

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *
10-008351

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
2

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN POLICE

UNITS
01

UNIT ERROR
01 99 = ANIMAL
98 = UNKNOWN

DATE OF CRASH *
07142010

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
1507 SUN X YOUNGSTOWN 50

PREPARE CRASH LOCUS TYPE LOC TYPE LOCATION POINT USED
IR 680 N.B. 3 1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LIST REFERENCE OR REFERENCE POINT USED
20E N 4.8 06 01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE 04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY 06 DRIVEWAY
07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE
09 MILE POST 10 STREET ON ROUTE W/O REFERENCE

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 03 MILES, JERRELL K
ADDRESS (STREET, CITY, STATE, ZIP CODE)
6010 GRIFFITH STREET APT #156 YOUNGSTOWN, OHIO 44510

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
09261988 21 M (330) 259-6523

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER
OH EX21555 2 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO
RURAL METRO ST. ELIZABETH HOSPITAL

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
FIELDS, VALLON 278 EAST LUCIUS YOUNGSTOWN 44507

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1994 FORD EXPEDIER MARDON LUDT'S (330) 406-6745

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X
ORD 331.34A FAILURE TO CONTROL I 17314

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B

DATE OF BIRTH AGE SEX HOME PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER
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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 JOHNSON, JANITA D. (330) 774-3872 01181983 16 F

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER
610 GRIFFITH STREET APT 156 YOUNGSTOWN, OH 44510 2 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO
RURAL METRO ST. ELIZABETH HOSPITAL

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 01 PAIGE, DELLA M (330) 774-3872 11271992 17 F

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER
833 E. LUCIUS YOUNGSTOWN, OH 44512 2 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO
RURAL METRO ST. ELIZABETH ER

SEATING POSITION
01 FRONT - LEFT (MC DRIVER) 04
02 FRONT - MIDDLE
03 FRONT - RIGHT
04 SECOND - LEFT (MC PAS) 06
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

SAFETY EQUIPMENT
MOTORIST
01 NONE USED 1A
02 SHOULDER BELT ONLY 4A
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
NON-MOTORIST
08 NONE USED 1C
09 HELMET USED 4C
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING 4D
12 LIGHTING
13 OTHER
14 UNKNOWN

AIR BAG 1 NOT-DEPLOYED 4A
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH 1 NOT PRESENT 1A
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION 1 NOT EJECTED 1A
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED 1 NOT TRAPPED 1A
2 EXTRICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES 1 NO INJURY 2
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

Motorist/Non-Motorist
Occupant

SUPPLEMENT #

UNIT NUMBERS
01 A

NON-MOTORIST LOCATION
A B

- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 06 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
06 B

- 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
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BOSTAK)
- 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-NON MOTORIST
- 42 UNKNOWN

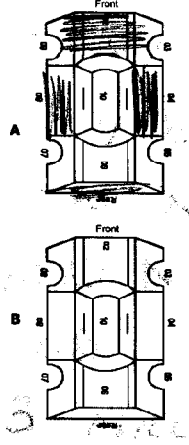
IN EMERGENCY RESPONSE
2 B

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE
4 A B

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

DAMAGE AREA



MOST DAMAGED AREA
04 A B

- 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
03 B

- 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
3 B

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

STRUCK VEHICLE: OVERSIDE/UNDERIDE
A B

- 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 A

- 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
15 B

- 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 SIGNALS, 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 DEFECT

SEQUENCE OF EVENTS

A B
08 41
4 4

- 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 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/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

DIRECTION FROM TO
2 1 B

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

CONDITION
1 A B

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

ALCOHOL/DRUG SUSPECTED
1 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
1 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
- 4 BREATH
- 2 BLOOD
- 3 URINE
- 5 OTHER

ALCOHOL TEST RESULT
A B

POSTED SPEED

50 B

TRAFFIC CONTROL

01 A B

- 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

2 1 B

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

1 A B

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

1 A B

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

1 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

A B

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

A B

- 1 NONE
- 11 UNKNOWN

DRUG TEST STATUS

1 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

1 A B

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

1 2 1 2

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

TYPE OF INTERSECTION
14507
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 OR TRAILS
- 13 UNKNOWN

1 A B

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

1 A B

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

02 1

- 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

SUPPLEMENT * LOCAL REPORT # *
110-0083511

Narrative

DRIVER OF UNIT 1 STATED "I WAS CHANGING LANES, WHEN ANOTHER CAR WAS GETTING TOO CLOSE, WHEN I HIT THE (SNOW) EMBANKMENT." UNIT 1'S DRIVER FAILED TO CONTROL THE VEHICLE, RAN OFF THE ROAD RIGHT, HITTING THE SNOW EMBANKMENT, CAUSING UNIT 1 TO FLIP TWO TO THREE TIMES. UNIT 1'S FINAL RESTING PLACE WAS APPROXIMATELY 150F FROM M.P 4.8 ON IR 680 N.B.

MANNER OF COLLISION OR IMPACT

1

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWPE, SAME DIRECTION
- SIDESWPE, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

LOCATION OF CRASH IN WORK ZONE

1

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

WORKERS PRESENT

1

- NO
- YES
- UNKNOWN

WEATHER

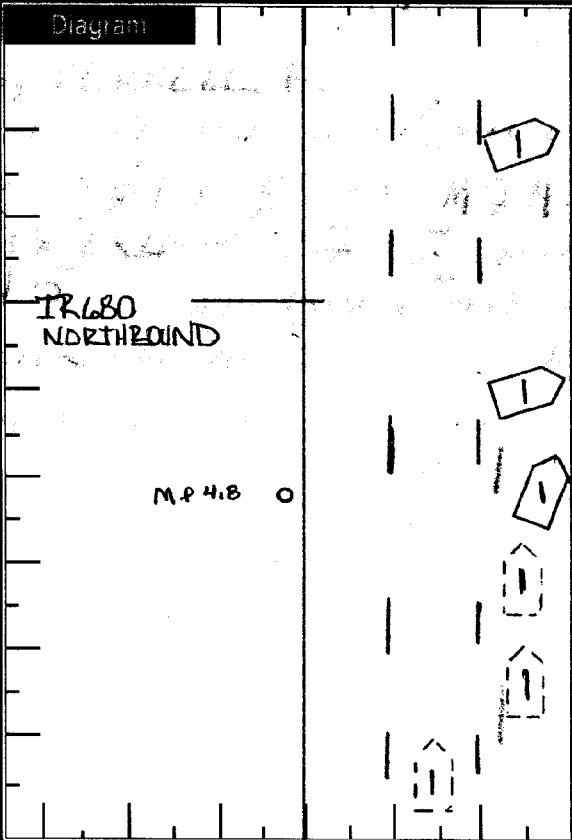
06

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOL., DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- UNKNOWN



Write an "N" on the compass diagram to indicate the direction of north.

TRUCK/BUS

UNIT #

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

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 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

US DOT _____ ICC MC _____ PUCD _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ / Dia _____

CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	Weight (GVWR)	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	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
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER								
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE								
	04 GRAIN/CHIPS/GRAVEL	08 DUMP	12 OTHER								
			13 UNKNOWN								

Police Action

DATE CRASH REPORTED: 8/21/42010 TIME REC CALL: 1507 DISPATCH: 1509 ARRIVED: 1511 CLEARED: 1729 OTHER: _____ TOTAL MINUTES: _____

OFFICER'S NAME * L. PALLO BADGE # * 11111 CHECKED BY * P. GARCIA DATE REPORT FILED * 02142010

REPORT TAKEN BY 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT 1 SCENE 2 STATION 3 OTHER SUPPLEMENT * X IF YES LOCAL REPORT # * 10-008351



LOCAL REPORT NUMBER 10-008351	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH M 02 D 14 Y 2016
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jeff Henline HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Pallo AT mile marker 3 1/2 ± 680 N
OFFICER'S NAME LOCATION

We were traveling north bound when a Ford Explorer came past us at a high rate of speed cutting in and out of the lanes along with another car doing the same cutting off the Ford Explorer causing them to hit the bridge and started flipping. The other car stopped, saw what happened and took off. Other car I think was a brownish color Intrepid.

Bob Ginner 24 Ford Ave TRIP CITY OH 45371
937-901-5328

ADDRESS OF WITNESS 5849 Sulphur Springs Rd. Brookville, OH 45309	PHONE 937 231-4748
SIGNATURE OF WITNESS X <u>Jeff Henline</u>	OFFICER'S SIGNATURE X <u>L. Pallo #1111</u>



LOCAL REPORT NUMBER 10-008351	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH M 02 10 14 2010
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Carole Lansdale PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Pallo OFFICER'S NAME AT I-680 N/B NEAR M.P. 4.8 LOCATION

I was driving NB on 680 right before 193 to 427 exit. A car cut-off a red Ford Explorer, causing them to hit snow embankment and flip 2-3 times. 3 people crawled out, no serious injuries that I could tell.

414 Howland Wilson NE, Warren, OH 44484
ADDRESS OF WITNESS PHONE 330.507.1012

Carole Lansdale SIGNATURE OF WITNESS Pallo #1111 OFFICER'S SIGNATURE

X SIGNATURE OF WITNESS X