

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-009718

CRASH SEVERITY  
3  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
ON-2 ON-3 ON-1P OTHER

N.C.I.G.#  
05009

REPORTING AGENCY # UNITS  
YOUNGSTOWN P.D. 02 01

UNIT ERROR  
99 - ANNUAL  
99 - UNKNOWN

DATE OF CRASH #  
02212010

TIME OF CRASH  
1703

DAY OF WEEK  
SUN

CITY #  
X

VILLAGE #

TWP #

NAME (OF CITY, VILLAGE OR TOWNSHIP) #  
YOUNGSTOWN 50

COUNTY #

LATITUDE

LONGITUDE

CRASH LOCATION  
NORWOOD AVENUE

TYPE LOC  
7  
TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

STREET ADDRESS OR INTERSECTION  
BT 414 NORWOOD AVENUE 09

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 WHO REFERENCE  
09 DOWNSHIP  
10 STREET OR ROUTE WHO REFERENCE

Unit # 1 of Occ. NAME (LAST, FIRST, MIDDLE)  
A 01 01 HUGHES, LORETTA M

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
204 ROWEN ROAD BEREA, OHIO 44017

DATE OF BIRTH AGE SEX  
12221951 48 F

HOME PHONE # WORK PHONE #  
440-243-6942

DL STATE DL # LP STATE LP # ISSUED TAKEN BY  
OH KP963287 OH EUX-2600 1

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

OWNER NAME (IF NAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
CLERAL INC. 8674 PEARL ROAD STRONGSVILLE, OHIO 44136

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2009 FORD FOCUS RED ALL STATE

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE #  
X IF YES

Unit # 2 of Occ. NAME (LAST, FIRST, MIDDLE)  
B 02 02

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # ISSUED TAKEN BY  
TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF NAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE #  
X IF YES

Unit # 3 of Occ. NAME (LAST, FIRST, MIDDLE)  
C

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # ISSUED TAKEN BY  
TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF NAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

Unit # 4 of Occ. NAME (LAST, FIRST, MIDDLE)  
D

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # ISSUED TAKEN BY  
TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF NAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL CODE #  
X IF YES

SEATING POSITION  
01 FRONT - LEFT (MC DRIVER)  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (MC PASS)  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT  
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR)  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNLOADED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER

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 NONE-AND/OR LIST  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
13 OTHER  
14 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 ESTIMATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

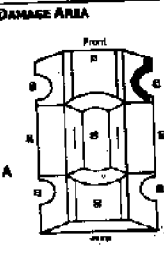
INJURIES  
1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

SUPPLEMENT #  
X IF YES

BLANK FOR

Motorist/Non-Motorist

Occupant

<b>UNIT NUMBERS</b> 01 02	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> 04 11	<b>SEQUENCE OF EVENTS</b> A: 20, B: 20	<b>POSTED SPEED</b> 25 25	<b>DRUG TEST STATUS</b> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN
<b>NON-MOTORIST LOCATION</b> 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	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> 09 01	<b>NON-COLLISION</b> 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOAD/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN/CENTERLINE 11 DOWNWARD RAMPWAY 12 OTHER NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE SUPERSTRUCTURE 27 OVERHANG ON ROADWAY 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 CALVEIT 39 CLIP 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	<b>TRAFFIC CONTROL</b> 01 01 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSING 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	<b>DRUG TEST TYPE</b> 1 NONE 2 BLOOD 3 URINE 4 OTHER
<b>TYPE OF UNIT</b> 02 03	<b>MOTORIST</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 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, ON STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ADDA 09 IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, FICKLING, 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 WORK CONSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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	<b>CONTRIBUTING CIRCUMSTANCES</b> 09 01	<b>DIRECTION</b> FROM TO FROM TO 34 34	<b>DRUG TEST 1&amp;2 RESULT</b> 1 NONE 2 MARIJUANA 3 COCAINE 4 CRACKS 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 FAMILY VAN 09 SINGLE UNIT TRUCK 2 AXLES, 8 TIRES 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/WHEELS 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 <b>NON-MOTORIST</b> 35 ANIMAL W/FEET 36 ANIMAL W/BLIND 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POWER OF SUBJECT</b> 03 15	<b>MOTORIST</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 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> 09 01	<b>CONDITION</b> 1 8 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	<b>TYPE OF INTERSECTION</b> 01 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CONTROL/PAVEMENT 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
<b>IN EMERGENCY RESPONSE</b> 1 1	<b>ACTION</b> 4 3 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	<b>MOTORIST</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 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> 09 01	<b>ALCOHOL/DRUG SUSPECTED</b> 1 6 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN	<b>OCCURRENCE</b> 1 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN
<b>DAMAGE SCALE</b> 3 3 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DRAMAIC DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE:</b> OVERTAKE / UNDERLIDE A B 1 NO UNDERSIDE OR OVERTAKE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERTAKE, MOTOR VEHICLE IN TRANSPORT 6 OVERTAKE, OTHER VEHICLE 7 UNKNOWN	<b>VEHICLE DEFECT</b> CODE ONLY IF "39" SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON SUCK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>CONTRIBUTING CIRCUMSTANCES</b> 09 01	<b>ALCOHOL TEST STATUS</b> 1 1 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>ROAD CONDITIONS</b> 01 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE
<b>DAMAGE SCALE</b> 3 3	<b>STRIKING VEHICLE:</b> OVERTAKE / UNDERLIDE A B	<b>VEHICLE DEFECT</b> CODE ONLY IF "39" SELECTED ABOVE	<b>CONTRIBUTING CIRCUMSTANCES</b> 09 01	<b>ALCOHOL TEST TYPE</b> 1 1 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	<b>ALCOHOL TEST RESULT</b> A B SUPPLEMENT # "X" IF YES LOCAL REPORT # * 10-009718

