

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-000572

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

PHOTOS TAKEN  
X YES

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

N.C.I.C. #  
05009

REPORTING AGENCY #  
Youngstown PD.

# UNITS  
02

LIMIT ERROR  
02 98=ANNUAL  
99=UNKNOWN

DATE OF CRASH #  
01032009

TIME OF COLL. DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY \* \* LATITUDE LONGITUDE  
2120 SAT X Youngstown 50

LOCATION TYPE LOC TYPE LOCATION POINT USED  
Market 1 1 NAMED STREET 3 NUMBERED ROUTE

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 0102 Orange, Joan E.

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
5773 Hayes Road Andover, Ohio 44003

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
05191939 69 F 330-518-7439

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN  
OH RS220316 OH EAW3712 1

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2003 Kia Sorento BLV State Farm

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 0201 Miranda, Zaida

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
41 Woodrow Ave Boardman, Ohio 44517

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
11151960 48 F 330-507-7041

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN  
OH RT016474 OH ECK3527 1

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2007 Toyota Highlander Gold Grange

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C 01 Orange, Michael 440-293-6315 12041956 52 M

ADDRESS (STREET, CITY, STATE, ZIP CODE) INSURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN  
5773 Hayes Road Andover, Ohio 44003 1

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

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/SEAT CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SURFER SECTION OF CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTENSION 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-SEPARATE 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LENSES 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
--	---	---	---	--	--	--

Motorist/Non-Motorist

Occupant

SUPPLEMENT \* X IF YES

**UNIT NUMBERS**

01	02
----	----

**NON-MOTORIST LOCATION**

--	--

- MARKED CROSSWALK AT INTERSECTION
- INTERSECTION NO CROSSWALK
- NON-INTERSECTION CROSSWALK
- ON-RAMP ACCESS CROSSWALK
- IN ROADWAY
- NOT IN ROADWAY
- MEDIAN (BUT NOT SHOULDER)
- ISLAND
- SHOULDER
- SIDEWALK
- WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- OUTSIDE TRAFFICWAY
- SHARED USE PATHS OR TRAILS
- UNKNOWN

**TYPE OF UNIT**

06	06
----	----

- MOTORIST**
- SUB-COMPACT
  - COMPACT
  - MID SIZE
  - FULL SIZE
  - MINIVAN
  - SPORT UTILITY VEHICLE
  - PICKUP
  - PANEL/VAN
  - SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES
  - SINGLE UNIT TRUCK, 3+ AXLES
  - TRUCK/TRAILER
  - TRUCK TRACTOR (BORTAL)
  - TRACTOR/BEH-TRAILER
  - TRACTOR/DOUBLE SHORT
  - TRACTOR/DOUBLE LONG
  - FIFTH WHEEL OR CONVERTER DOLLY
  - TRACTOR/TRIPLES
  - MOTORCYCLE
  - MOTORIZED BICYCLE
  - SCHOOL BUS
  - CAMION BUS
  - PUBLIC BUS
  - OTHER BUS
  - POLICE VEHICLE
  - FIRE TRUCK
  - AMBULANCE/RESCUE
  - TAXI
  - MOTOR HOME
  - TRAM
  - FARM VEHICLE
  - FARM EQUIPMENT
  - SNOWMOBILE
  - CONSTRUCTION EQUIPMENT
  - ALL OTHERS

- NON-MOTORIST**
- ANIMAL W/DRIVER
  - ANIMAL W/DROGGY BICYCLE
  - PEDESTRIAN
  - PEDALCYCLIST
  - SKATER
  - OTHER-NON MOTORIST
  - UNKNOWN

**IN EMERGENCY RESPONSE**

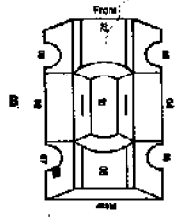
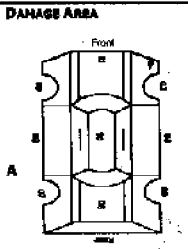
1A	1B
----	----

- NO
- YES
- UNKNOWN

**DAMAGE SCALE**

2	2
---	---

- NONE
- NON-FUNCTIONAL DAMAGE
- FUNCTIONAL DAMAGE
- DISABLING DAMAGE
- SEVERE
- UNKNOWN



**MOST DAMAGED AREA**

03	07
----	----

- NONE
- CENTER FRONT
- RIGHT FRONT
- LEFT FRONT
- RIGHT REAR
- LEFT REAR
- REAR CENTER
- LEFT SIDE
- RIGHT SIDE
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

**POINT OF IMPACT**

03	07
----	----

- NONE
- CENTER FRONT
- RIGHT FRONT
- LEFT FRONT
- RIGHT REAR
- LEFT REAR
- REAR CENTER
- LEFT SIDE
- RIGHT SIDE
- TOP AND WINDOWS
- UNDERCARRIAGE
- LOAD/TRAILER
- TOTAL (ALL AREAS)
- OTHER
- UNKNOWN

**ACTION**

4	3
---	---

- NON-CONTACT
- NON-COLLISION
- STRUCK
- STRUCK
- BOTH STRUCK AND STRUCK
- UNKNOWN

**STRIKING VEHICLE: OVERRIDE/ UNDERIDE**

1A	1B
----	----

- NO OVERRIDE OR UNDERIDE
- UNDERIDE, COMPARTMENT INTRUSION
- UNDERIDE, NO COMPARTMENT INTRUSION
- UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- OVERRIDE, OTHER VEHICLE
- UNKNOWN

**PRE-CRASH ACTIONS**

1	1
---	---

- MOTORIST**
- MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
  - BACKING
  - CHANGING LANES
  - OVERTAKING/PASSING
  - TURNING RIGHT
  - TURNING LEFT
  - MAKING U-TURN
  - ENTERING TRAFFIC LANE
  - LEAVING TRAFFIC LANE
  - PARKED
  - SLOWING/STOPPED IN TRAFFIC
  - DRIVERLESS
  - OTHER
  - UNKNOWN
- NON-MOTORIST**
- ENTERING/CROSSING IN SPECIFIED LOCATION
  - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
  - WORKING
  - PUSHING VEHICLE
  - APPROACHING/LEAVING VEHICLE
  - STANDING
  - OTHER
  - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

01	22
----	----

- MOTORIST**
- NONE
  - FAILURE TO YIELD
  - RAN RED LIGHT, OR STOP SIGN
  - EXCEEDED SPEED LIMIT
  - UNLAWY SPEED
  - IMPROPER TURN
  - LEFT OF CENTER
  - FOLLOWED TOO CLOSELY/VADDA
  - IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
  - IMPROPER BACKING
  - IMPROPER START FROM PARKED POSITION
  - STOPPED OR PARKED ILLEGALLY
  - OPERATING VEHICLE IN EBRIATE, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
  - ATTEMPTING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
  - FAILURE TO CONTROL
  - VISION OBSTRUCTION
  - DRIVER INATTENTION
  - PANIC/ASLEEP
  - OPERATING DEFECTIVE EQUIPMENT
  - LOAD SHIFTING/FALLING/SPILLING
  - OTHER IMPROPER ACTION
  - UNKNOWN
- NON-MOTORIST**
- NONE
  - IMPROPER CROSSING
  - DARTING
  - LYING AND/OR ILLEGALLY IN ROADWAY
  - FAILING TO YIELD RIGHT OF WAY
  - NOT VISIBLE (DARK CLOTHING)
  - INATTENTIVE
  - FAILING TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
  - WRONG SIDE OF THE ROAD
  - OTHER
  - UNKNOWN

- VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE**
- |  |  |
|--|--|
|  |  |
|--|--|

- TURN SIGNALS
- HEAD LAMPS
- TAIL LAMPS
- BRAKER
- STEERING
- TIRE BLOWOUT
- WORN OR SLICK TIRES
- TRAILER EQUIPMENT DEFECTIVE
- MOTOR TROUBLE
- DISABLED FROM PRIOR CRASH
- OTHER DEFECTS

**SEQUENCE OF EVENTS**

20	20
----	----

2	2
3	3
4	4

- NON-COLLISION**
- OVERTURN/ROLLOVER
  - FIRE/EXPLOSION
  - ANDEUSION
  - JACKKNIFE
  - CARGO/EQUIPMENT LOSE/SWIFT
  - EQUIPMENT FAILURE
  - SEPARATION OF UNITS
  - RAN OFF ROAD RIGHT
  - RAN OFF ROAD LEFT
  - CROSS MEDIAN/CENTERLINE
  - DOWNWALL RUNAWAY
  - OTHER NON-COLLISION
  - UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- PEDESTRIAN
  - PEDALCYCLE
  - RAILWAY VEHICLE
  - ANIMAL - FARM
  - ANIMAL - DEER
  - ANIMAL - OTHER
  - MOTOR VEHICLE IN TRANSPORT
  - PARKED MOTOR VEHICLE
  - WORK ZONE MAINTENANCE EQUIPMENT
  - OTHER MOVABLE OBJECT
  - UNKNOWN MOVABLE OBJECT

- COLLISION WITH FIXED OBJECT**
- IMPACT ATTENUATOR/CRASH CUSHION
  - BRIDGE OVERHEAD STRUCTURE
  - BRIDGE PIER OR ABUTMENT
  - BRIDGE PARAPET
  - BRIDGE RAIL
  - GUARDRAIL FACE
  - GUARDRAIL END
  - MEDIAN BARRIER
  - HIGHWAY TRAFFIC SIGN POST
  - OVERHEAD SIGN POST
  - LIGHT/LUMINAIRES SUPPORT
  - UTILITY POLE
  - OTHER POST, POLE OR SUPPORT
  - CULVERT
  - CURB
  - DITCH
  - EMBANKMENT
  - FENCE
  - MAILBOX
  - TREE
  - OTHER FIXED OBJECT
  - WORK ZONE MAINTENANCE EQUIPMENT
  - UNKNOWN FIXED OBJECT
  - OTHER
  - 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
---	---

- STATED
- ESTIMATED SPEED

**SPEED**

000	
-----	--

0	
---	--

**POSTED SPEED**

35	
----	--

**TRAFFIC CONTROL**

04	04
----	----

- NO CONTROLS
- STOP SIGN
- YIELD SIGN
- TRAFFIC SIGNAL
- TRAFFIC FLASHERS
- SCHOOL ZONE
- RAILROAD CROSSBUCKS
- RAILROAD FLASHERS
- RAILROAD GATES
- CONSTRUCTION BARRICADE
- POLICE OFFICER
- PAVEMENT MARKINGS
- CROSSWALK LINES
- WALK/DON'T WALK SIGNAL
- TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- OTHER

**DIRECTION**

2	1
---	---

- NORTH
- SOUTH
- EAST
- WEST
- NORTHEAST
- NORTHWEST
- SOUTHWEST
- SOUTHWEST
- UNKNOWN

**CONDITION**

1	1
---	---

- APPARENTLY NORMAL
- PHYSICAL IMPAIRMENT
- EMOTIONAL
- ILLNESS
- FELL ASLEEP, FARTIED, FATIGUED, ETC
- UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- OTHER
- UNKNOWN

**ALCOHOL/DRUG SUSPECTED**

--	--

- NONE
- YES - ALCOHOL SUSPECTED
- YES - HBD NOT IMPAIRED
- YES - DRUGS SUSPECTED
- YES - ALCOHOL/DRUGS SUSPECTED
- UNKNOWN

**ALCOHOL TEST STATUS**

1	1
---	---

- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

**ALCOHOL TEST TYPE**

1	1
---	---

- NONE
- BREATH
- BLOOD
- URINE
- OTHER

**ALCOHOL TEST RESULT**

--	--

**SUPPLEMENT "K" IF YES**

--	--

**DRUG TEST STATUS**

1	1
---	---

- NONE
- TEST REFUSED
- TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- TEST GIVEN, RESULTS KNOWN
- TEST GIVEN, RESULTS UNKNOWN
- UNKNOWN

**DRUG TEST TYPE**

1	1
---	---

- NONE
- BLOOD
- URINE
- OTHER

**DRUG TEST 1&2 RESULT**

1	1
---	---

- NONE
- MARIJUANA
- COCAINE
- OPiates
- AMPHETAMINES
- PCP
- OTHER
- UNKNOWN AT TIME OF REPORTING

**TYPE OF INTERSECTION**

02
----

- NOT AN INTERSECTION
- FOUR-WAY INTERSECTION
- T-INTERSECTION
- Y-INTERSECTION
- TRAFFIC CIRCLE/ROUNDBOUT
- FIVE-POINT, OR MORE
- ON RAMP
- OFF RAMP
- CROSSOVER
- DRIVEWAY/ACCESS
- RAILWAY GRADE CROSSING
- SHARED-USE PATHS OR TRAILS
- UNKNOWN

**OCCURRENCE**

1
---

- ON ROADWAY
- ON SHOULDER
- IN MEDIAN
- ON ROADSIDE
- ON GORE
- OUTSIDE TRAFFICWAY
- UNKNOWN

**ROAD CONTOUR**

1
---

- STRAIGHT LEVEL
- STRAIGHT GRADE
- CURVE LEVEL
- CURVE GRADE

**ROAD CONDITIONS**

01	
----	--

- DRY
- WET
- SNOW
- ICE
- SAND, MUD, DIRT, OIL, GRAVEL
- WATER (STANDING, MOVING)
- SLUSH
- DEBRIS\*\*
- RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
- OTHER
- UNKNOWN
- \*\*SECONDARY ROAD CONDITIONS ONLY

**LOCAL REPORT #**

09-000572
-----------

**Narrative** Unit #1 was stopped to make a west bound turn onto woodland from market st. Unit #2 was in the passing lane on market st. heading Northbound. Unit #2 scraped the front of unit #1 with the rear of unit #2.

**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

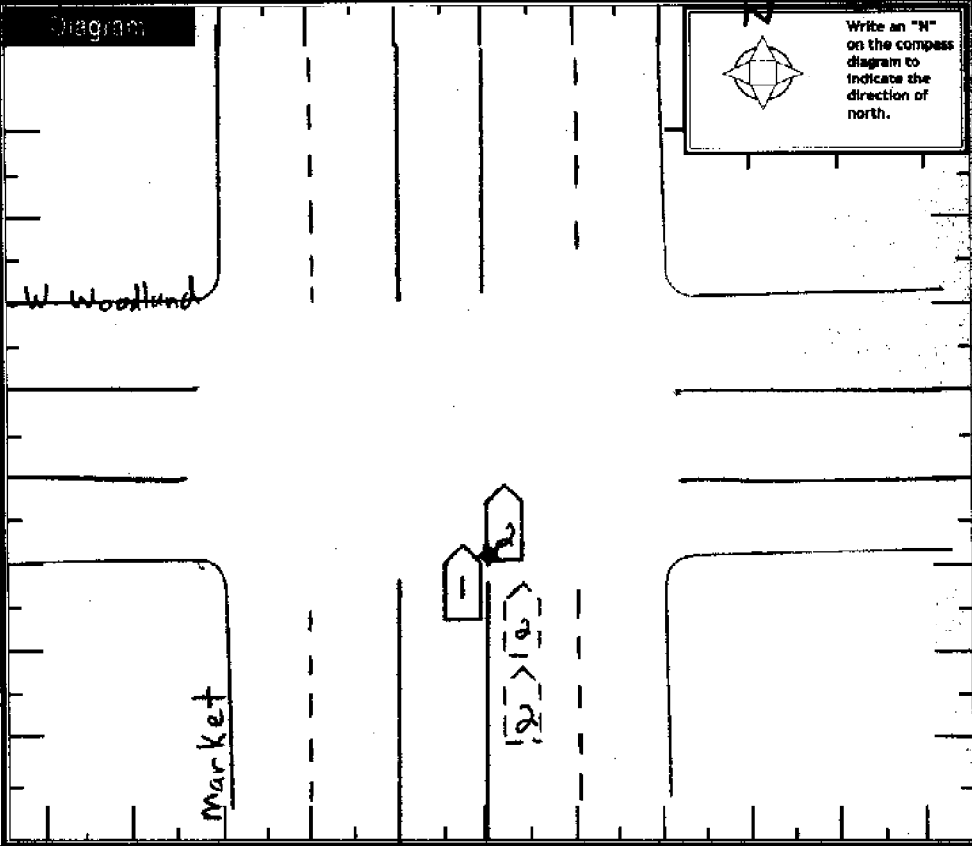
**WEATHER**  
 01  
 01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**TYPE OF WORK ZONE**  
  
 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 BEFORE FIRST WORK ZONE WARNING SIGN  
 2 ADVANCE WARNING AREA  
 3 TRANSITION AREA  
 4 ACTIVITY AREA

**LIGHT CONDITIONS**  
 PRIMARY  4  
 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

**WORKERS PRESENT**  
 1  
 1 NO  
 2 YES  
 3 UNKNOWN



**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 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 PROCESSING UNDER ITS OWN POWER.

**COMPANY (FROM SHIPPING PAPERS)**   **COMPANY PHONE**

**Address (STREET, CITY, ST, ZIP CODE)**

**US DOT**

**ICC MC**

**FUCD**

**TRAILER LP ST.**

**TRAILER LP YEAR**

**TRAILER LP #**

**PLACARD #**

**DA**

**CARGO BODY TYPE**

01 NOT APPLICABLE  
 02 BUS (8-15 INCLUDING DRIVER)  
 03 VAN/ENCLOS BOX  
 04 GRAB/CRANE/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 - 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** 01 03 20 09  
**TIME REC CALL** 01 00  
**DISPATCH** 01 08  
**ARRIVED** 01 09  
**CLEARED** 03 28  
**OTHER**  
**TOTAL MINUTES** 01 20

**OFFICER'S NAME** J. Fulmer  
**SADGE #** 1098  
**CHECKED BY** P. GARCAR  
**DATE REPORT FILED** 01 06 20 09

**REPORT TAKEN BY**  1 POLICE AGENCY  2 MOTORIST  
**REPORT TAKEN AT**  1 SCENE  2 STATION  
**SUPPLEMENT**  \* If Yes  
**LEGAL REPORT #** 09-001572

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 08-000572	REPORTING AGENCY Youngstown PD.	DATE OF CRASH M 1 10 3 11 09
IN COUNTY OF Mahoning	CRASH LOCATION Market @ Woodland	

Accident Notes

- 1) Officer was sent to 630 Fairgreen in ref. to an accident that took place at market & woodland.
- 2) There were no independent witnesses to the crash and both vehicles had left the scene.
- 3) The damage to both vehicles (location of damage) seems consistent with the witness statements.
- 4) Due to the minimal amount of damage it is plausible that the drivers did not discover it until after the fact.

OFFICER'S SIGNATURE

X ml A Fisher

BADGE NUMBER

1066

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 09-000572	REPORTING AGENCY Youngstown PD	DATE OF CRASH 10/10/89
----------------------------------	-----------------------------------	---------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Zaida Miranda (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Officer J. Fulmer (OFFICERS NAME) AT Market and Woodland (LOCATION)

I was traveling N.B. on Market Street, and was notified by off. Fulmer of a minor accident involving my vehicle. Upon examination of my vehicle I observed scratches on rear driver wheel well. I notified P.D. was not aware of this occurring very very minimal scratches. I recall being on passing lane enroute DOWNTOWN.

ADDRESS OF WITNESS 44 Woodrow Ave	PHONE 330-507-7429
SIGNATURE OF WITNESS Zaida Miranda	OFFICERS SIGNATURE off. J. Fulmer #1098

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 08-000572	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 10 31 09
----------------------------------	-----------------------------------	-----------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Joan Orange (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
J. Fulmer (OFFICERS NAME) AT 630 Fairgreen (LOCATION)

I was driving North on Market St and stopped at the light in the turning lane of the 680 entrance. There were cars on my left in the lane to go straight and they were stopped at the light also. A car (SUV) Toyota Highlander came around the stopped cars and crept the side of my car went through the red light and continued North on Market Street. I followed the car so as to get the license tag number and the car went to the light at First Street and turned left at First Street. I was able to get the license tag number as well as the make of the car. It was a Toyota Highlander SUV License # DK 3527.

ADDRESS OF WITNESS 5773 Hayes Rd Anderson, Ohio 44003	PHONE Cell 330 518 7439 H- 440 293 6315
SIGNATURE OF WITNESS xJoan E. Orange	OFFICERS SIGNATURE Off J. Fulmer # 1098