

TRAFFIC CRASH REPORT



LOCAL REPORT # *
09-061798

CRASH SEVERITY
2 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 POLICE

UNITS
02

UNIT ERROR
02 98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
09112009

TIME OF CRASH 1946 DAY OF WEEK FRI CITY * K VILLAGE * TWP * YOUNGSTOWN COUNTY # * 50

PREFIX CRASH LOCATION SR 625 TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET MIDLOTHIAN BLVD

REF POINT 02 REFERENCE POINT USED 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE 03 COUNTY LINE 07 CORPORATION LIMIT

UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) CARO, ELIZABETH, A.

ADDRESS (STREET, CITY, STATE, ZIP CODE) 344 COLTSVILLE RD. VANDERBOWN, OH. 44505

SOCIAL SECURITY NUMBER 10101956 AGE 52 SEX F HOME PHONE # 330-480-0306 WORK PHONE #

DL STATE OH DL # RPOS6643 LP STATE OH LP # AD40AP INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY RURAL METRO INJURED TAKEN TO ST. ELIZABETHS

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

YEAR 1998 MAKE TOYOTA MODEL 4DR COLOR WHI INSURANCE COMPANY NATIONWIDE TOWING SERVICE LUDTS OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) TRIPI, GREGORY, A. JR

ADDRESS (STREET, CITY, STATE, ZIP CODE) 5302 WEST 149TH ST. BROOKPARK, OH. 44142

SOCIAL SECURITY NUMBER 06041984 AGE 25 SEX M HOME PHONE # 216-433-0018 WORK PHONE #

DL STATE OH DL # SA324166 LP STATE OH LP # AVIOTT INJURED TAKEN BY 4 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY ST. E'S BOARDMAN INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") TRIPI, GREGORY, A ADDRESS (STREET, CITY, STATE, ZIP CODE) 5302 WEST 149TH ST. BROOKPARK, OH. 44142

YEAR 2001 MAKE HONDA MODEL CIVIC COLOR GRN INSURANCE COMPANY STATE FARM TOWING SERVICE LUDTS OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

331.17 FAIL TO YIELD R.O.W TURN LEFT I 15006

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

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

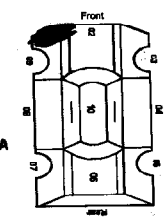
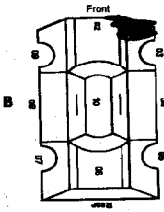
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

01 A	04 A	2	A	1 A	1 A	2 A	1 A
02 B	05 B	1 B	B	2 B	2 B	2 B	2 B
03 C	06 C		C	3 C	3 C	3 C	3 C
04 D	07 D		D	4 D	4 D	4 D	4 D

BLANK FOR MEMORANDUM 15 OTHER SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS 01 02	DAMAGE AREA 	PRE-CRASH ACTIONS 01 06	SEQUENCE OF EVENTS A 20 B 20 2 2 3 3 4 4	POSTED SPEED 35 35	DRUG TEST STATUS 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN 1 1
NON-MOTORIST LOCATION A B		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-COLLISION 01 OVERTURN/POLLOVER 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	TRAFFIC CONTROL 04 04	DRUG TEST TYPE 1 NONE 2 BLOOD 3 URINE 4 OTHER 1 1 1
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 09 03	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	DIRECTION FROM TO FROM TO 4 3 3 2	DRUG TEST 1&2 RESULT 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING 1 1 1 1
TYPE OF UNIT 02 02	POINT OF IMPACT 09 03	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 INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	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	CONDITION 1 1 1	TYPE OF INTERSECTION 02
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 (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 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/DRUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION 4 3	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 FAILING TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	ALCOHOL/DRUG SUSPECTED 1 1 1	OCURRENCE 1 1
IN EMERGENCY RESPONSE A B	STRIKING VEHICLE: OVERRIDE / UNDERRIDE 1 1	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A B	FIRST HARMFUL EVENT 1 1	ALCOHOL TEST STATUS 1 1 1	ROAD CONTOUR 1 1
DAMAGE SCALE 4 4	ROAD CONDITIONS PRIMARY 01 SECONDARY	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A B	MOST HARMFUL EVENT 1 1	ALCOHOL TEST TYPE 1 1 1	ROAD CONDITIONS PRIMARY 01 SECONDARY
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	1 STATED 2 ESTIMATED SPEED SPEED 35 A 15 B	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 2 SPEED 35 A 15 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 RESULT A B	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAYEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY
SUPPLEMENT * "X" IF YES	LOCAL REPORT # *	09-061798	09-061798	09-061798	09-061798

Narrative

UNIT #1 WAS E.B. ON SR 625 ENTERING THE INTERSECTION AT MARKET ST. UNIT #2 WAS W.B. ON SR 625. UNIT #2 ATTEMPTED TO TURN LEFT TO S.B. ON MARKET ST. INTO THE PATH OF UNIT #1 AT THAT TIME STRIKING UNIT #1

MANNER OF COLLISION OR IMPACT

3

- 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

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

WORK ZONE RELATED

1

- 1 NO
- 2 YES
- 3 UNKNOWN

WEATHER

01

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

TYPE OF WORK ZONE

1

- 1 LANE CLOSURE
- 2 LANE SHIFT/CROSSOVER
- 3 WORK ON SHOULDER OR MEDIUM
- 4 INTERMITTENT/ MOVING WORK
- 5 OTHER

LOCATION OF CRASH IN WORK ZONE

1

- 1 BEFORE FIRST WORK ZONE WARNING SIGN
- 2 ADVANCE WARNING AREA
- 3 TRANSITION AREA
- 4 ACTIVITY AREA

LIGHT CONDITIONS

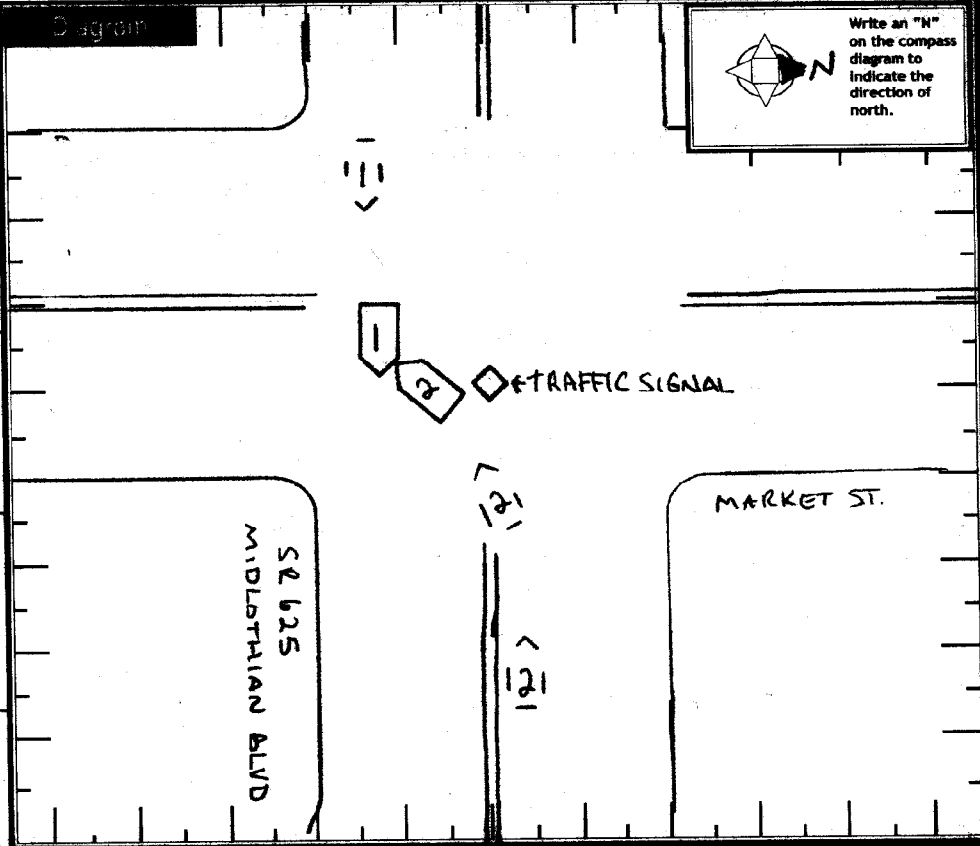
PRIMARY 3 SECONDARY

- 1 DAYLIGHT
- 2 DAWN
- 3 DUSK
- 4 DARK - LIGHTED ROADWAY
- 5 DARK - NOT LIGHTED
- 6 DARK - UNKNOWN LIGHTING
- 7 GLARE
- 8 OTHER
- 9 UNKNOWN

WORKERS PRESENT

1

- 1 NO
- 2 YES
- 3 UNKNOWN



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.

AND **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 INTERFERING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #

COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT ICC INC PUCO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DIA.

CARGO BODY TYPE

<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 09 CONCRETE MIXER
<input type="checkbox"/> 02 BUS (9-15 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 GRAB/CRIB/GRAVEL	<input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 12 OTHER
		<input type="checkbox"/> 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

DATE CRASH REPORTED: 09/11/2009

TIME REC CALL: 1946

DISPATCH: 1946

ARRIVED: 1946

CLEARED: 2015

OTHER: 30

TOTAL MINUTES: 59

OFFICER'S NAME: M. QUINN

BADGE # *: 1107

CHECKED BY: T. P. GARCIA

DATE REPORT FILED #: 09/22/2009

REPORT TAKEN BY: 1 POLICE AGENCY

REPORT TAKEN AT: 1 SCENE

SUPPLEMENT * X IF YES

LOCAL REPORT # *: 11799

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 09-061798	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH M 09 11 11 09
IN COUNTY OF MAHONING	CRASH LOCATION SR 625 @ MARKET ST.	

CAR 205 OFFICERS M. QUINN AND P. CHANCE WERE IN TRAFFIC AT MADLOTHIAN AT MARKET AND WITNESSED DRIVER OF UNIT #2 TURN INTO THE PATH OF UNIT #1 CAUSING THE ACCIDENT

OFFICER'S SIGNATURE P. Chance	BADGE NUMBER 1107/1109
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