

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
08-080682

CRASH SEVERITY  
1 FATAL 3 PCSA  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER  
X

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN POLICE DEPT

# UNITS  
02

UNIT ERROR  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
11272008

TIME OF CRASH  
1836

DAY OF WEEK  
THU

CITY \* VILLAGE \* TWP \*  
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
YOUNGSTOWN

COUNTY # \*  
50

LATITUDE

LONGITUDE

CRASH OCCURRED ON  
PREFIX CRASH LOCATION  
LANDSDOWNE BLVD

TYPE LOC  
1 NAMED STREET  
2 NUMBERED STREET

LOCAL INFORMATION

A REFERENCE  
DIST REFERENCE  
OH R028142

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

Motorist/Non-Motorist

**A** UNIT # # OF OCC.  
01 01 NAME (LAST, FIRST, MIDDLE)  
THOMAS, MARY N

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
546 LANDSDOWNE BLVD YOUNGSTOWN OH 44505

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
04281939 09 F 744-3929

DL STATE DL # LP STATE LP # INJURED TAKEN BY INJURED TAKEN TO  
OH R028142 OH BX41EX 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY RUAL METRO INJURED TAKEN TO ST. ELIZABETHS

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1998 NISSIAN MAXIMA GRN STATE FARM LUOTS TOWING 757-2222

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

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

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 INJURED TAKEN TO  
GRN

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

**C** UNIT # # OF OCC.  
02 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
HOME PHONE # DATE OF BIRTH AGE SEX

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

**D** UNIT # # OF OCC.  
NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
HOME PHONE # DATE OF BIRTH AGE SEX

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

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  
16 NON-MOTORIST  
17 UNKNOWN

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  
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

SUPPLEMENT \*  
X IF YES

UNIT NUMBERS  
01 A 02 B

NON-MOTORIST LOCATION  
A B

- 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  
03 A 42 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; 3-4 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

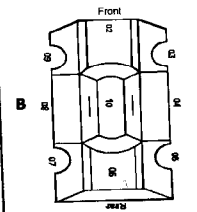
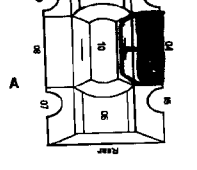
IN EMERGENCY RESPONSE  
1 A 3 B

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE  
3 A 6 B

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

DAMAGE AREA



MOST DAMAGED AREA

04 A 15 B

- 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

04 A 15 B

- 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 A 3 B

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

STRIKING VEHICLE: OVERRIDE/UNDERRIDE

1 A 7 B

- 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 A 01 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

CONTRIBUTING CIRCUMSTANCES

01 A 03 B

- 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

A B

- 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 A 20 B

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
- 25 COLLISION WITH FIXED OBJECT
- 26 IMPACT ATTENUATOR/CRASH CUSHION
- 27 BRIDGE OVERHEAD STRUCTURE
- 28 BRIDGE PIER OR ABUTMENT
- 29 BRIDGE PARAPET
- 30 BRIDGE RAIL
- 31 GUARDRAIL FACE
- 32 GUARDRAIL END
- 33 MEDIAN BARRIER
- 34 HIGHWAY TRAFFIC SIGN POST
- 35 OVERHEAD SIGN POST
- 36 LIGHT/LUMINARIES SUPPORT
- 37 UTILITY POLE
- 38 OTHER POST, POLE OR SUPPORT
- 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 A 1 B

MOST HARMFUL EVENT

1 A 1 B

SPEED DETECTED

25 A

SPEED

A B

POSTED SPEED

35 A 35 B

TRAFFIC CONTROL

04 A 04 B

- 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 A 2 B 4 C 3 D

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

CONDITION

1 A 8 B

- 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 A 6 B

- 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 A 6 B

- 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 A 1 B

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

ALCOHOL TEST RESULT

A B

DRUG TEST STATUS

1 A B

- 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 A B

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

DRUG TEST 1&2 RESULT

1 A 2 B

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPiates
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

02

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDOABOUT
- 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 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

01 PRIMARY 01 SECONDARY

- 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 # \* 08-080682

**Narrative**

UNIT NO #1 STATED SHE WAS S/B ON LANDSDOWNE BLVD AND CAME UPON THE INTERSECTION OF LANDSDOWNE BLVD AND MCGUFFEY RD AND WITH THE GREEN LIGHT PROCEEDED INTO THE INTERSECTION SHE WAS STRUCK BY UNIT NO #2. UNIT NO #1 FURTHER STATED WHEN HER CAR CAME TO REST A MALE BLACK AND A FEMALE BLK SUBJECT GOT OUT OF UNIT NO #2 CAME UP TO HER VEHICLE ASKED IF SHE WAS OK AND THEN GOT BACK INTO THEIR AUTO AND FLED E/B ON MCGUFFEY RD. THE VICTIM WAS TRANSPORTED TO ST. ELIZABETH HOSPITAL VIA RURAL METRO AMBULANCE. # THE CHECK OF THE AREA OFFICER COULD NOT FIND THE OTHER AUTO.

**MANNER OF COLLISION OR IMPACT**

- 4
- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - REAR-END
  - HEAD-ON
  - REAR-TO-REAR
  - BACKING
  - ANGLE
  - SIDESWIPE, SAME DIRECTION
  - SIDESWIPE, OPPOSITE DIRECTION
  - UNKNOWN

**WEATHER**

- 01
- CLEAR
  - CLOUDY
  - FOG, SMOG, SMOKE
  - RAIN
  - SLEET, HAIL (FREEZING RAIN DRIZZLE)
  - SNOW
  - SEVERE CROSSWINDS
  - BLOWING SAND, SOL., DIRT, SNOW
  - OTHER
  - UNKNOWN

**LIGHT CONDITIONS**

- 4
- DAYLIGHT
  - DAWN
  - DUSK
  - DARK - LIGHTED ROADWAY
  - DARK - NOT LIGHTED
  - DARK - UNKNOWN LIGHTING
  - GLARE
  - OTHER
  - UNKNOWN

**SCHOOL BUS RELATED**

- 1
- NO
  - YES, DIRECTLY INVOLVED
  - YES, INDIRECTLY INVOLVED
  - UNKNOWN

**WORK ZONE RELATED**

- 1
- NO
  - YES
  - UNKNOWN

**TYPE OF WORK ZONE**

- 1
- LANE CLOSURE
  - LANE SHIFT/CROSSOVER
  - WORK ON SHOULDER OR MEDIAN
  - INTERMITTENT/ MOVING WORK
  - OTHER

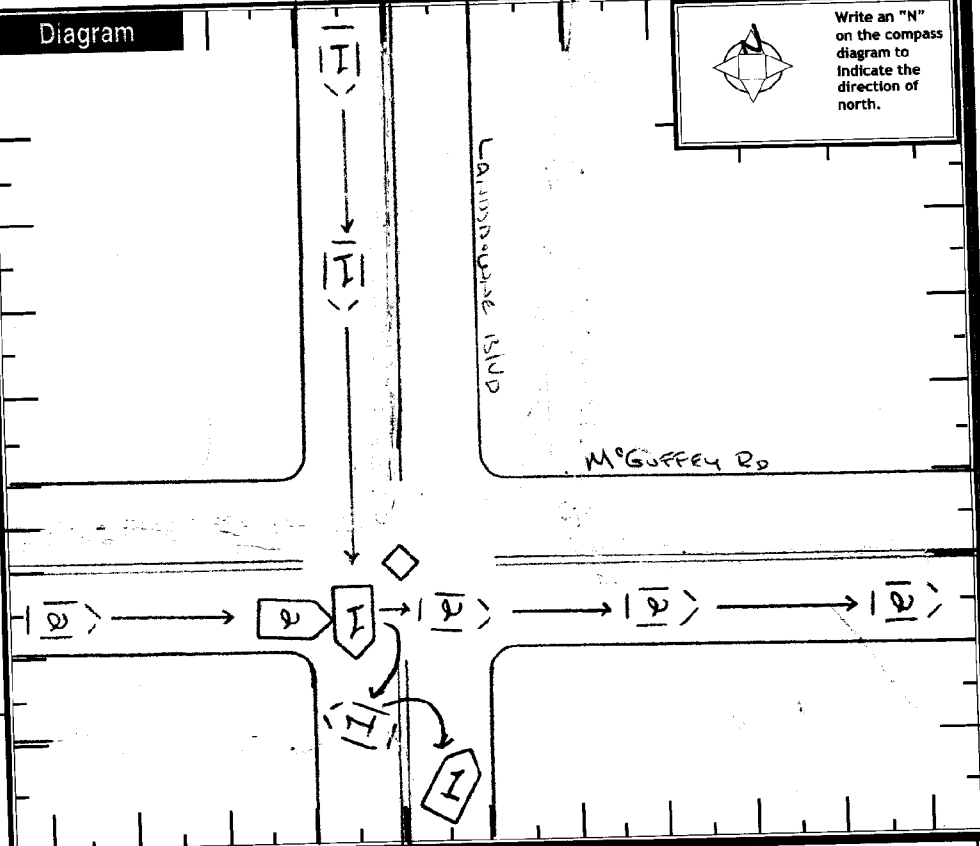
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 1
- NO
  - YES
  - UNKNOWN

**Diagram**



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

**Truck/Bus**

UNIT #

11

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 #

PLACARD #

# Dia

- CARGO BODY TYPE**
- NOT APPLICABLE
  - BUS (9-15 INCLUDING DRIVER)
  - VAN/ENCLOSED BOX
  - GRAIN/CHIPS/GRAVEL
  - POLE
  - CARGO TANK
  - FLATBED
  - DUMP

- CONCRETE MIXER
- AUTO TRANSPORTER
- GARBAGE/REFUSE
- OTHER
- UNKNOWN

- Weight (GVWR)**
- LESS/EQUAL 10,000
  - 10,001 - 26,000
  - MORE THAN 26,000

- CDL Class**
- CLASS A
  - CLASS B
  - CLASS C
  - CLASS M
  - CLASS D

- Hazardous Materials Placard**
- NO
  - YES
  - UNKNOWN

- Hazardous Materials Released**
- NO
  - YES
  - NOT APPLICABLE
  - UNKNOWN

**Police Action**

DATE CRASH REPORTED: 11/27/08  
 TIME REC CALL: 1836  
 DISPATCH: 1839  
 ARRIVED: 1840  
 CLEARED: 2050  
 OTHER: [ ]  
 TOTAL MINUTES: 134

OFFICER'S NAME: PTLM R.A. MARTINI  
 BADGE #: 1077  
 CHECKED BY: [ ]  
 DATE REPORT FILED #: 11/27/08

REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST  
 REPORT TAKEN AT: 1 SCENE, 2 STATION, 3 OTHER  
 SUPPLEMENT 'X' if Yes: [ ]  
 LOCAL REPORT #: 08-080682

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 08-080682	REPORTING AGENCY THE YOUNGSTOWN POLICE DEPT	DATE OF ACCIDENT M 11 10 27 1Y 08
IN COUNTY OF MAYOHING	ACCIDENT LOCATION LANDSPURNE BLVD @ MCGUFFEY RD	

# OFFICER RECOVERED SEVERAL PARTS FROM THE AUTO THAT FLED THE CRASH SCENE. GREEN BUMPER PART AND CLEAR LENSES FROM THE HEADLIGHTS.

# THE SUSPECT AUTO ALSO LEFT ANTI-FREEZE ON THE ROADWAY.

# EVIDENCE WAS PLACED EVIDENCE LOCKER ON LOCKER FLOOR.

OFFICER'S SIGNATURE

BADGE NUMBER

01027