

TRAFFIC CRASH REPORT



09 - 07 6706 2

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

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

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

5009

REPORTING AGENCY *

Youngstown P.D

03 01

98 = ANIMAL
99 = UNKNOWN

11072008

DAY OF WEEK

1925 FRI X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

Youngstown

50

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION
I 680 South

TYPE LOC
3

TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE OR PREFIX REFERENCE
00 FV

Williamson Exit

REF POINT
10

REFERENCE POINT USED
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

NAME (LAST, FIRST, MIDDLE)

01 02 Robinson, Darrin, L.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1603 STEWART Youngstown, OH 44505

HOME PHONE #

WORK PHONE #

02 09 1983 25 M

3307443351

DL STATE DL #

OH RY333495

LP STATE LP #

OH EN67601

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Warren, Gail, D.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1603 STEWART Youngstown, OH 44505

YEAR

1989

MAKE

Mercury

MODEL

Topaz

COLOR

Tan

INSURANCE COMPANY

Progressive

TOWING SERVICE

Ludts

OWNER PHONE #

OFFENSE CHARGED

333.03A

OFFENSE DESCRIPTION

ALDA

I 31 000

X

NAME (LAST, FIRST, MIDDLE)

02 02 Hart, Kizzy, M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1340 Buckeye Ct Youngstown, OH 44505

HOME PHONE #

WORK PHONE #

05 27 1978 30 F

320

DL STATE DL #

OH SA652643

LP STATE LP #

OH Q7333010

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Mascarella, Rose, W.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

118 Meadowpark Dr apt E, Cambridge, OH 43725

YEAR

2001

MAKE

Pont

MODEL

Grand Prix

COLOR

Green

INSURANCE COMPANY

Broadman

TOWING SERVICE

Tow

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

01 Tubbs, Felicia, M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1769 S. Heights Youngstown, OH 44502

HOME PHONE #

3307443351 12291990 17 F

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

TRANSPORTED BY

INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

02 Hooks, Amanda, M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1340 Buckeye Ct Youngstown, OH 44505

HOME PHONE #

0531197731 F

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

TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION

- 01 01 FRONT - LEFT (MC DRIVER) 04
- 02 02 FRONT - MIDDLE 04
- 03 03 FRONT - RIGHT 04
- 04 04 SECOND - LEFT (MC PASS) 04
- 05 05 SECOND - MIDDLE 04
- 06 06 SECOND - RIGHT 04
- 07 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)
- 08 08 THIRD - MIDDLE 04
- 09 09 THIRD - RIGHT 04
- 10 10 SLEEPER SECTION OF CAB 04
- 11 11 ENCLOSED CARGO AREA 04
- 12 12 UNENCLOSED CARGO AREA 04
- 13 13 TRAILING UNIT
- 14 14 EXTERIOR
- 15 15 OTHER
- 16 16 NON-MOTORIST

SAFETY EQUIPMENT

- 01 01 NONE USED 1
- 02 02 SHOULDER BELT ONLY 1
- 03 03 LAP BELT ONLY 1
- 04 04 SHOULDER/LAP BELT 1
- 05 05 CHILD SAFETY SEAT 1
- 06 06 MC HELMET USED 1
- 07 07 USE UNKNOWN NON-MOTORIST 1
- 08 08 NONE USED 1
- 09 09 HELMET USED 1
- 10 10 PROTECTIVE PADS 1
- 11 11 REFLECTIVE CLOTHING 1
- 12 12 LIGHTING 1
- 13 13 OTHER 1
- 14 14 UNKNOWN 1

AIR BAG

- 1 01 NOT-DEPLOYED 4
- 2 02 DEPLOYED-FRONT 4
- 3 03 DEPLOYED-SIDE 4
- 4 04 DEPLOYED BOTH FRONT/SIDE 4
- 5 05 NOT APPLICABLE 4
- 6 06 UNKNOWN 4

AIR BAG SWITCH

- 1 01 NOT PRESENT 1
- 2 02 IN ON POSITION 1
- 3 03 IN OFF POSITION 1
- 4 04 UNKNOWN 1

EJECTION

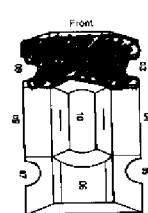
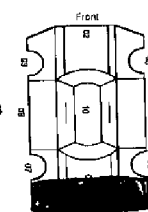
- 1 01 NOT EJECTED 1
- 2 02 TOTALLY EJECTED 1
- 3 03 PARTIALLY EJECTED 1
- 4 04 NOT APPLICABLE 1
- 5 05 UNKNOWN 1

TRAPPED

- 1 01 NOT TRAPPED 1
- 2 02 EXTRICATED BY MECHANICAL MEANS 1
- 3 03 FREED BY NON-MECHANICAL MEANS 1
- 4 04 UNKNOWN 1

INJURIES

- 1 01 NO INJURY 1
- 2 02 POSSIBLE 1
- 3 03 NON-INCAPACITATING 1
- 4 04 INCAPACITATING 1
- 5 05 FATAL INJURY 1
- 6 06 UNKNOWN 1

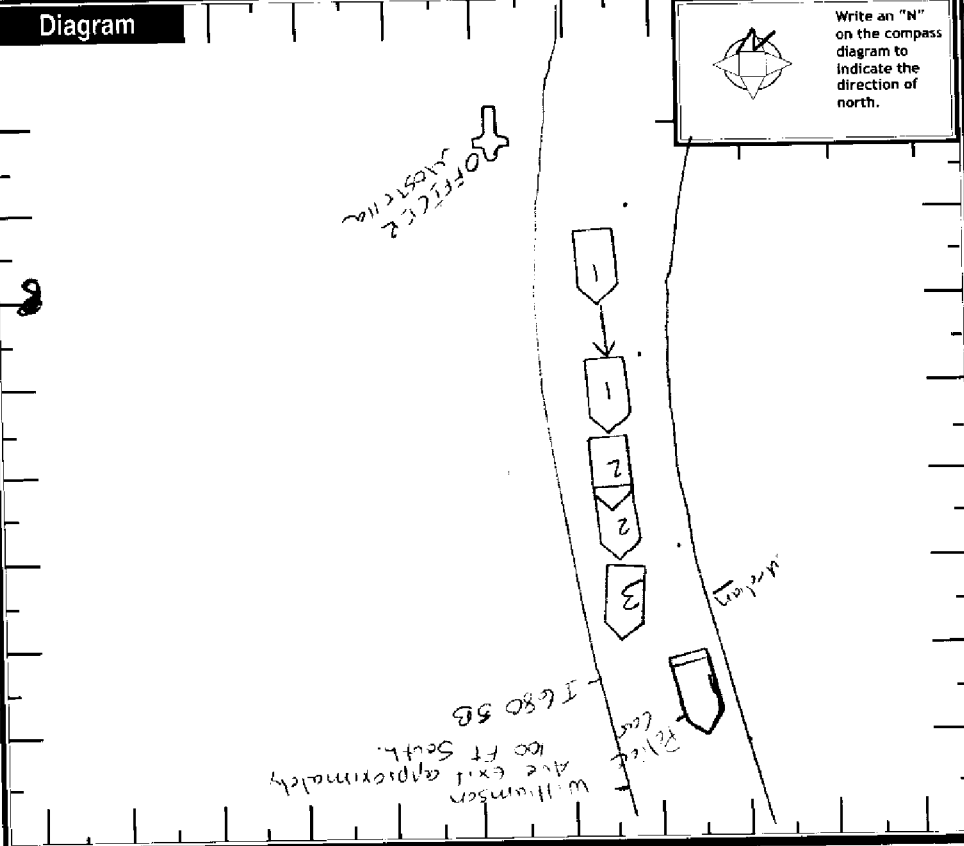
UNIT NUMBERS 01 02 NON-MOTORIST LOCATION 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN TYPE OF UNIT 02 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; 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 CONVERTER DOLLY 17 TRACTOR/TRIPLES 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/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN IN EMERGENCY RESPONSE 1 No 2 YES 3 UNKNOWN DAMAGE SCALE 4 4 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	DAMAGE AREA   MOST DAMAGED AREA 03 07 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 03 07 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: OVERRIDE / UNDERRIDE 1 1 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	PRE-CRASH ACTIONS 01 01 01 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 CONTRIBUTING CIRCUMSTANCES 09 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 CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE 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/ASLEEP 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 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SEQUENCE OF EVENTS 20 20 NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 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 RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 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/LUMINARIES 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 FIRST HARMFUL EVENT 1 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 STATED 2 ESTIMATED SPEED SPEED 1 1	POSTED SPEED 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, OBSCURED 16 OTHER DIRECTION 1 2 1 2 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 1 1 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED 1 1 1 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 1 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 1 NONE 4 BREATH 2 BLOOD 5 OTHER ALCOHOL TEST RESULT 1 1 1	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 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/ROUNDBOUT 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 1 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 02 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
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Supplement # 1
 Local Agency # A
 08-076706

Narrative

Unit # 3 was slowing down due to directions via Officer Mastella. Unit # 2 slowed down directly behind unit # 3 SB on I 680 approximately 100 Feet North of the Williamson Ave exit. Unit # 1 struck unit # 2, pushing it into unit # 3. Unit # 1's Driver was cited for the violation.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" 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 ANGLE <input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
WEATHER <input checked="" type="checkbox"/> 04 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	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
LIGHT CONDITIONS <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER
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	WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN



Truck/Bus <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) _____		COMPANY PHONE _____
ADDRESS (STREET, CITY, ST, ZIP CODE) _____		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	11 GARBAGE/REFUSE	1 LESS/EQUAL 10,000	1 CLASS A
03 VAN/ENCLOSED BOX	07 FLATBED	12 OTHER	13 UNKNOWN	2 10,001 - 26,000	2 CLASS B
04 GRAM/CHIPS/GRAVEL	08 DUMP			3 MORE THAN 26,000	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

CRASH REPORTED: 11072008 1925
 DISPATCH: 1925
 ARRIVED: 1925
 CLEARED: 2225
 OTHER: 180

OFFICER'S NAME: R. LAATICH
 SAGGE #: 1112
 CHECKED BY: [Signature]
 DATE REPORT FILED: 11092008

REPORT TAKEN BY: 1 POLICE AGENCY
 REPORT TAKEN AT: 1 SCENE
 LOCAL REPORT #: 08-076706

TRAFFIC CRASH REPORT



08-076706

CRASH SEVERITY
1 FATAL 3 PCS
2 INJURY 4 UNKNOWN

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

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

REPORTING AGENCY *

5009

Youngstown P.D.

03 01

98 - ANIMAL
99 - UNKNOWN

11 07 2008

DAY OF WEEK

1925 FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

Youngstown

LATITUDE
LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
I 680 SB 3 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

AT REFERENCE
DIST REFERENCE DR PREFIX REFERENCE REF POINT
00 F N Williamson Ave exit 10

LOCAL INFORMATION
04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

NAME (LAST, FIRST, MIDDLE)

03 01 Jones, Vickie, A

ADDRESS (STREET, CITY, STATE, ZIP CODE)

346 Ferndale, Youngstown, OH 44502

HOME PHONE #
WORK PHONE #

06 22 1957 51 F

DL STATE DL #
OH R11619209

LP STATE LP #
OH DEM1081

INJURED TAKEN BY
4

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
Family
INJURED TAKEN TO
St. Elizabeth

OWNER NAME (IF SAME, WRITE "SAME")

Jones, Traeria, L.

ADDRESS (STREET, CITY, STATE, ZIP CODE)

346 Ferndale, Youngstown, OH 44502

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2002 Saturn L300 Silver

OFFENSE CHARGED
OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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 TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED
OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

TRANSPORTED BY

INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

TRANSPORTED BY

INJURED TAKEN TO

- 01 SEATING POSITION
01 FRONT - LEFT (MC DRIVER) 04
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 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST

- SAFETY EQUIPMENT
MOTORIST
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
NON-MOTORIST
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

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

- AIR BAG SWITCH
1 NOT PRESENT 1
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

- EJECTION
1 NOT EJECTED 1
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

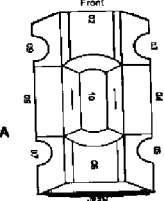
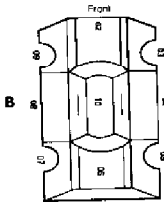
- TRAPPED
1 NOT TRAPPED 3
2 EXTRICATED BY
MECHANICAL
MEANS
3 FREED BY
NON-MECHANICAL
MEANS
4 UNKNOWN

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

BLANK FOR WITNESS

Motorist/Non-Motorist

Occupant

UNIT NUMBERS 01 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 SHARED USE PATHS OR TRAILS 15 UNKNOWN	DAMAGE AREA   MOST DAMAGED AREA 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	PRE-CRASH ACTIONS 01 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 20 NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 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 RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 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/LUMINARIES 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	POSTED SPEED 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 PAYMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER DIRECTION 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBDD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN	DRUG TEST STATUS 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 NONE 2 BLOOD 3 URINE 4 OTHER 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 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 OCCURRENCE 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITIONS 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
TYPE OF UNIT 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; 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 CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORBIKE/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/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT 06 ACTION 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	CONTRIBUTING CIRCUMSTANCES 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 CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE 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/ASLEEP 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 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 STATED 2 ESTIMATED SPEED SPEED ALCOHOL TEST STATUS 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 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT	ALCOHOL TEST STATUS 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 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT 08-076706
DAMAGE SCALE 2 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE 1 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	ALCOHOL TEST STATUS 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 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT	ALCOHOL TEST STATUS 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 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT 08-076706