

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-009178

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

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

PHOTOS TAKEN
X YES

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

N.G.C.# *
05009

REPORTING AGENCY *
Youngstown Police Dept

UNITS
02

UNIT ERROR
99 99 = ANIMAL
90 = UNKNOWN

DATE OF CRASH *
02182010

TITLE OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
1839 THU X Youngstown Oh 50

FROM (ORIGIN LOCATION) Wick Ave
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
TO (DESTINATION LOCATION) E.B. SERVICE RD
REF POINT 02
REFERENCE POINT USED
01 STATE LINE 04 HOUSING NUMBER
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY
03 COUNTY LINE 06 MILE POST 08 STREET OR ROUTE WHO REFERENCE
07 CORPORATION LIMIT 09

UNIT # 1 OF OCC. A 0104 NAME (LAST, FIRST, MIDDLE) SORBER, KARI L
ADDRESS (STREET, CITY, STATE, ZIP CODE) 832 PASADENA AVE Youngstown Oh 44507

DATE OF BIRTH 11271989 SEX F

DL STATE DL # OH TAGS1656 LP STATE LP # OH S223673 ISSUED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME
YEAR 1999 MAKE PONTIAC MODEL SUNFIRE COLOR BLK INSURANCE COMPANY NATION-WIDE TOWNSHIP SERVICE OWNER PHONE #
SITATION # LOCAL CODE # X IF YES

UNIT # 2 OF OCC. B 0201 NAME (LAST, FIRST, MIDDLE) SARVEY, KEITH A
ADDRESS (STREET, CITY, STATE, ZIP CODE) 645 CLEARMOUNT AVE Youngstown Oh 44511

DATE OF BIRTH 10151964 SEX M

DL STATE DL # OH PAG8714 LP STATE LP # OH EXZ1501 ISSUED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME") SAME ADDRESS (STREET, CITY, STATE, ZIP CODE) SAME
YEAR 2002 MAKE DODGE MODEL CARAVAN COLOR PURPLE INSURANCE COMPANY ALL DRIVERS INS TOWNSHIP SERVICE OWNER PHONE #
SITATION # LOCAL CODE # X IF YES

UNIT # 1 OF OCC. C 01 NAME (LAST, FIRST, MIDDLE) JOHNSON, KEVIN S HOME PHONE 1330 294-8092 DATE OF BIRTH 02242006 AGE 04 SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) 882 PASADENA Youngstown Oh 44507 ISSUED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # 1 OF OCC. D 01 NAME (LAST, FIRST, MIDDLE) JOHNSON, KALIDIN HOME PHONE 1330 294-8092 DATE OF BIRTH 02182008 AGE 02 SEX M
ADDRESS (STREET, CITY, STATE, ZIP CODE) 832 PASADENA Youngstown Oh 44507 ISSUED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

01A	01 FRONT - LEFT (MC DRIVER)	02A	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDERS BELT ON 03 LAP BELT ONLY 04 SHOULDERS/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED	1A	AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	4A	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	1A	EJECTION 1 NOT ERCTED 2 TOTALLY ERCTED 3 PARTIALLY ERCTED 4 NOT APPLICABLE 5 UNKNOWN	1A	TRAPPED 1 NOT TRAPPED 2 EXTINGATED BY MECHANICAL MEANS 3 FREED BY MECHANICAL MEANS 4 UNKNOWN	1A	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
01B	02 FRONT - MIDDLE	02B		1B		4B		1B		1B			
01C	03 FRONT - RIGHT	02C		1C		4C		1C		1C			
01D	04 SECOND - LEFT (MC PASS)	02D		1D		4D		1D		1D			
01E	05 SECOND - MIDDLE	02E											
01F	06 SECOND - RIGHT	02F											
01G	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	02G											
01H	08 THIRD - MIDDLE	02H											
01I	09 THIRD - RIGHT	02I											
01J	10 SLEEPER SECTION OF CAB	02J											
01K	11 ENCLOSED CARGO AREA	02K											
01L	12 UNENCLOSED CARGO AREA	02L											
01M	13 TRAILER UNIT	02M											
01N	14 TRAILER UNIT	02N											
01O	15 OTHER	02O											
01P	16 NON-MOTORIST	02P											

BLANK FOR WITNESS SUPPLEMENT * X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01 02

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
12 BEYOND 10 FEET OF ROADWAY
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT
02 05

- 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 2 AXLES, 6 TIRES
11 SINGLE UNIT TRUCK; 3+ AXLES
12 TRUCKTRAILER
13 TRUCK TRACTOR (BORTAL)
14 TRACTOR/SEMI-TRAILER
15 TRACTOR/DOUBLE SHORT
16 TRACTOR/DOUBLE LONG
17 FIFTH WHEEL OR CONVERTER DOLLY
18 TRACTOR/IMPULS
19 MOTORCYCLE
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/BOGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

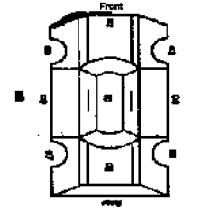
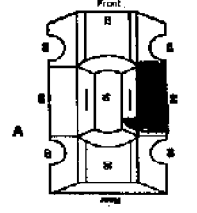
IN EMERGENCY RESPONSE
1 A 1 B

- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
3 3

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

DAMAGE AREA



MOST DAMAGED AREA
04 09

- 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 09

ACTION

6 6

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

STRUCK VEHICLE: OVERRIDE/ UNDERIDE

1 A 1 B

- 1 NO UNDERIDE OR OVERRIDE
2 UNDERIDE, COMPARTMENT INTACT
3 UNDERIDE, NO COMPARTMENT INTACT
4 UNDERIDE, COMPARTMENT INTACT
5 OVERRIDE, MOTOR VEHICLE IN TRAFFICWAY
6 OVERRIDE, OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS

01 01

- 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

22 22

- MOTORIST
01 NONE
02 FAILING TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNLASE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACCDA
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 BERRATIC, RECKLESS, CARELESS, NEGLIGENCE 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 FARTNESS/SLEEP
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 FRONT 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 DETACHED FROM FRONT CHASSI
11 OTHER DEFECTS

SEQUENCE OF EVENTS

20 20

- NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMPROPER
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD FRONT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RIMMAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/ FIXED OBJECT, 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 TRAFFIC
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 CULTIVERT
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 A 1 B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1 A 1 B

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

2 A 2 B

- 1 STATED
2 ESTIMATED SPEED

SPEED

05 A 05 B

POSTED SPEED

35 A 35 B

TRAFFIC CONTROL

04 A 04 B

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

DIRECTION

4 3 2 1

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

CONDITION

1 A 1 B

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

ALCOHOL/DRUG SUSPECTED

1 A 1 B

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HSD NOT INVAIRED
4 YES - DRUGS 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 2 1 2

- 1 NONE
2 MARIJUANA
3 COCAINE
4 OPIATES
5 AMPHETAMINE
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/ROUNDABOUT
06 FIVE-PORT, OR MORE
07 ON RAMP
08 OFF RAMP
09 CROSOVER
10 DRIVEWAY/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE

2

- 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


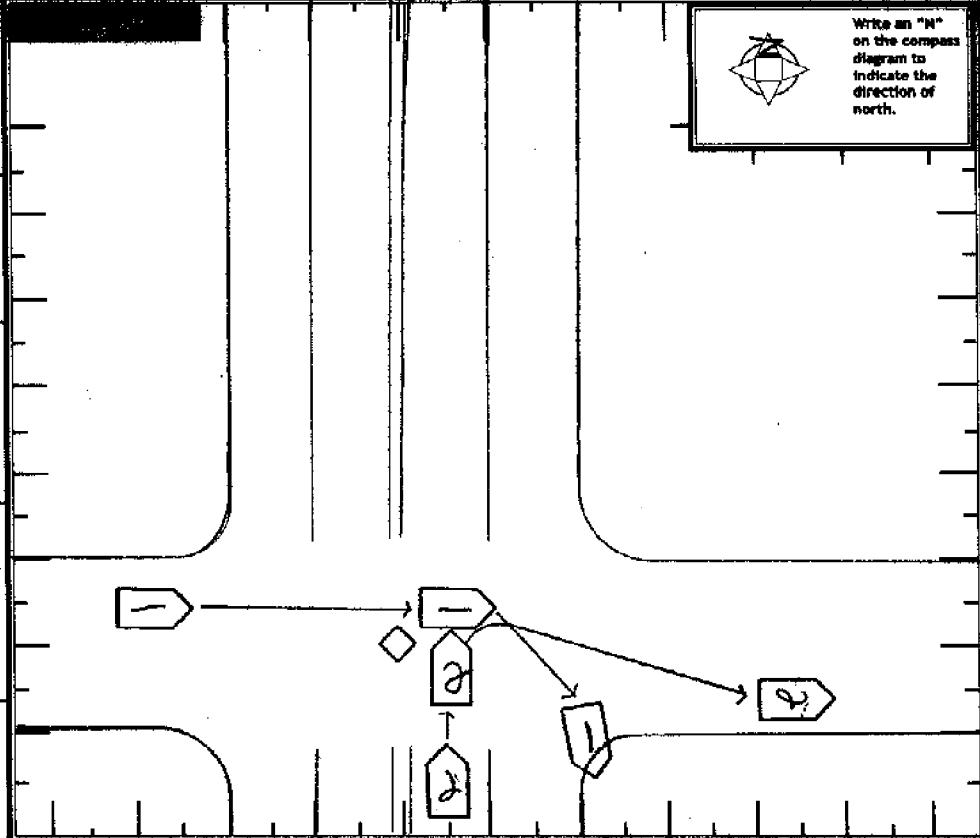
0 2

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

SUPPLEMENT + X* IF YES LOCAL REPORT # 10-009178

UNIT No 1 STATED SHE WAS E/B ON THE E.B. SERVICE RD AT Wick Ave when at a Red Light when the Light Turned Green she proceeded thru the intersection she was struck by unit No 2.

UNIT No 2 STATED HE WAS N/B ON Wick Ave AND THAT ~~HE WAS STOPPED~~ AT THE INTERSECTION OF Wick Ave AT E.B. SERVICE RD FOR THE RED LIGHT. AND when his Light turned Green he started to go and he was struck by UNIT No 1

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input type="checkbox"/> 7 SIDESWipe, SAME DIRECTION <input type="checkbox"/> 8 SIDESWipe, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN Work Zone Related <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MESHAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	 <p>Write an "N" on the compass diagram to indicate the direction of north.</p>		
			<input type="checkbox"/> 6	<input type="checkbox"/> 1
			WEATHER <input type="checkbox"/> 02 <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 Fog, Smog, Smoke <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	<input type="checkbox"/> 1
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 4 SECONDARY <input type="checkbox"/> <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	<input type="checkbox"/> 1			

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR <input type="checkbox"/> A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR <input type="checkbox"/> A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	AND	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: <input type="checkbox"/> A FATALITY; OR <input type="checkbox"/> AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR <input type="checkbox"/> AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS) <input type="checkbox"/>	COMPANY PHONE <input type="checkbox"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="checkbox"/>		

US DOT	ICC MC	FUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	DR.
CARGO BODY TYPE <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	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 28,000 <input type="checkbox"/> 3 MORE THAN 28,000	CDL CLASS <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	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <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
10182010	1839	1841	1849	2050		131
OFFICER'S NAME #	BADGE # *	CHECKED BY	DATE REPORT FILED #			
PCLM R.A. MARTINI	1077	MSPGARCIA	02192010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * X IF YES	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	11		10-009178			



LOCAL REPORT NUMBER 10-009178	REPORTING AGENCY THE YOUNGSTOWN POLICE DEPT	DATE OF CRASH M 2 D 18 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Keith Servey HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Palm R-A. MARINI #077 AT Wick Ave on E.B. Service Rd
OFFICER'S NAME LOCATION

X I was sitting at a red light when it turned green I pulled out and a car came across me and bounced off my right fender and I pulled all the way around her and got off road.

ADDRESS OF WITNESS 645 Oberment St Youngstown OH 44511	PHONE 330-781-0412
SIGNATURE OF WITNESS X Keith Servey	OFFICER'S SIGNATURE X Palm R.A. Marini



LOCAL REPORT NUMBER 10-009178	REPORTING AGENCY THE Youngstown Police Dept	DATE OF CRASH M 2 D 18 Y 10
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I, X Kari Sorder PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
POLM R.A. Martini #1077 OFFICER'S NAME AT WIKAU AT E.B. SERVICE RD LOCATION

X I was waiting at the red light, when it turned green I started heading towards the freeway when someone hit me from the passenger side.

ADDRESS OF WITNESS X 832 Pasadena 44502	PHONE X 990 294 8086
SIGNATURE OF WITNESS X Kari Sorder	OFFICER'S SIGNATURE X POLM R.A. Martini 1077