



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

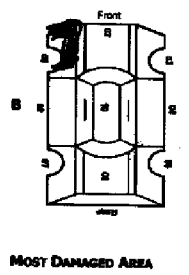
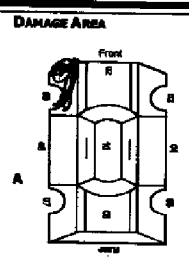
TYPE OF UNIT  
03 A 03 B

- 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 (BOSTAL), 13 TRACTOR/SEMI-TRAILER, 14 TRACTOR/DOUBLE SHORT, 15 TRACTOR/DOUBLE LONG, 16 FIFTH WHEEL OR CONVERTER DOLLY, 17 TRACTOR/TRIPLER, 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: 36 ANIMAL WIPPER, 37 BICYCLE, 38 PEDESTRIAN, 39 PEDALCYCLIST, 40 SKATER, 41 OTHER-NON MOTORIST, 42 UNKNOWN.

IN EMERGENCY RESPONSE  
1 A 1 B

DAMAGE SCALE  
4 A 4 B

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



MOST DAMAGED AREA  
09 A 09 B

- 01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 LEFT 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  
09 A 09 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 A 4 B

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

STRIKING 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, 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  
21 A 01 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/ACCID, 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD, 10 IMPROPER PASSING, 11 IMPROPER START FROM PARKED POSITION, 12 STOPPED ON PARKED ILLEGALLY, 13 OPERATING VEHICLE IN ERRATIC, RICKLESS, CARELESS, RECKLESS 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/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 SIGNS, SIGNALS, OR OFFICER, 31 WRONG SIDE OF THE ROAD, 32 OTHER, 33 UNKNOWN.

VEHICLE DEFECT CODE (SEE "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 DEFECTS

SEQUENCE OF EVENTS  
20 A 20 B

NON-COLLISION  
01 OVERTURN/ROLLOVER, 02 FIRE/EXPLOSION, 03 IMPERSON, 04 JACKKNIFE, 05 CARGO/EQUIPMENT LOOS/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, 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED, 15 PEDESTRIAN, 16 PEDALCYCLE, 17 RAILWAY VEHICLE, 18 ANIMAL - FARM, 19 ANIMAL - DIER, 20 ANIMAL - OTHER, 21 PARKED MOTOR VEHICLE, 22 WORK ZONE MAINTENANCE EQUIPMENT, 23 OTHER MOVABLE OBJECT, 24 UNKNOWN MOVABLE OBJECT, 25 COLLISION WITH FIXED OBJECT, 26 IMPACT ATTENUATOR/CRASH CUSHION, 27 BRIDGE OVERHEAD STRUCTURE, 28 BRIDGE PIER OR ABUTMENT, 29 BRIDGE PARAPET, 30 BRIDGE RAIL, 31 GUARDRAIL FACE, 32 GUARDRAIL END, 33 MEDIAN BARRIER, 34 HIGHWAY TRAFFIC SIGN POST, 35 OVERHEAD SIGN POST, 36 LIGHT/UMBRELLAS SUPPORT, 37 UTILITY POLE, 38 OTHER POST, POLE OR SUPPORT, 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.

POSTED SPEED  
35 A 35 B

TRAFFIC CONTROL  
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 PAVEMENT MARKINGS, 13 CROSSWALK LINES, 14 WALK/DONT WALK SIGNAL, 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED, 16 OTHER.

DIRECTION FROM TO  
34 A 43 B

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

ALCOHOL/DRUG SUSPECTED  
1 A 1 B

ALCOHOL TEST STATUS  
1 A 1 B

ALCOHOL TEST TYPE  
1 A 1 B

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  
A B

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

TYPE OF INTERSECTION  
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 DIVERGENT/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  
PRIMARY 01 SECONDARY

- 01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, 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 # \* 10-0095901

DRIVER OF UNIT #1 STATED SHE DROVE WEST ON OAKWOOD NOT KNOWING IT WAS A ONE-WAY STREET. SHE STRUCK UNIT #2 HEAD-ON.

DRIVER OF UNIT #2 STATED SHE WAS TRAVELING EAST ON OAKWOOD WHEN ANOTHER VEHICLE IN HER LANE COMING THE WRONG WAY ON THE ONE-WAY STREET STRUCK HER HEAD ON.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" 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 SIDESWPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN	<b>Work Zone Related</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		Write an "N" on the compass diagram to indicate the direction of north.
<b>WEATHER</b> <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	<b>WEATHER</b> <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	<b>WEATHER</b> <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	<b>WEATHER</b> <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	<b>WEATHER</b> <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

<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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 DAMAGED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DRIBBLING DAMAGE OR REQUIRING INTERVIEWING 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"/>	

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLA
<b>CARGO BODY TYPE</b> <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 GRAB/CRIB/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 - 25,000 <input type="checkbox"/> 3 MORE THAN 25,000	<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			

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02202010	2138	2145	2148	2315		90
OFFICER'S NAME #	BADGE # *	CHECKED BY	DATE REPORT FILED *			
PTLM. A. CHAIRBI	1039	[Signature]	02212010			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT	LOCAL REPORT # *			
1 1 POLICE AGENCY 2 MOTORIST	1 1 SCENE 2 STATION	X Yes	10-029592			



LOCAL REPORT NUMBER 10-009590	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH M 02   20   Y 10
----------------------------------	---------------------------------------	-----------------------------------

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

I, TERESA A. Tolley HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PT. A. CHAIN #1039 AT OAKWOOD / FERNWOOD  
OFFICER'S NAME LOCATION

*I was coming up oakwood not aware that it was one way and got into a collision with another car*

<u>TERESA A Tolley</u> ADDRESS OF WITNESS	<u>2013 E MIDWAY</u> SIGNATURE OF WITNESS	<u>330 261-4385</u> PHONE
X <u>[Signature]</u>	X <u>[Signature]</u> OFFICER'S SIGNATURE	



LOCAL REPORT NUMBER 10-009590	REPORTING AGENCY YOUNGSTOWN POLICE	DATE OF CRASH M 02   D 20   Y 10
----------------------------------	---------------------------------------	-------------------------------------

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

I, Murad Shorrock HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Officer A. CHABBI #1039 AT Fernwood - Oakwood  
OFFICER'S NAME LOCATION

At approximately 8:45, I witnessed the white mercury travelling in the left lane on Oakwood toward the oncoming lights of the tan Lumina. Realizing they were to hit, I began to honk and flash my lights. Right before the collision the white mercury attempted to change lanes. They struck each other head on on spurs to a stop. I stopped, exited my vehicle, called 911.

ADDRESS OF WITNESS 1605 Ford Ave. Young Ohio 44504	PHONE 770-7296
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>Chad Chabi</i>