

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-010047

CRASH SEVERITY
2
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 YES NO
HIT/SWIP
1
1 NOT HIT/SWIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
 YES NO
OH-2 OH-3 OH-1P OTHER

N.C.I.C. #
05009 REPORTING AGENCY #
YOUNGSTOWN PD 02

F UNITS
02 UNIT ERROR
02 99 - ANNUAL
99 - UNKNOWN

DATE OF CRASH #
02232010

TIME OF CRASH
1045 DAY OF WEEK
TUE CITY #
 VILLAGE #
 TWP #
 NAME (OF CITY, VILLAGE OR TOWNSHIP) #
YOUNGSTOWN COUNTY # *
50 LATITUDE
LONGITUDE

TYPE LOCATION POINT USED
1 NAMED STREET 2 NUMBERED ROUTE
3 NUMBERED STREET
I-680 SB EXIT RAMP
REFERENCE POINT USED
01 STATE LINE 02 INTERSECTION 2 STREETS
03 COUNTY LINE
MARKET ST

04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

A UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
WALTERS, Patricia A
ADDRESS (STREET, CITY, STATE, ZIP CODE)
3552 DOVER Rd, Youngstown, Ohio 44511

DATE OF BIRTH
10191973 SEX
F HOME PHONE #
330-783-2229 WORK PHONE #

INSURED TAKEN BY
2 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
Puro Metro St Elizabeths

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

YEAR
1999 MAKE
Chevy INSURANCE COMPANY
Venture Merit Safe Auto TOWING SERVICE
Koerdmann OWNER PHONE #
SAME

MODEL
33303(A) CITATION #
Assured Clear Distance LOCAL CODE? X IF YES

DATE OF BIRTH
07211977 AGE
32 SEX
F HOME PHONE #
440-983-1828 WORK PHONE #

INSURED TAKEN BY
1 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
Ludts

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

YEAR
2008 MAKE
Jeep INSURANCE COMPANY
Progressive TOWING SERVICE
Ludts OWNER PHONE #
SAME

MODEL
33303(A) CITATION #
Assured Clear Distance LOCAL CODE? X IF YES

DATE OF BIRTH
07211977 AGE
32 SEX
F HOME PHONE #
440-983-1828 WORK PHONE #

INSURED TAKEN BY
1 1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
Ludts

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

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
(MC PASSENGER/SIDE CAR)
08 THIRD - MIDDLE
09 THIRD - RIGHT
10 SLEEPER SECTION OR CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED 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
NON-PHOTOGRAPHIC
08 NONE USED
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
5 FRONT/SIDE
6 NOT APPLICABLE
7 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 EXTINGUISHED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

LOCATED
1 NO INJURY POSSIBLE
2 NON-INCAPACITATED
3 FATAL INJURY
4 UNKNOWN

SUPPLEMENT #
NONE YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS
01 02



- NON-MOTORIST LOCATION
- 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 03

- 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 TRUCK (ALL AXLES)
 - 11 TRUCK/TRAILER
 - 12 TRUCK TRACTOR (BORTAL)
 - 13 TRACTOR/SEMI-TRAILER
 - 14 TRACTOR/DOUBLE SHORT
 - 15 TRACTOR/DOUBLE LONG
 - 16 FIFTH WHEEL OR CONVERTIBLE DOLLY
 - 17 TRACTOR/TRIPLES
 - 18 MOTORCYCLE
 - 19 MOTORIZED BIKE
 - 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
- NON-MOTORIST
- 35 ANIMAL W/DRIVER
 - 36 ANIMAL W/O DRIVER
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

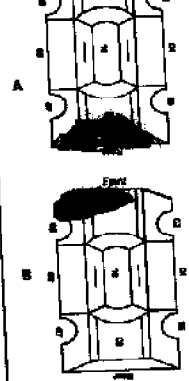
IN EMERGENCY RESPONSE
1 1

1 No
2 Yes
3 UNKNOWN

DAMAGE SCALE
4 4

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

DAMAGE AREA



MOST DAMAGED AREA

06 09

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 FRONT FEND
- 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
08 09

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FEND
- 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

ACTION
4 3

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

STRIKING VEHICLE:
Overwrite / Underwrite
1 1

- 1 NO UNDERWRITE OR OVERWRITE
- 2 UNDERWRITE, COMPARTMENT
- 3 UNDERWRITE, NO COMPARTMENT
- 4 UNDERWRITE, COMPARTMENT
- 5 UNDERWRITE, UNKNOWN
- 6 OVERWRITE, MOTOR VEHICLE IN TRANSPORT
- 7 OVERWRITE, OTHER VEHICLE
- 8 UNKNOWN

PRE-CRASH ACTIONS
11 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 DRIVEN AWAY
 - 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 PLATFORMING ON VEHICLE
 - 21 STRAMMING
 - 22 OTHER
 - 23 UNKNOWN

- CONTRIBUTING CIRCUMSTANCES
- 01 NONE
 - 02 FAILING TO YIELD
 - 03 RAN RED LIGHT, OR STOP SIGN
 - 04 EXCEEDED SPEED LIMIT
 - 05 UNRAPE SPEED
 - 06 IMPROPER TURN
 - 07 LEFT OF CENTER
 - 08 FOLLOWED TOO CLOSELY/ACDA
 - 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 EMERGENCY, RECKLESS, CARELESS, NEGLIGENCE OR ABUSIVE 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 SHIFTING/FALLING/SPILLING
 - 21 OTHER IMPROPER ACTION
 - 22 UNKNOWN

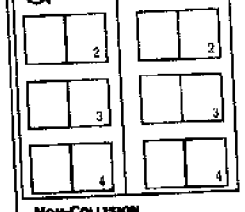
01 01

- MOTORIST
- 01 NONE
 - 02 FAILING TO YIELD
 - 03 RAN RED LIGHT, OR STOP SIGN
 - 04 EXCEEDED SPEED LIMIT
 - 05 UNRAPE SPEED
 - 06 IMPROPER TURN
 - 07 LEFT OF CENTER
 - 08 FOLLOWED TOO CLOSELY/ACDA
 - 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 EMERGENCY, RECKLESS, CARELESS, NEGLIGENCE OR ABUSIVE 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 SHIFTING/FALLING/SPILLING
 - 21 OTHER IMPROPER ACTION
 - 22 UNKNOWN
- NON-MOTORIST
- 23 NONE
 - 24 IMPROPER CROSSING
 - 25 DARTING
 - 26 LYING AHEAD OR ILLEGALLY IN ROADWAY
 - 27 PULING 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

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE THROUGHOUT
- 07 WORK ON SLACK TIGHTS
- 08 TRAILER EQUIPMENT
- 09 DEFECTIVE
- 10 MOTION TROUBLE
- 11 DISABLED FROM PREVIOUS CRASH
- 12 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
20 20



- NON-COLLISION
- 01 OVERTURN/FOLLOWER
 - 02 FIRE/EXPLOSION
 - 03 IMBROSION
 - 04 JACKKNEE
 - 05 CARGO/EQUIPMENT LOSS/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 EXC'D
 - 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
- COLLISION WITH FIXED OBJECT
- 25 IMPACT ATTENUATOR/CRASH CUSHION
 - 26 BRIDGE OVERHEAD STRUCTURE
 - 27 BRIDGE PIER OR ABUTMENT
 - 28 BRIDGE PAVEMENT
 - 29 BRIDGE RAIL
 - 30 GUARDRAIL FACE
 - 31 GUARDRAIL END
 - 32 MEDIAN BARRIER
 - 33 FERRYWAY TRAFFIC SIGN POST
 - 34 OVERHEAD SIGN POST
 - 35 LIGHT/LUMINAIRE SUPPORT
 - 36 UTILITY POLE
 - 37 OTHER POST, POLE OR SUPPORT
 - 38 GULCH
 - 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 1

Of the sequence of events - which one is the first harmful event (1-4)

MOST HARMFUL EVENT
1 1

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 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE

ALCOHOL TEST STATUS
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 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

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

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

SUPPLEMENTARY "X" IF YES
LOCAL REPORT # 10-010047

POSTED SPEED
25 25

TRAFFIC CONTROL
02 02

- 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/DON'T WALK SIGNAL
 - 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLSCURED
 - 16 OTHER

DIRECTION FROM TO FROM TO
1 2 1 2

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

CONDITION
1 1

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

ALCOHOL/DRUG SUSPECTED
1 1

- 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
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

ALCOHOL TEST TYPE
1 1

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

ALCOHOL TEST RESULT
A 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 STATUS
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

DRUG TEST TYPE
1 1

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

DRUG TEST 1&2 RESULT
1 1

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

TYPE OF INTERSECTION
08

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

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

ROAD CONTOUR
2

- 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, HOLE, BUMP, UNEVEN PAVEMENT**
 - 10 OTHER
 - 11 UNKNOWN
- ** SECONDARY ROAD CONDITIONS ONLY

11 UNKNOWN

Unit #1 stated she was exiting the southbound exit ramp to Market St and waiting for traffic to pass when she was struck from behind by Unit #2. Unit #2 stated she was exiting the southbound ramp to Market from I-680 behind Unit #1 and stated that Unit #1 stopped in the second time Unit #2 slid on the wet surface and struck the rear of Unit #1.

MANNER OF COLLISION/IMPACT

2

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACING
 6 ANGLE
 7 SIDEWIRE, SAME DIRECTION
 8 SIDEWIRE, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WEATHER

06

01 CLEAR
 02 CLOUDY
 03 FOG, MIST, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

WORK ZONE RELATED

L

1 NO
 2 YES
 3 UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIUM
 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

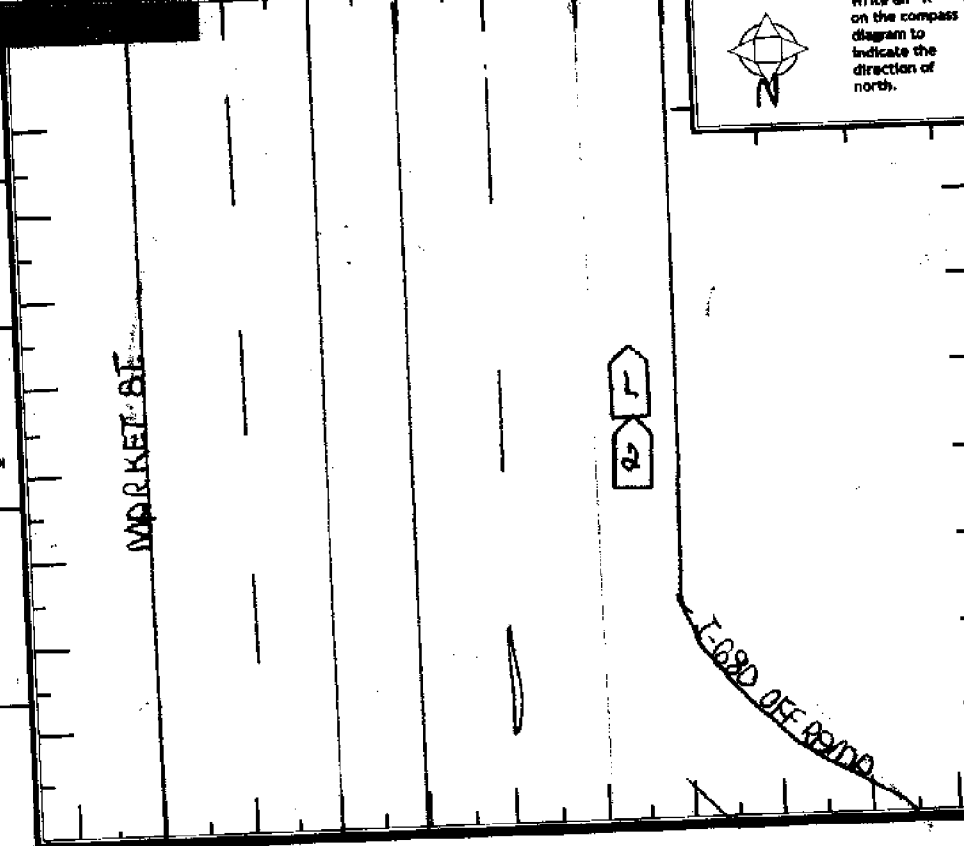
LIGHT CONDITIONS

PRIMARY SECONDARY

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

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN



Write an "N" on the compass diagram to indicate the direction of north.

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 9 PERSONS, INCLUDING DRIVER.

A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

UNIT #

COMPANY (FROM SHIPPING PAPERS) _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT _____ ICC MIC _____ PUCO _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____ PLACARD # _____ (Dr. _____)

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (9-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/CHP/GRAVEL
 05 POLE
 06 CARGO TANK
 07 FLATBED
 08 DUMP
 09 CONCRETE MIXER
 10 AUTO TRANSPORTER
 11 GARBAGE/REFUSE
 12 OTHER
 13 UNKNOWN

Weight (GVWR)

1 LESS/EQUAL 10,000
 2 10,001 - 28,000
 3 MORE THAN 28,000

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

Police Action

DATE CRASH REPORTED: 02/23/2010 TIME REC CALL: 11:54 DISPATCH: 1:40 ARRIVED: 1:41 CLEARED: 1:00 OTHER: 3:11 TOTAL MINUTES: 148

OFFICER'S NAME: J. BOUNDS BADGE # 0277 CHECKED BY: Blackburn DATE REPORT FILED: 02242010

REPORT TAKEN BY: 1 POLICE AGENCY REPORT TAKEN AT: 1 STATION SUPPLEMENT "X" IF YES: LOCAL REPORT # 10-010047



LOCAL REPORT NUMBER 10-010047	REPORTING AGENCY Youngstown P.D.	DATE OF CRASH M 2 D 83 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Angela Uschinsky _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
J. ROUNDS _____ AT I-680 OFF RAMP @ Market
OFFICER'S NAME LOCATION

Traveling on 680. Got off at Market St. exit. Paugundy mini van in front of me at top of exit ramp. Driver of van stopped car before merging on to market. Driver then began to pull ~~off~~ up more to merge more on to market then stopped again. I stopped too but ~~she~~ I did slide into the back of her van. I got out of my car to check on other driver. She was alert. She said her back hurt. I told her I would call 911. Phone call placed to 911. I was asked by a man that stopped to help to move my car up to allow for other traffic to pass off the exit ramp. I pulled my car up a little but then sat and waited for police to arrive.

ADDRESS OF WITNESS
606 Brennans Ct. Aron Lake off 44012 cell: 516-53-2548
PHONE
SIGNATURE OF WITNESS
x Angela Uschinsky OFFICER'S SIGNATURE
x J. Rounds