

TRAFFIC CRASH REPORT



LOCAL REPORT # 10-008979

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SWIP
1 NOT HIT/SWIP
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
88 = ANIMAL
99 = UNKNOWN

DATE OF CRASH * 02172010

TIME OF CRASH 1851 DAY OF WEEK WED CITY * X VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * YOUNGSTOWN COUNTY # * 50 LATITUDE LONGITUDE

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

NEAREST REFERENCE POINT CENTER REF POINT 02 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 OR ROUTE W/O REFERENCE

UNIT # A 0101 NAME (LAST, FIRST, MIDDLE) SCIALOBA, DAVID ADDRESS (STREET, CITY, STATE, ZIP CODE) 25 McARTHUR BOARDMAN, OHIO 44515

DATE OF BIRTH 11101981 AGE 28 SEX m HOME PHONE # 702 413-3832 WORK PHONE #

DL STATE NY 1701619185 LP STATE OH 5194825 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") SCIALOBA, MICHAEL ADDRESS (STREET, CITY, STATE, ZIP CODE) 25 McARTHUR BOARDMAN, OHIO 44515

YEAR 2008 MAKE JEEP MODEL WRANGLER COLOR GREEN INSURANCE COMPANY CENTRAL MUTUAL OF OHIO TOWNSHIP SERVICE NONE OWNER PHONE # 702 413-1112

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

UNIT # B 0201 NAME (LAST, FIRST, MIDDLE) TAYLOR, MARI ADDRESS (STREET, CITY, STATE, ZIP CODE) 210 KENDY'S AVE. O YOUNGSTOWN, OHIO 44505

DATE OF BIRTH 02121977 AGE 33 SEX f HOME PHONE # 330 747-2879 WORK PHONE #

DL STATE OH RT952903 LP STATE OH DW02806 INJURED TAKEN BY 2 EMS 3 POLICE TRANSPORTED BY KURAL MEDICAL INJURED TAKEN TO ST ELMER

OWNER NAME (IF SAME, WRITE "SAME") TAYLOR, WILLIAM ADDRESS (STREET, CITY, STATE, ZIP CODE) 759 LIBERTY YOUNGSTOWN, OHIO 44505

YEAR 2005 MAKE CHEVY MODEL CUBALL COLOR GRAY INSURANCE COMPANY PROGRESSIVE TOWNSHIP SERVICE BOARDMAN OWNER PHONE # 330 747-2879

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES 317.01 VIOLATION OF TRAFFIC CONTROL DEVICE I 40857 X

UNIT # C NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

UNIT # D NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASSENGER) 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 BLANK FOR WITNESS

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 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTS 14 OTHER 15 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 EXTICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

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

SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01 A 02 B

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
04 A 02 B

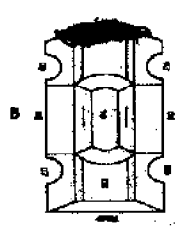
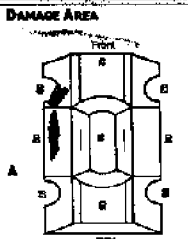
- MOTORIST**
- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (SEMI-TRAIL)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE 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/NO DRIVER
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE
1 A 1 B

- 1 No
- 2 Yes
- 3 UNKNOWN

DAMAGE SCALE
2 A 4 B

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



MOST DAMAGED AREA

02 A 02 B

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT SIDE
- 05 FRONT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCHASSIS
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT
08 A 02 B

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT SIDE
- 05 FRONT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCHASSIS
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

ACTION
1 A 3 B

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

STRUCK VEHICLE:
OVERSIDE/ UNDERSIDE
1 A 1 B

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

PRE-CRASH ACTIONS
01 A 01 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-MOTORIST**
- 15 ENTERING/CROSSING IN SPECIFIED LOCATION
- 16 WALKING, CYCLING, JOGGING, PLAYING, FLYING
- 17 WORKING
- 18 PUSHING VEHICLE
- 19 APPROACHING/LEAVING VEHICLE
- 20 PLAYING/WORKING ON VEHICLE
- 21 STANDING
- 22 OTHER
- 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES
01 A 03 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 CLOSE/WADDA
- 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, SUPERSTY 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 DRIVING
- 26 LYING AHEAD/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 WORK ON BLACK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTIVE

SEQUENCE OF EVENTS
A B
20 20
2 2
3 3
4 4

- NON-COLLISION**
- 01 OVERTAKE/ROLL-OVER
- 02 FIRE/EXPLOSION
- 03 IMPRESSION
- 04 JACKKNIFE
- 05 CARGO/EQUIPMENT LOSS/SWIFT
- 06 EQUIPMENT FAILURE
- 07 SEPARATION OF UNITS
- 08 RAN OFF ROAD RIGHT
- 09 RAN OFF ROAD LEFT
- 10 CROSS MEDIAN/CENTRALISE
- 11 DOWNWELL RAMPWAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED**
- 14 PEDESTRIAN
- 15 PERSON/VEHICLE
- 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 WHEN FIXED OBJECT**
- 25 IMPACT ATTENUATOR/CRASH CUSHION
- 26 BRIDGE OVERHEAD STRUCTURE
- 27 BRIDGE PILES ON 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/LINEAR 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 FROM TO
1 A 2 B 3 C 4 D

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

CONDITION
1 A 1 B

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

ALCOHOL/DRUG SUSPECTED
1 A 1 B

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - DRUGS SUSPECTED
- 4 YES - DRUGS AND ALCOHOL SUSPECTED
- 5 YES - ALCOHOL/DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS
1 A 1 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
1 A 1 B

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

ALCOHOL TEST RESULT
A B

SPEED DETECTED
1 STATED
2 ESTIMATED SPEED
35 A 30 B

POSTED SPEED
35 A 35 B

TRAFFIC CONTROL
01 A 04 B

- 01 NO CONTROL
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC SIGNALS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSBUCKS
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PAYMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLSCURED
- 16 OTHER

DIRECTION
FROM TO FROM TO
1 A 2 B 3 C 4 D

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

CONDITION
1 A 1 B

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

ALCOHOL/DRUG SUSPECTED
1 A 1 B

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - DRUGS SUSPECTED
- 4 YES - DRUGS AND ALCOHOL SUSPECTED
- 5 YES - ALCOHOL/DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS
1 A 1 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
1 A 1 B

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

ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
1 A 1 B

- 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 A 1 B

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

DRUG TEST 1&2 RESULT
1 A 2 B

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

TYPE OF INTERSECTION
02 A

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDBOULT
- 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 A

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

ROAD CONTOUR
1 A

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

ROAD CONDITIONS
PRIMARY SECONDARY
01 A 01 B

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

SUPPLEMENT *
LOCAL REPORT # 2
110-008979

UNIT #1 HEADING SOUTH ON POLAND WAS STRUCK BY
 UNIT #2 THAT WAS HEADING WEST ON CENTER AFTER REMAINING THROUGH
 RED LIGHT, AT THE INTERSECTION.

- MANNER OF COLLISION OR IMPACT**
- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDEWIP, SAME DIRECTION
 8 SIDEWIP, OPPOSITE DIRECTION
 9 UNKNOWN

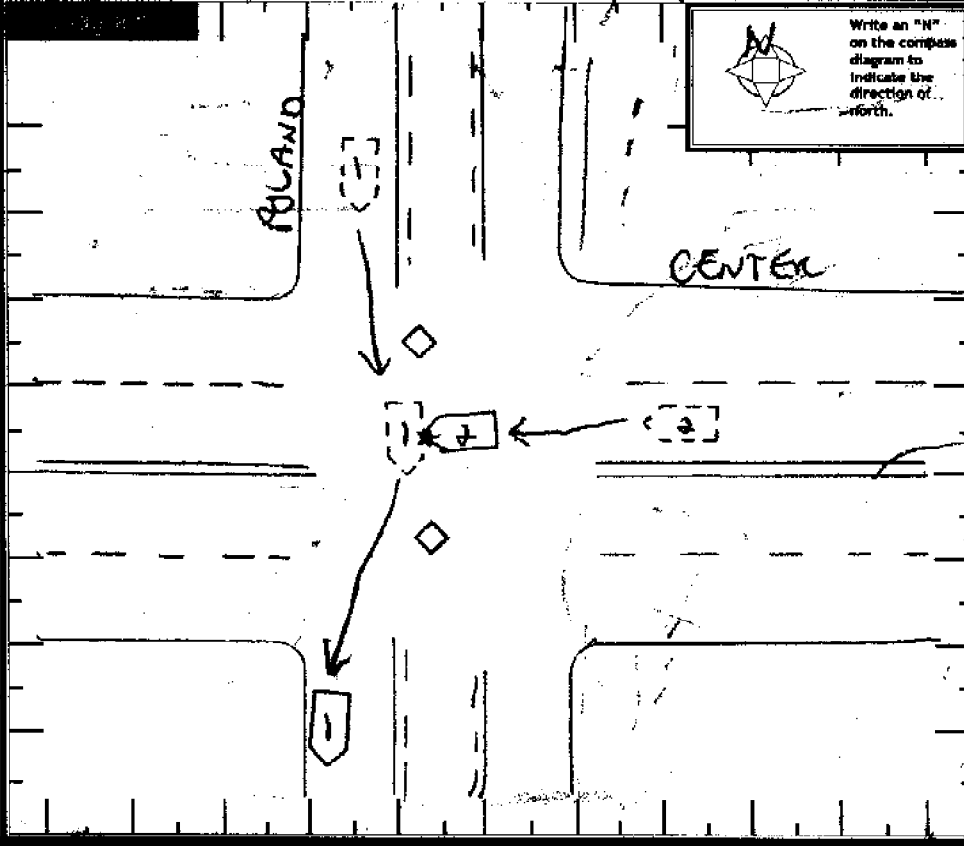
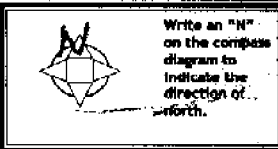
- SCHOOL BUS RELATED**
- 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

- WORK ZONE RELATED**
- 1 NO
 2 YES
 3 UNKNOWN

- TYPE OF WORK ZONE**
- 1 LANE CLOSURE
 2 LANE SHIFTS/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

- LOCATION OF CRASH IN WORK ZONE**
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

- WORKERS PRESENT**
- 1 NO
 2 YES
 3 UNKNOWN



- WEATHER**
- 01 CLEAN
 02 CLOUDY
 03 FOG, BRAG, SMOKE
 04 RAIN
 05 SLEET, HAL. (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE OVERCAST
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

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

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 8 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 DAMAGING 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 # _____ # DA _____

CARGO BODY TYPE 01 NOT APPLICABLE 05 POLE 09 CONCRETE MIXER
 02 BUS (8-15 INCLUDING DRIVER) 06 CARGO TANK 10 AUTO TRANSPORTER
 03 VAN/ENCLOSED BOX 07 FLATBED 11 GANTRY/BUSBOX
 04 CRUSH/CHIPS/GRAVEL 08 DUMP 12 OTHER
 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

PERIODIC

DATE CRASH REPORTED: 02/17/2010 TIME REC CALL: 1851 DISPATCH: 1858 ARRIVED: 1905 CLEARED: 2118 OTHER: TOTAL MINUTES: 140

OFFICER'S NAME: RUTLANDO BADGE # +: 1060 CHECKED BY: [Signature] DATE REPORT FILED #: 02/19/2010

REPORT TAKEN BY: 1 POLICE AGENT 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENTARY * YES * LOCAL REPORT # * 10-602676

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-008979	REPORTING AGENCY 4PO	DATE OF CRASH MO 10 17 1980
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Joseph J. Jannard (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
RUTLAND (OFFICERS NAME) AT CENTER AND POLAND (LOCATION)

I WAS COMING ACROSS BRIDGE TO RED LIGHT
 THE CAR IN FRONT RAN RED LIGHT AND HIT THE JEEP
 COMING ~~IN~~ ACROSS SHIRLEY ROAD

ADDRESS OF WITNESS 492 10 th	steuthres, Ohio	PHONE 330-750-1826
SIGNATURE OF WITNESS <u>Joseph J. Jannard</u>	OFFICERS SIGNATURE <u>Rutland</u>	