

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/08)



LOCAL REPORT # *
09-042292

CRASH SEVERITY
3
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X
IF YES

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

PHOTOS TAKEN
X
IF YES
OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
02
98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
06302009

TIME OF CRASH
2141

DAY OF WEEK
TUE

CITY * VILLAGE * TWP *
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
YOUNGSTOWN

COUNTY # *
50

LATITUDE
LONGITUDE

CRASH LOCATION
POTOMAC AVE

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

REFERENCE POINT
IN FRONT OF 268

REFERENCE POINT USED
04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC.
A 01

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 #
OH ENW-7744
INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
TRANSPORTED BY
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
GILES, DANYELL L.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
4121 NEW RD, AUSTINTOWN OH 44515
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2003 BUICK CENTURY GREY A-1 GENERAL 330-716-0441

UNIT # # OF OCC.
B 02 01
NAME (LAST, FIRST, MIDDLE)
ROVNYAK, ASHLEE M.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
261 POTOMAC YOUNGSTOWN OHIO 44507

DATE OF BIRTH
AGE
SEX
HOME PHONE #
WORK PHONE #

DL STATE DL # LP STATE LP #
OH RV034692
OH LPK-3238
INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
TRANSPORTED BY
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
"SAME"
ADDRESS (STREET, CITY, STATE, ZIP CODE)
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1995 LEXUS ES300 WHITE PROGRESSIVE 234-855-0776

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH
AGE
SEX
HOME PHONE #

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

SEATING POSITION		SAFETY EQUIPMENT		AIR BAG		EJECTION		TRAPPED		INJURIES	
01 FRONT - LEFT (MC DRIVER)	A	01 NONE USED	A	1 NOT-DEPLOYED	A	1 NOT EJECTED	A	1 NOT TRAPPED	A	1 NO INJURY	A
02 FRONT - MIDDLE		02 SHOULDER BELT ONLY		2 DEPLOYED-FRONT		2 TOTALLY EJECTED		2 EXTRICATED BY MECHANICAL MEANS		2 POSSIBLE	
03 FRONT - RIGHT		03 LAP BELT ONLY		3 DEPLOYED-SIDE		3 PARTIALLY EJECTED		3 FREED BY NON-MECHANICAL MEANS		3 NON-INCAPACITATING	
04 SECOND - LEFT (MC PASS)		04 SHOULDERLAP BELT		4 DEPLOYED BOTH FRONT/SIDE		4 NOT APPLICABLE		4 UNKNOWN		4 INCAPACITATING	
05 SECOND - MIDDLE	B	05 CHILD SAFETY SEAT	B	5 NOT APPLICABLE	B	5 UNKNOWN				5 FATAL INJURY	
06 SECOND - RIGHT		06 MC HELMET USED		6 UNKNOWN						6 UNKNOWN	
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)		07 USE UNKNOWN									
08 THIRD - MIDDLE		08 MC HELMET USED									
09 THIRD - RIGHT		09 HELMET USED									
10 SLEEPER SECTION OF CAB		10 PROTECTIVE PADS									
11 ENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING									
12 UNENCLOSED CARGO AREA		12 LIGHTING									
13 TRAILING UNIT		13 OTHER									
14 EXTERIOR		14 UNKNOWN									
15 OTHER											
16 NON-MOTORIST											

Motorist/Non-Motorist

Occupant

BLANK FOR WITNESS

SUPPLEMENT #

Narrative
 UNIT #1 WAS PARKED/ DRIVERLESS IN FRONT OF 268 POTOMAC. UNIT #2 BACKED OUT OF DRIVEWAY OF 265 POTOMAC AND STRUCK UNIT #1. UNIT #2 LEFT SCENE AND CAME BACK. UNIT #2'S DRIVER DENIED ACCIDENT AND OFFICER DIDN'T OBSERVE NEW DAMAGE. OFFICER GOT A WITNESS STATEMENT.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN	Diagram 	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>
	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		
WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLES) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER		
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> <input checked="" type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA		
	WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		

Unit # <input type="text"/>	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 PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS)		COMPANY PHONE	
ADDRESS (STREET, CITY, ST, ZIP CODE)			

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CRIBS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	CDL Class <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	Hazardous Materials Placard <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06302009	2141	2225	2229	2325		60
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
R. DIMARCO	1043	DISP. GARCIA	07012009			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT "X" IF YES *	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION		09-01-2009			

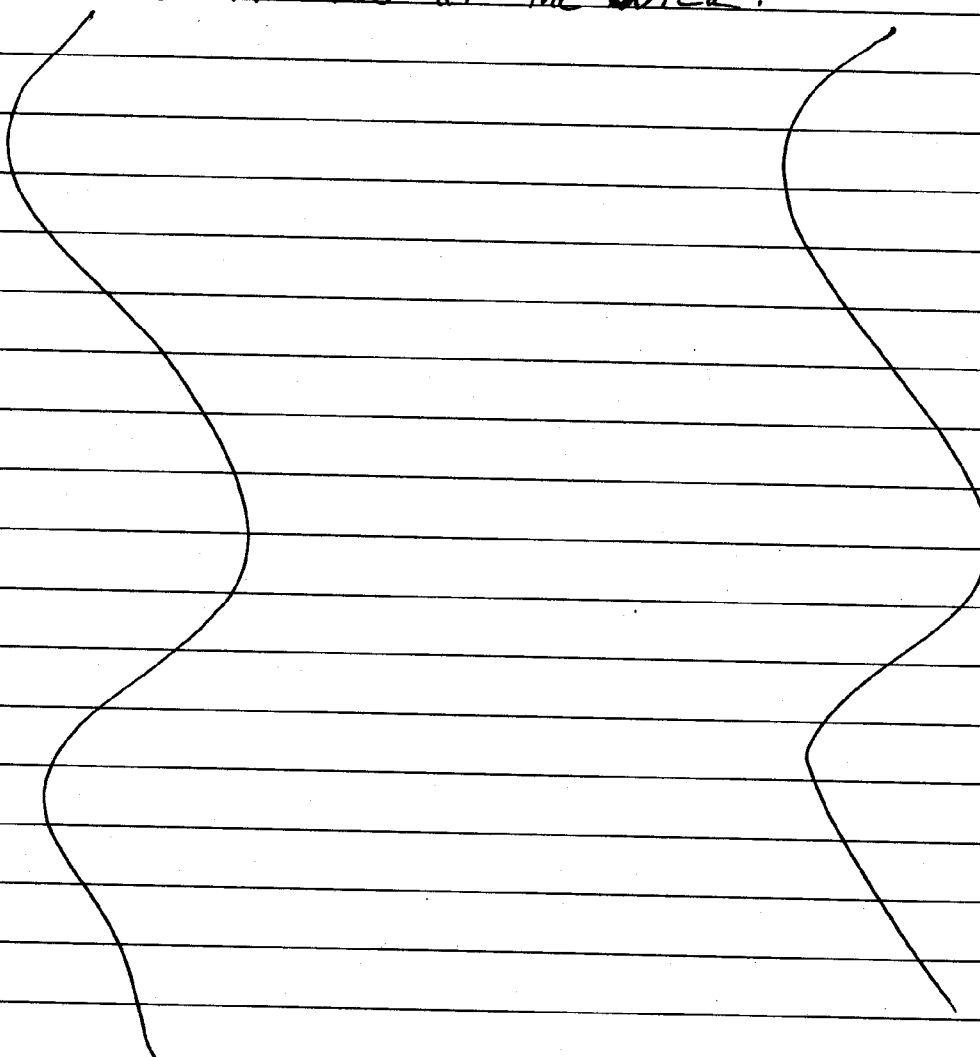


LOCAL REPORT NUMBER 09-092292	REPORTING AGENCY YOUNGSTOWN POLICE DEPARTMENT	DATE OF CRASH 6 D 30 Y 09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **Rashid Lewis** PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
ROBERT DIMAIOTO OFFICER'S NAME AT **IN FRONT OF 268 POTOMAC**
LOCATION

I saw the lexus hit the Buick.



100 Woodleigh Ct. Youngstown, OH 44511

330-518-4103
PHONE

SIGNATURE OF WITNESS

X *Rashid Lewis*

OFFICER'S SIGNATURE

X *Robert Dimaioto*