

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-009678

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.# *
05009

REPORTING AGENCY *
Youngstown Police Dept.

UNITS
02

UNIT ERROR
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
02172009

TIME OF CRASH 2053 DAY OF WEEK Tue CITY * X VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * Youngstown COUNTY # * 50 LATITUDE LONGITUDE

CRASH LOCATION Connecticut TYPE LOC 1 NAMED STREET 2 NUMBERED ROUTE

REF POINT 02 REFERENCE POINT USED D1 STATE LINE D2 INTERSECTION 2 STREETS D3 COUNTY LINE

UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) Oracio, George S.

ADDRESS (STREET, CITY, STATE, ZIP CODE) 127 S. Maryland Youngstown, Ohio 44509

DATE OF BIRTH 05061963 AGE 45 SEX M HOME PHONE # 330-712-2894

DL STATE OH LICENSE # PX636885 LP STATE OH LP # EL62454 INJURED TAKEN BY 2 TRANSPORTED BY Rural Metro INJURED TAKEN TO St. Elizabeth

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

YEAR 1995 MAKE Subaru MODEL Legacy COLOR Green INSURANCE COMPANY None TOWNSHIP SERVICE Ludt's OWNER PHONE # Same

OFFENSE CHARGED 333.09 A OFFENSE DESCRIPTION Reckless Operation on Streets CITATION # I25451 LOCAL CODE? X

UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) Stoughton, Michelle M.

ADDRESS (STREET, CITY, STATE, ZIP CODE) 735 Truesdale Youngstown, Ohio 44515

DATE OF BIRTH 07111975 AGE 33 SEX F HOME PHONE # 330-788-5705

DL STATE OH LICENSE # RN583242 LP STATE OH LP # ENF2612 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

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

YEAR 2008 MAKE Chevy MODEL TrailBlazer COLOR Silver INSURANCE COMPANY Allstate TOWNSHIP SERVICE Ludt's OWNER PHONE # Same

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X

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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION
01 A FRONT - LEFT (MC DRIVER)
02 B FRONT - MIDDLE
03 C FRONT - RIGHT
04 D SECOND - LEFT (MC PASS)
05 SECOND - MIDDLE
06 SECOND - RIGHT
07 THIRD - LEFT (MC PASSENGER/3RD CAR)
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 BLEASER SECTION OF CAR
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
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 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

AIR BAG
2 1 NOT DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
4 1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION
1 A 1 NOT EJECTED
2 2 TOTALLY EJECTED
3 3 PARTIALLY EJECTED
4 B 4 NOT APPLICABLE
5 C 5 UNKNOWN

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

INJURIES
6 A 1 NO INJURY
2 B 2 POSSIBLE
3 C 3 NON-INCAPACITATING
4 D 4 INCAPACITATING
5 5 FATAL INJURY
6 6 UNKNOWN

BLANK FOR WITNESS SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
06 02

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

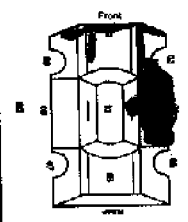
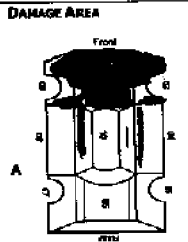
TYPE OF UNIT
03 06

- 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 (BONNET)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL OR CONVENTION DOLLY
- 17 TRACTOR/TRIMPLES
- 18 MOTORCYCLE
- 19 MOTORBIKE/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/DRIVER
- 36 ANIMAL W/BUDDY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE
A B

- 1 NO
- 2 YES
- 3 UNKNOWN

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



MOST DAMAGED AREA

02 04

- 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 LOAN/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT
02 04

- 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 LOAN/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

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

STRUCKING VEHICLE: OVERSIDE / UNDERSIDE
A B

- 1 NO UNDERIDE OR OVERIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERIDE, OTHER VEHICLE
- 7 UNKNOWN

PRI-CRASH ACTIONS
01 01

- 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 EXITING TRAFFIC LANE
- 09 LEAVING TRAFFIC LANE
- 10 PARKED
- 11 BLOWING/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**
- 1 3
- 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 SIGNALS, SIGNALS, OR OFFICER
- 31 WRONG SIDE OF THE ROAD
- 32 OTHER
- 33 UNKNOWN

- VEHICLE DEFECT CODE ONLY IF "15" 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
A B
20 20
39 39
45

- NON-COLLISION**
- 01 OVERTURN/ROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMMERSION
- 04 JACKKNIFE
- 05 GAINS/EQUIPMENT LOSS/SHIFT
- 06 EQUIPMENT FAILURE
- 07 REPARATION 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 FOUND**
- 14 PEDESTRIAN
- 15 PEDALCYCLE
- 16 RAILWAY VEHICLE
- 17 ANIMAL - FARM
- 18 ANIMAL - OTHER
- 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/UMMABLES 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

- FIRST HARMFUL EVENT**
- A B
- OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)
- MOST HARMFUL EVENT**
- A B
- OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

- SPEED DETECTED**
- A B
- 1 STATED
- 2 ESTIMATED SPEED
- SPEED**
- A B

POSTED SPEED
A B

TRAFFIC CONTROL
01 02

- 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
FROM TO FROM TO
3 4 2 1

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

- CONDITION**
- A 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/DRUGS SUSPECTED**
- A B
- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - MBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL / DRUGS SUSPECTED
- 6 UNKNOWN

- ALCOHOL TEST STATUS**
- 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

- ALCOHOL TEST TYPE**
- A B
- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

- ALCOHOL TEST RESULT**
- A B

DRUG TEST STATUS
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**
- A B
- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

- DRUG TEST 1&2 RESULT**
- A 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/ROUNDABOUT
- 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**
- 1
- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

- ROAD CONDITIONS**
- PRIMARY SECONDARY
- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLOSH
- 08 DEBRIS**
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
- 10 OTHER
- 11 UNKNOWN
- **SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # "X" IF YES LOCAL REPORT # * 09-009678

Narrative

Unit #01 was westbound on Connecticut in the right lane. Unit #02 was northbound on N. Schenley, stopped for the stop sign and then proceeded into the intersection. Unit #01 struck the right side of Unit #02. Unit #01 spun around and struck the NW corner curb. Unit #02 traveled over the NW corner curb, through two front yards and struck the porch at 408 N. Schenley.

<p>MANNER OF COLLISION OR IMPACT</p> <p>6</p> <ol style="list-style-type: none"> NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT REAR-END HEAD-ON REAR-TO-REAR BACKING ANGLE SIDESWPE, SAME DIRECTION SIDESWPE, OPPOSITE DIRECTION UNKNOWN 	<p>SCHOOL BUS RELATED</p> <p>1</p> <ol style="list-style-type: none"> NO YES, DIRECTLY INVOLVED YES, INDIRECTLY INVOLVED UNKNOWN 	<p>Diagram</p>		<p>Write an "N" on the compass diagram to indicate the direction of north.</p>									
<p>WEATHER</p> <p>01</p> <ol style="list-style-type: none"> CLEAR CLOUDY FOG, SMOG, SMOKE RAIN SLEET, HAIL (FREEZING RAIN DRIZZLE) SNOW SEVERE CROSSWINDS BLOWING SAND, SOIL, DIRT, SNOW OTHER UNKNOWN 	<p>WORK ZONE RELATED</p> <p>1</p> <ol style="list-style-type: none"> NO YES UNKNOWN 			<p>Diagram</p>		<p>Diagram</p>							
<p>LIGHT CONDITIONS</p> <p>4</p> <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <ol style="list-style-type: none"> DAYLIGHT DARK DUSK DARK - LIGHTED ROADWAY DARK - NOT LIGHTED DARK - UNKNOWN LIGHTING GLARE OTHER UNKNOWN 	PRIMARY						SECONDARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>TYPE OF WORK ZONE</p> <p>1</p> <ol style="list-style-type: none"> LANE CLOSURE LANE SHIFT/CROSSOVER WORK ON SHOULDER OR MEDIUM INTERMITTENT/ MOVING WORK OTHER 	<p>Diagram</p>		<p>Diagram</p>
PRIMARY	SECONDARY												
<input checked="" type="checkbox"/>	<input type="checkbox"/>												
	<p>LOCATION OF CRASH IN WORK ZONE</p> <p>1</p> <ol style="list-style-type: none"> BEFORE FIRST WORK ZONE WARNING SIGN ADVANCE WARNING AREA TRANSITION AREA ACTIVITY AREA 	<p>Diagram</p>		<p>Diagram</p>									
	<p>WORKERS PRESENT</p> <p>1</p> <ol style="list-style-type: none"> NO YES UNKNOWN 				<p>Diagram</p>		<p>Diagram</p>						

<p>Trucks/Buses</p> <p>UNIT #</p> <p>11</p>	<p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</p> <p>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR</p> <p>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR</p> <p>A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.</p>	<p>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</p> <p>A FATALITY; OR</p> <p>AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR</p> <p>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p> <p>COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____</p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE) _____</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 # _____ (DA) _____</p>																																																										
<p>CARGO BODY TYPE</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>01 NOT APPLICABLE</td> <td><input type="checkbox"/></td> <td>05 POLE</td> <td><input type="checkbox"/></td> <td>09 CONCRETE MIXER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>02 BUS (8-15 INCLUDING DRIVER)</td> <td><input type="checkbox"/></td> <td>06 CARGO TANK</td> <td><input type="checkbox"/></td> <td>10 AUTO TRANSPORTER</td> </tr> <tr> <td><input type="checkbox"/></td> <td>03 VAN/ENCLOSED BOX</td> <td><input type="checkbox"/></td> <td>07 FLATBED</td> <td><input type="checkbox"/></td> <td>11 GARBAGE/REFUSE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>04 GRAN/CHP/SH/GRAVEL</td> <td><input type="checkbox"/></td> <td>08 DUMP</td> <td><input type="checkbox"/></td> <td>12 OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>13 UNKNOWN</td> </tr> </table>	<input type="checkbox"/>	01 NOT APPLICABLE	<input type="checkbox"/>	05 POLE	<input type="checkbox"/>	09 CONCRETE MIXER	<input type="checkbox"/>	02 BUS (8-15 INCLUDING DRIVER)	<input type="checkbox"/>	06 CARGO TANK	<input type="checkbox"/>	10 AUTO TRANSPORTER	<input type="checkbox"/>	03 VAN/ENCLOSED BOX	<input type="checkbox"/>	07 FLATBED	<input type="checkbox"/>	11 GARBAGE/REFUSE	<input type="checkbox"/>	04 GRAN/CHP/SH/GRAVEL	<input type="checkbox"/>	08 DUMP	<input type="checkbox"/>	12 OTHER					<input type="checkbox"/>	13 UNKNOWN	<p>Weight (GVWR)</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1 LESS THAN 10,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2 10,001 - 26,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3 MORE THAN 26,000</td> </tr> </table>	<input type="checkbox"/>	1 LESS THAN 10,000	<input type="checkbox"/>	2 10,001 - 26,000	<input type="checkbox"/>	3 MORE THAN 26,000	<p>CDL Class</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1 CLASS A</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2 CLASS B</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3 CLASS C</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4 CLASS M</td> </tr> <tr> <td><input type="checkbox"/></td> <td>5 CLASS D</td> </tr> </table>	<input type="checkbox"/>	1 CLASS A	<input type="checkbox"/>	2 CLASS B	<input type="checkbox"/>	3 CLASS C	<input type="checkbox"/>	4 CLASS M	<input type="checkbox"/>	5 CLASS D	<p>Hazardous Materials Placard</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1 NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2 YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3 UNKNOWN</td> </tr> </table>	<input type="checkbox"/>	1 NO	<input type="checkbox"/>	2 YES	<input type="checkbox"/>	3 UNKNOWN	<p>Hazardous Materials Released</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1 NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2 YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3 NOT APPLICABLE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4 UNKNOWN</td> </tr> </table>	<input type="checkbox"/>	1 NO	<input type="checkbox"/>	2 YES	<input type="checkbox"/>	3 NOT APPLICABLE	<input type="checkbox"/>	4 UNKNOWN
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<input type="checkbox"/>	02 BUS (8-15 INCLUDING DRIVER)	<input type="checkbox"/>	06 CARGO TANK	<input type="checkbox"/>	10 AUTO TRANSPORTER																																																											
<input type="checkbox"/>	03 VAN/ENCLOSED BOX	<input type="checkbox"/>	07 FLATBED	<input type="checkbox"/>	11 GARBAGE/REFUSE																																																											
<input type="checkbox"/>	04 GRAN/CHP/SH/GRAVEL	<input type="checkbox"/>	08 DUMP	<input type="checkbox"/>	12 OTHER																																																											
				<input type="checkbox"/>	13 UNKNOWN																																																											
<input type="checkbox"/>	1 LESS THAN 10,000																																																															
<input type="checkbox"/>	2 10,001 - 26,000																																																															
<input type="checkbox"/>	3 MORE THAN 26,000																																																															
<input type="checkbox"/>	1 CLASS A																																																															
<input type="checkbox"/>	2 CLASS B																																																															
<input type="checkbox"/>	3 CLASS C																																																															
<input type="checkbox"/>	4 CLASS M																																																															
<input type="checkbox"/>	5 CLASS D																																																															
<input type="checkbox"/>	1 NO																																																															
<input type="checkbox"/>	2 YES																																																															
<input type="checkbox"/>	3 UNKNOWN																																																															
<input type="checkbox"/>	1 NO																																																															
<input type="checkbox"/>	2 YES																																																															
<input type="checkbox"/>	3 NOT APPLICABLE																																																															
<input type="checkbox"/>	4 UNKNOWN																																																															

Police Action

<p>DATE CRASH REPORTED</p> <p>02 17 2009</p>	<p>TIME REC CALL</p> <p>2053</p>	<p>DISPATCH</p> <p>2053</p>	<p>ARRIVED</p> <p>2056</p>	<p>CLEARED</p> <p>2200</p>	<p>OTHER</p> <p>180</p>	<p>TOTAL MINUTES</p> <p>247</p>
<p>OFFICER'S NAME *</p> <p>Ofc. Joe Moran</p>	<p>BADGE # *</p> <p>1984</p>	<p>CHECKED BY</p> <p>[Signature]</p>	<p>DATE REPORT FILED *</p> <p>02182009</p>			
<p>REPORT TAKEN BY</p> <p>1 POLICE AGENCY</p> <p>2 MOTORIST</p>	<p>REPORT TAKEN AT</p> <p>1 SCENE</p> <p>2 STATION</p>	<p>SUPPLEMENT * IF YES</p>	<p>LOCAL REPORT # →</p> <p>09-009678</p>			



LOCAL REPORT NUMBER 09-009678	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 02 D 17 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Michelle M. Stoughton HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Off. Joe Moran AT Connecticut & Schenley
OFFICER'S NAME LOCATION

I Michelle Stoughton was driving Northbound on Schenley Ave. I came to a complete stop at intersection of Schenley and Connecticut Ave. I proceeded thru intersection when I saw a car come speeding towards my passenger side. The car was driving Westbound on Connecticut. He was speeding approx. 70mph towards me. I tried to swerve to miss him and the car smashed into my passenger side which made my car go up into someones yard into their front porch. The driver of the other vehicle fled the scene of the accident when I got out to see what happened there was no other driver on the scene of the accident. I was wearing my seatbelt.

735 TRUESDALE RD. Yo. OH 44515
ADDRESS OF WITNESS
Michelle M. Stoughton 02-17-09 330-788-5705
SIGNATURE OF WITNESS OFFICER'S SIGNATURE PHONE
 X Joe Moran 1084



LOCAL REPORT NUMBER 09-009678	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 02 0 17 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Patricia Collins HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

ofc. Joe Moran AT Connecticut + N. Schenley
OFFICER'S NAME LOCATION

X I TOLD POLICE OFFICERS
 THAT I WAS DRIVING BECAUSE
 I WAS SCARED IVE NEVER
 BEEN IN TROUBLE BEFORE
 WAS DRIVING. HE TOOK MY
 CAP

ADDRESS OF WITNESS 127 S. Maryland	PHONE 330-792-2894
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>Joe Moran</u>

Joe Moran 1084



LOCAL REPORT NUMBER 09-009678	REPORTING AGENCY Youngstown Police Dept	DATE OF CRASH M 02 D 17 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Adam Feliciano _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
ofc. Joe Moran _____ AT Connecticut & N. Schenley
OFFICER'S NAME LOCATION

X I LOOK Side Seen male get out of wrecked
 station wagon RUNNING AWAY FROM car About 5'11
 I went to the car there was nobody in car
 I seen A News Hat Lying on the ground By Drivers
 Door

ADDRESS OF WITNESS 1537 Salt Springs Rd	PHONE 234 855 1844
SIGNATURE OF WITNESS X Adam Feliciano	OFFICER'S SIGNATURE X Joe Moran 1084



LOCAL REPORT NUMBER 09-009678	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH MOZ 10/17/09
IN COUNTY OF Mahoning	CRASH LOCATION Connecticut at N. Schenley	

- ① witness to crash and subject that drove the suspect home to get the auto's owner -
Judith Douglas
512 S. Hazelwood
330-330-7288
- ② clerk's office closed for BMV 2255 to be notarized.
- ③ Michelle Stoughton was not cited yet pending review from Accident Investigation. If the suspect speed was as she stated, the grade in the road between West Heights and Hazelwood would have impaired her vision of an auto traveling twice the posted limit.
She was advised that she may be cited for Failure to yield ROW after stopping.

OFFICER'S SIGNATURE X Joe Moran	BADGE NUMBER 1084
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