

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08-011885

CRASH SEVERITY
3
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X
IF YES

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

PHOTOS TAKEN
X
IF YES

OH-2 OH-3 OH-1P OTHER
X

NCIC # *
05009

REPORTING AGENCY *
Youngstown Police

UNITS
02

UNIT ERROR
02
98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
02252008

TIME OF CRASH: 2140 DAY OF WEEK: Mon CITY: X VILLAGE: TWP: NAME (OF CITY, VILLAGE OR TOWNSHIP): YOUNGSTOWN COUNTY #: 50 LATITUDE: LONGITUDE:

CRASH LOCATION: 334 ST. LOUIS TYPE LOC: 1 TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED ROUTE 3 NUMBERED STREET 4 DRIVEWAY
REF POINT: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

A UNIT # 01 OF OCC. 01 NAME (LAST, FIRST, MIDDLE) ANDERSON, GEORGE
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 116 W. Boardman ST. YOUNGSTOWN, OHIO 44503
 SOCIAL SECURITY NUMBER: DATE OF BIRTH: 10/06/1969 AGE: 38 SEX: M HOME PHONE: 742-8926 WORK PHONE:
 DL STATE: OH DL # RP 704566 LP STATE: LP #: 110 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:
 OWNER NAME (IF SAME, WRITE "SAME") CITY OF YOUNGSTOWN ADDRESS (STREET, CITY, STATE, ZIP CODE) 116 W Boardman ST. YOUNGSTOWN OHIO 44503
 YEAR: 2002 MAKE: Ford MODEL: Crown Vic COLOR: white INSURANCE COMPANY: HCC TOWING SERVICE: N/A OWNER PHONE: 330 742-8926
 CITATION # LOCAL CODE? X IF YES

B UNIT # 02 OF OCC. 01 NAME (LAST, FIRST, MIDDLE) Kimble, DARRYL R
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 112 Willis Youngstown Ohio 44507
 SOCIAL SECURITY NUMBER: DATE OF BIRTH: 03/24/1986 AGE: 21 SEX: M HOME PHONE: WORK PHONE:
 DL STATE: OH DL # - NONE - LP STATE: LP #: OH DTL 309 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:
 OWNER NAME (IF SAME, WRITE "SAME") SULLIVAN, SHAWN M ADDRESS (STREET, CITY, STATE, ZIP CODE) 340 INDIANOLA YOUNGSTOWN, OHIO 44512
 YEAR: 1999 MAKE: Chrysler MODEL: Sebring COLOR: Gold INSURANCE COMPANY: NONE TOWING SERVICE: Ludds OWNER PHONE: 330 782 5947
 CITATION # LOCAL CODE? X IF YES

Occupant

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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:
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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY: INJURED TAKEN TO:

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 - FRONT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTENSION 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-MOTORIST 09 None Used 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTS 14 OTHER 15 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 ENTRAPPED 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
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BLANK FOR WITNESS SUPPLEMENT * X IF YES

UNIT NUMBERS 01 02	DAMAGE AREA 	PRE-CRASH ACTIONS 1 13	SEQUENCE OF EVENTS A: 20, 2 B: 20, 2	POSTED SPEED A: , B:	DRUG TEST STATUS 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
NON-MOTORIST LOCATION A: , B: 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 02 06	NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 INVERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/DROP 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RANAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FROM 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/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, 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, OBLSCURED 16 OTHER	DRUG TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 OTHER
TYPE OF UNIT 01 04 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 SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIMPLES 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 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	POINT OF IMPACT 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 UNDERCHASSIS 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES 01 13 MOTORIST 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/WACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VEHICLE 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 DRIVING 26 LYING AHEAD/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	DIRTY HARMFUL EVENT A: 1, B: 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE DIRTY HARMFUL EVENT (1-4)	DIRECTION FROM TO: 2 1, 1 2 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	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
IN EMERGENCY RESPONSE 1 No 2 Yes 3 UNKNOWN	ACTION 1 3 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF "13" SELECTED ABOVE A: , B:	MOST HARMFUL EVENT A: 1, B: 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	CONDITION 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FANTIED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION 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 SHARED-USE PATHS OR TRAILS 13 UNKNOWN
DAMAGE SCALE 1 2 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE / UNDERIDE A: 1, B:	ALCOHOL/DRUG SUSPECTED 1 A, 1 B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - MIBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	SPEED DETECTED A: , B: 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST STATUS 1 A, 1 B 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNRELIABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONTOUR 2 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
DAMAGE SCALE 1 2 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE / UNDERIDE A: 1, B:	VEHICLE DEFECT CODE ONLY IF "13" SELECTED ABOVE A: , B:	SPEED DETECTED A: , B: 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST TYPE 1 A, 1 B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONDITIONS PRIMARY: 01, SECONDARY: 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVELS 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN *SECONDARY ROAD CONDITIONS ONLY
SUPPLEMENT "1" IF YES LOCAL REPORT # * 08-011885					

ONIT#2 was being Pursued by UNIT#1 For Criminal Charges,
 AS UNIT#2 was fleeing the driver pulled into the driveway of
 334 ST. LOUIS and jumped out of the Auto leaving it in Reverse.
 UNIT#1 was behind UNIT#2 and got struck by UNIT#2. The driver
 was Caught a short distance away.

PICTURES TAKEN BY D/S MICHAEL - DIGITAL CAMERA.

NUMBER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 SINGLE <input type="checkbox"/> 7 SIDEWIPER, SAME DIRECTION <input type="checkbox"/> 8 SIDEWIPER, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN 5	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN 1		WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 Fog, Mist, Smoke <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Severe Crosswinds <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN 01	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN 1	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFTS/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVED WORK <input type="checkbox"/> 5 OTHER 1	WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 Fog, Mist, Smoke <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Severe Crosswinds <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN 01	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA 1	WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 Fog, Mist, Smoke <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Severe Crosswinds <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN 01	WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 Fog, Mist, Smoke <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 Snow <input type="checkbox"/> 07 Severe Crosswinds <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN 01	
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A THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (BOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (BOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

B 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 REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #
 COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE
 ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC INC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD	PLACARD
CARGO BODY TYPE <input 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 GRASS/COROT/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	CDL Class <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	Hazardous Materials Placard <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Agency
 DATE CRASH REPORTED: 02 25 2008
 TIME REC CALL: 2140
 DISPATCH: 2140
 ARRIVED: 2140
 CLEANED: 2240
 OTHER:
 TOTAL UNITS: 60

OFFICER'S NAME: Booksing
 BADGE # #: 1037
 CHECKED BY: D/S P. GARCIA
 DATE REPORT FILED #: 02 26 2008

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST
 REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER
 SUPPLEMENT * X IF YES *
 LOCAL REPORT # #: 08-011805

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 08-011885	REPORTING AGENCY Youngstown Police	DATE OF CRASH M 08 / D 05 / Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, George E Anderson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

George E Anderson (OFFICERS NAME) AT 334 St. Louis (LOCATION)

while in Pursuit of a Gold Chrysler Sebring this officer observed the vehicle Pull into the Drive at 334 St. Louis. This officer then observed the Male Black Driver exit the Vehicle and flee on foot. Before this officer could exit Marked unit III the Gold Sebring Coasted Back into the front of Marked unit #III. The Driver of the Sebring left the Vehicle in Reverse upon Exit. Det/Sgt. Miranda was then called to the scene to observe the collision. Det/Sgt Miranda did take Pictures. No Damage was found on Marked unit #III only scuffs to the Paint was observed By this officer

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS	OFFICERS SIGNATURE <u>George E Anderson #1115</u>