

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
 10-007270

CRASH SEVERITY  
 1 FATAL 3 PDO  
 2 INJURY 4 UNKNOWN  
 3

PRIVATE PROPERTY  
 X IF YES

HIT/SCIP  
 1 NOT HIT/SCIP  
 2 SOLVER  
 3 INVOLVED  
 3

PHOTOS TAKEN  
 X IF YES

OH-2 OH-3 OH-IP OTHER  
 X

N.C.I.C.P. #  
 05009

REPORTING AGENCY \*  
 YOUNGSTOWN P.D.

# UNITS  
 02

UNIT ERROR  
 01 = ANNUAL  
 02 = UNKNOWN  
 02

DATE OF CRASH \*  
 02082010

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
 2143 MON X YOUNGSTOWN 50

CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
 E INDIANOLA 1 1 NAMED STREET 3 NUMBERED ROUTE  
 LAST REFERENCE PREVIOUS REFERENCE REF POINT REFERENCE POINT USED  
 COOPER ST 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DIVERSITY 10 STREET OR ROUTE W/O REFERENCE

**Motorist/Non-Motorist**  
 Unit # 1 of 001 NAME (LAST, FIRST, MIDDLE) KAURSCHILL, RACHEL L.  
 Address (STREET, CITY, STATE, ZIP CODE) 154 RENEE DR. STROTHERS OHIO 44471  
 Date of Birth 06021980 Age 29 Sex F Home Phone # 330-207-2485  
 DL STATE DL # OH RT06060 LP STATE LP # OH 2 HEIKE 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)  
 MAGARGIE, JUDY L. 154 RENEE DR, STROTHERS OHIO 44471  
 Year 2004 Make DODGE Model NEON Color BLUE Insurance Company AMERICAN FAMILY Towing Service Owner Phone # 330-207-2485  
 Offense Charged Offense Description Citation # LOCAL CODE? X IF YES

**Motorist/Non-Motorist**  
 Unit # 2 of 001 NAME (LAST, FIRST, MIDDLE)  
 Address (STREET, CITY, STATE, ZIP CODE)  
 Date of Birth Age Sex Home Phone #  
 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? X IF YES

**Occupant**  
 Unit # 3 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  
 Unit # 4 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

01 A	04 A	1 A	1 A	1 A	1 A	1 A	1 A
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 BLANK FOR WITNESS 15 OTHER 16 UNKNOWN	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 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTS 13 OTHER 14 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 EJECTED 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	SUPPLEMENT # YES

**UNIT NUMBERS**  

01	02
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**NON-MOTORIST LOCATION**  

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- 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**  

02	06
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- MOTORIST**  
**01 SUBCOMPACT**  
**02 COMPACT**  
**03 MID SIZE**  
**04 FULL SIZE**  
**05 MINIVAN**  
**06 SHORT UTILITY VEHICLE**  
**07 PICKUP**  
**08 PANEL/VAN**  
**09 SINGLE UNIT TRUCK: 2 AXLES, 8 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 TRAM**  
**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-HIGH MOTORIST**  
**42 UNKNOWN**

**In Emergency Response**  

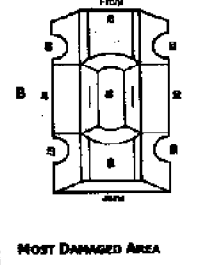
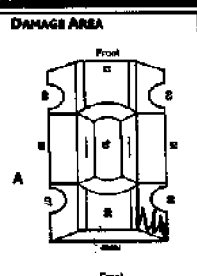
1	1
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- 1 No**  
**2 Yes**  
**3 Unknown**

**DAMAGE SCALE**  

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



**MOST DAMAGED AREA**  

05	
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- 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**

**POINT OF IMPACT**  

05	
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- 01 None**  
**02 CENTER FRONT**  
**03 FRONT 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**

**ACTION**  

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

**STRIKING VEHICLE: OVERSIDE / UNDERIDE**  

1	
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- 1 NO UNDERIDE OR OVERIDE**  
**2 UNDERIDE, COMPARTMENT INTRUSION**  
**3 UNDERIDE, NO COMPARTMENT INTRUSION**  
**4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN**  
**5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT**  
**6 OVERSIDE, OTHER VEHICLE**  
**7 UNKNOWN**

**PRE-CRASH ACTIONS**  

01	01
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- 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 STOPPING/STOPPED IN TRAFFIC**  
**12 DIVERGENCE**  
**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	03
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- MOTORIST**  
**01 NONE**  
**02 FAILURE TO YIELD**  
**03 RAN RED LIGHT, OR STOP SIGN**  
**04 EXCEEDED SPEED LIMIT**  
**05 UNLAWFUL PASSING**  
**06 IMPROPER TURN**  
**07 LEFT OF CENTER**  
**08 FOLLOWED TOO CLOSELY/ACDA**  
**09 IMPROPER LANE CHANGE**  
**10 DROVE OFF ROAD/ IMPROPER PASSING**  
**11 IMPROPER BACKING**  
**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 SHIFTER/FALLING/SPILLING**  
**21 OTHER IMPROPER ACTION**  
**22 UNKNOWN**
- NON-MOTORIST**  
**23 NONE**  
**24 IMPROPER CROSSING**  
**25 DARTING**  
**26 LANE 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 CODES (ONLY IF '15' SELECTED ABOVE)**  

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- 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 PRE-CRASH**  
**11 OTHER DEFECTS**

**SEQUENCE OF EVENTS**  

20	20
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**SEQUENCE OF EVENTS**  

2	2
3	3
4	4

- NON-COLLISION**  
**01 OVERTURN/OVERFLOW**  
**02 FIRE/EXPLOSION**  
**03 IMBROSION**  
**04 JACKKNIFE**  
**05 CARCASS/EQUIPMENT LOSS/SHIFT**  
**06 EQUIPMENT FAILURE**  
**07 SEPARATION OF UNITS**  
**08 RAN ON ROAD RIGHT**  
**09 RAN ON ROAD LEFT**  
**10 CROSS MEDIAN/CENTERLINE**  
**11 DOWNWELL RUNAWAY**  
**12 OTHER NON-COLLISION**  
**13 UNKNOWN NON-COLLISION**  
**14 COLLISION IN/PERSON, VEHICLE, OR OBJECT NOT FIXED**  
**15 PEDESTRIAN**  
**16 BICYCLIST**  
**17 RAILWAY VEHICLE**  
**18 ANIMAL - FARM**  
**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**  
**25 COLLISION WITH FIXED OBJECT**  
**26 IMPACT ATTENUATOR/CRASH CUMBER**  
**27 BRIDGE OVERHEAD STRUCTURE**  
**28 POWER PAIN ON ADJUTMENT**  
**29 BRIDGE PARAPET**  
**30 BRIDGE RAIL**  
**31 GUARDRAIL FACE**  
**32 GUARDRAIL END**  
**33 MEDIAN BARRIER**  
**34 HIGHWAY TRAFFIC SIGN POST**  
**35 OVERHEAD SIGN POST**  
**36 LIGHT/LUMINAIRE SUPPORT**  
**37 UTILITY POLE**  
**38 OTHER POST, POLE OR SUPPORT**  
**39 CALVEYAT**  
**40 CURB**  
**41 DRCH**  
**42 EMBANKMENT**  
**43 FENCE**  
**44 MAILBOX**  
**45 TREE**  
**46 OTHER FIELD OBJECT**  
**47 WORK ZONE MAINTENANCE EQUIPMENT**  
**48 UNKNOWN FIXED OBJECT**  
**49 OTHER**  
**50 UNKNOWN**

**POSTED SPEED**  

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**TRAFFIC CONTROL**  

02	02
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**DIRECTION**  

From	To	From	To
1	2	4	3

- 1 NORTH**  
**2 SOUTH**  
**3 EAST**  
**4 WEST**  
**5 NORTHEAST**  
**6 NORTHWEST**  
**7 SOUTHEAST**  
**8 SOUTHWEST**  
**9 UNKNOWN**

**CONDITION**  

1	
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- 1 APPARENTLY NORMAL**  
**2 PHYSICAL IMPAIRMENT**  
**3 EMOTIONAL**  
**4 LUNGEY**  
**5 FELL ASLEEP, FAINTED, FATIGUED, ETC**  
**6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL**  
**7 OTHER**  
**8 UNKNOWN**

**ALCOHOL/DRUG SUSPECTED**  

1	
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- 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**  

1	
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- 1 NONE**  
**2 TEST REFERRED**  
**3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE**  
**4 TEST GIVEN, RESULTS KNOWN**  
**5 TEST GIVEN, RESULTS UNKNOWN**  
**6 UNKNOWN**

**ALCOHOL TEST TYPE**  

1	
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- 1 NONE**  
**2 BLOOD**  
**3 URINE**  
**4 BREATH**  
**5 OTHER**

**POSTED SPEED**  

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**TRAFFIC CONTROL**  

02	02
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- 01 NO CONTROLS**  
**02 STOP SIGN**  
**03 YIELD SIGN**  
**04 TRAFFIC SIGNAL**  
**05 TRAFFIC FLASHERS**  
**06 SCHOOL ZONE**  
**07 RAILROAD CROSSINGS**  
**08 RAILROAD FLASHERS**  
**09 RAILROAD GATES**  
**10 CONSTRUCTION BARRIAGE**  
**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
1	2	4	3

- 1 NORTH**  
**2 SOUTH**  
**3 EAST**  
**4 WEST**  
**5 NORTHEAST**  
**6 NORTHWEST**  
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**8 SOUTHWEST**  
**9 UNKNOWN**

**CONDITION**  

1	
---	--

- 1 APPARENTLY NORMAL**  
**2 PHYSICAL IMPAIRMENT**  
**3 EMOTIONAL**  
**4 LUNGEY**  
**5 FELL ASLEEP, FAINTED, FATIGUED, ETC**  
**6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL**  
**7 OTHER**  
**8 UNKNOWN**

**ALCOHOL/DRUG SUSPECTED**  

1	
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- 1 NONE**  
**2 YES - ALCOHOL SUSPECTED**  
**3 YES - HBD NOT IMPAIRED**  
**4 YES - DRUGS SUSPECTED**  
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**6 UNKNOWN**

**ALCOHOL TEST STATUS**  

1	
---	--

- 1 NONE**  
**2 TEST REFERRED**  
**3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE**  
**4 TEST GIVEN, RESULTS KNOWN**  
**5 TEST GIVEN, RESULTS UNKNOWN**  
**6 UNKNOWN**

**ALCOHOL TEST TYPE**  

1	
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- 1 NONE**  
**2 BLOOD**  
**3 URINE**  
**4 BREATH**  
**5 OTHER**

**ALCOHOL TEST RESULT**  

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**SPEED DETECTED**  

1	
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- 1 STATED**  
**2 ESTIMATED SPEED**

**SPEED**  

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**SUPPLEMENT #**  

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**DRUG TEST STATUS**  

1	
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- 1 NONE**  
**2 TEST REFERRED**  
**3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE**  
**4 TEST GIVEN, RESULTS KNOWN**  
**5 TEST GIVEN, RESULTS UNKNOWN**  
**6 UNKNOWN**

**DRUG TEST TYPE**  

1	
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- 1 NONE**  
**2 BLOOD**  
**3 URINE**  
**4 OTHER**

**DRUG TEST 1&2 RESULT**  

1	2
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- 1 NONE**  
**2 MARIJUANA**  
**3 COCAINE**  
**4 OPiates**  
**5 AMPHETAMINES**  
**6 PCP**  
**7 OTHER**  
**8 UNKNOWN AT TIME OF REPORTING**

**TYPE OF INTERSECTION**  

02
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- 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 OR TRAILS**  
**13 UNKNOWN**

**OCCURRENCE**  

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

**ROAD CONTOUR**  

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

**ROAD CONDITIONS**  

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

**LOCAL REPORT #**  

10	07	27	0
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**LOCAL REPORT #**  

10	07	27	0
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**LOCAL REPORT #**  

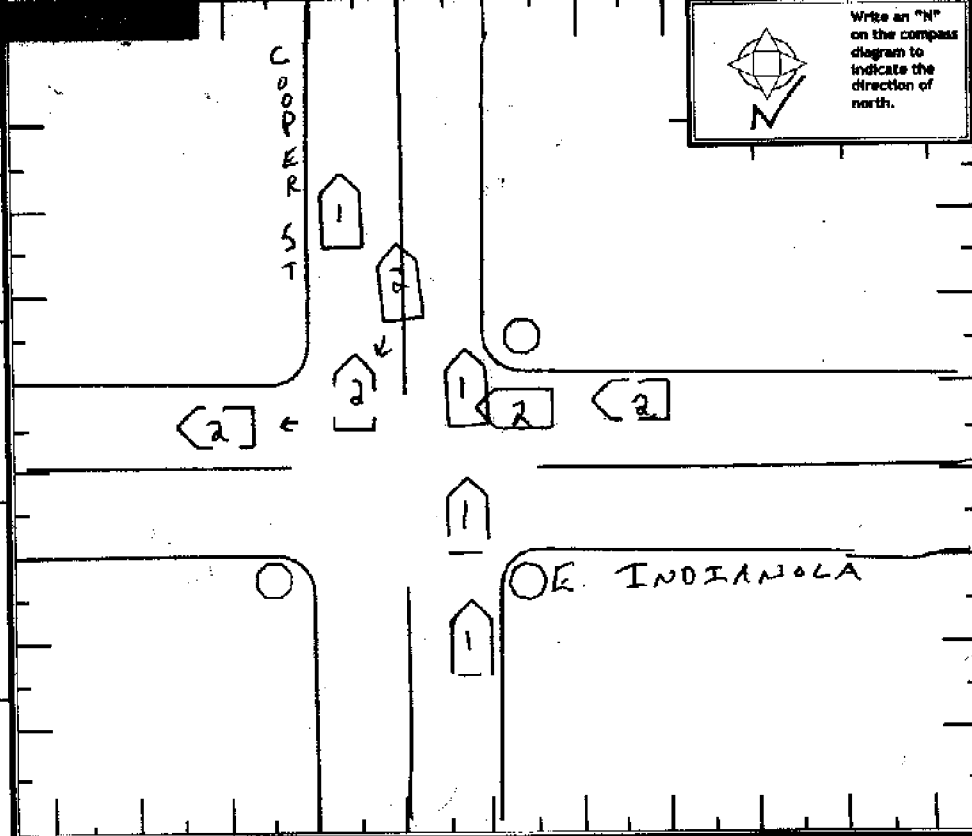
10	07	27	0
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**LOCAL REPORT #**  

10	07	27	0
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UNIT #1 WAS S. BOUND ON COOPER ST. UNIT #2 WAS E. BOUND ON E. INDIANOLA. UNIT #1 STOPPED AT STOP SIGN AND WENT THROUGH INTERSECTION. UNIT #2 SLID ON ICE AND DIDNT STOP AT SIGN, STRIKING UNIT #1. UNIT #2 A SILVER/GRAY BLAZER STOPPED WITH A M/B DRIVER THE AUTO THEN FLEW EAST ON E. INDIANOLA.

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



<b>UNIT #</b> <input type="checkbox"/>	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<b>A N D</b>	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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.
<b>COMPANY (FROM SHIPPING PAPERS)</b>		<b>COMPANY PHONE</b>	
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b>			

US DOT	ICC MC	PLCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD /	/ DIA.
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAN/CRPS/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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL Class</b> <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	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b> <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
02082010	2143	2220	2227	2310		50
OFFICER'S NAME #	BADGE #	CHECKED BY	DATE REPORT FILED #			
R. DIMARCO	1043	MSP. GARCIA	02092010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X" IF YES	LOCAL REPORT #			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION		110-007270			



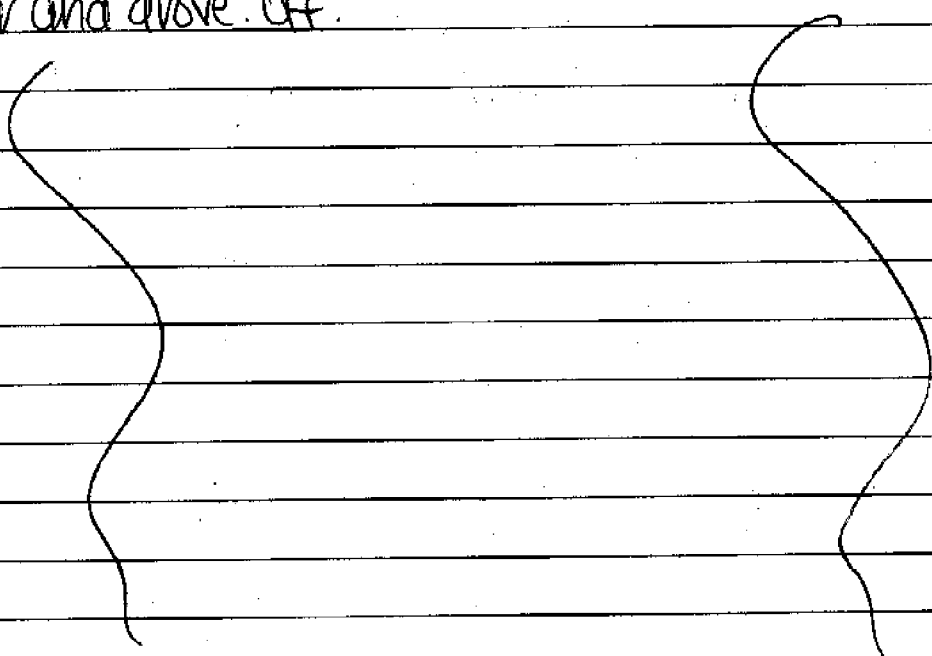
LOCAL REPORT NUMBER 10-007270	REPORTING AGENCY YOUNGSTOWN P.D.	DATE OF CRASH M 02   D 08   Y 10
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Rachel Kaurrschill HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

R. DiMaio AT COOPER & E. INDIANOLA  
OFFICER'S NAME LOCATION

I was heading South on Cooper Street. Stopped at intersection of Cooper and Indianola at stop sign. Proceeded through intersection when a Blazer Silver/Gray in color was coming East down Indianola and went through stop sign hitting the passenger side bumper of my vehicle. We both then ended up South on Cooper Street blocking both lanes of traffic. When I got out and went to look at damage - asked driver to pull over to unblock road, he then got into his blazer and drove off.



ADDRESS OF WITNESS 154 Renee Dr Struthers Ohio 44471	PHONE 330-207-2485
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>Rachel C DiMaio</u>