

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # \*  
08-008217

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES  
F YES

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

PHOTOS TAKEN  
X YES  
OH-2 OH-3 OH-1P OTHER

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
Youngstown Police

# UNITS  
02

UNIT ERROR  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
02082008

TIME OF CRASH: 1849  
DAY OF WEEK: FRI  
CITY: / VILLAGE: / TWP: / NAME (OF CITY, VILLAGE OR TOWNSHIP): \* Youngstown  
COUNTY # \* 50

CRASH LOCATION: IR-620 (3/3)  
TYPE LOC: 03  
TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

UNIT REFERENCE OR PREFIX REFERENCE: 20-N  
REFERENCE POINT USED: Mile Post 6.8  
REFERENCE POINT USED: 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET ON ROUTE W/O REFERENCE

Motorist/Non-Motorist

A UNIT # 01 # OF OCC. 02  
NAME (LAST, FIRST, MIDDLE) BRIGHTON, Bradley A.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 226 NORWOOD AVE #3 Youngstown, Ohio 44514

SOCIAL SECURITY NUMBER: / DATE OF BIRTH: 07251987 AGE: 20 SEX: M HOME PHONE # 881-3376 WORK PHONE #

DL STATE OH DL # SW953682 LP STATE OH LP # 26/1001 INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") DONNELL FORD ADDRESS (STREET, CITY, STATE, ZIP CODE) 7955 MARKET ST. Youngstown Ohio 44512

YEAR 2004 MAKE FORD MODEL TAUNUS COLOR SILVER INSURANCE COMPANY TOYOTA SERVICE LUDT'S OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

B UNIT # 02 # OF OCC. 01  
NAME (LAST, FIRST, MIDDLE)  
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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOYOTA SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

Occupant

C UNIT # 01 NAME (LAST, FIRST, MIDDLE) TERRY, Timothy M.  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 226 NORWOOD AVE #3 Youngstown Ohio 44514  
HOME PHONE # 881-3376 DATE OF BIRTH 04251985 AGE 22 SEX M

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOYOTA SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

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  
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR)  
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  
01 NONE USED  
02 SHOULDER BELT ONLY  
03 LAP BELT ONLY  
04 SHOULDER/LAP BELT  
05 CHILD SAFETY SEAT  
06 MC HELMET USED  
07 USE UNKNOWN  
08 NONE USED  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTS  
13 OTHER  
14 UNKNOWN

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

BLANK FOR WITNESS

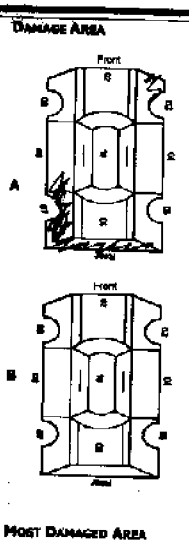
Supplement #

**UNIT NUMBERS**  
 01, 02

**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 SHARDED USE PATHS OR TRAILS  
 15 UNKNOWN

**TYPE OF UNIT**  
 03, 04



**PRE-CRASH ACTIONS**  
 01, 03

**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

**SEQUENCE OF EVENTS**

A: 09, 32, 3, 4  
 B: 12, 2, 3, 4

**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 MEDIAN/CENTERLINE  
 11 DOWNHILL RUMBLEWAY  
 12 OTHER NON-COLLISION  
 13 UNKNOWN NON-COLLISION  
 14 COLLISION IN PERSON, VEHICLE, OR OBJECT NOT LISTED  
 15 PEDESTRIAN  
 16 BICYCLES  
 17 RAILWAY VEHICLE  
 18 ANIMAL - FARM  
 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  
 25 COLLISION WITH FIXED OBJECT  
 26 IMPACT ATTENUATOR/CRASH CUSHION  
 27 BRIDGE OVERHEAD STRUCTURE  
 28 BRIDGE PIER ON ABUTMENT  
 29 BRIDGE PARAPET  
 30 BRIDGE RAIL  
 31 GUARDRAIL FACE  
 32 GUARDRAIL END  
 33 MEDIAN BARRIER  
 34 HIGHWAY TRAFFIC SIGN POST  
 35 OVERHEAD SIGN POST  
 36 LIGHT/LUMINAIES SUPPORT  
 37 OTHER POST, POLE OR SUPPORT  
 38 COLVERT  
 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

**POSTED SPEED**  
 50, 50

**TRAFFIC CONTROL**  
 12, 12

01 NO CONTROLS  
 02 STOP SIGN  
 03 YIELD SIGN  
 04 TRAFFIC SIGNAL  
 05 TRAFFIC FLASHERS  
 06 SCHOOL ZONE  
 07 RAILROAD CROSSINGS  
 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, OBLSCURED  
 16 OTHER

**DIRECTION**  
 FROM TO FROM TO  
 1, 2, 1, 2

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

**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

**MOTORIST**  
 01 BUS-COMPACT  
 02 COMPACT  
 03 MID SIZE  
 04 FULL SIZE  
 05 MINIVAN  
 06 SPORT UTILITY VEHICLE  
 07 PICKUP  
 08 HAVIL/VAN  
 09 SHOLE UNIT TRUCK  
 10 SINGLE UNIT TRUCK; 2 AXLES, 8 TIRES  
 11 SINGLE UNIT TRUCK; 3+ AXLES  
 12 TRUCK/TRAILER  
 13 TRUCK TRACTOR (BOSTAL)  
 14 TRACTOR/SEMI-TRAILER  
 15 TRACTOR/DOUBLE SHORT  
 16 TRACTOR/DOUBLE LONG  
 17 FIFTH WHEEL OR CENTER DOLLY MOTOR VEHICLE  
 18 TRACTOR/SEMI-TRAILER  
 19 MOTORCYCLE  
 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 TRAILER  
 30 FARM VEHICLE  
 31 FARM EQUIPMENT  
 32 SNOWMOBILE  
 33 CONSTRUCTION EQUIPMENT  
 34 ALL OTHERS

**NON-MOTORIST**  
 35 ANIMAL W/DRIVER  
 36 ANIMAL W/NO DRIVER  
 37 BICYCLE  
 38 PEDESTRIAN  
 39 FERRICYCLIST  
 40 SKATER  
 41 OTHER-NON MOTORIST  
 42 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
 01, 02

**MOTORIST**  
 01 NONE  
 02 FAILING 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/ACCDA  
 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/  
 10 IMPROPER PASSING  
 11 IMPROPER BACKING  
 12 IMPROPER START FROM PARKED POSITION  
 13 STOPPED ON PARKED ILLGALLY  
 14 OPERATING VEHICLE IN EBSTIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)  
 16 FAILURE TO CONTROL  
 17 VISION OBSTRUCTION  
 18 DRIVER DISTRACTION  
 19 FATIGUE/ASLEEP  
 20 OPERATING DEFECTIVE EQUIPMENT  
 21 LOAD SHIFTING/FALLING/SPILLING  
 22 OTHER IMPROPER ACTION  
 23 UNKNOWN

**NON-MOTORIST**  
 24 IMPROPER CROSSING  
 25 DARTING  
 26 LYING AND/OR ILLGALLY IN ROADWAY  
 27 FAILURE TO YIELD RIGHT OF WAY  
 28 NOT VISIBLE (DARK CLOTHING)  
 29 INATTENTIVE  
 30 FAILING TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER  
 31 WRONG SIDE OF THE ROAD  
 32 OTHER  
 33 UNKNOWN

**POINT OF IMPACT**  
 08, 01

01 NONE  
 02 CENTER FRONT  
 03 FRONT FRONT  
 04 FRONT SIDE  
 05 FRONT 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, 1

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

**FIRST HARMFUL EVENT**  
 1, 1

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

**MOST HARMFUL EVENT**  
 2, 1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-6)

**SPEED DETECTED**  
 1, 1

1 STATED  
 2 ESTIMATED SPEED

**SPEED**  
 1, 1

**CONDITION**  
 1, 8

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

**ALCOHOL / DRUG SUSPECTED**  
 1, 6

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, 1

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, 1

1 NONE  
 4 BREATH  
 2 BLOOD  
 3 URINE  
 5 OTHER

**ALCOHOL TEST RESULT**  
 1, 1

**TYPE OF INTERSECTION**  
 01

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 SHARDED USE PATHS OR TRAILS  
 13 UNKNOWN

**OCCURRENCE**  
 1

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

**ROAD CONTOUR**  
 2

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

**ROAD CONDITIONS**  
 PRIMARY: 01, SECONDARY: 01

**EMERGENCY RESPONSE**  
 1, 1

1 No  
 2 Yes  
 3 UNKNOWN

**DAMAGE SCALE**  
 4, 1

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

**STRIKING VEHICLE: OVERSIDE / UNDERIDE**  
 1, 1

1 NO UNDERIDE OR OVERIDE  
 2 UNDERIDE, COMPARTMENT INTRUSION  
 3 UNDERIDE, NO COMPARTMENT INTRUSION  
 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  
 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT  
 6 OVERIDE, OTHER VEHICLE  
 7 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '30' SELECTED ABOVE**

01 TURN SIGNALS  
 02 HEAD LAMPS  
 03 TAIL LAMPS  
 04 BRAKES  
 05 STEERING  
 06 TIRE BLOWOUT  
 07 WORK ON SUEK TIRES  
 08 TRAILER EQUIPMENT DEFECTIVE  
 09 MOTOR TROUBLE  
 10 DISABLED FROM PRIOR CRASH  
 11 OTHER DEFECTS

**SUPPLEMENT # 1**  
 X P YES

**LOCAL REPORT # 2**  
 08-00A712

**ALCOHOL TEST RESULT**  
 1, 1

**DRUG TEST RESULT**  
 1, 1

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

**Narrative** Driver of unit #1 states he was S/B when unit #2  
 got him off, causing him to lose control and strike  
 the wall.

<b>NUMBER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWIFE, SAME DIRECTION 8 SIDEWIFE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>Diagram</b> 
<b>WEATHER</b> <input type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
<b>LIGHT CONDITIONS</b> <input type="checkbox"/> 4 <input type="checkbox"/> 41 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENTLY MOVING WORK 5 OTHER	
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	

<b>UNIT #</b> <input type="checkbox"/>	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<b>AND</b>	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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.
<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="checkbox"/>	<b>COMPANY PHONE</b> <input type="checkbox"/>		<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="checkbox"/>

<b>US DOT</b> <input type="checkbox"/>	<b>ICC MC</b> <input type="checkbox"/>	<b>PUCO</b> <input type="checkbox"/>	<b>TRAILER LP ST.</b> <input type="checkbox"/>	<b>TRAILER LP YEAR</b> <input type="checkbox"/>	<b>TRAILER LP #</b> <input type="checkbox"/>	<b>PLACARD #</b> <input type="checkbox"/>	<b>HAZARDOUS MATERIALS PLACARD</b> <input type="checkbox"/>	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/>	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHIPS/GRAVEL 05 POLY 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>Weight (GVWR)</b> <input type="checkbox"/>	1 LESS/EQUAL 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>CDL CLASS</b> <input type="checkbox"/>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

**Police Action**

<b>DATE CRASH REPORTED</b> 02082008	<b>TIME REG CALL</b> 1849	<b>DEPART</b> 1851	<b>ARRIVED</b> 1854	<b>CLEARED</b> 2000	<b>OTHER</b> 0	<b>TOTAL MINUTES</b> 69	
<b>OFFICER'S NAME #</b> M. Lee	<b>BADGE #</b> 1048	<b>CHECKED BY</b> D/S P. GARCIA	<b>DATE REPORT FILED #</b> 02112008	<b>REPORT TAKEN BY</b> <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	<b>REPORT TAKEN AT</b> <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION	<b>SUPPLEMENT #</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LOCAL REPORT #</b> <input type="checkbox"/>



LOCAL REPORT NUMBER <b>08-008217</b>	REPORTING AGENCY <b>YOUNGSTOWN Police Dept.</b>	DATE OF CRASH <b>M 2 10 08 1008</b>
IN COUNTY OF <b>MAH-SO</b>	CRASH LOCATION <b>IR-630 SIB (NEAR Mile Post 6.8)</b>	

Unit #1: 2004 FORD TAURUS - 4DR - SILVER  
 Dealer Plate (OH) 26/1001  
 VIN # 1FATP53UB4A101097  
 Disabling Damage / Towed by Ledt's Boney

- BINGHAM ADVISED THAT THE VEHICLE (UNIT #1) WAS ISSUED AS A LOANER, BY DONACELL FORD, WHILE HIS AUTO WAS BEING REPAIRED. INSURANCE INFO UNKNOWN AT THIS TIME.

- SUSPECT AUTO DID NOT MAKE CONTACT WITH UNIT #1 AND NO PLATE INFO AVAILABLE.

OFFICER'S SIGNATURE <b>X [Signature] (M. Lee)</b>	BADGE NUMBER <b>1048</b>
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Driver Unit #1

LOCAL REPORT NUMBER 08-008217	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 2   D 8   Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Bradley A Bingham PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Off. M. Lee #1048 OFFICER'S NAME AT IR-680 S/B LOCATION

Tim Terry and I were driving southbound on the ramp from US 62 onto I-680 following a line of cars up the ramp. Upon entering the far right lane of I-680 a Dodge Dakota dark green pick-up around a 1999 that had been traveling south on I-680 swerved into our lane cutting the front of my car off within inches. I slammed on the brakes to avoid hitting the rear of the truck and the brakes locked and I slid across the lanes to the left into the median wall. The truck stopped and looked at me and left heading up the South Ave exit and turned southbound. He was a black male with glasses about late 20s early 30s. A witness, Deaun driving a Malibu stopped to see if we were okay. I told her to go try to follow that truck to get the plate number. She returned without getting it. The car (2004 silver Ford Taurus) that I was driving belongs to Donnell Ford of Market St., Boardman.

ADDRESS OF WITNESS 226 Norwood Ave #3 Yo. OH 44504	PHONE 330-881-3376
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER <b>08-008217</b>	REPORTING AGENCY <b>YOUNGSTOWN Police Dept.</b>	DATE OF CRASH <b>M 2   D 8   Y 08</b>
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**I, DEAN FLOER** PRINTED **HEREBY MAKE THIS VOLUNTARY STATEMENT TO**  
**Off. M. Lee #1048** OFFICER'S NAME **AT IR-680 St** LOCATION

**HEADING SOUTH BOUND ON 680 I SAW THE BACK END OF A SILVER FORD TRUCK FLW UP IN THE AIR AND SLIDE SIDE WAYS. I STOPPED TO SEE IF EVERY ONE WAS OK. BRAD ASKED ME TO GO GET THE LICENSE PLATE OFF THE TRUCK THAT CUT HIM OFF. HE TURNED @ ONTO SOUTH AVE. NEVER SAW A 99 DODGE DAKOTA.**

ADDRESS OF WITNESS <b>3081 POPPUR-WHEELER RD HUBBARD OH 44425</b>	PHONE <b>412-527-9303</b>
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICER'S SIGNATURE <i>[Signature]</i>