

TRAFFIC CRASH REPORT



LOCAL REPORT # *
110-009401

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-1 OH-2 OH-1P OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
Youngstown PD

UNITS
02

UNIT ERROR
02 06 = ANNUAL
09 = UNKNOWN

DATE OF CRASH *
02192010

TIME OF CRASH DAY OF WEEK CITY * VILLAGE * TWP * NAME (OF CITY, VILLAGE, OR TOWNSHIP) * COUNTY # * LATITUDE LONGITUDE
2038 FRI X Youngstown 50

TYPE LOCATION POINT USED
1 NAMED STREET 2 NUMBERED ROUTE
E. Middlethian 1
Kush Blvd 02

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 01 Burgmyer, Ian
Address (Street, City, State, Zip Code)
502 Elm St. Struthers, OH 44471

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
11151984 25 M 330-9459810

OH STATE ID # LP STATE ID # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF NAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Burgmyer, Joseph 502 Elm St. Struthers OH 44471

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2002 Saturn 502 Red Orange Lucks

OWNER CARRIER OCCURRENCE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02 04 Rudolph, Tiasia
Address (Street, City, State, Zip Code)
2606 Hilton Youngstown, OH 44507

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
03231982 27 F 330-942-2596

OH STATE ID # LP STATE ID # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF NAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1996 Chevy Blazer General

OWNER CARRIER OCCURRENCE DESCRIPTION CITATION # LOCAL CODE? X IF YES
00D 331.19 fail to yield turn left I 24325

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 02 Rudolph, Shalove 330-942-2596 06062000 09 F
Address (Street, City, State, Zip Code)
2606 Hilton Youngstown, OH 44507

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 02 Harmon, Tissy 330-942-2596 03092006 03 F
Address (Street, City, State, Zip Code)
2606 Hilton Youngstown, OH 44507

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01A	04A	1A	4A	1A	1A	1 NO INJURY
01B	04B	1B	4B	1B	1B	2 POSSIBLE
03C	04C	1C	4C	1C	1C	3 NON-MECHANICAL MEANS
010	04D	1D	4D	1D	1D	4 INCAPACITATING MEANS
						5 FATAL INJURY
						6 UNKNOWN

BLANK FOR WITNESS SUPPLEMENT # X If Yes

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01 82

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 SHOULDER (NOT NOT SHOULDER)
08 LAID
09 SHOULDER
10 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 10 FEET OF ROADWAY (OTHER TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED USE PATHS ON TRAILS
15 UNKNOWN

TYPE OF UNIT
02 06

- 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 (BORTAL)
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 TRAMP
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

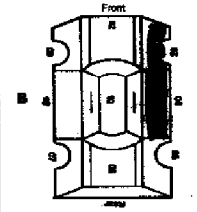
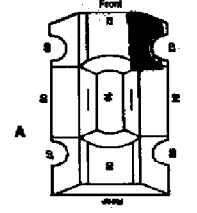
IN EMERGENCY RESPONSE
1A 1B

1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE
3 2

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

DAMAGE AREA



MOST DAMAGED AREA
04 04

- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 FRONT 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 04

- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 FRONT 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 4

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

STRIKING VEHICLE: OVERSIDE/ UNDERCARRIAGE
1A 1B

- 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 06

- 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 BLOWING/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, CYCLING, JOGGING, PLAYING, RUCKING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

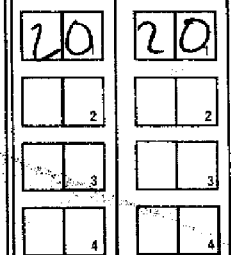
CONTRIBUTING CIRCUMSTANCES
01 02

- 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 DROVE OFF ROAD/ IMPROPER PASSING
10 IMPROPER BACKING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED ON PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, OR 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 SHIFTS/FALLS/SPILLS
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 SIGNS, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODES: "19" SELECTED ABOVE
A B

- 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 PREVIOUS CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
20 20



- NON-COLLISION
01 OVERTURN/FOLLOWER
02 FIRE/EXPLOSION
03 INJURY
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 RAMPWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
14 COLLISION W/ PEDESTRIAN, VEHICLE, OR OBJECT NOT LISTED
15 PEDESTRIAN
16 PEDALCYCLE
17 RAILWAY VEHICLE
18 ANIMAL - FARM
19 ANIMAL - DEER
20 ANIMAL - OTHER
21 MOTOR VEHICLE IN TRANSPORT
22 PARKED MOTOR VEHICLE
23 WORK ZONE MAINTENANCE EQUIPMENT
24 OTHER MOVABLE OBJECT
25 UNKNOWN MOVABLE OBJECT
26 COLLISION WITH FIXED OBJECT
27 IMPACT ATTENUATOR/CRASH CUSHION
28 BRIDGE OVERHEAD STRUCTURE
29 BRIDGE PIER OR ABUTMENT
30 BRIDGE PARAPET
31 BRIDGE RAIL
32 GUARDRAIL FACE
33 GUARDRAIL END
34 MEDIAN BARRIER
35 HIGHWAY TRAFFIC SIGN POST
36 OVERHEAD SIGN POST
37 LIGHT/LUMINARIES SUPPORT
38 UTILITY POLE
39 OTHER POST, POLE OR SUPPORT
40 CULVERT
41 CURB
42 DITCH
43 EMBANKMENT
44 FENCE
45 MAILBOX
46 TREE
47 OTHER FIXED OBJECT
48 WORK ZONE MAINTENANCE EQUIPMENT
49 UNKNOWN FIXED OBJECT
50 OTHER
51 UNKNOWN

FIRST HARMFUL EVENT
1A 1B

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

MOST HARMFUL EVENT
1A 1B

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

SPEED DETECTED
A B

1 STATED
2 ESTIMATED SPEED

SPEED
A B

1 STATED
2 ESTIMATED SPEED

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

ALCOHOL TEST STATUS
1A 1B

1 NONE
2 BLOOD
3 URINE

ALCOHOL TEST RESULT
A B

1 NONE
2 BLOOD
3 URINE

1 NONE
2 BLOOD
3 URINE

POSTED SPEED
A B

TRAFFIC CONTROL
04 04

- 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 BARRICADE
11 POLICE OFFICER
12 PAYMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION FROM TO FROM TO
3 4 4 1

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

CONDITION
1A 1B

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

ALCOHOL/DRUG SUSPECTED
1A 1B

- 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
1A 1B

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

ALCOHOL TEST TYPE
1A 1B

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

1 NONE
2 BLOOD
3 URINE

SUPPLEMENT "X" IF YES LOCAL REPORT # 110-0094011

DRUG TEST STATUS
1A 1B X

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

DRUG TEST TYPE
1A 1B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT
A B
1 2 1 2

- 1 NONE
2 MARIJUANA
3 COCAINE
4 ORAPTES
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 ON 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


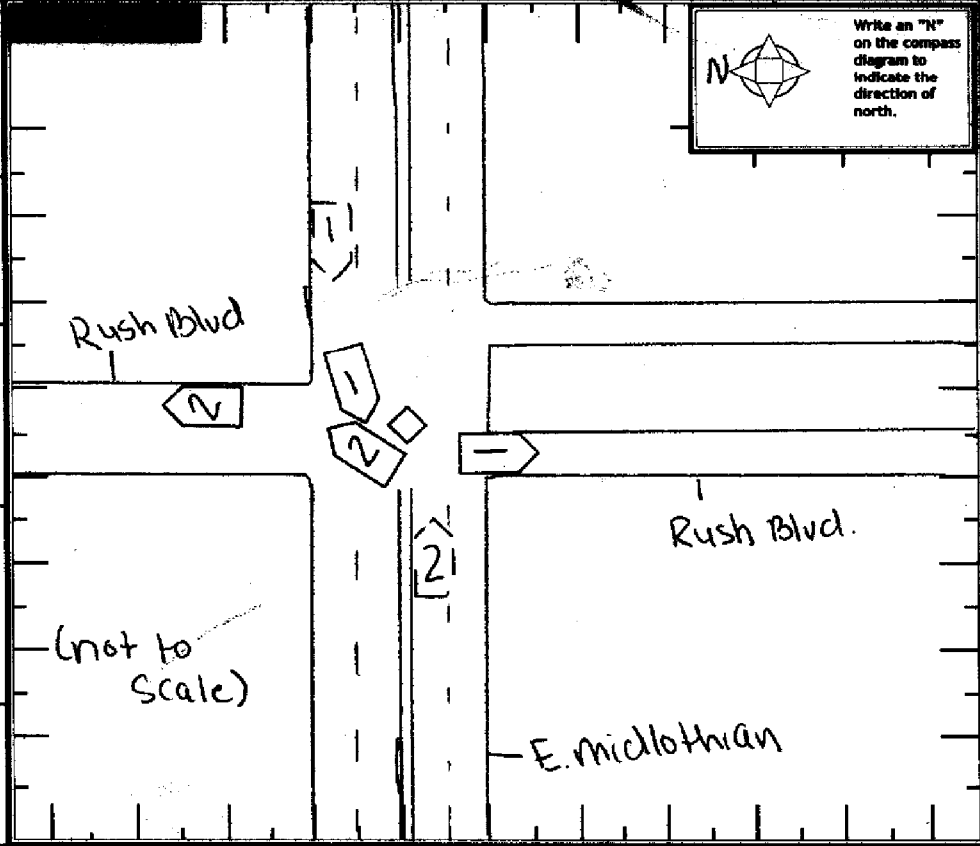
ROAD CONTOUR
1

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

ROAD CONDITIONS PRIMARY SECONDARY
01 01

- 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

Unit 1 was traveling west bound on E. midlothian
 Unit 2 was traveling east bound on E. midlothian
 Unit 2 turned south on Rush Blvd causing
 Unit 1 to strike Unit 2

MANNER OF COLLISION OR IMPACT <input checked="" 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 SIDEWIDE, SAME DIRECTION <input type="checkbox"/> 8 SIDEWIDE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN	 <p>Write an "N" on the compass diagram to indicate the direction of north.</p>
LIGHT CONDITIONS PRIMARY <input checked="" 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	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 MEDIAN <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	

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.	A 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.
UNIT # <input type="text"/>	COMPANY (FROM SHIPPING PAPERS) <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>	COMPANY PHONE <input type="text"/>

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	CDL
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 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 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	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			

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02192010	2038	2045	2045	2245		120
OFFICER'S NAME #	BADGE # *	CHECKED BY	DATE REPORT FILED #			
S.O.H	1113	[Signature]	02212010			
REPORT TAKEN BY	REPORT TAKEN AT	Supplement "X" if Yes	LOCAL REPORT # *			
1 POLICE AGENCY 2 MOTORIST	1 SCENE 2 STATION					

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-R (Rev. 11/99)

LOCAL REPORT # * 10-009401 N.C.I.C.# * 05609 REPORTING AGENCY * Youngstown PD DATE OF CRASH * 02192010

E UNIT # 02 NAME (LAST, FIRST, MIDDLE) Harmon, Charles HOME PHONE # 330-942-2586 DATE OF BIRTH 03092006 AGE 03 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 206 H. Hon. Youngstown OH 44507 1 INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO

2 EMS 5 UNKNOWN
3 POLICE

F UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

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2 EMS 5 UNKNOWN
3 POLICE

<p>04 E SEATING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER) <input type="checkbox"/></p> <p>02 FRONT - MIDDLE <input type="checkbox"/></p> <p>03 FRONT - RIGHT <input type="checkbox"/></p> <p>04 SECOND - LEFT (MC PASS) <input type="checkbox"/></p> <p>05 SECOND - MIDDLE <input type="checkbox"/></p> <p>06 SECOND - RIGHT <input type="checkbox"/></p> <p>07 THIRD - LEFT (MC PASSENGER/SIDE CAR) <input type="checkbox"/></p> <p>08 THIRD - MIDDLE <input type="checkbox"/></p> <p>09 THIRD - RIGHT <input type="checkbox"/></p> <p>10 SLEEPER SECTION OF CAR <input type="checkbox"/></p> <p>11 ENCLOSED CARGO AREA <input type="checkbox"/></p> <p>12 UNENCLOSED CARGO AREA <input type="checkbox"/></p> <p>13 TRAILING UNIT <input type="checkbox"/></p> <p>14 EXTERIOR <input type="checkbox"/></p> <p>15 OTHER <input type="checkbox"/></p> <p>16 NON-MOTORIST <input type="checkbox"/></p> <p>17 UNKNOWN <input type="checkbox"/></p>	<p>04 E SAFETY EQUIPMENT</p> <p>01 NONE USED <input type="checkbox"/></p> <p>02 SHOULDER BELT ONLY <input type="checkbox"/></p> <p>03 LAP BELT ONLY <input type="checkbox"/></p> <p>04 SHOULDER/LAP BELT <input type="checkbox"/></p> <p>05 CHILD SAFETY SEAT <input type="checkbox"/></p> <p>06 MC HELMET USED <input type="checkbox"/></p> <p>07 USE UNKNOWN <input type="checkbox"/></p> <p>08 NONE USED <input type="checkbox"/></p> <p>09 HELMET USED <input type="checkbox"/></p> <p>10 PROTECTIVE PADS <input type="checkbox"/></p> <p>11 REFLECTIVE CLOTHING <input type="checkbox"/></p> <p>12 LIGHTING <input type="checkbox"/></p> <p>13 OTHER <input type="checkbox"/></p> <p>14 UNKNOWN <input type="checkbox"/></p>	<p>1 E AIR BAG</p> <p>1 NOT-DEPLOYED <input type="checkbox"/></p> <p>2 DEPLOYED-FRONT <input type="checkbox"/></p> <p>3 DEPLOYED-SIDE <input type="checkbox"/></p> <p>4 DEPLOYED BOTH FRONT/SIDE <input type="checkbox"/></p> <p>5 NOT APPLICABLE <input type="checkbox"/></p> <p>6 UNKNOWN <input type="checkbox"/></p>	<p>4 E AIR BAG SWITCH</p> <p>1 NOT PRESENT <input type="checkbox"/></p> <p>2 IN ON POSITION <input type="checkbox"/></p> <p>3 IN OFF POSITION <input type="checkbox"/></p> <p>4 UNKNOWN <input type="checkbox"/></p>	<p>1 E EJECTION</p> <p>1 NOT EJECTED <input type="checkbox"/></p> <p>2 TOTALLY EJECTED <input type="checkbox"/></p> <p>3 PARTIALLY EJECTED <input type="checkbox"/></p> <p>4 NOT APPLICABLE <input type="checkbox"/></p> <p>5 UNKNOWN <input type="checkbox"/></p>	<p>1 E TRAPPED</p> <p>1 NOT TRAPPED <input type="checkbox"/></p> <p>2 EXTRICATED BY MECHANICAL MEANS <input type="checkbox"/></p> <p>3 FREED BY NON-MECHANICAL MEANS <input type="checkbox"/></p> <p>4 UNKNOWN <input type="checkbox"/></p>	<p>1 E INJURIES</p> <p>1 NO INJURY <input type="checkbox"/></p> <p>2 POSSIBLE <input type="checkbox"/></p> <p>3 NON-INCAPACITATING <input type="checkbox"/></p> <p>4 INCAPACITATING <input type="checkbox"/></p> <p>5 FATAL INJURY <input type="checkbox"/></p> <p>6 UNKNOWN <input type="checkbox"/></p>
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BLANK FOR WITNESS

SUPPLEMENT "X" IF YES



LOCAL REPORT NUMBER 10-00 9401	REPORTING AGENCY Youngstown Police Dep.	DATE OF CRASH M 2 16 9 1/10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ian Burgmyer PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ofc. S. Ozt #1113 OFFICER'S NAME AT Rush Blvd @ E. Midlothian LOCATION

I was traveling west-bound on Midlothian Blvd. in the curb lane. I approached an intersection going 35mph with a green light. The SUV involved made a sudden left in front of me. I braked and attempted to avoid a ~~collision~~ collision but I was unable to avoid a crash.

ADDRESS OF WITNESS 502 Elm St. Struthers OH 44471	PHONE 330-565-9327
SIGNATURE OF WITNESS 	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER 10-009401	REPORTING AGENCY Youngstown P.D.	DATE OF CRASH M 2 10 19 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Travis Mitchell PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ofc S. Ott #1113 OFFICER'S NAME	AT Rush Blvd @ E. Midlothian LOCATION

I was driving up Midlothian making a left turn on to Rush, I had stop to make sure the lane was clear. when I looked there was a car coming down when I was about to turn I saw the car speeding down the street and that when we crash

ADDRESS OF WITNESS 716 Hilton Youngstown, OH 44507	PHONE 320-912-7596
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X S. Ott #1113



LOCAL REPORT NUMBER 10-009401	REPORTING AGENCY Youngstown Police Dept	DATE OF CRASH M 2 D 9 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MICHAEL PONZANI HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Ofc S. OJA #1113 AT Rush Blvd @ E Middleman
OFFICER'S NAME LOCATION

I WAS IN THE LEFT HAND LANE STOPPED BEHIND A SUV. THE LIGHT WAS GREEN. THE SUV WAS MAKING A LEFT TURN. THE BLAZER PROCEEDED TO TURN RIGHT WHEN THE SATURN CAME UP TO THE INTERSECTION FROM THE RIGHT HAND ~~LANE~~ LANE & PROCEEDED TO TURN LEFT, KIND OF LIKE A DOG WEG. HE TURNED RIGHT INTO THE PATH OF THE BLAZER

ADDRESS OF WITNESS 72 E RUSSELL AVE YO. OH 44507	PHONE 330-782-9225
SIGNATURE OF WITNESS X <u>Michael Ponzani</u>	OFFICER'S SIGNATURE X <u>S. OJA #1113</u>