

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-019206

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
YES NO

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

PHOTOS TAKEN
YES NO

OH-2 OH-3 OH-1P OTHER

N.G.I.C.A. *
05009

REPORTING AGENCY *
Youngstown Police Dept.

UNITS
02

UNIT EFFORT
02

DATE OF CRASH *
04062010

TIME OF CRASH DAY OF WEEK CITY* VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* COUNTY # * LATITUDE LONGITUDE
1802 TUE X Youngstown 50

TYPE LOC 3
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
MARKET ST
REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE
04 FRONT OF 3919

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
A 0101 SLIPKA, John D.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
6815 Glenview Burman OHIO 44510

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
11281956 53 M 3309531320

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

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2004 Jeep Wrangler AIX Nationwide None

OFFENSE CHARGE OFFENSE DESCRIPTION STATION # LOCAL CODE? X IF YES

UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
B 0201 TABENSKE, Nelson J. JR.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
30589 SARINA Ct Chesterfield MI 48051-1752

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
01131933 77 M

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

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1997 Lincoln Town Car Gold MACOMBS - Bethel None

OFFENSE CHARGE OFFENSE DESCRIPTION STATION # LOCAL CODE? X IF YES

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

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

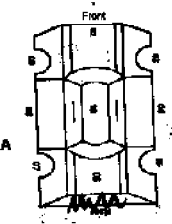
ADDRESS (STREET, CITY, STATE, ZIP CODE)

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 None Used	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 FREED BY NON-MECHANICAL MEANS	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN	5 UNKNOWN	5 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SEAT CAR)	07 Use UNKNOWN FROM-RESEATABLE					
08 THIRD - MIDDLE	08 None Used					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						

BLANK FOR WITNESS SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS 01A 02B	DAMAGE AREA 	PRE-CRASH ACTIONS 11A 01B	SEQUENCE OF EVENTS A: 20, 2, 3, 4 B: 20, 2, 3, 4	POSTED SPEED 35A 35B	DRUG TEST STATUS 1A 1B
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	MOST DAMAGED AREA 06A 02B	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 DRIVELESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WHEELCHAIR 18 PUSHER VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTAKE/FOLLOWER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CAR/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTELINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSONAL VEHICLE OR OBJECT, NOT FROD 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - BEER 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 ATTENTION/CORNER CURB 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON 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/LUMINARIES 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 04A 04B 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, OBSCURED 16 OTHER	DRUG TEST TYPE 1A 1B 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 1&2 RESULT 1A 1B 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING
TYPE OF UNIT 06A 04B 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 TRACTOR/SEMI-TRAILER 12 TRUCK TRACTOR (BORTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTIBLE ONLY 17 TRACTOR/TIMPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 DRIVER 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 WALKER 36 ANIMAL WHEELCHAIR 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT 06A 02B 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 FRONT SIDE 05 REAR FRONT 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LIGHT/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES 01A 08B MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL 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, FICKLE, CARELESS, NEGLECT OR AGGRESSIVE MANNER 14 SWERVED TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST w/ (DRWAY, ETC)) 15 FAILURE TO CONTROL 16 VEHICLE OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ALSEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DRIVING 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	FIRST HARMFUL EVENT 1A 1B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	DIRECTION FROM TO FROM TO 2A 1B 2B 1C 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHWEST 8 SOUTHWEST	TYPE OF INTERSECTION 01 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
IN EMERGENCY RESPONSE 1A 1B 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE 3 3B 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DAMAGE TO DAMAGE 5 BEYOND 6 UNKNOWN	ACTION 4 3B 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN STRUCK VEHICLE OVERTAKE / UNDERCARRIAGE 1 1B 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	VEHICLE DEFECT CODE ONLY "1" IF SELECTED ABOVE A B 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 DRAINAGE FROM PRIOR CRASH 11 OTHER DEFECTS	MOST HARMFUL EVENT 1A 1B OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	CONDITION 1A 1B 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUGS SUSPECTED 1A 1B 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HHD REY INHAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS 1A 1B 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 1A 1B 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT A B	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, CL., GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 OIL/GREASE 09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY
SUPPLEMENT # "X" IF YES LOCAL REPORT # 10-019206					

Unit #1 was heading north on SR 7 Market St. and stopped for traffic. Unit #2 was also heading north on SR 7 coming up behind #1. #2 stated that he tried to stop and his foot slipped off of the brake and then on to touch the gas #2 hit the rear of #1.

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

SCHOOL BUS RELATED
 1
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED
 1
 1 NO
 2 YES
 3 UNKNOWN

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

TYPE OF WORK ZONE

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

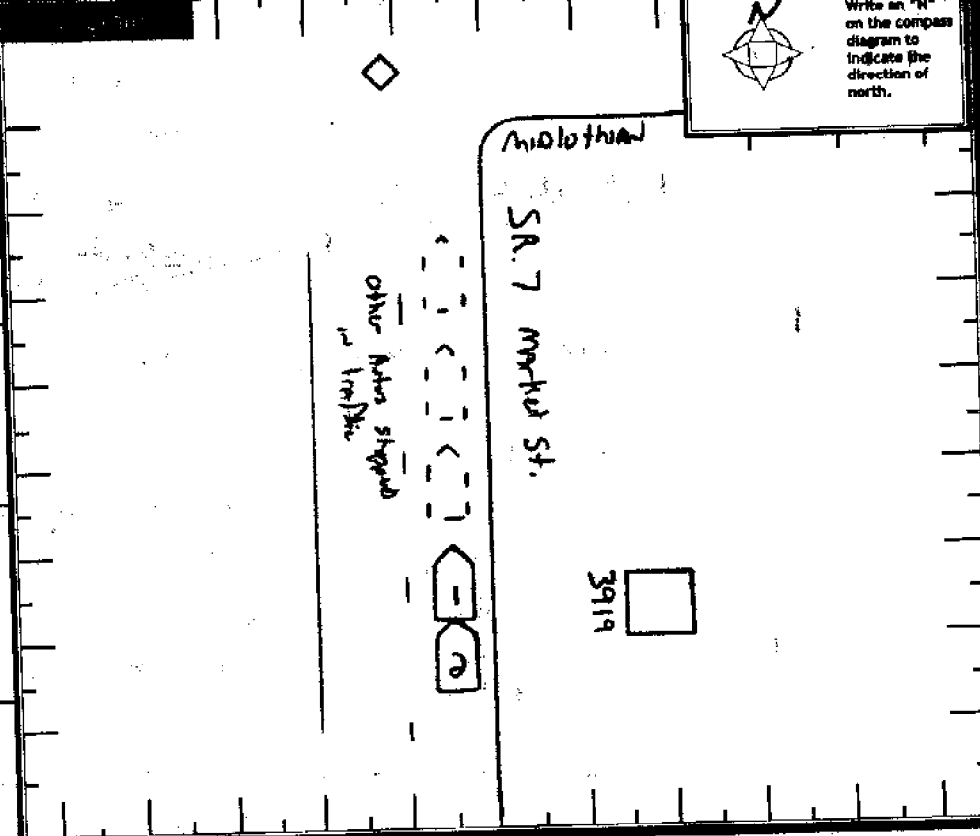
LOCATION OF CRASH IN WORK ZONE

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

LIGHT CONDITIONS
 PRIMARY 1
 SECONDARY
 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 CLARE
 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 PASSENGERS, 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 DISABLED 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 PUOC TRAILER LP ST TRAILER LP YEAR TRAILER LP # PLACARD # DA

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CUPS/DRIVE	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

DATE CRASH REPORTED: 04062010
 TIME REC CALL: 1802
 DISPATCH: 1810
 ARRIVED: 1815
 CLEARED: 1910
 OTHER: _____
 TOTAL MINUTES: 60

OFFICER'S NAME: G. Miller
 BADGE # : 1052
 CHECKED BY: BISP. GARCIA
 DATE REPORT FILED: 04072010

REPORT TAKEN BY: 1 POLICE AGENCY
 2 MOTORIST
 REPORT TAKEN AT: _____
 1 SCENE
 2 STATION
 3 OTHER

SUPPLEMENT "X" IF YES:
 LOCAL REPORT # : 10-019206