

TRAFFIC CRASH REPORT



LOCAL REPORT # *
69-004804

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
3

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
Youngstown Police Dept

UNITS
01

UNIT ERROR
88 = ANIMAL
99 = UNKNOWN
01

DATE OF CRASH *
01242009

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY* * * * * LATTITUDE LONGITUDE
2347 SAT X Youngstown 50

PREFIX (CRASH LOCATION) TYPE LOC TYPE LOCATION POINT USED
U.S. 62 3 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
CANTON RD
DIST REFERENCE (DR) PREFIX REFERENCE MAP POINT REFERENCE POINT USED
2403 (ACROSS FROM) 04
01 STATE LINE 04 HOME NUMBER 06 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 08 DRIVEWAY
03 COUNTY LINE 06 MILE POST 09 STREET ON ROUTE W/O REFERENCE
07 CORPORATION LIMIT

Motorist/Non-Motorist

A UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
01 01 KATZ, DAVID R.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
4805 MIAM RD. Youngstown OHIO 44515
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
09221956 52 M 3307938816
DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
OH SW479699 OH DAH 7635 1 2 EMS 5 UNKNOWN 3 POLICE
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2004 GMC Envoy Burg State Farm LUOTS

Occupant

B UNIT # # OF OCC. 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 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
2 EMS 5 UNKNOWN 3 POLICE
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

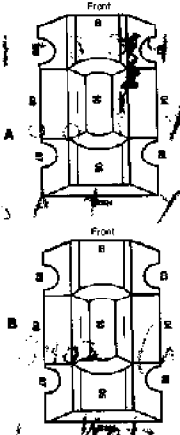
C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
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D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
2 EMS 5 UNKNOWN 3 POLICE

01 A	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 CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 MULTIPLE	04 A	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	1 A	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 A	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1 A	EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 A	TRAPPED 1 NOT TRAPPED 2 EXTINGUISHED BY MECHANICAL MEANS 3 FIRED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 A	INJURIES 1 NO INJURY 2 POSSIBLE NON-INCAPACITATING 3 INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESS

SUPPLEMENT #
X IF YES

UNIT NUMBERS <input type="text" value="06"/> <input type="text" value="A"/> <input type="text" value="B"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="20"/> <input type="text" value="A"/> <input type="text" value="B"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td><input type="text" value="08"/></td><td><input type="text" value="1"/></td></tr> <tr><td><input type="text" value="44"/></td><td><input type="text" value="2"/></td></tr> <tr><td><input type="text" value="3"/></td><td><input type="text" value="3"/></td></tr> <tr><td><input type="text" value="4"/></td><td><input type="text" value="4"/></td></tr> </table>	<input type="text" value="08"/>	<input type="text" value="1"/>	<input type="text" value="44"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	POSTED SPEED <input type="text" value="35"/> <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"/>
<input type="text" value="08"/>	<input type="text" value="1"/>												
<input type="text" value="44"/>	<input type="text" value="2"/>												
<input type="text" value="3"/>	<input type="text" value="3"/>												
<input type="text" value="4"/>	<input type="text" value="4"/>												
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	MOST DAMAGED AREA <input type="text" value="03"/> <input type="text" value="A"/> <input type="text" value="B"/>	NON-COLLISION <input type="text" value="14"/> <input type="text" value="A"/> <input type="text" value="B"/>	TRAFFIC CONTROL <input type="text" value="A"/> <input type="text" value="B"/>	DIRECTION From To From To <input type="text" value="3"/> <input type="text" value="4"/> <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="06"/> <input type="text" value="A"/> <input type="text" value="B"/>	POINT OF IMPACT <input type="text" value="03"/> <input type="text" value="A"/> <input type="text" value="B"/>	CONTINUING OBSTRUCTIONS <input type="text" value="14"/> <input type="text" value="A"/> <input type="text" value="B"/>	COLLISION WITH FIXED OBJECT <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"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>								
MOTORIST <input type="text" value="06"/> <input type="text" value="A"/> <input type="text" value="B"/>	ACTION <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value="B"/>	MICROBLIST <input type="text" value="14"/> <input type="text" value="A"/> <input type="text" value="B"/>	COLLISION WITH PERSON/VEHICLE OR OBJECT NOT FIXED <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL/DRUG SUSPECTED <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"/>	STRIKING VEHICLE: OVERSIDE/UNDERGRADE <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <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"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONTOUR <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value="B"/>								
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value="B"/>	OTHER DEFECTS <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="2"/> <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="01"/> <input type="text" value="A"/> <input type="text" value="B"/>								
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEGRADING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN	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	1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="35"/> <input type="text" value="A"/> <input type="text" value="B"/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAYEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLE, BUMP, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY								
SUPPLEMENT * K' IF YES LOCAL REPORT # * 09-004804													

Narrative

Unit #1 was going west bound on U.S. 62 (Camfield Rd). #1 stated that another unknown Auto was going East bound and went into the turn lane and then came over towards him. #1 stated he tried to go right to avoid hitting the unknown make/model and went off road. #1 glanced at a tree and then just missed a pole and support wire.

MANNER OF COLLISION OR IMPACT

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 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1 NO
 2 YES
 3 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

WORKERS PRESENT

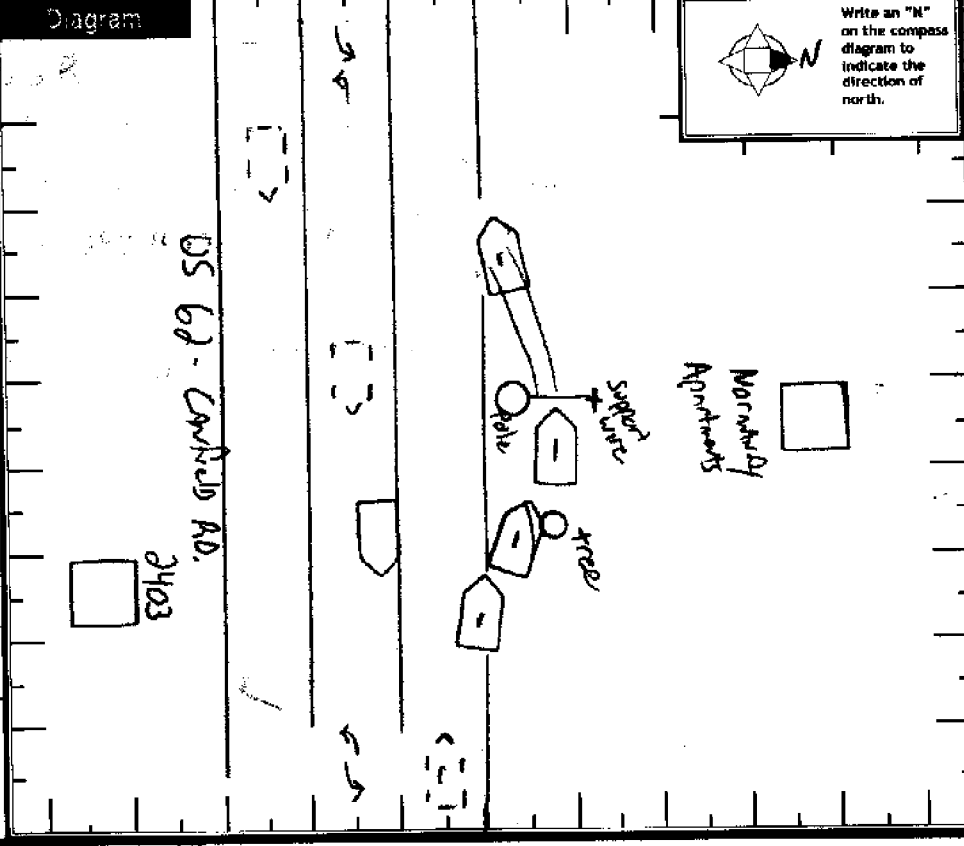
1 NO
 2 YES
 3 UNKNOWN

WEATHER

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

LIGHT CONDITIONS

PRIMARY: 4 DAYLIGHT
 SECONDARY: 1 DAWN
 2 DUSK
 3 DARK - LIGHTED ROADWAY
 4 DARK - NOT LIGHTED
 5 GLARE
 6 OTHER
 7 UNKNOWN



CRASH TYPE

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

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 DISABLED 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 NO PUCC TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # / DA

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (8-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/CHOP/GRAYEL
 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 - 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 REPORTED: 01 24 2009
 TIME REC CALL: 23 47
 DISPATCH: 23 48
 ARRIVED: 23 56
 CLEARED: 00 39
 OTHER:

TOTAL MINUTES: 50

OFFICER'S NAME: G. Miller
 BADGE # : 1052
 CHECKED BY: [Signature]
 DATE REPORT FILED: 01 26 2009

REPORT TAKEN BY: 1 POLICE AGENCY
 2 MOTORIST

REPORT TAKEN AT: 1 SCENE
 2 STATION
 3 []

SUPPLEMENT # IF YES:

LOCAL REPORT # : 09-004804