

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-020594

CRASH SEVERITY
2
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SIGP
2
1 Not Hit/Sigp
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

NCIC # *
05009

REPORTING AGENCY *
YOUNGSTOWN POLICE

UNITS
02

UNIT ERROR
01

98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
04122010

TIME OF CRASH
1639

DAY OF WEEK
MON

CITY *
X

VILLAGE *
YOUNGSTOWN

TWP *
50

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

COUNTY # *
LATTITUDE
LONGITUDE

MARK CROSS LOCATION
GLENWOOD

TYPE LOC
1

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

POST REFERENCE
COHASSET

POST POINT
02

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

Motorist/Non-Motorist

Unit # 01 OF OCC. # OF OCC.
NAME (LAST, FIRST, MIDDLE)
BAUN, JUSTIN W.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
738 GLENPARK ROAD BOARDMAN, OHIO 44512

DATE OF BIRTH 09241981 AGE 28 SEX M HOME PHONE # (330) 378-7078 WORK PHONE # (330) 378-5452

DL STATE OH # RZ578592 LP STATE OH LP F EX64971 ISSUED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MAILED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") BAUN, MARY ADDRESS (STREET, CITY, STATE, ZIP CODE) 738 GLENPARK ROAD BOARDMAN OH 44512

YEAR 1998 MAKE CHEVROLET MODEL MONTECARLO COLOR GREEN INSURANCE COMPANY STATE FARM TOWNSHIP SERVICE OTHER PHONE # (330) 758-3510

OFFENSE CHARGES 313.01 OFFENSE DESCRIPTION DISOBEYED TRAFFIC CONTROL DEVICE CITATION # I46001 LOCAL CODE? X IF YES

Unit # 02 OF OCC. # OF OCC.
NAME (LAST, FIRST, MIDDLE)
HAIRSTON, CALVIN J.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
181 W BOARDMAN STREET APT. 505 YOUNGSTOWN, OH 44503

DATE OF BIRTH 03271944 AGE 66 SEX M HOME PHONE # (330) 746-3786

DL STATE OH # PR358261 LP STATE OH LP F DTPL6571 ISSUED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY MAILED TAKEN TO

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

YEAR 1995 MAKE MERCURY MODEL COUGAR COLOR WHITE INSURANCE COMPANY NATIONWIDE TOWNSHIP SERVICE OTHER PHONE #

OFFENSE CHARGES CITATION # LOCAL CODE? X IF YES

Unit # 01 NAME (LAST, FIRST, MIDDLE) TERRY, SCOTT HOME PHONE # (330) 500-8088 DATE OF BIRTH 07241992 AGE 17 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1227 THALIA YOUNGSTOWN, OHIO

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

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

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

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04	2	4	1	1	1 NO INJURY
02 FRONT - MIDDLE	04	2	4	1	1	2 POSSIBLE
03 FRONT - RIGHT	04	2	4	1	1	3 NON-MECHANICAL MEANS
04 SECOND - LEFT (MC PASS)	04	2	4	1	1	4 INCAPACITATING
05 SECOND - MIDDLE	04	2	4	1	1	5 FATAL INJURY
06 SECOND - RIGHT	04	2	4	1	1	6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	04	2	4	1	1	
08 THIRD - MIDDLE	04	2	4	1	1	
09 THIRD - RIGHT	04	2	4	1	1	
10 SLEEPER SECTION OF CAB	04	2	4	1	1	
11 ENCLOSED CARGO AREA	04	2	4	1	1	
12 UNENCLOSED CARGO AREA	04	2	4	1	1	
13 TRAILING UNIT	04	2	4	1	1	
14 EXTENSION	04	2	4	1	1	
15 OTHER	04	2	4	1	1	
16 OTHER	04	2	4	1	1	

SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 NONE USED	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN-ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-MECHANICAL MEANS
04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
07 MC UNKNOWN					
08 NONE USED					
09 HELMET USED					
10 PROTECTIVE PADS					
11 REFLECTIVE CLOTHING					
12 LIGHTS					
13 OTHER					
14 UNKNOWN					

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14 EXTENSION	04	2	4	1	1	
15 OTHER	04	2	4	1	1	
16 OTHER	04	2	4	1	1	

BLANK FOR WITNESS

SUPPLEMENT # X IF YES

UNIT NUMBERS

01 02

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

TYPE OF UNIT

03 03

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 REAR CENTER
06 LEFT REAR
07 LEFT SIDE
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN
01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 REAR CENTER
06 LEFT REAR
07 LEFT SIDE
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN
01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 REAR CENTER
06 LEFT REAR
07 LEFT SIDE
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

IN EMERGENCY RESPONSE

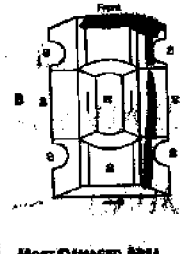
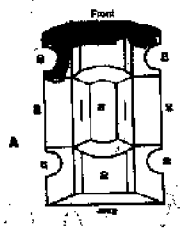
A B

DAMAGE SCALE

4 4

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

DAMAGE AREA



MOST DAMAGED AREA

06 03

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 REAR CENTER
06 LEFT REAR
07 LEFT SIDE
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

POINT OF IMPACT

01 03

- 01 NONE
02 CENTER FRONT
03 FRONT FRONT
04 FRONT SIDE
05 REAR CENTER
06 LEFT REAR
07 LEFT SIDE
08 LEFT FRONT
09 TOP AND WINDOWS
10 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

ACTION

4 3

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

STRUCKING VEHICLE: OVERSIDE/UNDERSIDE

A B

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

PRE-CRASH ACTIONS

01 01

- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANE
04 OVERTAKING/PASSING
05 TURNING RIGHT
06 TURNING LEFT
07 MAKING U-TURN
08 EXITING TRAFFIC LANE
09 LEAVING TRAFFIC LANE
10 PARKED
11 SLOWING/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
15 EXCEEDED/CHANGING IN SPECIFIED LOCATION
16 WALKING, CYCLING, JOGGING, PLAYING, RUNNING
17 UNSEEN
18 PUSHER VEHICLE
19 APPROACHING LEAVING VEHICLE
20 STOPPING/WORKING ON VEHICLE
21 STOPPING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

03 01

- 01 NONE
02 IMPROPER LIGHTS
03 RED LIGHT, OR STOP SIGN EXCEEDED SPEED LIMIT
04 EXCEEDED SPEED LIMIT
05 SWAYING
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACDA
09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING
10 IMPROPER BRACING
11 BRACING FROM FRONT, PARSSED-POSSIBLE
12 STOPPED ON PARKED ILLICITLY
13 OPERATING VEHICLE IN DYNAMIC, BEKINING, CHAIRING, SEGMENT OR, AGGRESSIVE MANNER
14 SWERING TO AVOID (DUE TO WIND, SUPPORT SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN PROXIMITY, ETC)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/PULLING
21 OTHER IMPROPER ACTION
22 UNKNOWN
23 NONE
24 IMPROPER CROSSING
25 DRIFTING
26 LANE INTRUSION ILLEGALLY IN ROADWAY
27 FAILING 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 CODES ONLY IF "1" SELECTED ABOVE

A B

- 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 PRE-CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS

20 20

2 2
3 3
4 4

- NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMPERSON
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF PARTS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RUNAWAY
12 UNKNOWN NON-COLLISION
13 UNKNOWN NON-COLLISION COLLISION IN/ BETWEEN VEHICLE OR OBJECT NOT FIRED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE
17 ANIMAL - FAUL
18 ANIMAL - DEER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORN/LOOSE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
25 COLLISION WITH FIXED OBJECT
26 IMPACT WITH STRUCTURAL COLUMN
27 BRIDGE OVERHEAD STRUCTURE
28 BRIDGE PIER ON ADJUTMENT
29 BRIDGE PARAPET
30 BRIDGE RAIL
31 GUARDRAIL FACE
32 GUARDRAIL END
33 MEDIAN BARRIER
34 ROADWAY TRAFFIC SIGN/POST
35 OVERHEAD SIGN POST
36 LIGHT/LUMINAIES SUPPORT
37 UTILITY POLE
38 OTHER POSE, POLE OR SUPPORT
39 CULVERT
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORN/LOOSE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT

A B

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

MOST HARMFUL EVENT

A B

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

SPEED DETECTED

2 2

- 1 STATED
2 ESTIMATED SPEED

SPEED

A B

35

POSTED SPEED

25 35

TRAFFIC CONTROL

02 01

- 01 NO CONTROL
02 STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC FLAGGERS
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

4 3 1 2

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

CONDITION

A B

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

ALCOHOL/DRUG SUSPECTED

A B

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

ALCOHOL TEST STATUS

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

ALCOHOL TEST TYPE

A B

- 1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

A B

A B

SUPPLEMENT * "X" IF YES

LOCAL REPORT # 10-020594

DRUG TEST STATUS

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 TYPE

A B

- 1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

A B

- 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 Y-INTERSECTION
04 T-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 FIVE-PORT, 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 SYMMETRIC GRADE
3 CURVE LEVEL
4 CURVE GRADE

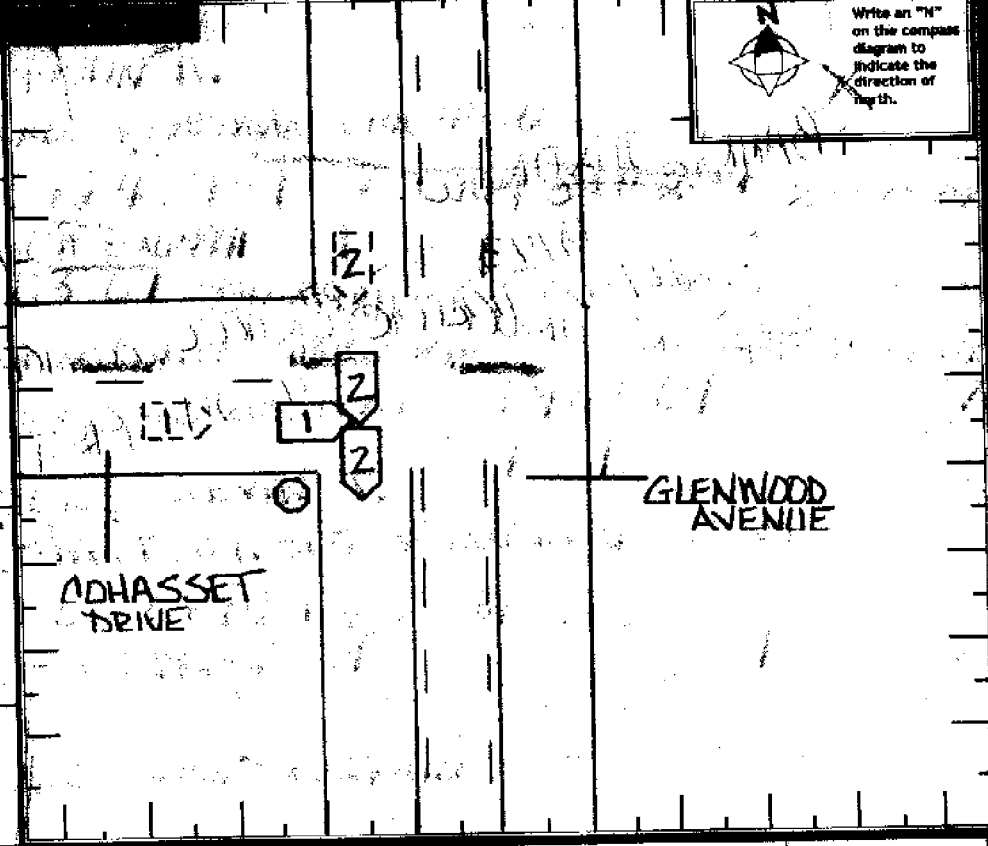
ROAD CONDITIONS

01 01

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

UNIT 1 STATED HE WAS TRAVELING EASTBOUND ON
 A MASSSET DRIVE EXPLAINING HE STOPPED AT THE STOP SIGN BUT THEN
 EDGED INTO THE INTERSECTION OF GLENWOOD AND MASSSET, UNIT 2
 TRAVELING SOUTHBOUND ON GLENWOOD STRUCK UNIT 1, WHO FAILED TO
 OBEY A TRAFFIC CONTROL DEVICE (STOP SIGN), UNIT 1 DRIVER ATTEMPTED
 TO FLEE THE VEHICLE AND SCENE BUT WAS APPREHENDED BY AN OFF
 DUTY STATE PATROLMAN.

NUMBER OF COLLISION OR IMPACT 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 HEAD-ON 3 HEAD-ON 4 REAR-TO-REAR 5 BRACKING 6 SINGLE 7 SIDEWIND, SAME DIRECTION 8 SIDEWIND, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 Y/N, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, SUBJECTS INVOLVED <input type="checkbox"/> 4 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	WEATHER 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE REVERSAL <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT MOVING WORK <input type="checkbox"/> 5 OTHER EDUCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRAFFIC AREA <input type="checkbox"/> 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Write an "N" on the compass diagram to indicate the direction of the th.
	LIGHT CONDITIONS PRIMARY SECONDARY <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIMITED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 (GLARE) <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN				



UNIT #

COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

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

US DOT	ICC MC	PUCC	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	LD#
CARGO BODY TYPE	05 POLE	09 CONCRETE/MIXER	Weight (GVWR)	CDL CLASS	Hazardous Materials Placard	Hazardous Materials Released	
01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRANT/CHASSIS/RAVEL	06 CARGO TANK 07 FLATBED 08 DUMP	10 AUTO TRANSPORTER 11 GALLON/REFUSE 12 OTHER 13 UNKNOWN	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 E 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

DATE CRASH REPORTED: 04/22/10 TIME REC CALL: 1639 DISPATCHED: 1655 ARRIVED: 1701 CLEARED: 1901 OTHER: TOTAL MINUTES: 120

OFFICER'S NAME: L. PAULO BADGE # : 11111 CHECKED BY: M. P. GARCIA DATE REPORT FILED: 04/22/10

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT Y/N: YES LOCAL REPORT # : 110-1020594



LOCAL REPORT NUMBER 10-020594	REPORTING AGENCY Youngstown PD	DATE OF CRASH 4/2/10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Calvin Hairston</u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>D Johnson / L. Pailo</u> <small>OFFICER'S NAME</small>	AT <u>Cohasset / Glenwood</u> <small>LOCATION</small>

TRAVELING South on Glenwood. Other Driver SAW The Stop Sign AT Glenwood & Cohasset, Driver hit me from The front AND Pushed my CAR

Calvin Hairston
131 E. Boardman ST
APT. 505
Youngstown Ohio

(Written By Vicki Morn)

ADDRESS OF WITNESS 131 E Boardman ST APT. 505	Youngstown Ohio	PHONE 330 746 3286
SIGNATURE OF WITNESS X Calvin J. Hairston	OFFICER'S SIGNATURE X Off. D. Johnson #1104	