

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08 077 126

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.G. # *
05009

REPORTING AGENCY *
Youngstown PD

UNITS
02

UNIT ERROR
SS = ANIMAL
SB = UNKNOWN

DATE OF CRASH *
11 09 2008

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
02 11 8 6 N X Youngstown 50

PREVIOUS CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED
Sally Springs 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

REFERENCE POINT USED 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
03 COUNTY LINE 07 CORPORATION LIMIT

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 03 Patton, KATHARINE M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
152 S LAKVIEW Youngstown Oh 44509

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
[REDACTED] 01 14 1988 20 F 330 931 0617

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)
JAMI

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1987 Geo Grand Vitara Black Progressive

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

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

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 TOWING SERVICE OWNER PHONE #

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

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 House, Randy 09 05 1988 20 M

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
120 S LAKVIEW Youngstown Ohio 44509

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 01 Patton, Olivia D 330 931 0617 09 03 2006 02 F

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
152 S LAKVIEW

Motorist/Non-Motorist

Occupant

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 (MC PASSENGER/SIDE CAR)
09 THIRD - MIDDLE
10 THIRD - RIGHT
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 NON-MOTORIST
09 None Used
10 HELMET USED
11 PROTECTIVE PADS
12 REFLECTIVE CLOTHING
13 LIGHTING
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

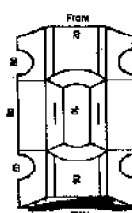

EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED
2 EXTRICATED BY MECHANICAL MEANS
3 FIRED 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 # X IF YES

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="14"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td><input type="text" value="20"/></td><td><input type="text" value="20"/></td></tr> <tr><td><input type="text" value="2"/></td><td><input type="text" value="2"/></td></tr> <tr><td><input type="text" value="3"/></td><td><input type="text" value="3"/></td></tr> <tr><td><input type="text" value="4"/></td><td><input type="text" value="4"/></td></tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	POSTED SPEED <input type="text" value="35"/> <input type="text" value="35"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="20"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="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	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="01"/>	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, OBTUSURED 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <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 ON TRAILS 15 UNKNOWN	MOST DAMAGED AREA <input type="text" value="04"/> <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="22"/>	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 14 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - OTHER 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	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>											
TYPE OF UNIT <input type="text" value="04"/> <input type="text" value="03"/>	POINT OF IMPACT <input type="text" value="04"/> <input type="text" value="02"/>	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 BERRATIC, RICKLESS, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 STRIVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DROWN 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	CONDITION <input type="text" value="1"/> <input type="text" value="8"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="6"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK 2 AXLES, 8 TYRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (SEMI-TRAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLER 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/RESQUC 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <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! OVERRIDE/ UNDERIDE <input type="text" value="A"/> <input type="text" value="7"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="6"/>	STRIKING VEHICLE! OVERRIDE/ UNDERIDE <input type="text" value="A"/> <input type="text" value="7"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	SPEED DETECTED <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONDITIONS PRIMARY <input type="text" value="02"/> SECONDARY <input type="text" value="A"/>										
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TYRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	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 <input type="text" value="0"/>	LOCAL REPORT # <input type="text" value="08-077126"/>														

Narrative

Unit #1 was traveling E.B. on Salt Springs Rd near N. Belle Vista when it slowed down to stop for an animal in the roadway. Unit #2 also E.B. on Salt Springs and behind Unit #1 did not stop and struck Unit #1 in the rear. Driver of Unit #2 fled the scene. Only description of Unit #2 was a white school bus Mustang with front end damage.

MANNER OF COLLISION OR IMPACT

2

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

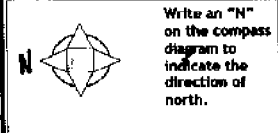
- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENTLY MOVING WORK
- 5 OTHER

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

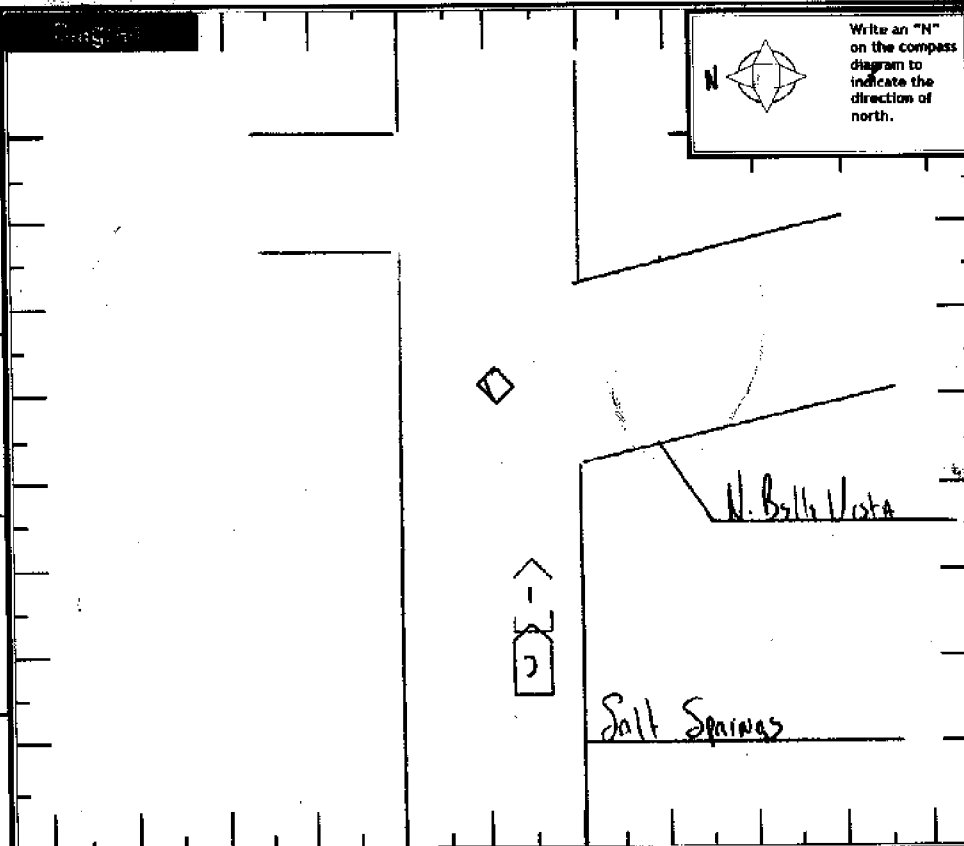
04

- 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

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



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.

**A
N
D**

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 #

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PLUD

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

FLA

CARGO BODY TYPE

- 01 NOT APPLICABLE
- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAB/CHAIR/GRABEL

- 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 THAN 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

11 09 2008

TIME REC CALL

02 21 1

DISPATCH

02 21 4

ARRIVED

02 22 5

CLEARED

02 23 15

OTHER

TOTAL MINUTES

61

OFFICER'S NAME

A. Vitello

BADGE #

1036

CREATED BY

(Signature)

DATE REPORT FILED

11 10 2008

REPORT TAKEN BY

1 1 POLICE AGENCY
2 MOTORIST

REPORT TAKEN AT

3 1 SCENE
2 STATION
3 OTHER

SUPPLEMENTARY

YES
 NO

LOCAL REPORT #

08-077126