

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
10-007631

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X YES

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

PHOTOS TAKEN  
X YES

OH-2 OH-3 OH-1P OTHER  
X

REPORTING AGENCY \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN PD.

UNIT #  
02

UNIT ERROR  
01 98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH #  
02102010

DAY OF WEEK  
1832 WED

DAY OF WEEK  
WED

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
YOUNGSTOWN

COUNTY # \*  
50

LATITUDE

LONGITUDE

CRASH LOCATION  
U.S. 62

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

INDIANOCA

LAST REFERENCE  
AT HILLMAN ST.

REFERENCE POINT USED  
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 DRIVEWAY  
10 STREET ON ROUTE W/O REFERENCE

0102 SMITH, DAVID W.  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
2487 BAINBRIDGE, YOUNGSTOWN, OH 44511

DL STATE OH DL # RQ 290073 LP STATE OH LP # DPW7612

OWNER NAME (IF SAME, WRITE "SAME")  
SMITH, DARLENE K 2487 BAINBRIDGE, YOUNGSTOWN, OH 44511

YEAR 2000 MAKE DODGE MODEL CARAVAN COLOR MAR INSURANCE COMPANY GLANCO

OFFENSE CHARGED OFFENSE DESCRIPTION

0102 EL-AMIN, CRYSTAL  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
170 CENTER ST. STRUTHERS, OH 44471

DL STATE OH DL # TE 347762 LP STATE OH LP # 5CLK317

OWNER NAME (IF SAME, WRITE "SAME")  
EL-AMIN, IDRIS 170 CENTER ST. STRUTHERS, OH 44471

YEAR 2003 MAKE CHRYSLER MODEL SEBRING COLOR PLE INSURANCE COMPANY SAFE AUTO

OFFENSE CHARGED OFFENSE DESCRIPTION

01 SMITH, KYLE  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
2487 BAINBRIDGE, YOUNGSTOWN, OH 44511

02 EL-AMIN, ZAHIRE  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
170 CENTER ST. STRUTHERS, OH 44471

SEATING POSITION

01 01 FRONT - LEFT (MC DRIVER) 04  
02 01 FRONT - MIDDLE 04  
03 01 FRONT - RIGHT 04  
04 01 SECOND - LEFT (MC PASS) 04  
05 01 SECOND - MIDDLE 04  
06 01 SECOND - RIGHT 04  
07 01 THIRD - LEFT (MC PASSENGER/SIDE CAR) 04  
08 01 THIRD - MIDDLE 05  
09 01 THIRD - RIGHT 05  
10 01 SLEEPER SECTION OF CAB 05  
11 01 ENCLOSED CARGO AREA 05  
12 01 UNENCLOSED CARGO AREA 05  
13 01 TRAILING UNIT 05  
14 01 EXTERIOR 05  
15 01 OTHER 05

SAFETY EQUIPMENT  
01 None Used  
02 Shoulder Belt Only  
03 Lap Belt Only  
04 Shoulder/Cap 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 Lighting  
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 EXTRICATED BY MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT #

Motorist/Non-Motorist

Occupant

UNIT NUMBERS

01.02

NON-MOTORIST LOCATION

- 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 (BOT 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

05 03

MOTORIST

- 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PANELVAN
  - 09 SINGLE UNIT TRUCK
  - 10 SINGLE UNIT TRUCK: 3+ AXLES
  - 11 TRUCK/TRAILER
  - 12 TRUCK TRACTOR (BORTAL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHORT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTH WHEEL OR CONVERTER DOLLY
  - 17 TRACTOR/TRIPLE
  - 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/BUGGY
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE

1 1

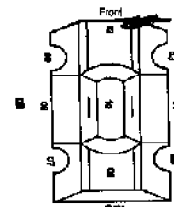
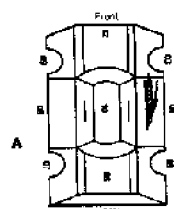
- 1 No
- 2 Yes
- 3 Unknown

DAMAGE SCALE

2 2

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

DAMAGE AREA



MOST DAMAGED AREA

04 03

- 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

04 03

- 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

ACTION

4 3

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

STRIKING VEHICLE: OVERSIDE/ UNDERIDE

1 1

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

PRE-CRASH ACTIONS

06 01

MOTORIST

- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
  - 02 BRAKING
  - 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

05 01

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 OVERTAKING 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 LYING AND/OR ILLEGALLY IN ROADWAY
- 27 FAILING 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 '15' SELECTED ABOVE

1 1

- 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

20	20

NON-COLLISION

- 01 OVERTURN/HOLLOWER
  - 02 FIRE/EXPLOSION
  - 03 IMBROSION
  - 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 DORNBALL 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 HOVWAY TRAFFIC SIGN POST
  - 34 OVERHEAD SIGN POST
  - 35 LIGHTS/LUMINARIES 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

1 1

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

MOST HARMFUL EVENT

1 1

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

SPEED DETECTED

7 7

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

7 15

POSTED SPEED

35 35

TRAFFIC CONTROL

04 04

- 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

4 1 3 4

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

CONDITION

1 1

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

ALCOHOL/DRUG SUSPECTED

1 1

- 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 1

- 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

1 1

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

ALCOHOL TEST RESULT

1 1

1 1

DRUG TEST STATUS

1 1

- 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

1 1

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

DRUG TEST 1&2 RESULT

1 1

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 CRACKS
- 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

1

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

ROAD CONDITIONS

03

- 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 PAVEMENT \*\*
- 10 OTHER
- 11 UNKNOWN

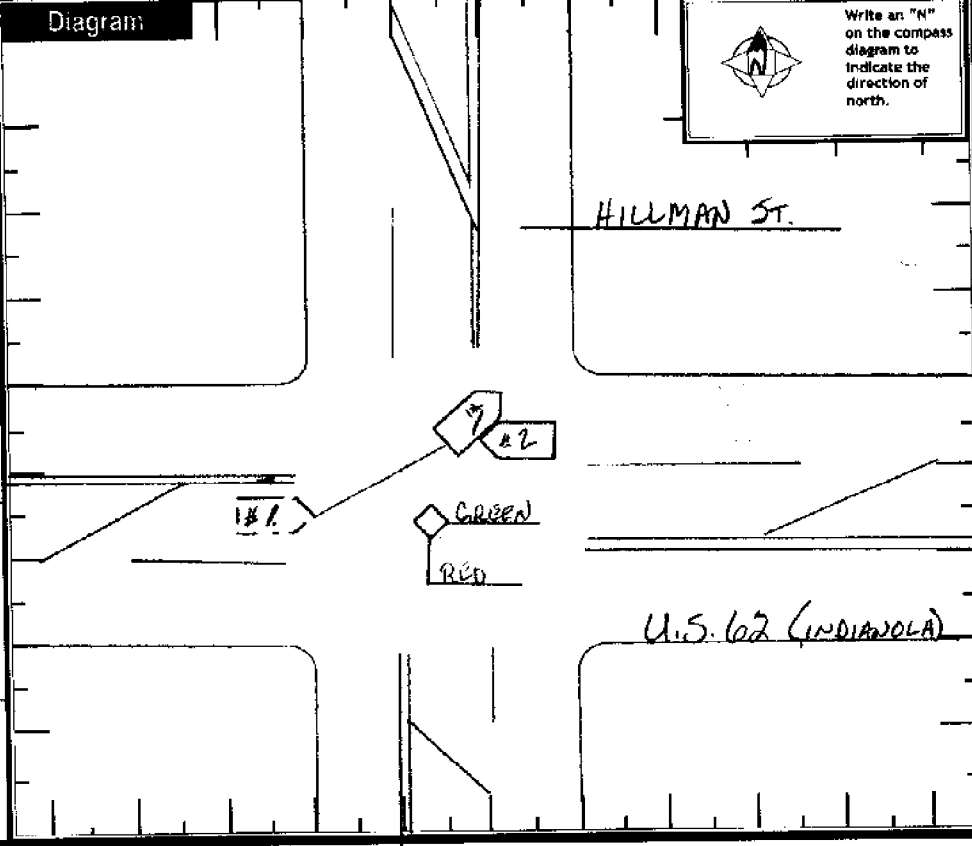
\*\*Secondary Road Conditions ONLY

SUPPLEMENTAL LOCAL REPORT # 10-007631

**Narrative**

UNIT #1 WAS EAST ON U.S. 62 AT HILLMAN TURNING LEFT. UNIT #2 WAS WESTBOUND ON U.S. 62 AT HILLMAN. UNIT #1 FAILED TO YIELD THE RIGHT OF WAY TO UNIT #2 CAUSING UNIT #2 TO STRIKE UNIT #1.

<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 SIDESWIPe, SAME DIRECTION 8 SIDESWIPe, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> 06 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	<b>WORK ZONE RELATED</b> <input checked="" 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 SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENTLY 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>Truck/Bus</b> <input type="checkbox"/>	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.	<b>A N D</b> 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 #	CDL
<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 GRAIN/CHIPS/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 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	<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: 02/10/2010 1832

DISPATCH: 1841

ARRIVED: 1844

CLEARED: 2011

OTHER: \_\_\_\_\_

TOTAL MINUTES: 90

OFFICER'S NAME: Kowloy, J PR

BADGE # : 1102

CHECKED BY: DISP. GARCIA

DATE REPORT FILED: 02/10/2010

REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST

REPORT TAKEN AT: 1 SCENE, 2 STATION

SUPPLEMENT "X" IF YES: \_\_\_\_\_

LOCAL REPORT # : 10-007631



LOCAL REPORT NUMBER 10-007131	REPORTING AGENCY YOUNGSTOWN PD	DATE OF CRASH M 2   D 10   Y 10
----------------------------------	-----------------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>SYLVESTER GIBBS</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>PT. J. ROWLEY</u> OFFICER'S NAME	AT <u>US 62 @ HUDSON</u> LOCATION

She turned and hit one right side  
Y High speed

Q: DID SHE GO AROUND A CAR IN TURNING LN.  
A: YES SG

ADDRESS OF WITNESS 1331 HUDSON	PHONE 330-788-0461
SIGNATURE OF WITNESS X <u>Sylvester Gibbs</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 10-007631	REPORTING AGENCY YOUNGSTOWN P.D.	DATE OF CRASH M 2   D 10   Y 10
----------------------------------	-------------------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, CRYSTAL EL-AMIN HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Pt J. D. Rowley AT INDIANOLA @ HILLMAN  
OFFICER'S NAME LOCATION

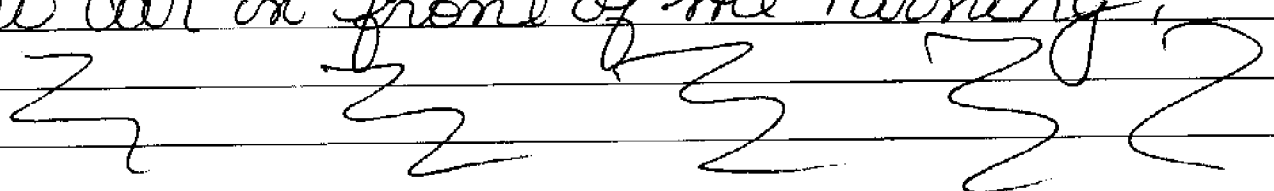
I was driving down indianola through the light when the man in the van didn't wait for my passing he ran across turned in front of me and i hit the brakes & he ran & i slid into him. The visor of my car went into my left eye. He pulled over on Hillman & I stayed were he hit me at

Q: DID YOU GO AROUND A CAR IN THE ~~TURNING~~ TURNING LANE?

A: NO-

Q: WAS THERE A CAR IN THE TURNING LANE TO GO SOUTH ON HILLMAN?

A: 1 car in left turning lane - no car in front of me turning!



ADDRESS OF WITNESS 1481 Harding Ave Mineral Ridge, Ohio	PHONE (330) 233-9087
SIGNATURE OF WITNESS X Crystal V. Eltin	OFFICER'S SIGNATURE X Pt J. D. Rowley 7102



LOCAL REPORT NUMBER <b>10-007631</b>	REPORTING AGENCY <b>YOUNGSTOWN P.D.</b>	DATE OF CRASH M <b>2</b> D <b>10</b> Y <b>10</b>
---	--	---

**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, **DAVID SMITH** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**PTZ J. ROWLEY** AT **INDIANOLA CHILLMAN**  
OFFICER'S NAME LOCATION

Made a Left turn - clear  
 at the intersection the green  
 light was on. I did not  
 see any vehicles with NO signal  
 in the oncoming lane  
 I was passing in the  
 left lane.

ADDRESS OF WITNESS <b>2487 Broadview Ave. YO. OH 44571</b>	PHONE <b>330-792-0528</b>
SIGNATURE OF WITNESS <b>X David Smith</b>	OFFICER'S SIGNATURE <b>X [Signature]</b>