

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
09-059490

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
2

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
OH-2 OH-3 OH-1P Other  
X

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

REPORTING AGENCY #  
YOUNGSTOWN P.D.

# UNITS  
02

UNIT ERROR  
02  
00 = ANNUAL  
99 = UNKNOWN

DATE OF CRASH \*  
09012009

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
2057 TUE X YOUNGSTOWN 50

FROM CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
HILLMAN STREET 1 3531 HILLMAN ST.  
3531 04  
REFERENCE POINT LINES  
01 NAMED STREET 03 NUMBERED ROUTE  
02 INTERSECTION 2 STREETS 04 HOSE NUMBER  
05 COUNTY LINE 06 TOWNSHIP BOUNDARY 08 PLACE NAME W/O REFERENCE  
07 CORPORATION LIMIT 09 MILE POST 10 DRIVEWAY  
11 STREET OR ROUTE W/O REFERENCE

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
A 01 01 STEMPER, CARRIE, M.  
ADDRESS (Street, City, State, Zip Code)  
425 W. DEWEY AVE., YOUNGSTOWN, OHIO, 44511

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
03231942 67 F 788-1209

OH RT 985379 OH EVG 4751 4:00 PM PRIVATE VEHICLE TRANSPORTED BY NORTH SIDE HOSPITAL

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (Street, City, State, Zip Code)  
"SAME" "SAME"  
1997 MERCURY VILLAGER GREEN PROGRESSIVE TOWNS SERVICE  
330-2997

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
B 02 01 CUNNINGHAM, ANITA, R.  
ADDRESS (Street, City, State, Zip Code)  
130 DANBURY DRIVE, BOARDMAN TWP., OHIO, 44512

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
12081967 41 F 330-2997

OH RT 988070 OH EPK 3277 1:00 PM TRANSPORTED BY

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (Street, City, State, Zip Code)  
"SAME" "SAME"  
2000 CHEVY IMPALA SILVER NATIONAL WIDE INS TOWNS SERVICE  
331.19 330-2997  
FRICED TO YIELD R.O.W. WHILE TURNING LEFT.

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE)  
C 01 01 SENEDIK, DAVID, B.  
ADDRESS (Street, City, State, Zip Code)  
3531 HILLMAN ST, APT. 422, YO, OH, 44507

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
06261969 40 M  
TRANSPORTED BY

<p>SEATING POSITION</p> <p>01A FRONT - LEFT (DRIVER)</p> <p>02A FRONT - MIDDLE</p> <p>03A FRONT - RIGHT</p> <p>04B SECOND - LEFT (PASS)</p> <p>05B SECOND - MIDDLE</p> <p>06B SECOND - RIGHT</p> <p>07B THIRD - LEFT (NO PASSENGER/SEE CAN)</p> <p>08B THIRD - MIDDLE</p> <p>09B THIRD - RIGHT</p> <p>10 SLEEPER SECTION OF CAB</p> <p>11 ENCLOSED CARGO AREA</p> <p>12 UNENCLOSED CARGO AREA</p> <p>13 TRAILING UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>16 NON-MOTORIST</p>	<p>SAFETY EQUIPMENT</p> <p>01 SHOULDER BELT ONLY</p> <p>02 SHOULDER BELT ONLY</p> <p>03 LAP BELT ONLY</p> <p>04 SHOULDER/LAP BELT</p> <p>05 CHILD SAFETY SEAT</p> <p>06 NO HELMET USED</p> <p>07 USE UNKNOWN</p> <p>08 HELMET</p> <p>09 HELMET USED</p> <p>10 PROTECTIVE PADS</p> <p>11 REFLECTIVE CLOTHING</p> <p>12 LIGHTING</p> <p>13 OTHER</p> <p>14 UNKNOWN</p>	<p>AIR BAG</p> <p>1 NOT DEPLOYED</p> <p>2 DEPLOYED - FRONT</p> <p>3 DEPLOYED - SIDE</p> <p>4 DEPLOYED BOTH FRONT/SIDE</p> <p>5 NOT APPLICABLE</p> <p>6 UNKNOWN</p>	<p>AIR BAG SENSORS</p> <p>1 NOT PRESENT</p> <p>2 IN ON POSITION</p> <p>3 IN OFF POSITION</p> <p>4 UNKNOWN</p>	<p>EJECTION</p> <p>1 NOT EJECTED</p> <p>2 TOTALLY EJECTED</p> <p>3 PARTIALLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 UNKNOWN</p>	<p>TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 EXTRICATED BY MECHANICAL</p> <p>3 EXTRICATED BY NON-MECHANICAL</p> <p>4 UNKNOWN</p>	<p>DISMEMBERED</p> <p>1 NO INJURY POSSIBLE</p> <p>2 POSSIBLE NON-DISMEMBERED</p> <p>3 DISMEMBERED</p> <p>4 FATAL INJURY</p> <p>5 UNKNOWN</p>
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Motorist/Non-Motorist  
Occupant

BLANK FOR WITNESS

SUPPLEMENT #  
X = Yes

UNIT NUMBERS

01 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 ON TRAILS
15 UNKNOWN

TYPE OF UNIT

05 03

- 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 (BOSTAL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRAILER
18 MOTORCYCLE
19 MOTORIZED 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/DRUGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE

1 1

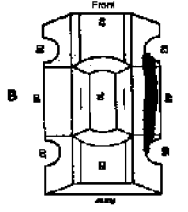
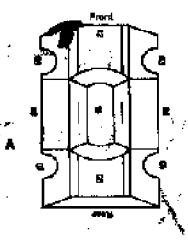
- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE

3 3

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

DAMAGE AREA



MOST DAMAGED AREA

09 04

- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 REAR REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 TOP AND WINDOWS
10 UNDERCARRIAGE
11 LOAD/TRAILER
12 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

POINT OF IMPACT

09 04

- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 REAR 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

ACTION

4 3

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

STRUCK VEHICLE: OVERSIDE/ UNDERSLIDE

A B

- 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

PRE-CRASH ACTIONS

01 06

- 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

CONTRIBUTING CIRCUMSTANCES

01 02

- 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

VEHICLE DEFECT CODE ONLY IF '39' SELECTED ABOVE

A B

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORK ON SUCK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM FRONT CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS

20 20

NON-COLLISION

- 01 OVERTURN/FOLLOWER
02 FIRE/EXPLOSION
03 IMMERSON
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/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/LUMINAIES 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

25 20

POSTED SPEED

35 35

TRAFFIC CONTROL

07 01

- 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

41 23

- 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, ANKLE, FAINTED, FATIGUED, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

A B

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD 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 OPATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

01

- 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 ON 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

01

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

SUPPLEMENT \* LOCAL REPORT \*\* 09-059490

UNIT #1 STATED THAT SHE WAS TRAVELING NORTH BOUND ON HILLMAN ST AND WHEN SHE WAS ALMOST IN FRONT OF 3531 HILLMAN STREET (THE GOODWILL APARTMENTS), WHEN SUDDENLY, UNIT #2 WHO WAS TRAVELING SOUTH BOUND ON HILLMAN ST, HAD STARTED LEFT, TO PULL INTO THE MAIN DRIVEWAY AT THE GOODWILL APARTMENT, AND AT THAT POINT, UNIT #1 HAD STRUCK UNIT #2. UNIT #2 HAD STATED THAT SHE WAS TRAVELING SOUTH BOUND ON HILLMAN ST AND HAD STARTED TO TURN LEFT INTO THE DRIVEWAY OF THE GOODWILL APARTMENTS, DID NOT SEE UNIT #1 AND AT THAT POINT, WAS STRUCK BY UNIT #1.

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

<b>UNIT #</b> <input type="text"/>	<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="text"/>	<b>COMPANY PHONE</b> <input type="text"/>
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="text"/>		

<b>LIB DOT</b> <input type="text"/>	<b>ICC MC</b> <input type="text"/>	<b>PUCO</b> <input type="text"/>	<b>TRAILER LP #1</b> <input type="text"/>	<b>TRAILER LP YEAR</b> <input type="text"/>	<b>TRAILER LP #2</b> <input type="text"/>	<b>PLACED #</b> <input type="text"/>	<b>PLACED #</b> <input type="text"/>				
<b>CARGO BODY TYPE</b> <input type="text"/>	01 NOT APPLICABLE 02 BUS (8-16 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRABBER/CANISTER/WALK	05 POLE 06 CARGO TANK 07 FLATBED 08 DRIP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARMENT REFURGE 12 OTHER 13 UNKNOWN	<b>Weight (GVWR)</b> <input type="text"/>	1 LESS THAN 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL Class</b> <input type="text"/>	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS N 5 CLASS D	<b>Hazardous Materials Placard</b> <input type="text"/>	1 No 2 Yes 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="text"/>	1 No 2 Yes 3 NOT APPLICABLE 4 UNKNOWN

<b>DATE CRASH REPORTED</b> 09/01/2009	<b>TIME REC CALL</b> 2057	<b>DISPATCH</b> 2146	<b>ARRIVED</b> 2155	<b>CLEARANCE</b> 2246	<b>OTHER</b> 30	<b>TOTAL MINUTES</b> 90
<b>OFFICER'S NAME #</b> PATROLMAN WILLIAM BAILEY	<b>BADGE #</b> 906	<b>QUICKED BY</b> MRS P. GARCAR	<b>DATE REPORT FILED #</b> 09/02/2009			
<b>REPORT TAKEN BY</b> <input type="text"/>	<b>REPORT TAKEN AT</b> <input type="text"/>	<b>1 POLICE AGENCY</b> <b>2 MOWERY</b>	<b>1 SCORE</b> <b>2 STATION</b> <b>3 OTHER</b>	<b>SUPPLEMENT #</b> <input type="text"/>	<b>LOCAL REPORT #</b> 09-059490	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 09-059490	REPORTING AGENCY YOUNGSTOWN P.D.	DATE OF CRASH 09/01/09
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID G. SENEDIK (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
WILLIAM BAILEY (OFFICERS NAME) AT HILLMAN ST + FERNDALFE AVE (LOCATION)

~~The lady in gray car coming south bound at high rate of speed hit the lady in~~

The lady in the gray car was turning in at Good Apt. ~~at~~ She was going south bound when the Green Van hit the gray car from the left side of car, and drag her in to the driveway.

D.O.B. 06-26-69 (40 YEARS OLD)

ADDRESS OF WITNESS 3531 HILLMAN ST., Y0, OH, 44507	PHONE 782-0860 (330)
SIGNATURE OF WITNESS X David Senedik	OFFICERS SIGNATURE William Bailey (P0906)