

TRAFFIC CRASH REPORT



LOCAL REPORT #
08-077729

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

HTY/SLIP
1 NOT HIT/SLIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.#
05009

REPORTING AGENCY #
Youngstown PD

UNITS
02

UNIT ERROR
99 - ANIMAL
99 - UNKNOWN

DATE OF CRASH #
11120008

TIME OF CRASH
2140 WED

CITY * VILLAGE * TWP *
X Youngstown

COUNTY # *
50

LATITUDE LONGITUDE

CRASH OCCURRED AT
PRESTY CRASH LOCATION
N HATSLWOOD

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

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

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

UNIT # / OF DOC
A 0100

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

OWNED NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Duffy, Brian 4150 Pembroke Dr Ashland, OH 44375

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1995 Chrysler Cordoba Gray American Slick 330 233 0398

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #
457

UNIT # / OF DOC
B 0204

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
07241980 28 F 330 330 5789

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH RT970962 OH EL61329

OWNED NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Cross, Amy L 2929 Dearborn Youngstown, OH 44570

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1995 Ford Mustang Black

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #
4511.200 Failure to Contact E 38137

UNIT # / OF DOC
C 03

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
01231985 23 F 330 799 7811

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

OWNED NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Clark, Jamie 41749 S. Kalleon Rd Ashland, OH 44375

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
09212006 02 M 330 799 7911

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE #

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 SLEEPER SECTION OF CAB, 11 ENCLOSED CARGO AREA, 12 UNENCLOSED CARGO AREA, 13 TRAILING UNIT, 14 EXTERIOR, 15 OTHER

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 PAIR, 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 EXTRICATED BY MECHANICAL MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

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

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01 02

NON-MOTORIST LOCATION

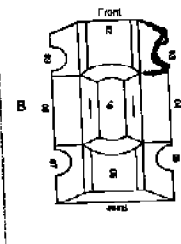
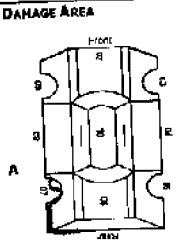
- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT
04 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, 8 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



MOST DAMAGED AREA

07 03

- 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

07 03

- 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

4 3

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

STRIKING VEHICLE: OVERRIDE / UNDERIDE

1 1

- 1 NO OVERRIDE OR UNDERIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS
10 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

01 15

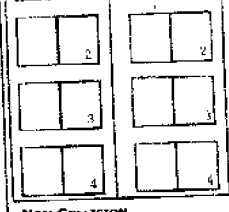
- MOTORIST**
- 01 NONE
 - 02 FAILURE TO YIELD
 - 03 RAN RED LIGHT, OR STOP SIGN
 - 04 EXCEEDED SPEED LIMIT
 - 05 UNSAFE SPEED
 - 06 IMPROPER TURN
 - 07 LEFT OF CENTER
 - 08 FOLLOWED TOO CLOSELY/ACDA
 - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD
 - 10 IMPROPER PASSING
 - 11 IMPROPER BACKING
 - 12 STOPPED 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 '15' SELECTED ABOVE

01 01

- 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 PREVIOUS CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS
20 21



- NON-COLLISION**
- 01 OVERTURN/ROLLOVER
 - 02 FIRE/EXPLOSION
 - 03 NUMBERS
 - 04 JACKKNIFE
 - 05 CARGO/EQUIPMENT LOSS/SHIFT
 - 06 EQUIPMENT FAILURE
 - 07 SEPARATION OF UNITS
 - 08 RAN OFF ROAD FRONT
 - 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 - DESA
 - 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/LUMINAIRES 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 1

1 STATED
2 ESTIMATED SPEED

SPEED

1 1

POSTED SPEED
35 35

TRAFFIC CONTROL

01 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, OBSCURED
- 16 OTHER

DIRECTION FROM TO

2 1 2 1

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

CONDITION

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

ALCOHOL 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

ALCOHOL TEST TYPE

1 1

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

ALCOHOL TEST RESULT

1 1

10 OTHER

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 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/ROUNDABOUT
- 06 RYD-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 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 PRIMARY

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

SUPPLEMENT # X IF YES LOCAL REPORT # 08-077729

Narrative

Unit #2 was traveling N.B. on N. Hazelwood when it lost control and struck Unit #1 which was parked in front of 457 N Hazelwood
 Driver of Unit #2 at fault.

MANNER OF COLLISION OR IMPACT

- 7
- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 - 2 REAR-END
 - 3 HEAD-ON
 - 4 REAR-TO-REAR
 - 5 BACKING
 - 6 ANGLE
 - 7 SIDESWIPE, SAME DIRECTION
 - 8 SIDESWIPE, 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
- 1 LANE CLOSURE
 - 2 LANE SHIFT/CROSSOVER
 - 3 WORK ON SHOULDER OR MEDIAN
 - 4 INTERMITTENT/MOVING WORK
 - 5 OTHER

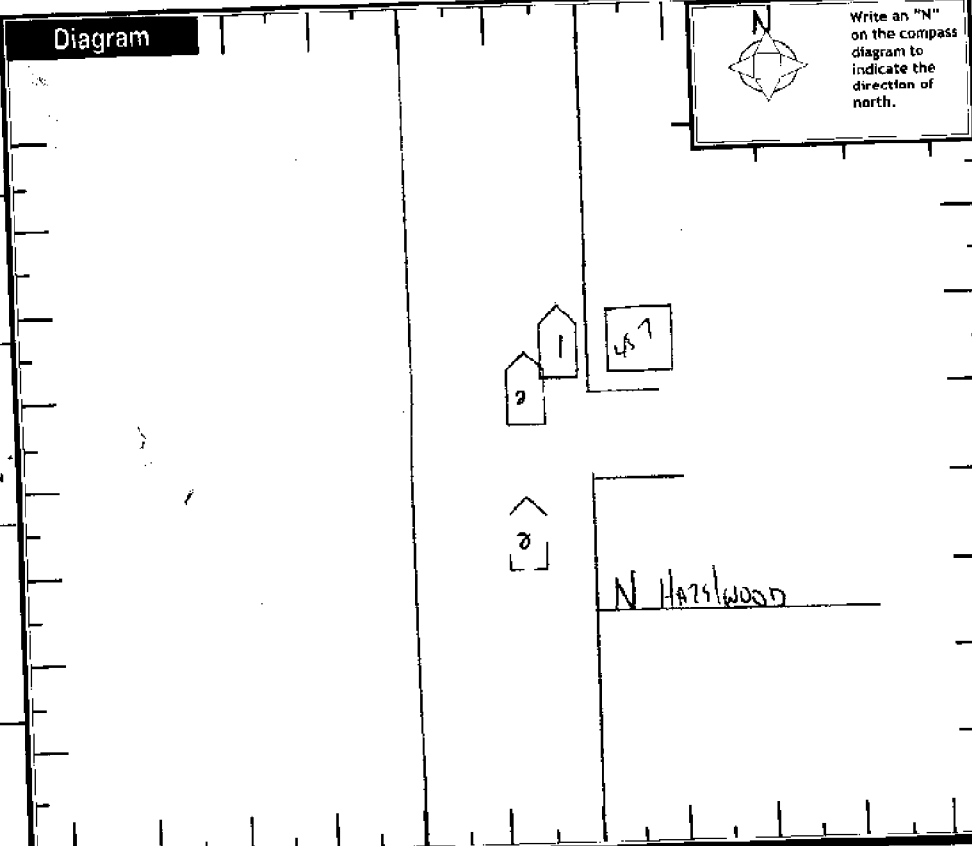
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

- 1
- 1 NO
 - 2 YES
 - 3 UNKNOWN

Diagram



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

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

Truck/Bus

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.

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.

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 #

PLACARD #

- CARGO BODY TYPE**
- 01 NOT APPLICABLE
 - 02 BUS (9-15 INCLUDING DRIVER)
 - 03 VAN/ENCLOSED BOX
 - 04 GRAN/CHIPS/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 - 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

11120008 2140 2143 2147 2345 122

OFFICER'S NAME: W. V. Kelly BADGE # * 1036 CHECKED BY: [Signature] DATE REPORT FILED * 11/13/2008

REPORT TAKEN BY: 1 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 1 SCENE 2 STATION 3 OTHER

SUPPLEMENT "X" IF YES * LOCAL REPORT # * 08-077729

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

09-077-29 05009 Youngstown PD 11122008

02 NAME (LAST, FIRST, MIDDLE) *Palb, William*
 ADDRESS (STREET, CITY, STATE, ZIP CODE) *3331 8154TH Youngstown, Oh 44509*

HOME PHONE # *330 599 1811* 01 04 2007 01
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #
 INJURED TAKEN BY: 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN
 3 POLICE

- 0.6 SEATING POSITION 0.5
- 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 SLEEPER SECTION OF CAB
 - 11 ENCLOSED CARGO AREA
 - 12 UNENCLOSED CARGO AREA
 - 13 TRAILING UNIT
 - 14 EXTERIOR
 - 15 OTHER
 - 16 NON-MOTORIST
 - 17 UNKNOWN

- 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
 - 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 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