

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
10-020383

CRASH SEVERITY  
1 FATAL 3 FPD  
2 INJURY 4 UNKNOWN  
3

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1F Other  
2

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
Youngstown Police Dept

# UNITS  
02

UNIT ERROR  
99  
06 = ANIMAL  
08 = UNKNOWN

DATE OF CRASH \*  
04112010

TIME OF CRASH  
1806

DAY OF WEEK  
SUN

CITY \*  
X

VILLAGE \*  
NONE

TWP \*  
NONE

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
Youngstown

COUNTY # \*  
50

LATITUDE  
LONGITUDE

CRASH LOCATION  
W Gloravw

TYPE LOC  
1 NAMED STREET  
2 NUMBERED ROUTE  
3 NUMBERED ROUTE

REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

DRY REFERENCE \*  
WET REFERENCE \*  
Summer

REF POINT  
02

04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 MALE POST  
07 CORPORATION LIMIT  
08 PLACE NAME W/O REFERENCE  
09 DRAINAGE  
10 STREET ON ROUTE W/O REFERENCE

Motorist/Non-Motorist

**A** Unit # 01 of 01 Name (LAST, FIRST, MIDDLE) Williams, Holly ANN  
Address (STREET, CITY, STATE, ZIP CODE) 145 E. Revolution Youngstown OH10

DATE OF BIRTH 01111989 AGE 21 SEX F HOME PHONE # 330-221-2223 WORK PHONE #

DL STATE OH DL # RZ555085 LP STATE OH LP # 22NY INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY BLAMED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") Yocum Imagine Address (STREET, CITY, STATE, ZIP CODE) 1402 S. Lincoln Ave #1 Salem OH10

YEAR 2007 MAKE Ford MODEL Focus COLOR Silver INSURANCE COMPANY Progressive TOWNS SERVICE NONE OWNER PHONE #

DEFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL Conv. # X IF YES

**B** Unit # 02 of 01 Name (LAST, FIRST, MIDDLE) Erwin, Karen L.  
Address (STREET, CITY, STATE, ZIP CODE) 564 W. Gloravw Youngstown OH10 44511

DATE OF BIRTH 10191963 AGE 46 SEX F HOME PHONE # 330-788-2119 WORK PHONE #

DL STATE OH DL # RT984024 LP STATE OH LP # ES89WE INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY BLAMED TAKEN TO

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

YEAR 2001 MAKE Ford MODEL Escort COLOR Burg INSURANCE COMPANY Progressive TOWNS SERVICE NONE OWNER PHONE #

DEFENSE CHARGES OFFENSE DESCRIPTION CITATION # LOCAL Conv. # X IF YES

**C** 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 BLAMED TAKEN TO

**D** 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 BLAMED TAKEN TO

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/2ND CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAR 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 MULTIMETER	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-HEADREST 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 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
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BLANK FOR WITNESS

SUPPLEMENT \*  
X IF YES

LINE NUMBERS  
01 A 02 B

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
12 BEYOND 10 FEET OF ROADWAY
13 OUTSIDE TRAFFICWAY
14 SHAPED USE PATHS OR TRAILS
15 UNKNOWN

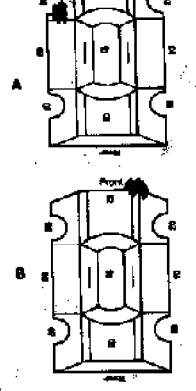
TYPE OF UNIT  
01 A 02 B

- 01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 HEAVY
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANELVAN
09 SINGLE UNIT TRUCK
10 TRUCKS, 8 TONS
11 TRUCK/TRACTOR
12 TRUCK TRACTOR (BOSTAL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRAILER
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 WALKER
36 ANIMAL WAGON
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE  
1 A 1 B

DAMAGE SCALE  
01 A 02 B

DAMAGE AREA



MOST DAMAGED AREA  
01 A 02 B

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 RIGHT 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

POINT OF IMPACT  
01 A 02 B

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 RIGHT 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  
1 A 1 B

STRUCK VEHICLE: OVERSIDE / UNDERSIDE  
1 A 1 B

PRE-CRASH ACTIONS  
01 A 04 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 BY TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 WHEELING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STRIKING
22 OTHER
23 UNKNOWN

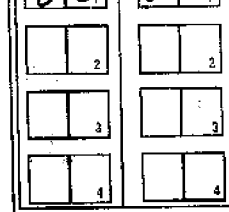
CONTRIBUTING CIRCUMSTANCES  
1 A 02 B

- 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 START FROM PARKED POSITION
11 STOPPED ON PARKING ILLEGALLY
12 OPERATING VEHICLE IN BEMUDG, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST (B ROADWAY, ETC))
14 FAILURE TO CONTROL
15 VISION OBSTRUCTION
16 DRIVER INATTENTION
17 FATIGUE/SLEEP
18 OPERATING DEFECTIVE EQUIPMENT
19 LOAD SHIFTING/FALLING/SPILLING
20 OTHER IMPROPER ACTION
21 UNKNOWN
NON-MOTORIST
22 NONE
23 IMPROPER CROSSING
24 DARTING
25 LYING AND/OR ILLEGALLY IN ROADWAY
26 FAILURE TO YIELD RIGHT OF WAY
27 NOT VISIBLE (DARK CLOTHING)
28 INATTENTIVE
29 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODES ONLY IF "19" SELECTED ABOVE  
1 A 1 B

- 01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE WEAR/BLUBBING
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PREVIOUS CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
20 A 20 B



- NON-COLLISION
01 OVERTURN/FOLLOWER
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/COUNTERLINE
11 DOWNHILL RUNAWAY
12 OTHER-NON-COLLISION
13 UNKNOWN-NON-COLLISION
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
14 PEDESTRIAN
15 PEDALCYCLIST
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/DRAIN COVERING
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 HORIZONTAL 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

FIRST HARMFUL EVENT  
1 A 1 B

MOST HARMFUL EVENT  
1 A 1 B

SPEED DETECTED  
1 A 1 B

SPEED  
05 A 05 B

POSTED SPEED  
25 A 25 B

TRAFFIC CONTROL  
01 A 02 B

- 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 CROSSES
10 CONSTRUCTION BARRICADE
11 POLICE OFFICER
12 PAYMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
16 OTHER

DIRECTION  
3 A 2 B 3 C 4 D

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

CONDITION  
1 A 1 B

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

ALCOHOL/DRUG SUSPECTED  
1 A 1 B

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBED NOT SUSPECTED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL / DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS  
1 A 1 B

- 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 A 1 B

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT  
1 A 1 B

DRUG TEST STATUS  
1 A 1 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 TYPE  
1 A 1 B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT  
1 A 1 B

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

TYPE OF INTERSECTION  
01 A

- 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 SHAPED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE  
1 A

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

ROAD CONTOUR  
1 A

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

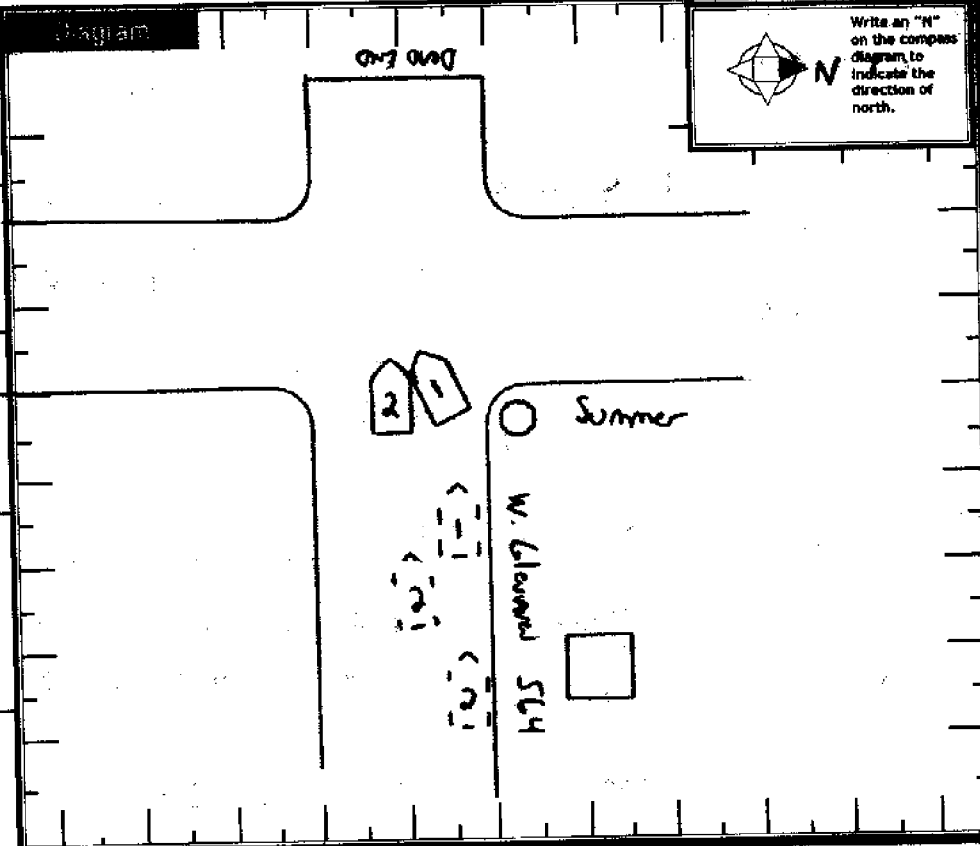
ROAD CONDITIONS  
PRIMARY SECONDARY  
01 A 01 B

- 01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OR, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS\*\*
09 PITS, HOLES, BUMPS, UNEVEN PAVEMENT\*\*
10 OTHER
11 UNKNOWN
\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT + LOCAL REPORT # 10-020383

Unit #1 was stopped on W. Glenwood at Summer. #1 and #2 both states #1 was stopped for several minutes. #2 was parked in front of 564 W. Glenwood and left toward Summer. #2 states that she waited for #1 but #1 was behind the stop sign several feet. #2 waited and when #1 did not move, #2 pulled around #1. As #2 was going around, #1 pulled out and started to turn left. #2 Pass front of bumper and #1 driver quarter/door struck each other.

<b>NUMBER 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 SIDEWIPES, SAME DIRECTION 8 SIDEWIPES, 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>WEATHER</b> <input type="checkbox"/> 02 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> PRIMARY <input type="checkbox"/> 1 SECONDARY <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 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIUM 4 INTERMITTENT MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 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 NO 2 YES 3 UNKNOWN



<b>UNIT #</b> <input type="checkbox"/> 1	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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	<b>AND</b> 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.
<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="checkbox"/>	<b>COMPANY PHONE</b> <input type="checkbox"/>	
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b> <input type="checkbox"/>		

<b>US DOT</b> <input type="checkbox"/>	<b>ICC MC</b> <input type="checkbox"/>	<b>PUCO</b> <input type="checkbox"/>	<b>TRAILER LP ST.</b> <input type="checkbox"/>	<b>TRAILER LP YEAR</b> <input type="checkbox"/>	<b>TRAILER LP #</b> <input type="checkbox"/>	<b>PLACARD #</b> <input type="checkbox"/>	<b>DA</b> <input type="checkbox"/>
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	<b>CDL Class</b> <input type="checkbox"/> 1 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

<b>DATE CRASH REPORTED</b> 04/12/2010	<b>TIME REC CALL</b> 1806	<b>DISPATCH</b> 1807	<b>ARRIVED</b> 1813	<b>CLEARED</b> 1927	<b>OTHER</b> <input type="checkbox"/>	<b>TOTAL MINUTES</b> 80
<b>OFFICER'S NAME</b> L. Miller	<b>BADGE # *</b> 1052	<b>CHECKED BY</b> MSP. GALICIA	<b>DATE REPORT FILED *</b> 04/12/2010			
<b>REPORT TAKEN BY</b> <input type="checkbox"/> 1 1 POLICE AGENCY 2 MOTORIST	<b>REPORT TAKEN AT</b> <input type="checkbox"/> 1 1 SCENE 2 STATION 3 OTHER	<b>SUPPLEMENT * # YES *</b> <input type="checkbox"/>	<b>LOCAL REPORT # *</b> 10-020383			

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-020387	REPORTING AGENCY Youngstown Police Dept	DATE OF CRASH M 4 10 11 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Holly Ann Williams (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 Ofc. G. Miller (OFFICER'S NAME) AT Summer / Glenaven (LOCATION)

I was sitting on Glenaven, stopped at the stop sign. I was sitting there for less than a minute <sup>with my turn signal on the whole time</sup> my Boy Friend Joe handed me a cigarette I light it put the lighter in my pocket looked both ways (no one was coming) and I tried to turn left and the lady hit the left Drivers tire area, jumped out the car and began screaming profanities at me.

ADDRESS OF WITNESS 145 E Midlothian Blvd Apt #9	PHONE (330) 727-1273
SIGNATURE OF WITNESS <i>Holly Ann Williams</i>	OFFICER'S SIGNATURE <i>G. Miller 1052</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-020383	REPORTING AGENCY Youngstown Police Dept	DATE OF CRASH M 4 10 11 11/10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, HOBEN ERVIN (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 AT Summer / Glenview (LOCATION)  
 OFFICER G. Miller (OFFICERS NAME)

WAS PULLING OFF FROM BEING PARKED IN FRONT OF MY HOUSE ON GLENVIEW. PULLED UP SOME IN BACK OF A GREY CAR. THE CAR WAS STILL STEATING YURE. I SINGLE PULLED AROUND STOP A SIGN TURNED TO TURNED LEFT AND SHE HIT AND BOY FRIEND IN CAR USE FOUL LANGUAGE TOWARD ME.

ADDRESS OF WITNESS 504 W Glenview	PHONE 330 788 2419
SIGNATURE OF WITNESS <i>Hoben Ervin</i>	OFFICERS SIGNATURE <i>G. Miller</i> 1072