

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-018629

CRASH SEVERITY  
3 1 FATAL 3 POO  
2 INJURY 4 UNKNOWN

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

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

REPORTING AGENCY #  
05009 YOUNGSTOWN POLICE

UNITS  
03 01  
08 = ANNUAL  
09 = UNKNOWN

DATE OF CRASH #  
04042010

DAY OF WEEK  
1408 SUN X  
NAME (OF CITY, VILLAGE OR TOWNSHIP) #  
YOUNGSTOWN 50

PREF# CRASH LOCATION  
GLENNWOOD AVENUE  
TYPE LOC 1  
TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

DIST REFERENCE (L/R) PREF# REFERENCE  
IDORA  
REF POINT 02  
REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE  
04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 PLACE NAME W/O REFERENCE  
08 DRIVEWAY  
09 MILE POST  
10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

NAME (LAST, FIRST, MIDDLE)  
0101 MACK, CLAUDIA C.  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
103 W. PHILADELPHIA AVENUE YOUNGSTOWN, OHIO 44507  
DATE OF BIRTH 03131942 AGE 68 SEX F HOME PHONE # 330-783-0625 WORK PHONE #

DL STATE DL # OH RT983539 LP STATE LP # OH CC MACK ISSUED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
OWNER NAME (IF SAME, WRITE "SAME")  
SAME  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2002 CHRYSLER PT CRUISER SILVER LUDT'S SAME  
OFFENSE CHARGED OFFENSE DESCRIPTION  
331.17 FAILED TO YIELD RIGHT OF WAY WHEN TURNING LEFT T 17322

NAME (LAST, FIRST, MIDDLE)  
0201 CLINKSCALE, LAWRENCE  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
2662 VOLNEY ROAD YOUNGSTOWN, OHIO 44511  
DATE OF BIRTH 07261959 AGE 50 SEX M HOME PHONE # 330-788-7599 WORK PHONE # 644-712-2052

DL STATE DL # OH RF961796 LP STATE LP # OH ERT3073 ISSUED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
OWNER NAME (IF SAME, WRITE "SAME")  
SAME  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1996 MERCURY CAPRI RED PROGRESSIVE SAME  
OFFENSE CHARGED OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
NAME (LAST, FIRST, MIDDLE)  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
NAME (LAST, FIRST, MIDDLE)  
ADDRESS (STREET, CITY, STATE, ZIP CODE)

SEATING POSITION  
01 FRONT - LEFT (MC DRIVER) 04  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (MC PASS) 04  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)  
08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF 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  
08 NON-MOTORIST  
09 NONE USED  
10 HELMET USED  
11 PROTECTIVE PADS  
12 REFLECTIVE CLOTHING  
13 LIGHTING  
14 OTHER  
15 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 EXTINGUISHED 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

Motorist/Non-Motorist

Occupant

BLANK FOR MEMORANDUM

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 02

- MOTORIST**
- 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PANELVAN
  - 09 SINGLE UNIT TRUCK
  - 10 SINGLE UNIT TRUCK; 3+ AXLES
  - 11 TRUCK/TRAILER
  - 12 TRUCK TRACTOR (BOSTAL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHIRT
  - 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 TRAN
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
  - 36 ANIMAL W/BUSBY
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

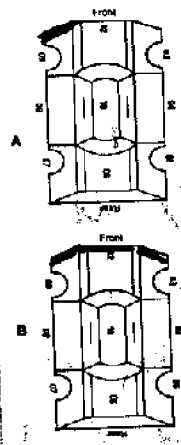
IN EMERGENCY RESPONSE

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

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

DAMAGE AREA



MOST DAMAGED AREA

09 02

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

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT 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 4

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

STRUCK VEHICLES: OVERLIDE/ UNDERLIDE

1 1

- 1 NO UNDERLIDE OR OVERLIDE
- 2 UNDERLIDE, COMPARTMENT INTRUSION
- 3 UNDERLIDE, NO COMPARTMENT INTRUSION
- 4 UNDERLIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERLIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERLIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

06 11

- 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 DRIVENLESS
  - 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

02 01

- 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/ DRIVE 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, NEGLECT 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 DISTRACTION
  - 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

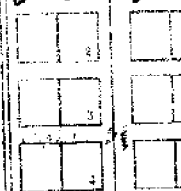
VEHICLE DEFECT CODE ONLY IF "X" SELECTED ABOVE

1 1

- 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 DEFECTIVE

SEQUENCE OF EVENTS

20 20



NON-COLLISION

- 01 OVERTURN/WROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMBROSION
- 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 RANWAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION
- 14 UNKNOWN W/ PERSON, VEHICLE, OR OBJECT NOT FATED
- 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

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/LUMINAIRE 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

COLLISION WITH FLEET OBJECT

- 49 UNKNOWN
- 50 IMPACT ATTENUATOR/CRASH CUSHION
- 51 BRIDGE OVERHEAD STRUCTURE
- 52 BRIDGE PIER OR ABUTMENT
- 53 BRIDGE PARAPET
- 54 BRIDGE RAIL
- 55 GUARDRAIL FACE
- 56 GUARDRAIL END
- 57 MEDIAN BARRIER
- 58 HIGHWAY TRAFFIC SIGN POST
- 59 OVERHEAD SIGN POST
- 60 LIGHT/LUMINAIRE SUPPORT
- 61 UTILITY POLE
- 62 OTHER POST, POLE OR SUPPORT
- 63 CULVERT
- 64 CURB
- 65 DITCH
- 66 EMBANKMENT
- 67 FENCE
- 68 MAILBOX
- 69 TREE
- 70 OTHER FIXED OBJECT
- 71 WORK ZONE MAINTENANCE EQUIPMENT
- 72 UNKNOWN FIXED OBJECT
- 73 OTHER
- 74 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

2 2

1 STATED  
2 ESTIMATED SPEED

SPEED  
10 0

POSTED SPEED

35 25

TRAFFIC CONTROL

01 02

- 01 NO CONTROL
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSBUCKS
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATER
- 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

DIRECTION FROM TO

2 3 3 4

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

CONDITION

6 1

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

ALCOHOL/DRUG SUSPECTED

2 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

4 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

4 1

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

ALCOHOL TEST RESULT

1 8 9

SUPPLEMENT \* "X" = YES

DRUG TEST STATUS

1 3

- 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 2

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

TYPE OF INTERSECTION

03

- 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 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

1

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

ROAD CONDITIONS

01 1

- 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

10-018629

**Narrative**

UNIT 3 TRAVELING NORTHBOUND ON GLENWOOD AVENUE WAS STRUCK BY UNIT 1 TRAVELING SOUTHBOUND ON GLENWOOD AVENUE, AS UNIT 1 FAILED TO YIELD WHILE TURNING LEFT. AS A RESULT UNIT 3 ACCORDING TO UNIT 2'S STATEMENT STRUCK UNIT 2 WHICH WAS STOPPED AT A STOP SIGN ON IDORA AT GLENWOOD.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<b>Diagram</b> 	<p>Write an "N" on the compass diagram to indicate the direction of North.</p>		
				<b>WEATHER</b> <input type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN
				<b>LIGHT CONDITIONS</b> DAYTIME <input type="checkbox"/> NIGHT <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
				<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN

**Truck/Bus**

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  
N  
D**

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.

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

PLACARD

**CARGO BODY TYPE**  
 01 NOT APPLICABLE  
 02 BUS (8-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 GRAIN/CHIPS/GRAVEL  
 05 POLE  
 06 CARGO TANK  
 07 FLATBED  
 08 DUMP

**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**

04042010 11408 1411 1454 1645 1120

OFFICER'S NAME \*  
 L. PALLO

BADGE # \*  
 1111

CHECKED BY  
 DSP. GARCAR

DATE REPORT FILED \*  
 04042010

REPORT TAKEN BY  
 1 POLICE AGENCY  
 2 MOTORIST

REPORT TAKEN AT  
 1 SCENE  
 2 STATION

SUPPLEMENT \*  
 YES

LOCAL REPORT # \*  
 10-018629

# TRAFFIC CRASH REPORT



10-018629

CRASH SEVERITY  
3  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
HTT/SICP  
1 NOT HTT/SICP  
2 SOLVED  
3 UNSOLVED

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

REPORTING AGENCY \*

05009 YOUNGSTOWN POLICE

03 01

88 - ANNUAL  
89 - UNKNOWN

04 04 2010

DAY OF WEEK

1408 SUN X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

YOUNGSTOWN

50

LATITUDE LONGITUDE

CRASH OCCURRED ON  
GLENWOOD AVENUE

TYPE LOC  
1 NAMED STREET  
2 NUMBERED STREET  
3 NUMBERED ROUTE

LOCAL INFORMATION

ADJ REFERENCE  
IDORA

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 W/O REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE W/O REFERENCE

NAME (LAST, FIRST, MIDDLE)

03 02 HALL, LEONARD

ADDRESS (STREET, CITY, STATE, ZIP CODE)

6196 NORTHLAWN BOARDMAN, OHIO 44512

HOME PHONE #

WORK PHONE #

(330) 629-8344 (330) 747-2661

DL STATE DL #

OH RL422977

LP STATE LP #

OH DYN1510

INURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

2000 DODGE CARAVAN SILVER LIBERTY MUTUAL SAME

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL #

LP STATE LP #

INURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

03 HALL, MARY

ADDRESS (STREET, CITY, STATE, ZIP CODE)

6196 NORTHLAWN BOARDMAN, OHIO 44512

HOME PHONE #

(330) 629-8344 04 03 1960 50 F

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

TRANSPORTED BY

INURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

TRANSPORTED BY

INURED TAKEN TO

01

- 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 OF CAB
- 11 ENCLOSED CARGO AREA
- 12 UNENCLOSED CARGO AREA
- 13 TRAILING UNIT
- 14 EXTERIOR
- 15 OTHER

04

- SAFETY EQUIPMENT
- MOTORIST
- 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-MOTORIST
- 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

BLANK FOR WRITING

UNIT NUMBERS

03

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

05

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 (BOBSTAIL)
  - 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 TRAIN
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST
- 35 ANIMAL W/DRIVER
  - 36 ANIMAL W/BUGGY
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDALCYCLIST
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE

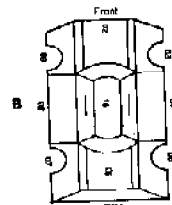
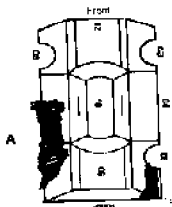
- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

4

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

DAMAGE AREA



MOST DAMAGED AREA

08

POINT OF IMPACT

- 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

4

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

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

- 1 NO UNDERRIDE OR OVERRIDE
- 2 UNDERRIDE, COMPARTMENT INTRUSION
- 3 UNDERRIDE, NO COMPARTMENT INTRUSION
- 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

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 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

01

- 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/ACCDA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED ON PARKED ILEGALLY
- 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 ILEGALLY 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 ONLY IF '19' SELECTED ABOVE

- 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  
20

- 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 FRONT
- 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 FIXED
- 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/LUMINAIES 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

FIRST HARMFUL EVENT

A

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

MOST HARMFUL EVENT

A

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

SPEED DETECTED

2

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

25

POSTED SPEED

35

TRAFFIC CONTROL

01

- 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 WALDOUGHT WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBLSCURED
- 16 OTHER

DIRECTION

21

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

CONDITION

7

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

ALCOHOL/DRUG SUSPECTED

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 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

7

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

ALCOHOL TEST RESULT

1

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

SUPPLEMENTAL TESTS

1

DRUG TEST STATUS

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 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1

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

TYPE OF INTERSECTION

03

- 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 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

01

- 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

LOCAL POLICE AGENCY

10-018629

**Narrative**

**MANNER OF COLLISION OR IMPACT:**

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

**WEATHER**

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

**LIGHT CONDITIONS**

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

**SCHOOL BUS RELATED**

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

**WORK ZONE RELATED**

1 NO  
 2 YES  
 3 UNKNOWN

**TYPE OF WORK ZONE**

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

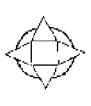
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

1 NO  
 2 YES  
 3 UNKNOWN

**Diagram**



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

**Truck/Bus**

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.

**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 INTERVIEWING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ PLIC \_\_\_\_\_ TRAILER LP ST. \_\_\_\_\_ TRAILER LP YEAR \_\_\_\_\_ TRAILER LP # \_\_\_\_\_

**CARGO BODY TYPE**

01 NOT APPLICABLE  
 02 BUS (8-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 GRAB/CHIPS/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**

DISPATCH: 040420101408 | ARRIVED: 1445 | CLEARED: 1454 | OTHER: 1645 | 120

OFFICER'S NAME: L. Pailo | CHECKED BY: DISP. GARCIA | DATE REPORT FILED: 04042010

REPORT TAKEN BY: 1 POLICE AGENCY | REPORT TAKEN AT: 1 SCENE | 2 MOTORIST | 2 STATION | SUPPLEMENT: 10-018629



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>10-018629</b>	REPORTING AGENCY <b>VPD</b>	DATE OF CRASH <b>M 04/04/2010</b>
---	--------------------------------	--------------------------------------

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

I, \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

**PAULD** PRINTED AT **IDORA / GLENWOOD**

OFFICER'S NAME LOCATION

**I, Claudia Mace Turned left on  
Chapman Rd, then turned left on Jones  
and was hit on the left hand side of  
car by a vehicle.**

ADDRESS OF WITNESS	PHONE <b>330 73-06-25</b>
SIGNATURE OF WITNESS <b>X</b>	OFFICER'S SIGNATURE <b>X Claudia Mace</b>

*Pauld # 1111 4/4/10*



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>10-018629</b>	REPORTING AGENCY <b>YOUNGSTOWN</b>	DATE OF CRASH M <b>04</b> D <b>04</b> Y <b>2010</b>
---	---------------------------------------	--

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

I, Leonard D. Hall HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

L. PALLO AT GLENWOOD / EDORA  
OFFICER'S NAME LOCATION

My wife Pat & I were headed northbound on Glenwood approaching intersection with Carbird Road. The light was green and we were passing through when I caught a car (PT Cruise) on my left attempting to cross Glenwood from Carbird going eastbound. The car struck the middle-back side of my Dodge Caravan and then I felt a second strike of my Caravan on the rear right side. Then I saw a red car (Chevy Capri) was at intersection of Carbird going west. I am not sure the second car stopped at the sign or whether it entered into the intersection. The skid marks left from when my Caravan was struck on to the point my Caravan stopped all stayed on Glenwood Ave.

I have taken photographs of all three cars, the intersection and the skid marks to help the investigation. I did smell alcohol on the death of the PT Cruise driver - who said her name is Claudia Mack. The Capri driver said her name is Lawrence Clitesch.

ADDRESS OF WITNESS <u>2126 Northlawn Ave Boardman Ohio</u>	PHONE <u>330-629-8344</u>
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

(330) 747-2601



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 10-018629	REPORTING AGENCY YPD	DATE OF CRASH M 04   D 04   2000
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LAWRENCE CLINKSCALE-JR HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

OFFICER'S NAME AT LOCATION

Glenwood

VAN WAS TRAVELING NORTH OF ~~CANFIELD~~ RD  
 CAR PT CRUISER WAS TRAVELING SOUTH OF GLENWOOD  
 I WAS AT A STOP OF ~~CANFIELD~~ AND GLENWOOD  
 RD. PT CRUISER TURN LEFT OF GLENWOOD  
 ON TO ~~CANFIELD~~ HIT VAN TRAVELING NORTH  
 VAN SPIN OFF AND HIT MY CAR THAT IS AT  
 A STOP ON GLENWOOD ~~CANFIELD~~

ADDRESS OF WITNESS 2662 VALLEY RD	PHONE 614-9922052
SIGNATURE OF WITNESS X <i>Lawrence Clinkscale Jr</i>	OFFICER'S SIGNATURE X <i>L. Halls</i> 330-7887599