

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-002243

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

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

PHOTOS TAKEN  
X YES

OH-2 OH-3 OH-1P OTHER

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

REPORTING AGENCY \*  
Youngstown P.D

UNIT #  
02

UNIT ENFOR  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
01102009

TIME OF CRASH  
1436

DAY OF WEEK  
SAT

CITY \*  
\*

VILLAGE \*  
TWP \*  
NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown

COUNTY # \*  
50

LATITUDE  
LONGITUDE

CRASH LOCATION  
Covington

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

STATE REFERENCE  
OH  
PREFIX  
REFERENCE  
DELAWARE

REFERENCE POINT USED  
2  
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 0101  
# OF OCC.  
NAME (LAST, FIRST, MIDDLE)  
Milledge, Versicle

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
635 Fairmont Ave Youngstown, OHIO 44510

DATE OF BIRTH  
11101981  
AGE  
77  
SEX  
F  
HOME PHONE #  
234-8550293  
WORK PHONE #

DL STATE  
OH  
DL #  
RT-007473  
LP STATE  
OH  
LP #  
DCL-6698  
INJURED TAKEN BY  
1  
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  
2002  
MAKE  
Buick  
MODEL  
Kentezvous  
COLOR  
Tan  
INSURANCE COMPANY  
Progressive  
TOWING SERVICE  
OWNER PHONE #

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

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH  
20  
AGE  
M  
HOME PHONE #  
WORK PHONE #

DL STATE  
DL #  
LP STATE  
LP #  
INJURED TAKEN BY  
1  
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  
White  
INSURANCE COMPANY  
TOWING SERVICE  
OWNER PHONE #

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

UNIT #  
C  
# 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  
LP #  
INJURED TAKEN BY  
1  
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 #  
D  
# 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  
LP #  
INJURED TAKEN BY  
1  
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

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

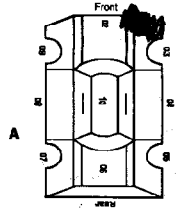
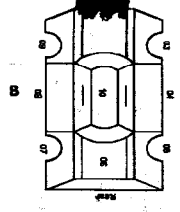
TRAPPED  
1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

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

BLANK FOR WITNESS  
SUPPLEMENT \* X IF YES

Motorist/Non-Motorist

Occupant

<b>UNIT NUMBERS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div>	<b>DAMAGE AREA</b>     <b>MOST DAMAGED AREA</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div>	<b>PRE-CRASH ACTIONS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD</li> <li>02 BACKING</li> <li>03 CHANGING LANES</li> <li>04 OVERTAKING/PASSING</li> <li>05 TURNING RIGHT</li> <li>06 TURNING LEFT</li> <li>07 MAKING U-TURN</li> <li>08 ENTERING TRAFFIC LANE</li> <li>09 LEAVING TRAFFIC LANE</li> <li>10 PARKED</li> <li>11 SLOWING/STOPPED IN TRAFFIC</li> <li>12 DRIVERLESS</li> <li>13 OTHER</li> <li>14 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>15 ENTERING/CROSSING IN SPECIFIED LOCATION</li> <li>16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING</li> <li>17 WORKING</li> <li>18 PUSHING VEHICLE</li> <li>19 APPROACHING/LEAVING VEHICLE</li> <li>20 PLAYING/WORKING ON VEHICLE</li> <li>21 STANDING</li> <li>22 OTHER</li> <li>23 UNKNOWN</li> </ol>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table> <p><b>NON-COLLISION</b></p> <ol style="list-style-type: none"> <li>01 OVERTURN/ROLLOVER</li> <li>02 FIRE/EXPLOSION</li> <li>03 IMMERSION</li> <li>04 JACKKNIFE</li> <li>05 CARGO/EQUIPMENT LOSS/SHIFT</li> <li>06 EQUIPMENT FAILURE</li> <li>07 SEPARATION OF UNITS</li> <li>08 RAN OFF ROAD RIGHT</li> <li>09 RAN OFF ROAD LEFT</li> <li>10 CROSS MEDIAN/CENTERLINE</li> <li>11 DOWNHILL RUNAWAY</li> <li>12 OTHER NON-COLLISION</li> <li>13 UNKNOWN NON-COLLISION</li> </ol> <p><b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b></p> <ol style="list-style-type: none"> <li>14 PEDESTRIAN</li> <li>15 PEDALCYCLE</li> <li>16 RAILWAY VEHICLE</li> <li>17 ANIMAL - FARM</li> <li>18 ANIMAL - DEER</li> <li>19 ANIMAL - OTHER</li> <li>20 MOTOR VEHICLE IN TRANSPORT</li> <li>21 PARKED MOTOR VEHICLE</li> <li>22 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>23 OTHER MOVABLE OBJECT</li> <li>24 UNKNOWN MOVABLE OBJECT</li> </ol> <p><b>COLLISION WITH FIXED OBJECT</b></p> <ol style="list-style-type: none"> <li>25 IMPACT ATTENUATION/CRASH CUSHION</li> <li>26 BRIDGE OVERHEAD STRUCTURE</li> <li>27 BRIDGE PIER OR ABUTMENT</li> <li>28 BRIDGE PARAPET</li> <li>29 BRIDGE RAIL</li> <li>30 GUARDRAIL FACE</li> <li>31 GUARDRAIL END</li> <li>32 MEDIAN BARRIER</li> <li>33 HIGHWAY TRAFFIC SIGN POST</li> <li>34 OVERHEAD SIGN POST</li> <li>35 LIGHT/LUMINARIES SUPPORT</li> <li>36 UTILITY POLE</li> <li>37 OTHER POST, POLE OR SUPPORT</li> <li>38 CULVERT</li> <li>39 CURB</li> <li>40 DITCH</li> <li>41 EMBANKMENT</li> <li>42 FENCE</li> <li>43 MAILBOX</li> <li>44 TREE</li> <li>45 OTHER FIXED OBJECT</li> <li>46 WORK ZONE MAINTENANCE EQUIPMENT</li> <li>47 UNKNOWN FIXED OBJECT</li> <li>48 OTHER</li> <li>49 UNKNOWN</li> </ol>	A	B	20	20													<b>POSTED SPEED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">25</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">25</div> <p><b>TRAFFIC CONTROL</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> <p><b>CONDITION</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p><b>ALCOHOL / DRUG SUSPECTED</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p><b>ALCOHOL TEST STATUS</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p><b>ALCOHOL TEST TYPE</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p><b>ALCOHOL TEST RESULT</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<b>DRUG TEST STATUS</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 TEST REFUSED</li> <li>3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE</li> <li>4 TEST GIVEN, RESULTS KNOWN</li> <li>5 TEST GIVEN, RESULTS UNKNOWN</li> <li>6 UNKNOWN</li> </ol> <p><b>DRUG TEST TYPE</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 BLOOD</li> <li>3 URINE</li> <li>4 OTHER</li> </ol> <p><b>DRUG TEST 1&amp;2 RESULT</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> </tr> </table> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 MARIJUANA</li> <li>3 COCAINE</li> <li>4 OPIATES</li> <li>5 AMPHETAMINES</li> <li>6 PCP</li> <li>7 OTHER</li> <li>8 UNKNOWN AT TIME OF REPORTING</li> </ol> <p><b>TYPE OF INTERSECTION</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> <ol style="list-style-type: none"> <li>01 NOT AN INTERSECTION</li> <li>02 FOUR-WAY INTERSECTION</li> <li>03 T-INTERSECTION</li> <li>04 Y-INTERSECTION</li> <li>05 TRAFFIC CIRCLE/ROUNDBOUT</li> <li>06 FIVE-POINT, OR MORE</li> <li>07 ON RAMP</li> <li>08 OFF RAMP</li> <li>09 CROSSOVER</li> <li>10 DRIVEWAY/ACCESS</li> <li>11 RAILWAY GRADE CROSSING</li> <li>12 SHARED-USE PATHS OR TRAILS</li> <li>13 UNKNOWN</li> </ol> <p><b>OCCURRENCE</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <ol style="list-style-type: none"> <li>1 ON ROADWAY</li> <li>2 ON SHOULDER</li> <li>3 IN MEDIAN</li> <li>4 ON ROADSIDE</li> <li>5 ON GORE</li> <li>6 OUTSIDE TRAFFICWAY</li> <li>7 UNKNOWN</li> </ol> <p><b>ROAD CONTOUR</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <ol style="list-style-type: none"> <li>1 STRAIGHT LEVEL</li> <li>2 STRAIGHT GRADE</li> <li>3 CURVE LEVEL</li> <li>4 CURVE GRADE</li> </ol> <p><b>ROAD CONDITIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">PRIMARY</td> <td style="border: 1px solid black; padding: 2px;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table> <ol style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND, MUD, DIRT, OIL, GRAVEL</li> <li>06 WATER (STANDING, MOVING)</li> <li>07 SLUSH</li> <li>08 DEBRIS**</li> <li>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> </ol> <p>**SECONDARY ROAD CONDITIONS ONLY</p>	A	B	1	2	PRIMARY	SECONDARY		
A	B																												
20	20																												
A	B																												
1	2																												
PRIMARY	SECONDARY																												
<b>NON-MOTORIST LOCATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <ol style="list-style-type: none"> <li>01 MARKED CROSSWALK AT INTERSECTION</li> <li>02 INTERSECTION/ NO CROSSWALK</li> <li>03 NON-INTERSECTION CROSSWALK</li> <li>04 DRIVEWAY ACCESS CROSSWALK</li> <li>05 IN ROADWAY</li> <li>06 NOT IN ROADWAY</li> <li>07 MEDIAN (BUT NOT SHOULDER)</li> <li>08 ISLAND</li> <li>09 SHOULDER</li> <li>10 SIDEWALK</li> <li>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)</li> <li>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)</li> <li>13 OUTSIDE TRAFFICWAY</li> <li>14 SHARED USE PATHS OR TRAILS</li> <li>15 UNKNOWN</li> </ol>	<b>TYPE OF UNIT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">04</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">42</div> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZE</li> <li>04 FULL SIZE</li> <li>05 MINIVAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANEL/VAN</li> <li>09 SINGLE UNIT TRUCK;</li> <li>10 SINGLE UNIT TRUCK; 3+ AXLES</li> <li>11 TRUCK/TRAILER</li> <li>12 TRUCK TRACTOR (BOBTAIL)</li> <li>13 TRACTOR/SEMI-TRAILER</li> <li>14 TRACTOR/DOUBLE SHORT</li> <li>15 TRACTOR/DOUBLE LONG</li> <li>16 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>17 TRACTOR/TRIPLES</li> <li>18 MOTORCYCLE</li> <li>19 MOTORIZED BICYCLE</li> <li>20 SCHOOL BUS</li> <li>21 CHURCH BUS</li> <li>22 PUBLIC BUS</li> <li>23 OTHER BUS</li> <li>24 POLICE VEHICLE</li> <li>25 FIRE TRUCK</li> <li>26 AMBULANCE/RESCUE</li> <li>27 TAXI</li> <li>28 MOTOR HOME</li> <li>29 TRAM</li> <li>30 FARM VEHICLE</li> <li>31 FARM EQUIPMENT</li> <li>32 SNOWMOBILE</li> <li>33 CONSTRUCTION EQUIPMENT</li> <li>34 ALL OTHERS</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>35 ANIMAL W/RIDER</li> <li>36 ANIMAL W/BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST</li> <li>40 SKATER</li> <li>41 OTHER-NON MOTORIST</li> <li>42 UNKNOWN</li> </ol>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> <p><b>MOTORIST</b></p> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 FAILURE TO YIELD</li> <li>03 RAN RED LIGHT, OR STOP SIGN</li> <li>04 EXCEEDED SPEED LIMIT</li> <li>05 UNSAFE SPEED</li> <li>06 IMPROPER TURN</li> <li>07 LEFT OF CENTER</li> <li>08 FOLLOWED TOO CLOSELY/ACDA</li> <li>09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING</li> <li>10 IMPROPER BACKING</li> <li>11 IMPROPER START FROM PARKED POSITION</li> <li>12 STOPPED OR PARKED ILLEGALLY</li> <li>13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER</li> <li>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)</li> <li>15 FAILURE TO CONTROL</li> <li>16 VISION OBSTRUCTION</li> <li>17 DRIVER INATTENTION</li> <li>18 FATIGUE/ASLEEP</li> <li>19 OPERATING DEFECTIVE EQUIPMENT</li> <li>20 LOAD SHIFTING/FALLING/SPILLING</li> <li>21 OTHER IMPROPER ACTION</li> <li>22 UNKNOWN</li> </ol> <p><b>NON-MOTORIST</b></p> <ol style="list-style-type: none"> <li>23 NONE</li> <li>24 IMPROPER CROSSING</li> <li>25 DARTING</li> <li>26 LYING AND/OR ILLEGALLY IN ROADWAY</li> <li>27 FAILURE TO YIELD RIGHT OF WAY</li> <li>28 NOT VISIBLE (DARK CLOTHING)</li> <li>29 INATTENTIVE</li> <li>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER</li> <li>31 WRONG SIDE OF THE ROAD</li> <li>32 OTHER</li> <li>33 UNKNOWN</li> </ol>	<b>DIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">FROM To</td> <td style="border: 1px solid black; padding: 2px;">FROM To</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3</td> </tr> </table> <ol style="list-style-type: none"> <li>1 NORTH</li> <li>2 SOUTH</li> <li>3 EAST</li> <li>4 WEST</li> <li>5 NORTHEAST</li> <li>6 NORTHWEST</li> <li>7 SOUTHEAST</li> <li>8 SOUTHWEST</li> <li>9 UNKNOWN</li> </ol>	FROM To	FROM To	1	4	2	3	<b>POINT OF IMPACT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> <ol style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD/TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ol>	<b>FIRST HARMFUL EVENT</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p><b>MOST HARMFUL EVENT</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <p>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p>	<b>VEHICLE DEFECT</b> <b>CODE ONLY IF '19' SELECTED ABOVE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <ol style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT</li> <li>09 DEFECTIVE</li> <li>10 MOTOR TROUBLE</li> <li>11 DISABLED FROM PRIOR CRASH</li> <li>11 OTHER DEFECTS</li> </ol>	<b>SPEED DETECTED</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <ol style="list-style-type: none"> <li>1 STATED</li> <li>2 ESTIMATED SPEED</li> </ol> <p><b>SPEED</b></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<b>IN EMERGENCY RESPONSE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <ol style="list-style-type: none"> <li>1 No</li> <li>2 Yes</li> <li>3 UNKNOWN</li> </ol>	<b>ACTION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <ol style="list-style-type: none"> <li>1 NON-CONTACT</li> <li>2 NON-COLLISION</li> <li>3 STRIKING</li> <li>4 STRUCK</li> <li>5 BOTH STRIKING AND STRUCK</li> <li>6 UNKNOWN</li> </ol>	<b>STRIKING VEHICLE: OVERRIDE / UNDERIDE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <ol style="list-style-type: none"> <li>1 NO UNDERIDE OR OVERRIDE</li> <li>2 UNDERIDE, COMPARTMENT INTRUSION</li> <li>3 UNDERIDE, NO COMPARTMENT INTRUSION</li> <li>4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>6 OVERRIDE, OTHER VEHICLE</li> <li>7 UNKNOWN</li> </ol>	<b>DAMAGE SCALE</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <ol style="list-style-type: none"> <li>1 NONE</li> <li>2 NON-FUNCTIONAL DAMAGE</li> <li>3 FUNCTIONAL DAMAGE</li> <li>4 DISABLING DAMAGE</li> <li>5 SEVERE</li> <li>6 UNKNOWN</li> </ol>	<p style="text-align: right;">LOCAL REPORT # *  SUPPLEMENT * 'X' IF YES</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">09</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">002243</div>											
FROM To	FROM To																												
1	4																												
2	3																												

**Narrative**

Driver of Unit 1 stated She was traveling South on Covington At Delaware, when Unit 2 traveling EAST on Delaware ran the Stop Sign And Struck Right Front of her Auto. Driver 2\* exited his Auto looked At Damage And left the Scene - EAST on Delaware

See OH-2 09-002243

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><b>6</b></p> <p>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</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES, DIRECTLY INVOLVED                  3 YES, INDIRECTLY INVOLVED                  4 UNKNOWN</p>	<p><b>Diagram</b></p>	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>
<p><b>WEATHER</b></p> <p><b>06</b></p> <p>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</p>	<p><b>WORK ZONE RELATED</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>		<p>COMPANY (FROM SHIPPING PAPERS)</p> <p>COMPANY PHONE</p>
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <b>1</b> SECONDARY</p> <p>1 DAYLIGHT                  2 DAWN                  3 DUSK                  4 DARK - LIGHTED ROADWAY                  5 DARK - NOT LIGHTED                  6 DARK - UNKNOWN LIGHTING                  7 GLARE                  8 OTHER                  9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><b>1</b></p> <p>1 LANE CLOSURE                  2 LANE SHIFT/CROSSOVER                  3 WORK ON SHOULDER OR MEDIAN                  4 INTERMITTENT/ MOVING WORK                  5 OTHER</p>		<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p>
<p><b>LOCATION OF CRASH IN WORK ZONE</b></p> <p><b>1</b></p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN                  2 ADVANCE WARNING AREA                  3 TRANSITION AREA                  4 ACTIVITY AREA</p>	<p><b>WORKERS PRESENT</b></p> <p><b>1</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>		

<p><b>Truck/Bus</b></p> <p>UNIT #</p> <p><b>11</b></p>	<p>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.</p>	<p><b>A</b> <b>N</b> <b>D</b></p> <p>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.</p>
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<p>US DOT</p>	<p>ICC MC</p>	<p>PUCO</p>	<p>TRAILER LP ST.</p>	<p>TRAILER LP YEAR</p>	<p>TRAILER LP #</p>	<p>PLACARD #</p>	<p># DIA</p>
<p><b>CARGO BODY TYPE</b></p> <p>01 NOT APPLICABLE                  02 BUS (9-15 INCLUDING DRIVER)                  03 VAN/ENCLOSED BOX                  04 GRAN/CHIPS/GRAVEL</p>	<p>05 POLE                  06 CARGO TANK                  07 FLATBED                  08 DUMP</p>	<p>09 CONCRETE MIXER                  10 AUTO TRANSPORTER                  11 GARBAGE/REFUSE                  12 OTHER                  13 UNKNOWN</p>	<p><b>Weight (GVWR)</b></p> <p>1 LESS/EQUAL 10,000                  2 10,001 - 25,000                  3 MORE THAN 25,000</p>	<p><b>CDL Class</b></p> <p>1 CLASS A                  2 CLASS B                  3 CLASS C                  4 CLASS M                  5 CLASS D</p>	<p><b>Hazardous Materials Placard</b></p> <p>1 NO                  2 YES                  3 UNKNOWN</p>	<p><b>Hazardous Materials Released</b></p> <p>1 NO                  2 YES                  3 NOT APPLICABLE                  4 UNKNOWN</p>	

**Police Action**

DATE CRASH REPORTED: 01/22/09 TIME REC CALL: 1110 DISPATCH: 1110 ARRIVED: 1110 CLEARED: 1210 OTHER: TOTAL MINUTES: 60

REPORTER'S NAME: D Othayl BADGE #: 637 CHECKED BY: J. Beecher DATE REPORT FILED: 01/22/09

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 2 1 SCENE 2 STATION SUPPLEMENT 'X' IF YES LOCAL REPORT # \* 091122009

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 09-002243	REPORTING AGENCY Youngstown Police Dept	DATE OF ACCIDENT M 1 D 10 Y 09
IN COUNTY OF Mahoning	ACCIDENT LOCATION Covington AT Delaware	

Driver of Unit 1 Versicle Milledge Stated Unit 2  
 WAS A UNKNOWN White Car partial DH10 30 DAY TAG  
 LAST 4 Numbers - 2993 driven by Young m/BK Age 20

- TRIED TO RUN 2993 AS LAST 4 ON A TEMP PLATE - though obeg No  
 matching Results. Booking 1027

OFFICERS SIGNATURE  


BARGE NO.  
 637