

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/08)



LOCAL REPORT #
08-078197

CRASH SEVERITY
3
1 FATAL 3 PDD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

HIT/SLIP
3
1 NOT HIT/SLIP
2 SOLYD
3 UNSOLYD

PHOTOS TAKEN
X YES

OH-2 OH-3 OH-1P OTHER

NCIC #

05009

REPORTING AGENCY #

Youngstown PD

FUNTS

02

UNIT ERROR

02

88 = ANNUAL
99 = UNKNOWN

DATE OF CRASH #

11142008

TIME OF CRASH

2136

DAY OF WEEK

FRI

CITY #

X

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) #

Youngstown

COUNTY #

50

LATITUDE

LONGITUDE

CRASH LOCATION

Avondale

TYPE LOC

1

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

REFERENCE OR

50FT

REFERENCE

Southern Blvd.

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

UNIT #

A

OF OCC

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

OH

LP #

ELY8006

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Bruskemper Craig A

ADDRESS (STREET, CITY, STATE, ZIP CODE)

70 E. Avondale Youngstown OH 44517

YEAR

1998

MAKE

Dodge

MODEL

Dakota

COLOR

Green

INSURANCE COMPANY

Farmers

TOWNSHIP SERVICE

OWNER PHONE #

(330) 774-2062

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE?

X YES

UNIT #

B

OF OCC

02

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

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

Buick

MODEL

Park Ave

COLOR

Grey

INSURANCE COMPANY

TOWNSHIP SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE?

X YES

UNIT #

C

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

UNIT #

D

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/BACK 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

- 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 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
- 5 NOT APPLICABLE
- 6 UNKNOWN

TRAPPED

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

INJURIES

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

SUPPLEMENT #
If Yes

Motorist/Non-Motorist

Occupant

UNIT NUMBERS

NON-MOTORIST LOCATION

TYPE OF UNIT

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 MOTORCYCLE BI-CYCLE
 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 TRAM
 30 FARM VEHICLE
 31 FARM EQUIPMENT
 32 SNOWMOBILE
 33 CONSTRUCTION EQUIPMENT
 34 ALL OTHERS

NON-MOTORIST
 35 ANIMAL W/DRIVER
 36 ANIMAL W/DRIVER
 37 BICYCLE
 38 PEDESTRIAN
 39 BICYCLIST
 40 SKATER
 41 OTHER-NON MOTORIST
 42 UNKNOWN

IN EMERGENCY RESPONSE

DAMAGE SCALE

1 NONE
 2 NON-FUNCTIONAL DAMAGE
 3 FUNCTIONAL DAMAGE
 4 CHIPPING DAMAGE
 5 SEVERE
 6 UNKNOWN

DAMAGE AREA

MOST DAMAGED AREA

POINT OF IMPACT

ACTION

STRUCK VEHICLE: OVERLAP/ UNDERLAP

1 NO UNDERLAP OR OVERLAP
 2 UNDERLAP, COMPARTMENT INTRUSION
 3 UNDERLAP, NO COMPARTMENT INTRUSION
 4 UNDERLAP, COMPARTMENT INTRUSION UNKNOWN
 5 OVERLAP, MOTOR VEHICLE IN TRANSPORT
 6 OVERLAP, OTHER VEHICLE
 7 UNKNOWN

PRE-CRASH ACTIONS

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

NON-MOTORIST
 14 UNKNOWN
 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

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/AGDA
 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 WORK ON SLICK TIRES
 08 TRAILER EQUIPMENT DEFECTIVE
 09 MOTOR TROUBLE
 10 DISABLED FROM PRIOR CRASH
 11 OTHER DEFECTS

SEQUENCE OF EVENTS

A

B

NON-COLLISION
 01 OVERTURN/Rollover
 02 FIRE/EXPLOSION
 03 INJECTION
 04 JACKKNIFE
 05 CARD/OBJECT 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 PENALTY CYCLE
 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 QUADRANT 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 SUBPARMENT
 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

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

MOST HARMFUL EVENT

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

SPEED DETECTED

1 STATED
 2 ESTIMATED SPEED

SPEED

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
 FROM TO FROM TO

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, FAIMED, 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 - HERO NOT INHAIRED
 4 YES - DRUGS SUSPECTED
 5 YES - ALCOHOL / DRUGS SUSPECTED
 6 UNKNOWN

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

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, DR 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
 PRIMARY SECONDARY

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

SUPPLEMENT # * X IF YES

LOCAL REPORT # *

Narrative

Unit #1 was parked on E. Avondale on the southside of the street. The driver of Unit #1 heard a loud bang and observed Unit #2 traveling eastbound on E Avondale fleeing the scene.

MANNER OF COLLISION OR IMPACT

7

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

WEATHER

01 02

- 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

PRIMARY: 1 2
SECONDARY: 3 4

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 CLARE
- 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 SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIAN
- 4 INTERMITTENT/ MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

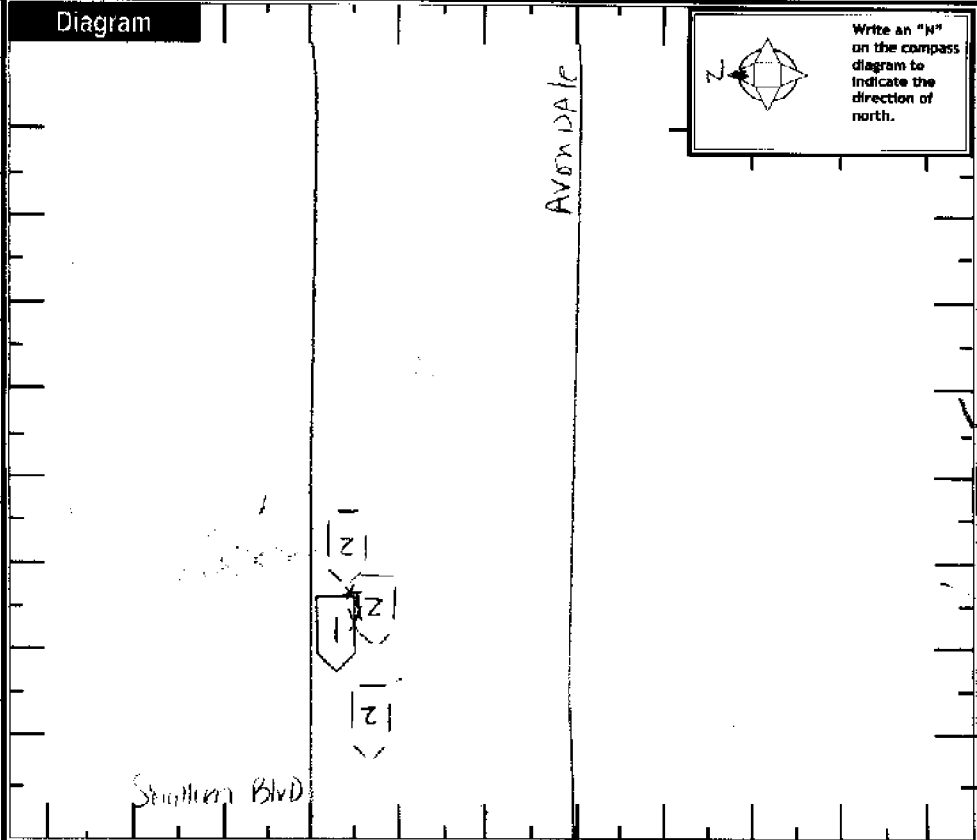
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN

Diagram



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

Truck/Bus

UNIT #

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.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PLCC

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

PLA

CARGO BODY TYPE

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

- 05 POLE
- 06 CARGO TANK
- 07 FLATBED
- 08 DUMP

- 09 CONCRETE MIXER
- 10 AUTO TRANSPORTER
- 11 GARAGE/REFUSE
- 12 OTHER
- 13 UNKNOWN

Weight (GVWR)

- 1 LESS THAN 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

TIME RES CALL

DISPATCH

ARRIVED

CLEARED

OTHER

TOTAL MINUTES

11/14/2008 21:36 2152 2200 2320 80

OFFICER'S NAME *

D JOHNSON

BADGE # *

1104

CHECKED BY

DISP. GARCIA

DATE REPORT FILED *

11/15/2008

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT *
YES

LOCAL REPORT # *

18-10781107