

TRAFFIC CRASH REPORT



09-011322

CRASH SEVERITY
4 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
YES

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

PHOTOS TAKEN
YES

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

05009

REPORTING AGENCY #
Youngstown P.D.

01

01 00=ANIMAL
09=UNKNOWN

DATE OF CRASH #
2/25/09

2351

WED

X

NAME (OF CITY, VILLAGE OR TOWNSHIP) #
Youngstown

59

LATITUDE LONGITUDE

CRASH LOCATION
SR 62

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

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

N. GARLAND AVE

REF POINT
02

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME WHO REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE WHO REFERENCE

A 0101

OF OCC

NAME (LAST, FIRST, MIDDLE)
McCormick, Betty A

ADDRESS (STREET, CITY, STATE, ZIP CODE)
137 ROOSEVELT DR APT 6 Campbell OH 44405

DL STATE OH
DL # RF953482

LP STATE OH
LP # 299654

INJURED TAKEN BY
S

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
330-4242

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
McCormick, Betty

ADDRESS (STREET, CITY, STATE, ZIP CODE)
137 ROOSEVELT DR CAMPBELL OH 44405

YEAR 1993
MAKE FORD
MODEL TEMPO
COLOR WHITE

INSURANCE COMPANY NONE

TOWING SERVICE LUTS

OWNER PHONE # 330-757-2222

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE

B

OF OCC

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP #

INJURED TAKEN BY

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

C

OF OCC

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

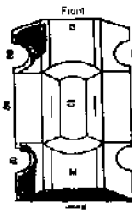
TRANSPORTED BY

INJURED TAKEN TO

SEATING POSITION 01 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	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 Non-Motorist 09 None Used 10 HELMET USED 11 PROTECTIVE PADS 12 UNENCLOSED CARGO AREA 13 LIGHTING 14 OTHER 15 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
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Motorist/Non-Motorist

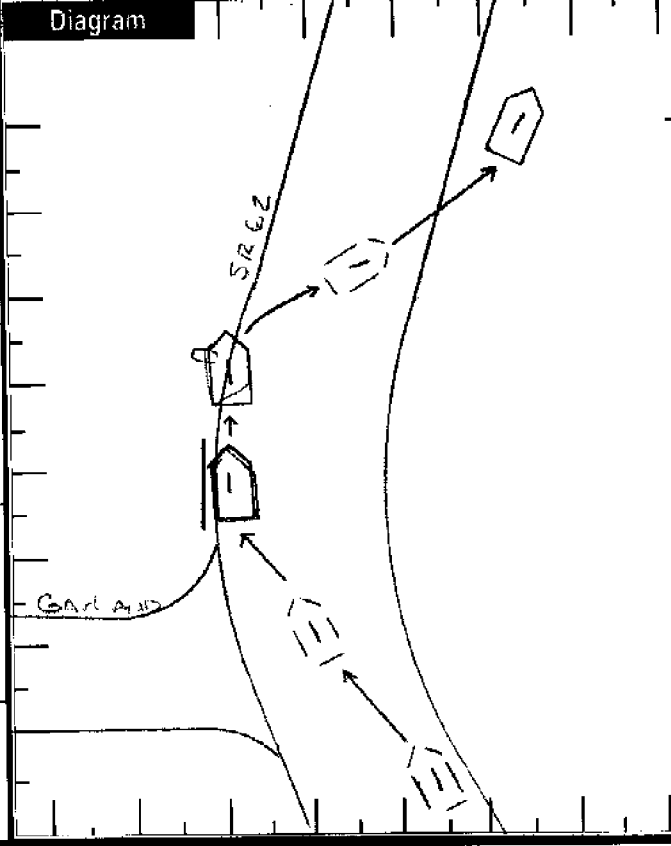
Occupant

UNIT NUMBERS 01	DAMAGE AREA 	PRE-CRASH ACTIONS 01	SEQUENCE OF EVENTS 2 1 3 0 4	POSTED SPEED 35	DRUG TEST STATUS 6
Non-Motorist Location 09 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	MOST DAMAGED AREA 08	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	Non-Collision 01 OVERTURN/FOLLOVER 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 Collision With Fixed Object 25 IMPACT ATTENUATOR/CRAIN CURBSON 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/STANCHION SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TRAIL 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL 1 2 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUDERS 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	DRUG TEST TYPE A B 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT A B 1 2 1 NONE 2 MARIJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
Type Of Unit 02 MOTORIST 01 BUS-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 (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TWIPLES 18 MOTORCYCLE 19 MOTORBIKE/BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 TRUCK 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	POINT OF IMPACT 08 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	CONTRIBUTING CIRCUMSTANCES 15 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	Direction FROM TO FROM TO 3 4 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	CONDITION 9 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	TYPE OF INTERSECTION 03 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 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
In Emergency Response 3 1 NO 2 YES 3 UNKNOWN	ACTION 3 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 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 WORK ON SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	First Harmful Event 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) Most Harmful Event 1 A B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) Speed Detected 1 STATED 2 ESTIMATED SPEED A B SPIND A B	ALCOHOL/DRUG SUSPECTED 6 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBID NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 6 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	OCCURRENCE 2 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR 4 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
DAMAGE SCALE 4 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE / UNDERRIDE 1 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				ROAD CONDITIONS PRIMARY SECONDARY 02 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, GRV, 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 # * 09-011322					

Narrative

UNIT A311 WAS TRAVELING W1B ON SR 62 WHEN THE DRIVER
 WENT LEFT OF CENTER FOR UNKNOWN REASON(S) STRUCK A GAULD RAIL
 CURVE AND TIPPED A FIRE HYDRANT BEFORE COMING TO REST IN A PARKING
 LOT AT 1150 Young Hubbard RD. THE DRIVER FLED PRIOR TO OFFICER'S
 ARRIVAL
 - driver and case closed -

<p>MANNER OF COLLISION OR IMPACT</p> <p><input type="checkbox"/> 1</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 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN</p>	<p>SCHOOL BUS RELATED</p> <p><input type="checkbox"/> 1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>
<p>WEATHER</p> <p><input type="checkbox"/> 04</p> <p>01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN</p>	<p>WORK ZONE RELATED</p> <p><input type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>
<p>LIGHT CONDITIONS</p> <p>PRIMARY <input type="checkbox"/> 4</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>TYPE OF WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER</p>
	<p>LOCATION OF CRASH IN WORK ZONE</p> <p><input type="checkbox"/></p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p>
	<p>WORKERS PRESENT</p> <p><input type="checkbox"/> 1</p> <p>1 NO 2 YES 3 UNKNOWN</p>



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

<p>Truck/Bus</p> <p><input type="checkbox"/></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>A 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>
<p>COMPANY (FROM SHIPPING PAPERS)</p>		<p>COMPANY PHONE</p>
<p>ADDRESS (STREET, CITY, ST, ZIP CODE)</p>		
<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># DR</p>	
<p>CARGO BODY TYPE</p> <p><input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>Weight (GVWR)</p> <p><input type="checkbox"/> 1 LESS/EQUAL 10,000 2 10,001 - 28,000 3 MORE THAN 28,000</p>	<p>CDL Class</p> <p><input type="checkbox"/></p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D</p>
	<p>Hazardous Materials Placard</p> <p><input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN</p>	<p>Hazardous Materials Released</p> <p><input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>

Police Action

Date Report Made: 09 25 2009 2351

DISPATCH: 2359 ARRIVED: 2407 CLEARED: 0120 OTHER: TOTAL MINUTES: 89

OFFICER'S NAME: PTCM R.A. MARTIN CHECKED BY: [Signature] DATE REPORT FILED: 09 26 2009

REPORT TAKEN BY: 1 POLICE AGENT 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT: LOCAL REPORT #:



LOCAL REPORT NUMBER A-011322	REPORTING AGENCY YOUNGSTOWN Police	DATE OF CRASH MO 2 D 25 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Betty McCormick HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Bodensing AT Yo. Hub Rd
OFFICER'S NAME LOCATION

I was coming down Yo Hubbard Rd and by the electric co. I thought it was a deer, but it was a big dog. No one was coming in the on coming lane so I swerved to avoid hitting the dog and my tire hit a ~~man~~ man hole with no lid, and pushed me into the guard rail. I tried to call Billy Hammel but he wasn't answering the phone. I didn't know what else to do I was going to get it early in the morning,

ADDRESS OF WITNESS	PHONE 330-3184243
SIGNATURE OF WITNESS X Betty McCormick	OFFICER'S SIGNATURE X [Signature]

Youngstown Police Department
116 West Boardman Street
Youngstown, Ohio 44503
330-742-8926

Place Youngstown Police Dept Date 02/26/09 Time 1334

YOUR RIGHTS

Before answering any questions you must understand what rights are guaranteed to you by the Constitution of the United States.

I am a police officer. You have the right to remain silent. You do not have to say anything to us at anytime and you do not have to answer any questions. Anything you say can and will be used against you in court.

You have the right to talk to a lawyer for advice before we question you and have him present with you during questioning. If you can not afford a lawyer and want one, a lawyer will be provided for you free of charge. If you want to answer questions now without a lawyer you still have the right to stop answering questions at any time.

Waiver

I have read, or have had read to me, the statement of my rights as shown above. I fully understand what these rights are. I know that I do not have to make a statement or answer any questions, and that anything I say can and will be used against me in the event that this case should come to trial. I know that I may have the services of any attorney at this time or at any time. No threats or promises have been made to me in any manner whatsoever. I can read and write the English language, or understand English if this statement of rights was read to me, and make this statement of my own free will.

Signed Bethy M^c Cormack

Witness [Signature]
Witness [Signature]

Date 2-26-09 Time 1334

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 09-011322	REPORTING AGENCY The Youngstown Police DEPT	DATE OF ACCIDENT M 02 10 25 11 09
IN COUNTY OF Mahoning	ACCIDENT LOCATION SR 62 AT GARLAND AVE	

THE DRIVER OF UNIT NO. 1 DAMAGED A CURB AND BITES AT SR 62 AND GARLAND AVE AND ALSO SMASHED THE TIRE HYDRANT IN FRONT OF THE RESIDENCE OF HSI YOUNGSTOWN HUBBARD RD.

OFFICER'S SIGNATURE

X P. R. MARINI

BADGE NUMBER

1077