

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-018331

CRASH SEVERITY
3 1 FATAL 3 FOD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.# *
05009

REPORTING AGENCY *
Youngstown 1

UNITS
02

UNIT ERROR
02 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
04032010

TIME OF CRASH
0330

DAY OF WEEK
SUW

CITY * VILLAGE * TWP *
Youngstown

COUNTY # *
50

LATITUDE LONGITUDE

PREP. CRASH LOCATION
VICTA

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

REFERENCE POINT USED
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET ON ROUTE W/O REFERENCE
07 CORPORATION LIMIT

UNIT # # OF OCC.
A 0101 NAME (LAST, FIRST, MIDDLE)
Richardson, Paul

ADDRESS (STREET, CITY, STATE, ZIP CODE)
1416 Republic Youngstown, Ohio 44501

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
03211982 28 M

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO
OH 5B923157 OH EOL2488 1

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2006 Ford F-150 Blue GRANGE

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC.
B 0201 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

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

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

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

SAFETY EQUIPMENT
01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 CHILD SAFETY SEAT
06 MIC HELMET USED
07 Use UNKNOWN
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 FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

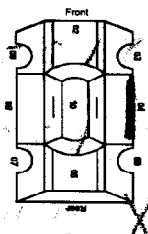
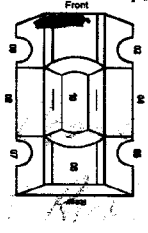
AIR BAG SWITCH
1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED
2 EXTRICATED 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 #

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="06"/> <input type="text" value="14"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	A	B	20	20	2	2	3	3	4	4	POSTED SPEED <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST STATUS <input type="text" value="A"/> <input type="text" value="B"/>
A	B														
20	20														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="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	NON-COLLISION 01. OVERTURN/ROLLOVER 02. FIRE/EXPLOSION 03. IMMERSION 04. JACKKNIFE 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 COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED 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 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/LUMINAIRES SUPPORT 36. UTILITY POLE 37. OTHER POST, POLE OR SUPPORT 38. CULVERT 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	TRAFFIC CONTROL <input type="text" value="02"/> <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST TYPE <input type="text" value="A"/> <input type="text" value="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 (BUT NOT 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	MOST DAMAGED AREA <input type="text" value="04"/> <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="03"/>	DIRECTION FROM TO FROM TO <input type="text" value="1A"/> <input type="text" value="B"/> <input type="text" value="7"/> <input type="text" value="A"/>	01. NO CONTROLS 02. STOP SIGN 03. YIELD SIGN 04. TRAFFIC SIGNAL 05. TRAFFIC FLASHERS 06. SCHOOL ZONE 07. RAILROAD CROSSBUCKS 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	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/>										
TYPE OF UNIT <input type="text" value="07"/> <input type="text" value="4"/> <input type="text" value="2"/>	POINT OF IMPACT <input type="text" value="04"/> <input type="text" value="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. 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 ERRATIC, RECKLESS, 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. 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 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	CONDITION <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	01. NORTH 02. SOUTH 03. EAST 04. WEST 05. NORTHEAST 06. NORTHWEST 07. SOUTHEAST 08. SOUTHWEST 09. UNKNOWN	TYPE OF INTERSECTION <input type="text" value="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; 2 AXLES, 6 TIRES 10. SINGLE UNIT TRUCK; 3+ AXLES 11. TRUCK/TRAILER 12. TRUCK TRACTOR (POSTAL) 13. TRACTOR/SEMI TRAILER 14. TRACTOR/DOUBLE FRONT 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. TRAIN 30. FARM VEHICLE 31. FARM EQUIPMENT 32. SNOWMOBILE 33. CONSTRUCTION EQUIPMENT 34. ALL OTHERS NON-MOTORIST 35. ANIMAL W/RIDER 36. ANIMAL W/BUGGY 37. BICYCLE 38. PEDESTRIAN 39. PEDALCYCLIST 40. SKATER 41. OTHER-NON MOTORIST 42. UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	FIRST HARMFUL EVENT <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST STATUS <input type="text" value="A"/> <input type="text" value="B"/>	OCCURRENCE <input type="text" value="1"/>										
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="2"/>	STRIKING VEHICLE; OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value="1"/>	OTHER DEFECTS 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 PRIOR CRASH 11. OTHER DEFECTS	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <input type="text" value="A"/> <input type="text" value="B"/>	01. APPARENTLY NORMAL 02. PHYSICAL IMPAIRMENT 03. EMOTIONAL 04. ILLNESS 05. FELL ASLEEP, FAINTED, FATIGUED, ETC 06. UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07. OTHER 08. UNKNOWN	ROAD CONTOUR <input type="text" value="1"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="6"/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value="B"/>	OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="A"/> <input type="text" value="B"/>	SPEED DETECTED <input type="text" value="A"/> <input type="text" value="B"/>	01. NONE 02. TEST REFUSED 03. TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04. TEST GIVEN, RESULTS KNOWN 05. TEST GIVEN, RESULTS UNKNOWN 06. UNKNOWN	ROAD CONDITIONS PRIMARY <input type="text" value="01"/> SECONDARY <input type="text" value="A"/> <input type="text" value="B"/>										
01. NONE 02. NON-FUNCTIONAL DAMAGE 03. FUNCTIONAL DAMAGE 04. DRAINING DAMAGE 05. SEVERE 06. UNKNOWN	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	SPEED <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST TYPE <input type="text" value="A"/> <input type="text" value="B"/>	01. NONE 02. BLOOD 03. URINE 04. BREATH 05. OTHER	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										
SUPPLEMENT # <input type="text" value="X"/> IF YES	LOCAL REPORT # <input type="text" value="10-0118831"/>														

Unit #1 stated He was pulling out of Grom onto
 Victor. Unit #1 advised That Unit #2 struck His vehicle As He
 MADE TURN onto Victor. Unit #2 Then Continued East Bound on
 Victor And Flew The Scene. Unit #1 stated That All He Remalls of Unit #2
 IS A R90 in color vehicle.

MANNER OF COLLISION OR IMPACT

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDEWIFE, SAME DIRECTION
- SIDEWIFE, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

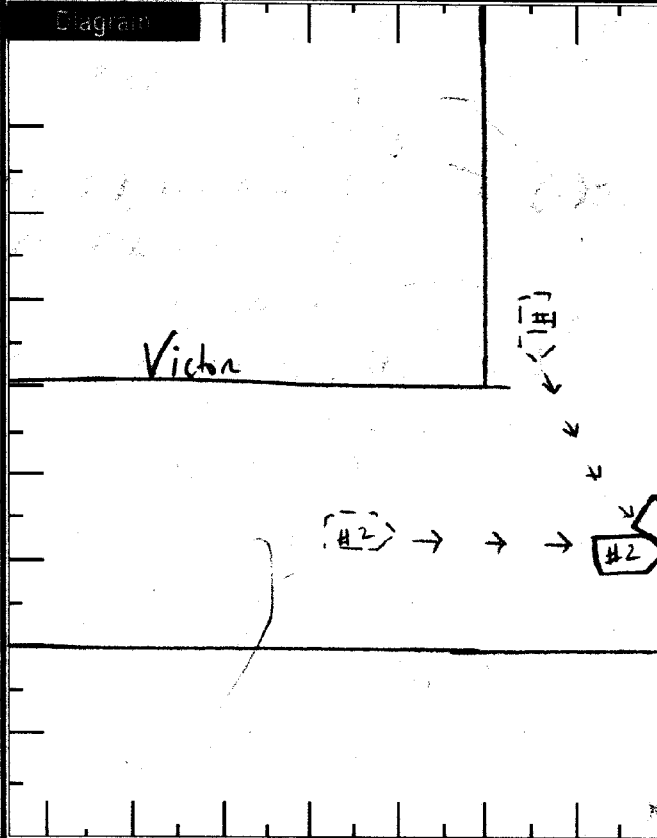
LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1

- NO
- YES
- UNKNOWN



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

N

WEATHER

10

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

4

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- 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 9 PERSONS, INCLUDING DRIVER.

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 #

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCD

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

DIA

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (9-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/CHOP/GRAYEL

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 - 26,000
 3 MORE THAN 26,000

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: 04032010

TIME REC CALL: 1031

DISPATCH: 1038

ARRIVED: 1046

CLEARED: 1131

OTHER:

TOTAL MINUTES: 60

OFFICER'S NAME: R. GRACI

BADGE # #: 1028

CHECKED BY: [Signature]

DATE REPORT FILED #: 04032010

REPORT TAKEN BY: 1 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 3 1 SCENE 2 STATION

SUPPLEMENT 'X' IF YES *

LOCAL REPORT # #: 10-0118311