

TRAFFIC CRASH REPORT



LOCAL REPORT # * **10-006306** CRASH SEVERITY **3** 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN PRIVATE PROPERTY HIT/SKIP **1** 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED PHOTOS TAKEN OH-2 **3** OH-3 **1** OH-1P OTHER

N.C.I.C. # * **05009** REPORTING AGENCY * **YOUNGSTOWN POLICE** # UNITS **02** UNIT ERROR **01** 98 = ANIMAL 99 = UNKNOWN DATE OF CRASH * **02042010**

TIME OF CRASH **1746** DAY OF WEEK **THU** CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * **YOUNGSTOWN** COUNTY # * **50** LATITUDE LONGITUDE

PREFIX **W** CRASH LOCATION **PRINCETON** TYPE LOC **1** TYPE LOCATION POINT USED **1** 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE 4 HOUSE NUMBER 5 TOWNSHIP BOUNDARY 6 MILE POST 7 CORPORATION LIMIT 8 PLACE NAME W/O REFERENCE 9 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT # **A 01** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **HOLLOWAY, JUANITA D.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **2811 WILLOW AVENUE YOUNGSTOWN, OHIO**

DATE OF BIRTH **03281946** AGE **63** SEX **F** HOME PHONE # **(330) 788-6978** WORK PHONE #

DL STATE **OH** DL # **NWD5212** LP STATE **OH** LP # **ENY322** INJURED TAKEN BY **1** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") **SAME** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1614 FERDALE YOUNGSTOWN, OH 44511**

YEAR **2006** MAKE **CHEV** MODEL **G-6** COLOR **SILVER** INSURANCE COMPANY **PROGRESSIVE** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED **4511.43A, ORC** OFFENSE DESCRIPTION **FAIL TO YIELD AFTER STOPPING** CITATION # **717312** LOCAL CODE? IF YES

UNIT # **B 02** # OF OCC. **05** NAME (LAST, FIRST, MIDDLE) **BENNETT, LATRICE** ADDRESS (STREET, CITY, STATE, ZIP CODE) **835 WINDONA YOUNGSTOWN, OH 44511**

DATE OF BIRTH **03221983** AGE **26** SEX **F** HOME PHONE # **(330) 559-4641** WORK PHONE #

DL STATE **OH** DL # **SA654632** LP STATE **OH** LP # **5552323** INJURED TAKEN BY **1** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") **JETER, DENISE** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1614 FERDALE YOUNGSTOWN, OH 44511**

YEAR **2000** MAKE **PONTIAC** MODEL **BONNEVILLE** COLOR **SILVER** INSURANCE COMPANY **LUDT'S** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED **ORC 4510.11A** OFFENSE DESCRIPTION **DRIVING UNDER SUSPENSION** CITATION # **I40965** LOCAL CODE? IF YES

UNIT # **C 02** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **BENNETT, TAQUANE** ADDRESS (STREET, CITY, STATE, ZIP CODE) **835 WINDONA YOUNGSTOWN, OHIO 44511**

DATE OF BIRTH **111102000** AGE **09** SEX **M** HOME PHONE # **(330) 559-4641** WORK PHONE #

DL STATE **OH** DL # **SA654632** LP STATE **OH** LP # **5552323** INJURED TAKEN BY **1** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") **JETER, DENISE** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1614 FERDALE YOUNGSTOWN, OH 44511**

YEAR **2000** MAKE **PONTIAC** MODEL **BONNEVILLE** COLOR **SILVER** INSURANCE COMPANY **LUDT'S** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED **ORC 4510.11A** OFFENSE DESCRIPTION **DRIVING UNDER SUSPENSION** CITATION # **I40965** LOCAL CODE? IF YES

UNIT # **D 02** # OF OCC. **01** NAME (LAST, FIRST, MIDDLE) **ROGERS, JUSTIN** ADDRESS (STREET, CITY, STATE, ZIP CODE) **835 WINDONA YOUNGSTOWN, OHIO 44511**

DATE OF BIRTH **05142002** AGE **07** SEX **M** HOME PHONE # **(330) 559-4641** WORK PHONE #

DL STATE **OH** DL # **SA654632** LP STATE **OH** LP # **5552323** INJURED TAKEN BY **1** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") **JETER, DENISE** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1614 FERDALE YOUNGSTOWN, OH 44511**

Motorist/Non-Motorist

Occupant

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

BLANK FOR WITNESS

SUPPLEMENT *

UNIT NUMBERS
01A 02B

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
04A 02B

- 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/BUDDY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

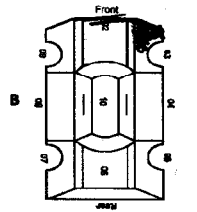
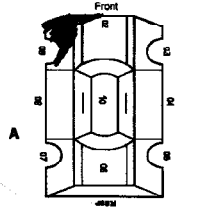
IN EMERGENCY RESPONSE
A B

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
2A 2B

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

DAMAGE AREA



MOST DAMAGED AREA

09A 03B

POINT OF IMPACT

09A 03B

ACTION

3A 4B

STRIKING VEHICLE:

1A 1B

- 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

PRE-CRASH ACTIONS

01A 01B

- 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

02A 01B

- 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 '19' 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
20A 20B
09B

- NON-COLLISION
01 OVERTURN/ROLLOVER
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 DAMAGED 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/LUMINAIRE 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

2A 2B

1 STATED
2 ESTIMATED SPEED

SPEED

05A 25B

POSTED SPEED

25A 25B

TRAFFIC CONTROL

02A 01B

- 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
1A 2B 3C 4D

- 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/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

1A 1B

- 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

1A 1B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

1A 2B 1C 2D

- 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/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

OCCURRENCE

1

- 1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR

2

- 1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITIONS

PRIMARY SECONDARY
01A 01B

- 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 # *
X" IF YES 110-006376

Narrative UNIT 1 TRAVELING SOUTHBOUND ON ROSEDALE STOPPED AT THE STOP SIGN, FAILED TO YIELD AFTER STOPPING, STRIKING UNIT 2, WHICH WAS TRAVELING WESTBOUND ON PRINCETON. UNIT 2 RAN OFF THE ROAD LEFT INTO THE YARD OF 503 W. PRINCETON.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 6 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 <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram 	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>
WEATHER <input checked="" type="checkbox"/> 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	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN		ROSEDALE
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 4 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER		W. PRINCETON
	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA		W. PRINCETON

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

US DOT	KCC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# Dls
CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
	04 GRAM/CHPS/GRAYEL	08 DUMP	12 OTHER	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02042010	1746	1748	1752	1948		120
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
L. PALLO	1111	DISP. GARCIA	02042010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION		11-1111-2010			

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

LOCAL REPORT # * 10-006306 N.C.I.C.# * 05009 REPORTING AGENCY * YOUNGSTOWN POLICE DATE OF CRASH * 02042010

E	UNIT # 02	NAME (LAST, FIRST, MIDDLE) GILBERT, RONNECE	HOME PHONE # (330) 559-4611	DATE OF BIRTH 1209200702	AGE 02	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) 835 WINDONA YOUNGSTOWN, OH 44511			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

F	UNIT # 02	NAME (LAST, FIRST, MIDDLE) GILBERT, RONASHIA	HOME PHONE # 330 559-4611	DATE OF BIRTH 10032003	AGE 06	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) 835 WINDONA YOUNGSTOWN, OH 44511			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

G	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	

H	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	

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ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

J	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	

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ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY INJURED TAKEN TO	

<p>05 SEATING POSITION</p> <p>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 17 UNKNOWN</p>	<p>03 SAFETY EQUIPMENT</p> <p>04 MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN</p>	<p>1 AIR BAG</p> <p>1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN</p>	<p>1 AIR BAG SWITCH</p> <p>1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN</p>	<p>1 EJECTION</p> <p>1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</p>	<p>1 TRAPPED</p> <p>1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p>	<p>1 INJURIES</p> <p>1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p>
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BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-000306	REPORTING AGENCY YOUNGSTOWN	DATE OF CRASH M 2 / D 5 / Y 70
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Juanita D. Holloway (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Officer PALLO (OFFICERS NAME) AT Princeton + Rosedale (LOCATION)

Going south bound on Rosedale
 Acknowledged stop light, didn't see gray car proceeded to go and accident took place. Contact made at intersection.

ADDRESS OF WITNESS 2811 Idlewood Ave	PHONE 788-6972
SIGNATURE OF WITNESS <u>Juanita D. Holloway</u>	OFFICERS SIGNATURE <u>L. Pallo #1111</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-006306	REPORTING AGENCY YOUNGSTOWN	DATE OF CRASH M 02 10 1980
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Larke Berner (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PALLO (OFFICERS NAME) AT ROSEDALE/PRINCETON (LOCATION)

I was coming down Princeton when she hit the right side of my car and she ran the stop sign.

ADDRESS OF WITNESS 833 Winona Dr	PHONE 80 559-464
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICERS SIGNATURE <i>[Signature]</i> #1111

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-006306	REPORTING AGENCY YOUNGSTOWN	DATE OF CRASH M 02/10/2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Rev Chris London (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PALLO (OFFICERS NAME) AT ROSEDALE / PRINCETON (LOCATION)

Ponti was Traveling West on PRINSTON

G-6 Ponts WAS heading South on Rosedale

G-6 Stopped @ STOP SIGN

Ponti Slowed down As it being cautious

G-6 Proceeded forward resulting in accident

ADDRESS OF WITNESS 509 W Indianola	PHONE 330-782-1650
SIGNATURE OF WITNESS Rev Chris London	OFFICERS SIGNATURE J. Pallo #1111