

TRAFFIC CRASH REPORT



LOCAL REPORT #
 08-011632

CRASH SEVERITY
 1 FATAL 3 PDO
 2 INJURY 4 UNKNOWN
 3

PRIVATE PROPERTY
 X IF YES

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

PHOTOS TAKEN
 X IF YES

OH-2 OH-3 OH-4 OH-5
 X

PLATE #
 05009

REPORTING AGENCY #
 Youngstown Police

UNITS
 02

UNIT ERROR
 02
 85 = ANIMAL
 99 = UNKNOWN

DATE OF CRASH #
 02242008

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY #* LATITUDE LONGITUDE
 1919 SUN X Youngstown 50

LOCATION LOCATION TYPE LOC TYPE LOCATION POINT USED
 EMERY 1 NAMED STREET 3 NUMBERED ROUTE

REFERENCE POINT USED
 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE
 IN FRONT OF 439 EMERY 04

DRIVER #1 UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
 A 0100 SCOTT, JON K

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 681 POLAND AVE STRUTTERS OHIO 44471

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 OH DW04386

OWNER NAME (IF SAME, WRITE "SAME") YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 Same 1994 CADDT Fleetwood Blue Geico N/A 7509432

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
 331.13 Improper Backing J4478.3 X

DRIVER #2 UNIT # 2 OF OCC. NAME (LAST, FIRST, MIDDLE)
 B 0201 Taylor, Wendy

ADDRESS (STREET, CITY, STATE, ZIP CODE)
 729 CHERWOOD YOUNGSTOWN, OHIO 44512

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE
 OH RF876987 OH EIC-1522

OWNER NAME (IF SAME, WRITE "SAME") YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 Same 1995 Chevy S-10 white Nationwide N/A Same

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES
 331.13 Improper Backing J4478.3 X

DRIVER #3 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
 D

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/SIDE CAR)
 08 THIRD - MIDDLE
 09 THIRD - RIGHT
 10 SLEEPING SECTION OF CAB
 11 ENCLOSED CARGO AREA
 12 UNENCLOSED CARGO AREA
 13 TRAILING UNIT
 14 EXTERIOR
 15 OTHER
 16 UNKNOWN

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 LIGHTING
 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 EXTINGUISHED BY MEANS
 3 FIRED BY MEANS
 4 UNKNOWN

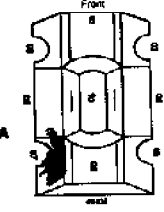
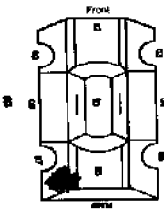
INJURIES
 1 NO INJURY
 2 POSSIBLE
 3 NON-INCAPACITATING
 4 INCAPACITATING
 5 FATAL INJURY
 6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="19"/> <input type="text" value="02"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>29</td><td>B</td><td>21</td></tr> <tr><td></td><td>2</td><td></td><td>2</td></tr> <tr><td></td><td>3</td><td></td><td>3</td></tr> <tr><td></td><td>4</td><td></td><td>4</td></tr> </table>	A	29	B	21		2		2		3		3		4		4	POSTED SPEED <input type="text" value="25"/> <input type="text" value="25"/>	DRUG TEST STATUS <input type="text" value="A"/> <input type="text" value="1"/>
A	29	B	21																		
	2		2																		
	3		3																		
	4		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/TOLLOVER 02 FIRE/EXPLOSION 03 IMBERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHELF 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 FRIER) 14 PEDESTRIAN 15 PEDESTRIAN 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 TOWER, POLE OR SUPPORT 38 CULVERT 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	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="A"/> <input type="text" value="1"/>																
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	MOST DAMAGED AREA <input type="text" value="07"/> <input type="text" value="07"/>	CONTROLLED CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="10"/>	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 TOWER, POLE OR SUPPORT 38 CULVERT 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	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, OCCUPIED 16 OTHER	DRUG TEST I&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>																
TYPE OF UNIT <input type="text" value="04"/> <input type="text" value="07"/>	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 (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVENTION DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORBIKE 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/O DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	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 CLOSE/WACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 WAGON OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/SLEEP 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 WADING SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	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 TOWER, POLE OR SUPPORT 38 CULVERT 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	Direction Front To <input type="text" value="34"/> FROM To <input type="text" value="21"/>	DRUG TEST I&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>																
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ACTION <input type="text" value="4"/> <input type="text" value="3"/>	ACTION 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	ACTION 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	ACTION 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	ALCOHOL/DRUG SUSPECTED <input type="text" value="A"/> <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>																
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/>	STRIKING VEHICLE: OVERTAKE/ UNDERCARRIAGE <input type="text" value="A"/> <input type="text" value="1"/>	STRIKING VEHICLE: OVERTAKE/ UNDERCARRIAGE <input type="text" value="A"/> <input type="text" value="1"/>	STRIKING VEHICLE: OVERTAKE/ UNDERCARRIAGE <input type="text" value="A"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="A"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>																
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	DAMAGE SCALE 1 NO UNDERLINE OR OVERLINE 2 UNDERLINE, COMPARTMENT INTERIORS 3 UNDERLINE, NO COMPARTMENT INTERIORS 4 UNDERLINE, COMPARTMENT INTERIORS UNKNOWN 5 OVERLINE, MOTOR VEHICLE IN TRANSPORT 6 OVERLINE, OTHER VEHICLE 7 UNKNOWN	DAMAGE SCALE 1 NO UNDERLINE OR OVERLINE 2 UNDERLINE, COMPARTMENT INTERIORS 3 UNDERLINE, NO COMPARTMENT INTERIORS 4 UNDERLINE, COMPARTMENT INTERIORS UNKNOWN 5 OVERLINE, MOTOR VEHICLE IN TRANSPORT 6 OVERLINE, OTHER VEHICLE 7 UNKNOWN	DAMAGE SCALE 1 NO UNDERLINE OR OVERLINE 2 UNDERLINE, COMPARTMENT INTERIORS 3 UNDERLINE, NO COMPARTMENT INTERIORS 4 UNDERLINE, COMPARTMENT INTERIORS UNKNOWN 5 OVERLINE, MOTOR VEHICLE IN TRANSPORT 6 OVERLINE, OTHER VEHICLE 7 UNKNOWN	ALCOHOL TEST STATUS <input type="text" value="A"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>																
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SUPPLEMENT # X" IF YES LOCAL REPORT # A
 08-011632

Narrative

UNIT #1 WAS PARKED ON EMERY FRONTING WB IN FRONT OF 439.
 UNIT #2 WAS BREAKING OUT OF THE DRIVEWAY OF 439 EMERY AND STRUCK
 UNIT #1.

MANNER OF COLLISION OR IMPACT

1
 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

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

TYPE OF WORK ZONE

1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERRUPTED/ 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

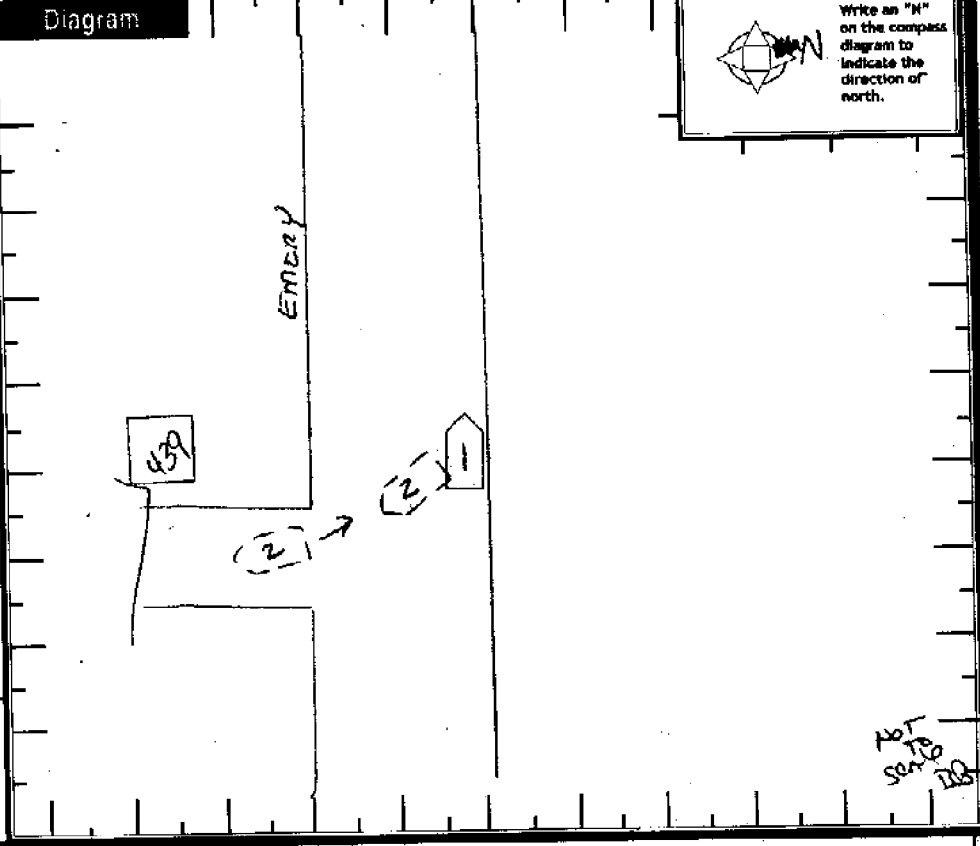
WEATHER

01
 01 CLEAR
 02 CLOUDY
 03 Fog, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY 4
SECONDARY

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



Truck/Bus

Unit #

COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

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 DISABLED DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

US DOT ICC MC PUCO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # /ha

CARGO BODY TYPE

01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER
02 BUS (8-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER
03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE
04 GRAB/CRANE/GRAVEL	08 DUMP	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

02242008 1919 1924 1932 2024 30 90

OFFICER'S NAME # BADGE # CHECKED BY DATE REPORT FILED #

Boopsing 037 DSP. GARCIA 02242008

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER SUPPLEMENT "X" YES * LOCAL REPORT # #

08-011632



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 08-011632	REPORTING AGENCY YOUNGSTOWN Police	DATE OF CRASH 02 24 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jon-R. Scott HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Boekering AT 439 smom
OFFICER'S NAME LOCATION

On Sun Feb. 24, 2008 At about 7:15
 Wendy Taylor backed out of the driveway
 where we were watching the Cavs Game
 together. She then came back into the house
 admitting to backing into my car. She then
 said she would take care of it and
 showed insurance. I insisted she call them
 right away but she insisted on the morning.
 I told her I would have to call the police
 she left the scene. We then called the
 YPD. Officer arrived and gave me my
 options. We tried to reach her at home
 to call the insurance company or I
 would have to file a report. She refused.

ADDRESS OF WITNESS	PHONE 30750-7432
SIGNATURE OF WITNESS X <u>Jon-R. Scott</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>