

TRAFFIC CRASH REPORT



LOCAL REPORT # *
08-079099

CRASH SEVERITY
3
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X
IF YES

MTV/SKIP
1 NOT HT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X
IF YES

OH-2 OH-3 OH-1P OTHER

NCIC # *
05009

REPORTING AGENCY *
Youngstown PD

UNITS
01

UNIT ERROR
01 00 = ANIMAL
00 = UNKNOWN

DATE OF CRASH *
11/18/2008

TIME OF CRASH
0845

DAY OF WEEK
TUE

CITY * VILLAGE * TWP *
* * *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
Youngstown

COUNTY # *
50

LATITUDE LONGITUDE

PREFIX CRASH LOCATION
(MADISON exp) Rt 922

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

LOCAL ROAD OR HIGHWAY REFERENCE
500 W Wick Ave

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 ON ROUTE W/O REFERENCE

UNIT # 1 OF OCC
A 01 01 Sweeney Christopher J
ADDRESS (STREET, CITY, STATE, ZIP CODE)
405 Garden Gate Court Youngstown, Oh 44512

DATE OF BIRTH 05/22/1970 AGE 38 SEX M HOME PHONE # 330-758-1759

DL STATE Oh DL # RM 977099 LP STATE Oh LP # CK26HM INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
Same as Above ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2010 MAKE TOYOTA MODEL SIENNA TAN INSURANCE COMPANY Nationwide Towing Service Ludts OWNER PHONE #

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

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

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
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 # 1 OF OCC
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/3RD CAR)
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 UNKNOWN
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 NON-APPLICABLE
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 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

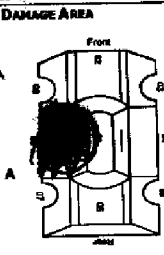
INJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>36</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	A	B	36	1	2	2	3	3	4	4	POSTED SPEED <input type="text" value="50"/> <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>
A	B														
36	1														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	Most Damaged Area <input type="text" value="08"/> <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 DRIVENERS 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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 HARBORING 04 JACKPOT 05 CANOE/EQUIPMENT LOSS/SWIFT 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/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	TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>										
TYPE OF UNIT <input type="text" value="04"/> <input type="text" value="A"/> <input type="text" value="B"/>	POINT OF IMPACT <input type="text" value="08"/> <input type="text" value="A"/> <input type="text" value="B"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWY SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 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 FRONT OR 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	DIRECTION From To From To <input type="text" value="34"/> <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>										
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 ON 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 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	CONDITION <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	TYPE OF INTERSECTION <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>										
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	STAYING VEHICLE: OVERSIDE/ UNDERIDE <input type="text" value="7"/> <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONTOUR <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value="B"/>										
DAMAGE SCALE <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="B"/>	STAYING VEHICLE: OVERSIDE/ UNDERIDE <input type="text" value="7"/> <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONDITIONS <input type="text" value="04"/> <input type="text" value="A"/> <input type="text" value="B"/>										
DAMAGE SCALE <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="B"/>	STAYING VEHICLE: OVERSIDE/ UNDERIDE <input type="text" value="7"/> <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="01"/> <input type="text" value="A"/> <input type="text" value="B"/>	SPEED <input type="text" value="25"/> <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST RESULT <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONDITIONS <input type="text" value="04"/> <input type="text" value="A"/> <input type="text" value="B"/>										

SUPPLEMENT # X IF YES LOCAL NUMBER # 08-079099

Narrative

Driver of Unit 7 stated he was traveling W on the MADISON EXP (at the curve) facing Wick Ave Overpass in the Right Lane when he lost Control on the icy roadway. Unit 7 proceeded Right off the Roadway Striking A Light pole

MANNER OF COLLISION OR IMPACT

1

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

05

- WEATHER**
- 01 CLEAR
 - 02 CLOUDY
 - 03 FOG, SMOG, SMOKE
 - 04 RAIN
 - 05 SLEET, HAL (FREEZING RAIN DRIZZLE)
 - 06 SNOW
 - 07 SEVERE CROSSWINDS
 - 08 BLOWING SAND, SOIL, DIRT, SNOW
 - 09 OTHER
 - 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

- 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 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

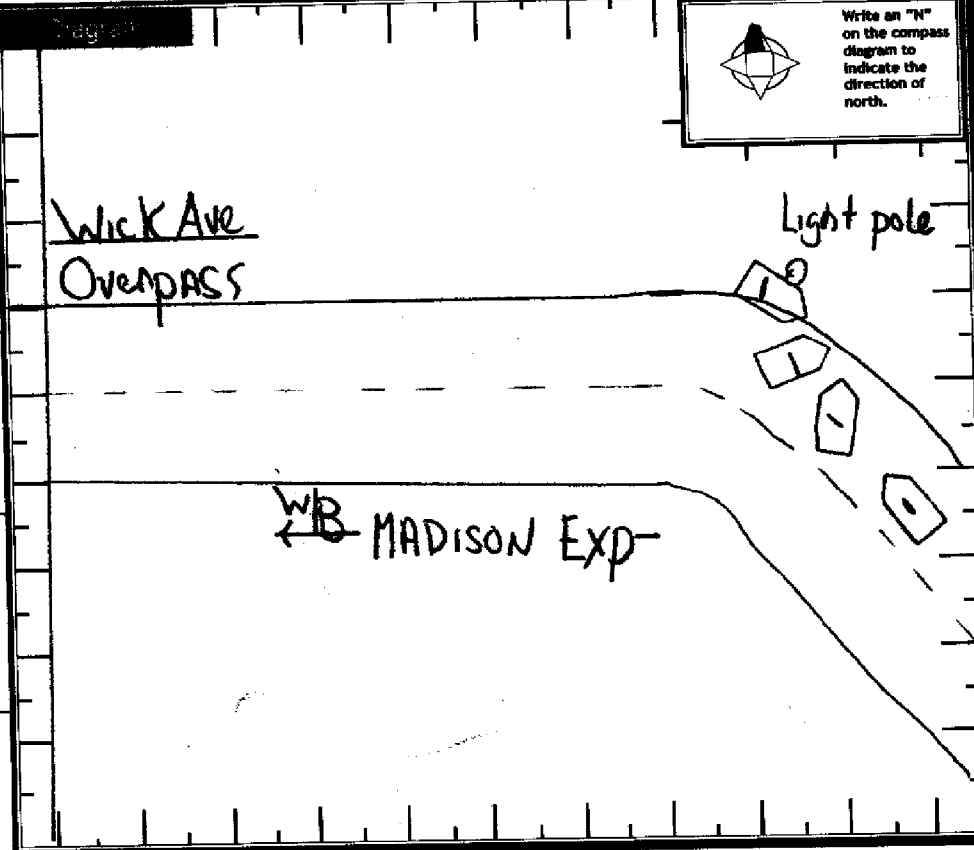
WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN



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



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.

UNIT #

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCD

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

PLD

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/PREFURE
- 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

DATE CRASH REPORT

TIME REP CALL

REPORT

ARRIVE

CLEANED

OTHER

TOTAL MINUTES

1 1 1 8 20 08 09 41 09 41 09 41 10 30 49

Officer's Name

D. Oltayel

BADGE #

637

CHECKED BY

MIS P GARCAR

DATE REPORT FILED

11 19 2008

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

SUPPLEMENT "X" IF YES

LOCAL REPORT #

08-079099