

TRAFFIC CRASH REPORT



LOCAL REPORT #
08-075981

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

HTY/SHOP
1 NOT HTY/SHOP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X YES

N.C.I.C. #
05009

REPORTING AGENCY #
YOUNGSTOWN POLICE

UNITS
02

UNIT ERROR
88 - ANIMAL
99 - UNKNOWN

DATE OF CRASH #
11/04/2008

TIME OF CRASH
233

DAY OF WEEK
TUE

CITY*
K

VILLAGE*
YOUNGSTOWN

TWP*
S

COUNTY #*
50

LATITUDE

LONGITUDE

CRASH LOCATION
REDONDO

TYPE LOC
1

REFERENCE POINT USED
1 NAMED STREET
2 NUMBERED ROUTE

REFERENCE POINT USED
04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 STATE LINE
07 CORPORATION LIMIT

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 01 KELLISH, JENNIFER K

ADDRESS (STREET, CITY, STATE, ZIP CODE)
6800 COOK AVE APT 2 YOUNGSTOWN, OHIO 44512

SOCIAL SECURITY NUMBER
10061976

DATE OF BIRTH
10/06/1976

AGE
32

SEX
M

HOME PHONE #
330.506.6453

WORK PHONE #

DL STATE
OH

DL #
RQ292684

LP STATE
OH

LP #
EKK-4493

INJURED TAKEN BY
2

TRANSPORTED BY
KORAL METRO

INJURED TAKEN TO
ST. ELIZABETH

OWNER NAME (IF SAME, WRITE "SAME")
DURFEY, ROBERT

ADDRESS (STREET, CITY, STATE, ZIP CODE)
4055 SOUTH AVE. LOT 12 BARNMAN, OHIO 44512

YEAR
1993

MAKE
FORD

MODEL
RANGER

COLOR
BLU

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED
331.34(A)

OFFENSE DESCRIPTION
FAIL TO CONTROL

CITATION #
FB 393

LOCAL CODE? X IF YES

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02 00

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #
330.744.9572

WORK PHONE #

DL STATE
OH

DL #
DFB-10671

LP STATE
OH

LP #

INJURED TAKEN BY
1

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
LEVESQUE, ANNA

ADDRESS (STREET, CITY, STATE, ZIP CODE)
405 REDONDO YOUNGSTOWN, OHIO 445

YEAR
1997

MAKE
PONTIAC

MODEL
GRAN AM

COLOR
BLK

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
C

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? X IF YES

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
D

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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WORK PHONE #

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LP STATE

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TRANSPORTED BY

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WORK PHONE #

DL STATE

DL #

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LP #

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WORK PHONE #

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TRANSPORTED BY

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YEAR

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OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

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INJURED TAKEN BY

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

UNIT NUMBERS
01 02

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

TYPE OF UNIT
07 03

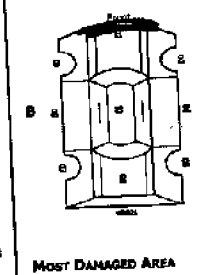
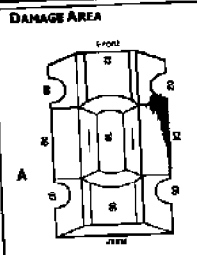
- MOTORIST**
- 01 SUB-COMPACT
 - 02 COMPACT
 - 03 MID SIZE
 - 04 FULL SIZE
 - 05 MINIVAN
 - 06 SPORT UTILITY VEHICLE
 - 07 PICKUP
 - 08 PANEL/VAN
 - 09 SINGLE UNIT TRUCK
 - 10 2 AXLES, 8 TIRES
 - 11 SINGLE UNIT TRUCK; 3+ AXLES
 - 12 TRUCK/TRAILER
 - 13 TRUCK TRACTOR (BOBTAIL)
 - 14 TRACTOR/SEMI-TRAILER
 - 15 TRACTOR/DOUBLE SHORT
 - 16 TRACTOR/DOUBLE LONG
 - 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
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
 - 36 ANIMAL W/NO DRIVER
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

IN EMERGENCY RESPONSE
A B

1 No
2 YES
3 UNKNOWN

DAMAGE SCALE
2 2

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 BEYOND
- 6 UNKNOWN



MOST DAMAGED AREA
04 02

- 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

POINT OF IMPACT
04 02

- 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
3 4

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

STRIKING VEHICLE: OVERSIDE/ UNDERGLIDE
A B

- 1 NO UNDERSIDE OR OVERSIDE
- 2 UNDERSIDE, COMPARTMENT INTRUSION
- 3 UNDERGLIDE, NO COMPARTMENT INTRUSION
- 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERSIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS
09 10

- 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 DRIVENESS
 - 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

- CONTRIBUTING CIRCUMSTANCES**
- 15 01
- 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/WAGDA
 - 09 IMPROPER LANE CHANGE/ DRIVE OFF ROAD/ IMPROPER PASSING
 - 10 IMPROPER BACKING
 - 11 IMPROPER START FROM PARKED POSITION
 - 12 STOPPED OR PARKED ILLEGALLY
 - 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
 - 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
 - 15 FAILURE TO CONTROL
 - 16 VISION OBSTRUCTION
 - 17 DRIVER INATTENTION
 - 18 FATIGUE/ARLEP
 - 19 OPERATING DEFECTIVE EQUIPMENT
 - 20 LOAD SHIFTING/FALLING/SPILLING
 - 21 OTHER IMPROPER ACTION
 - 22 TOTAL (ALL AREAS)
 - 23 UNKNOWN
- NON-MOTORIST**
- 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 INATTENTION
 - 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
 - 31 WRONG SIDE OF THE ROAD
 - 32 OTHER
 - 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE
A B

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

SEQUENCE OF EVENTS
A B
20 21

- 1
- 2
- 3
- 4

- NON-COLLISION**
- 01 OVERTURN/FOLLOWER
 - 02 FIRE/EXPLOSION
 - 03 MINERSON
 - 04 JACKKNIFE
 - 05 CARGO/EQUIPMENT LOSS/SHIFT
 - 06 EQUIPMENT FAILURE
 - 07 SEPARATION OF UNITS
 - 08 RAN OFF ROAD RIGHT
 - 09 RAN OFF ROAD LEFT
 - 10 CROSS MEDIAN/CENTERLINE
 - 11 DOWNHILL RUMBLEWAY
 - 12 OTHER NON-COLLISION
 - 13 UNKNOWN NON-COLLISION
 - 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
 - 15 PEDESTRIAN
 - 16 PEDALCYCLE
 - 17 RAILWAY VEHICLE
 - 18 ANIMAL - FARM
 - 19 ANIMAL - DEER
 - 20 ANIMAL - OTHER
 - 21 MOTOR VEHICLE IN TRANSPORT
 - 22 PARKED MOTOR VEHICLE
 - 23 WORK ZONE MAINTENANCE EQUIPMENT
 - 24 OTHER MOVABLE OBJECT
 - 25 UNKNOWN MOVABLE OBJECT
 - 26 COLLISION WITH FIXED OBJECT
 - 27 IMPACT ATTENUATOR/FRAM CUSHION
 - 28 BRIDGE OVERHEAD STRUCTURE
 - 29 BRIDGE PIER OR ABUTMENT
 - 30 BRIDGE PARAPET
 - 31 GUARDRAIL
 - 32 GUARDRAIL FACE
 - 33 GUARDRAIL END
 - 34 MEDIAN BARRIER
 - 35 HIGHWAY TRAFFIC SIGN POST
 - 36 OVERHEAD SIGN POST
 - 37 LIGHT/LUMINAIRE SUPPORT
 - 38 UTILITY POLE
 - 39 OTHER POST, POLE OR SUPPORT
 - 40 CULVERT
 - 41 CURB
 - 42 EMBANKMENT
 - 43 FENCE
 - 44 MAILBOX
 - 45 TREE
 - 46 OTHER FIXED OBJECT
 - 47 WORK ZONE MAINTENANCE EQUIPMENT
 - 48 UNKNOWN FIXED OBJECT
 - 49 OTHER
 - 50 UNKNOWN

FIRST HARMFUL EVENT
A B
1 1

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

MOST HARMFUL EVENT
A B
1 1

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

SPEED DETECTED
A B
1 STATED
2 ESTIMATED SPEED

SPEED
A B

POSTED SPEED
A B

TRAFFIC CONTROL
01 A B

- 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 BARRIAGE
- 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 FROM TO
3 4 A B

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

CONDITION
5 B

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

ALCOHOL/DRUG SUSPECTED
A B

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

ALCOHOL TEST STATUS
A B

- 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
A B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
A B

- 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
A B

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 18.2 RESULT
A B

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

TYPE OF INTERSECTION
01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDBOAT
- 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

OCCURRENCE
6

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

ROAD CONTOUR
1

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

ROAD CONDITIONS
PRIMARY SECONDARY
01 01

- 01 DRY
 - 02 WET
 - 03 SNOW
 - 04 ICE
 - 05 SAND, MUD, DIRT, OIL, GRAVEL
 - 06 WATER (STANDING, MOVING)
 - 07 SLUSH
 - 08 DEBRIS
 - 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT **
 - 10 OTHER
 - 11 UNKNOWN
- **SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # "X" IF YES LOCAL REPORT # & 08-075981

Narrative

UNIT #1 DRIVING OFF THE ROAD WHILE HEADING WEST ON REDWOOD. UNIT #1 STRUCK UNIT #2 AS IT SAT UNOCCUPIED IN THE DRIVEWAY OF 473 REDWOOD. UNIT #1 CONTINUED WEST THROUGH THE YARDS STOPPING AS IT HIT THE LAND SLIDING AS 473 REDWOOD.

MANNER OF COLLISION OR IMPACT

6

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 2 REAR-END
- 3 HEAD-ON
- 4 REAR-TO-REAR
- 5 BACKING
- 6 ANGLE
- 7 SIDESWIPES, SAME DIRECTION
- 8 SIDESWIPES, OPPOSITE DIRECTION
- 9 UNKNOWN

WEATHER

01

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DREZZLES)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOOT, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

LIGHT CONDITIONS

4

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

- 1 LANE CLOSURE
- 2 LANE SHUT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIUM
- 4 INTERMITTENT MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

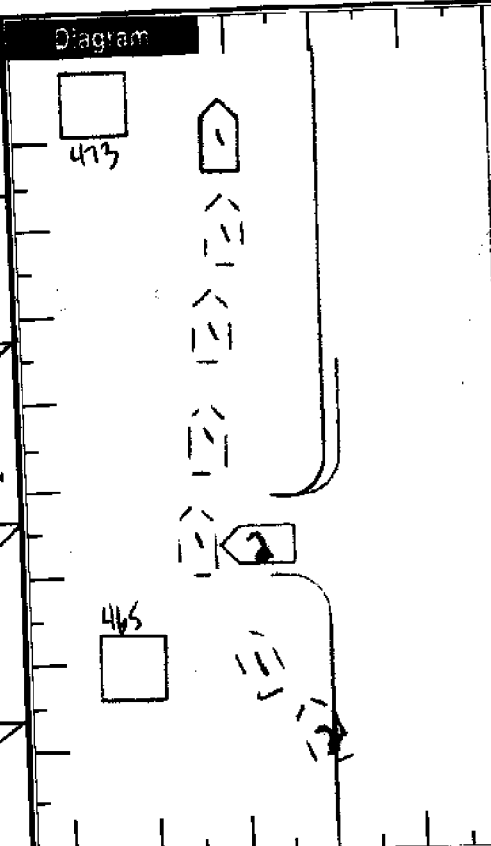
1

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA
- 5 WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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

NOT TO SCALE

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.

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.

UNIT #

1

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

COMPANY PHONE

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

CARGO BODY TYPE

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

Weight (GVWR)

- 1 LESS/EQUAL 10,000
- 2 10,001 - 20,000
- 3 MORE THAN 20,000

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: 11/04/2006 TIME REC CALL: 2331 DISPATCH: 2337 ARRIVED: 2341 CLEARED: OTHER: TOTAL MINUTES:

OFFICER'S NAME: **KARBER** BADGE # +: 1044 CHECKED BY: *[Signature]* DATE REPORT FILED #: 11/05/2008

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT "X" IF YES: LOCAL REPORT # #: 08-075981

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER

08-075981

REPORTING AGENCY

YOUNGSTOWN POLICE

DATE OF CRASH

M 11 10 04 11 06

IN COUNTY OF

MAHONING

CRASH LOCATION

473 REDWOOD

HOME OWNER @ 473 REDWOOD

FIELDS, NATHAN (234) 855-0650

HIS LANDSCAPING WAS DAMAGED

OFFICER'S SIGNATURE

X

KARBER

BADGE NUMBER

1044