li>15 ENTERING/CROSSING IN SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING/LEAVING VEHICLE</li> <li>20 PLAYING/WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<b>NON-COLLISION</b> <ol style="list-style-type: none"> <li>01 OVERTURN/FOLLOWER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARDS/EQUIPMENT LOSS/SHIFT</li> <li>06 EQUIPMENT FAILURE</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS-MEDIAN/CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> <li>14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</li> <li>15 PEDESTRIAN</li> <li>16 RAILWAY VEHICLE</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DEER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> </ol> <b>COLLISION WITH FIXED OBJECT</b> <ol style="list-style-type: none"> <li>25 IMPACT ATTENUATOR/CRASH CUSHION</li> <li>26 BRIDGE OVERHEAD STRUCTURE</li> <li>27 BRIDGE PIER OR ABUTMENT</li> <li>28 BRIDGE PARAPET</li> <li>29 BRIDGE RAIL</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIAN BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT/LUMINAIRE SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 CULVERT</li> <li>39 CURB</li> <li>40 DITCH</li> <li>41 EMBANKMENT</li> <li>42 FENCE</li> <li>43 MAILBOX</li> <li>44 TREE</li> <li>45 OTHER FIXED OBJECT</li> <li>46 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47 UNKNOWN FIXED OBJECT</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ol>	<b>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">12</div> </div> <ol style="list-style-type: none"> <li>01 NO CONTROLS</li> <li>02 STOP SIGN</li> <li>03 YIELD SIGN</li> <li>04 TRAFFIC SIGNAL</li> <li>05 TRAFFIC FLASHERS</li> <li>06 SCHOOL ZONE</li> <li>07 RAILROAD CROSSBUCKS</li> <li>08 RAILROAD FLASHERS</li> <li>09 RAILROAD GATES</li> <li>10 CONSTRUCTION BARRICADE</li> <li>11 POLICE OFFICER</li> <li>12 PAVEMENT MARKINGS</li> <li>13 CROSSWALK LINES</li> <li>14 WALK/DON'T WALK SIGNAL</li> <li>15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED</li> <li>16 OTHER</li> </ol>	<b>DRUG TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 OTHER</li> </ol> <b>DRUG TEST 1&amp;2 RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 MARIJUANA</li> <li>3 COCAINE</li> <li>4 ORATES</li> <li>5 AMPHETAMINES</li> <li>6 PCP</li> <li>7 OTHER</li> <li>8 UNKNOWN AT TIME OF REPORTING</li> </ol>																				
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div> <b>MOTORIST</b> <ol style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZE</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANEL/VAN</li> <li>09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES</li> <li>10 SINGLE UNIT TRUCK; 3+ AXLES</li> <li>11 TRUCK/TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR/SEMI-TRAILER</li> <li>14 TRACTOR/DOUBLE SHORT</li> <li>15 TRACTOR/DOUBLE LONG</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR/TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAIN</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <b>NON-MOTORIST</b> <ol style="list-style-type: none"> <li>35 ANIMAL W/ RIDER</li> <li>36 ANIMAL W/ BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST</li> <li>40 SKATER</li> <li>41 OTHER-NON MOTORIST</li> <li>42 UNKNOWN</li> </ol>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">08</div> </div> <b>MOTORIST</b> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT, OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACCDA</li> <li>09 IMPROPER LANE CHANGE/ DROVE OFF ROAD</li> <li>10 IMPROPER PASSING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> </ol> <b>NON-MOTORIST</b> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR</li> </ol>	<b>FIRST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p>	<b>CONDITION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> <li>1 APPARENTLY NORMAL</li> <li>2 PHYSICAL IMPAIRMENT</li> <li>3 EMOTIONAL</li> <li>4 ILLNESS</li> <li>5 FELL ASLEEP, FAINTED, FATIGUED, ETC</li> <li>6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL</li> <li>7 OTHER</li> <li>8 UNKNOWN</li> </ol>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> <ol style="list-style-type: none"> <li>01 NOT AN INTERSECTION</li> <li>02 FOUR-WAY INTERSECTION</li> <li>03 T-INTERSECTION</li> <li>04 Y-INTERSECTION</li> <li>05 TRAFFIC CIRCLE/ROUNDABOUT</li> <li>06 FIVE-POINT, OR MORE</li> <li>07 ON RAMP</li> <li>08 OFF RAMP</li> <li>09 CROSSOVER</li> <li>10 DRIVEWAY/ACCESS</li> <li>11 RAILWAY GRADE CROSSING</li> <li>12 SHARED-USE PATHS OR TRAILS</li> <li>13 UNKNOWN</li> </ol>																				
<b>IN EMERGENCY RESPONSE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> <li>1 NO</li> <li>2 YES</li> <li>3 UNKNOWN</li> </ol>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">02</div> </div> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD/TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR</li> </ol>	<b>MOST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>ALCOHOL/DRUG SUSPECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 YES - ALCOHOL SUSPECTED</li> <li>3 YES - HBD NOT IMPAIRED</li> <li>4 YES - DRUGS SUSPECTED</li> <li>5 YES - ALCOHOL/DRUGS SUSPECTED</li> <li>6 UNKNOWN</li> </ol>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <ol style="list-style-type: none"> <li>1 ON ROADWAY</li> <li>2 ON SHOULDER</li> <li>3 IN MEDIAN</li> <li>4 ON ROADSIDE</li> <li>5 ON GORE</li> <li>6 OUTSIDE TRAFFICWAY</li> <li>7 UNKNOWN</li> </ol>																				
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 NON-FUNCTIONAL DAMAGE</li> <li>3 FUNCTIONAL DAMAGE</li> <li>4 DISABLING DAMAGE</li> <li>5 SEVERE</li> </ol>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERIDE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>1 NO UNDERIDE OR OVERRIDE</li> <li>2 UNDERIDE, COMPARTMENT INTRUSION</li> <li>3 UNDERIDE, NO COMPARTMENT INTRUSION</li> <li>4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6 OVERRIDE, OTHER VEHICLE</li> </ol>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR</li> </ol>	<b>SPEED DETECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>1 STATED</li> <li>2 ESTIMATED SPEED</li> </ol>	<b>ALCOHOL TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 TEST GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <ol style="list-style-type: none"> <li>1 STRAIGHT LEVEL</li> <li>2 STRAIGHT GRADE</li> <li>3 CURVE LEVEL</li> <li>4 CURVE GRADE</li> </ol>																				
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 NON-FUNCTIONAL DAMAGE</li> <li>3 FUNCTIONAL DAMAGE</li> <li>4 DISABLING DAMAGE</li> <li>5 SEVERE</li> </ol>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERIDE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>1 NO UNDERIDE OR OVERRIDE</li> <li>2 UNDERIDE, COMPARTMENT INTRUSION</li> <li>3 UNDERIDE, NO COMPARTMENT INTRUSION</li> <li>4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6 OVERRIDE, OTHER VEHICLE</li> </ol>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR</li> </ol>	<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div>	<b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 BABATH</li> <li>5 OTHER</li> </ol>	<b>ROAD CONDITIONS</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">01</td> <td style="border: 1px solid black; width: 20px; height: 20px;">01</td> </tr> </table> <ol style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND, MUD, DIRT, OR GRAVEL</li> <li>06 WATER (STANDING, MOVING)</li> <li>07 SLUSH</li> <li>08 DEBRIS**</li> <li>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> </ol> <p>**SECONDARY ROAD CONDITIONS ONLY</p>	PRIMARY	SECONDARY	01	01																
PRIMARY	SECONDARY																								
01	01																								

**Narrative**

Driver of unit #1 states she was slowing to turn right when unit #2 struck her from behind. Driver of unit #2 states she had looked away from the road and did not realize unit #1 was turning. Upon looking back it was too late and she struck unit #1.

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 2</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT                  2 REAR-END                  3 HEAD-ON                  4 REAR-TO-REAR                  5 BACKING                  6 ANGLE                  7 SIDESWIP, SAME DIRECTION                  8 SIDESWIP, OPPOSITE DIRECTION                  9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>Diagram</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 01</p> <p>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</p>	<p><b>WORK ZONE RELATED</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 3    SECONDARY <input checked="" type="checkbox"/> 3</p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - NOT LIGHTED                  6 DARK - UNKNOWN LIGHTING                  7 CLEAR                  8 OTHER                  9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/> 1 LANE CLOSURE                  2 LANE SHIFT/CROSSOVER                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT/ MOVING WORK                  5 OTHER</p> <p><b>LOCATION OF CRASH IN WORK ZONE</b></p> <p><input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN                  2 ADVANCE WARNING AREA                  3 TRANSITION AREA                  4 ACTIVITY AREA</p> <p><b>WORKERS PRESENT</b></p> <p><input checked="" type="checkbox"/> 1</p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	

<p><b>Truck/Bus</b></p> <p>UNIT # <input type="text"/></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 8 PERSONS, INCLUDING DRIVER.</p>	<p><b>AND</b></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) <input type="text"/> COMPANY PHONE <input type="text"/></p> <p>Address (STREET, CITY, ST, ZIP CODE) <input type="text"/></p>
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US DOT	ICC HC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	EDA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>CARGO BODY TYPE</b>	<b>05 POLE</b>	<b>08 CONCRETE MIXER</b>	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>
<input checked="" type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRANT/CHIPS/GRAVEL	<input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 09 AUTO TRANSPORTER <input type="checkbox"/> 10 GARBAGE/REFUSE <input type="checkbox"/> 11 OTHER <input type="checkbox"/> 12 UNKNOWN	<input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<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	<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08292007	2007	2009	2019	2100	0	52

DRIVER'S NAME \*     BADGE #     CHECKED BY     DATE REPORT FILED \*

LOCAL REPORT # \*

330-342-5177 (Fax)

### YOUNGSTOWN POLICE DEPARTMENT

100 W. BROADMAN STREET  
YOUNGSTOWN, OHIO 44603  
(NON-EMERGENCY) 330-747-7911

## REPORT RECEIPT

DATE 8-29-07

INCIDENT NO. 07-024262

(CIRCLE TYPE)

TYPE: PD-2 • PD-3 • PD-4 • PD-1

OFFICER

*M. Lee 5148  
Caldwell*



OHIO IDENTIFICATION CAR

ALFA VISION INSURANCE CORP.  
PO BOX 2328  
BRENTWOOD, TN 37024-2328

(877) 354-7444

NAIC # 001218

INSURED:	Driver:
RYSER, TERRI	TERRI RYSER
3031 YOUNGSTOWN HUBBARD RD	
YOUNGSTOWN, OH 44605	

POLICY NUMBER: 11-31-001025999

EFFECTIVE: 05-26-2007 TO: 11-26-2007

YEAR: N/A MAKE: N/A MODEL: N/A

VIN: FR BOND

AGENT: CAETANO INSURANCE AGENCY, INC.

PHONE: (330) 744-3244

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND