

# TRAFFIC CRASH REPORT



LOCAL REPORT #  
10-022077

CRASH SEVERITY  
3  
1 FATAL 3 POB  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P OTHER  
X

NOTICE #  
05009

REPORTING AGENCY #  
Kingstown PD

# UNITS  
02

UNIT ERROR  
01  
00 = ANIMAL  
01 = UNKNOWN

DATE OF CRASH #  
04192010

TIME OF CRASH  
1346

DAY OF WEEK  
MON

CITY \* VILLAGE \* TWP \*  
Kingstown

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

COUNTY # \*  
50

LATITUDE

LONGITUDE

CRASH LOCATION  
W Federal

TYPE LOC TYPE LOC  
1

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

REF POINT  
15th

REF POINT  
02  
Fifth

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

04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 SIDE POLE  
07 CORPORATION LIMIT  
08 PLGS MARK W/O REFERENCE  
09 DIVERSITY  
10 STREET OR ROUTE W/O REFERENCE

Unit # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 01 01 Morgan, Billie S

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
7438 Beech Court #4 Kingstown, Oh 44152

DATE OF BIRTH SEX CITATION # LOCAL CODE? X IF YES  
03031983 27 F 6109120372

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
OH R097429 OH E668341 1

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Mrs 7438 Beech Court #4 Kingstown, Oh 44152

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2000 Honda Accord Silver Progressive

Unit # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 02 01 Cassie, Sandra

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
528 Wilkinson Ave Kingstown, Oh 44153

DATE OF BIRTH SEX CITATION # LOCAL CODE? X IF YES  
06291984 25 F 3308910059

DL STATE DL # LP STATE LP # INSURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
OH SJ902634 OH ETN2729 1

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
Mrs 528 Wilkinson Ave Kingstown, Oh 44153

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1998 Ford Focus Blue

Unit # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C

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

Unit # # OF OCC. NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
D

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

SEATING POSITION  
01 FRONT - LEFT (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 SEATED SECONDS OR CAR  
11 ENCLOSED CABIN AREA  
12 UNSEATED SEATED AREA  
13 TRANSPORTED  
14 EQUIPMENT  
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 PASSENGER USED  
07 Use UNKNOWN  
08 None-Shoulder  
09 None Used  
10 HELMET USED  
11 PROTECTIVE PACH  
12 REFLECTIVE CLOTHING  
13 LIGHTING  
14 OTHER  
15 UNKNOWN

AIR BAG  
1 NOT-DEPLOYED  
2 Deployed-Partial  
3 Deployed-Both  
4 Deployed-Both  
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 FATAL INJURY  
5 UNKNOWN

BLANK FOR WRITERS

SUPPLEMENT \*  
X IF YES

Motorist/Non-Motorist

Occupant

UNIT NUMBERS  
01A 02B

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 ON TRAILS
- 15 UNKNOWN

TYPE OF UNIT  
03A 02B

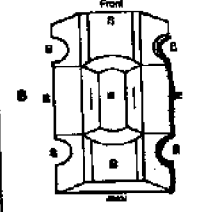
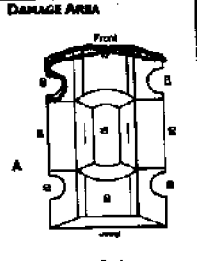
- MOTORIST**
- 01 SUB-COMPACT
  - 02 COMPACT
  - 03 MID SIZE
  - 04 FULL SIZE
  - 05 MINIVAN
  - 06 SPORT UTILITY VEHICLE
  - 07 PICKUP
  - 08 PANEL/VAN
  - 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
  - 10 SINGLE UNIT TRUCK; 3+ AXLES
  - 11 TRUCK/TRAILER
  - 12 TRUCK TRACTOR (BORTAL)
  - 13 TRACTOR/SEMI-TRAILER
  - 14 TRACTOR/DOUBLE SHORT
  - 15 TRACTOR/DOUBLE LONG
  - 16 FIFTH WHEEL OR CONVENTION DOLLY
  - 17 TRACTOR/WRAPPER
  - 18 MOTORCYCLE
  - 19 MOTORCYCLED BI-CYCLE
  - 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 TRAILER
  - 30 FARM VEHICLE
  - 31 FARM EQUIPMENT
  - 32 SNOWMOBILE
  - 33 CONSTRUCTION EQUIPMENT
  - 34 ALL OTHERS
- NON-MOTORIST**
- 35 ANIMAL W/DRIVER
  - 36 ANIMAL W/DRIVER
  - 37 BICYCLE
  - 38 PEDESTRIAN
  - 39 PEDESTRIAN
  - 40 SKATER
  - 41 OTHER-NON MOTORIST
  - 42 UNKNOWN

IN EMERGENCY RESPONSE  
1A 1B

1 NO  
2 YES  
3 UNKNOWN

DAMAGE SCALE  
2A 2B

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



MOST DAMAGED AREA  
09A 04B

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT 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  
09A 04B

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT 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  
3A 4B

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

STRIKING VEHICLE: OVERLAP / UNDERLAP  
A B

- 1 NO UNDERLAP OR OVERLAP
- 2 UNDERLAP, COMPARTMENT INTRUSION
- 3 UNDERLAP, NO COMPARTMENT INTRUSION
- 4 UNDERLAP, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERLAP, DRIVER VEHICLE IN TRAFFICWAY
- 6 OVERLAP, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS  
01A 01B

- 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 STRUCK
  - 22 OTHER
  - 23 UNKNOWN

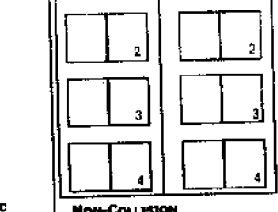
CONTRIBUTING CIRCUMSTANCES  
09A 01B

- 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/WCDA
  - 09 IMPROPER LANE CHANGE/ DRIVE OFF ROAD/ IMPROPER PASSING
  - 10 IMPROPER BACKUP
  - 11 IMPROPER START FROM PARKED POSITION
  - 12 STOPPED ON PARKED ILLEGALLY
  - 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, RECKLESS ON AGGRESSIVE MANNER
  - 14 STEERING TO AVOID (DUE TO WIND, SLIPPERY SURFACE VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
  - 15 FAILURE TO CONTROL
  - 16 VEHICLE OBSTRUCTION
  - 17 DRIVER INATTENTION
  - 18 FATIGUE/ALCOHOL
  - 19 OPERATING DEFECTIVE EQUIPMENT
  - 20 LOAD SHIFTING/FALLING/ROLLING
  - 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 WEARING (BANK 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 '13' SELECTED ABOVE

- 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 PRECRASH CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS  
20A 20B



- NON-COLLISION**
- 01 CHEST/ROOF/OVER
  - 02 PINE/EXPLOSION
  - 03 HARBORER
  - 04 JACKKNIFE
  - 05 CARGO/EQUIPMENT LOAD(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
  - 14 COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT EXIST
  - 15 PEDESTRIAN
  - 16 PEDALCYCLE
  - 17 RAILWAY VEHICLE
  - 18 ANIMAL - FARM
  - 19 ANIMAL - OTHER
  - 20 OTHER - 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 ATTEMPTOR/CHAIN CURB/STAKE
  - 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 CURB/POST
  - 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  
1A 1B

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

MOST HARMFUL EVENT  
1A 1B

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

SPEED DETECTED  
1A 1B

1 STATED  
2 ESTIMATED SPEED

SPEED  
1A 1B

1 STATED  
2 ESTIMATED SPEED

SPEED  
1A 1B

1 STATED  
2 ESTIMATED SPEED

POSTED SPEED  
25A 25B

TRAFFIC CONTROL  
01A 01B

- 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 PAYMENT BARRIERS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION FROM TO  
3A 3B 4A 4B

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

CONDITION  
1A 1B

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

ALCOHOL/DRUG SUSPECTED  
1A 1B

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - MIED NOT IMPAIRED
- 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  
1A 1B

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

DRUG 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

DRUG TEST TYPE  
1A 1B

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

DRUG TEST 1&2 RESULT  
1A 1B

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

TYPE OF INTERSECTION  
02

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDOUT
- 06 FIVE-POINT, ON MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS ON 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  
PRIMARY SECONDARY  
01 01

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

\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT # 'X' IF YES LOCAL REPORT # 10-022077

Unit #1 was traveling N.E. on W. Fossil and unit #2 was behind Unit #1. Unit #1 and Unit #2 got to the point where it opens to both lanes when the two units collided.

Both drivers claimed the other is at fault.

A video camera has crash which was working into evidence. Two independent witnesses gave witness statements and both stated opposite cars at fault.

Dis P. GARCIA reviewed tape and unit #1 made an improper lane change.

<b>MANNER OF COLLISION OR IMPACT</b> <input checked="" type="checkbox"/> 7 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	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	<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, SMOG 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CLOUDS 08 BLOWING SAND, SOIL, DRY SNOW 09 OTHER 10 UNKNOWN	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
<b>LEGHT 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 SHIFTS/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 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	

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

DATE CRASH REPORTED: 04/19/2010

TIME REC CALL: 1346

DISPATCH: 1347

ARRIVED: 1347

CLEARED: 1530

OTHER:

TOTAL MINUTES: 103

OFFICER'S NAME: D. Vitello

BADGE #: 1036

CHECKED BY: DIS P. GARCIA

DATE REPORT FILED: 04202010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 SCENE 2 STATION

SUPPLEMENT \* in Yes \*

LOCAL REPORT # \* 10-022077



LOCAL REPORT NUMBER 10-022077	REPORTING AGENCY Youngstown PD	DATE OF CRASH MOY   DAY   YRS
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Carlene Morris</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>B. H. H.</u> OFFICER'S NAME	AT <u>FEDERAL STREET WRTA</u> LOCATION

Carlene Morris was behind silver Honda accord who turned left and hit blue ford blue ford had her turn signal on to turn left and the silver accord turned left right into blue ford

ADDRESS OF WITNESS	PHONE 743-9795
SIGNATURE OF WITNESS <u>Carlene Morris</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER <i>10-022077</i>	REPORTING AGENCY <i>Youngstown Police Dept</i>	DATE OF CRASH <i>MOY   DP   10</i>
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

*I, Linda Benedict,* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*D. White* AT *W. Federal at FFH*  
OFFICER'S NAME LOCATION

*The Silver car was waiting to go in turning lane  
 Blue car came up along side & cut Silver  
 car off. then lady in Blue car got out  
 & was cussing lady in silver car.  
 It was blue car's fault.*

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS <i>Linda Benedict (724) 570-3400</i>	OFFICER'S SIGNATURE <i>D. White</i>



LOCAL REPORT NUMBER <i>10-02207</i>	REPORTING AGENCY <i>Youngstown PD</i>	DATE OF CRASH MOY   DPP   Y 03
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

*I. Colette Morgan*  
PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

OFFICER'S NAME

AT *Federal Street in front of WKTA*  
LOCATION

*I was driving up Federal Street while looking for a parking spot. I was getting ready to get into the turning lane so that I could turn onto Mahoning. There was a blue car behind me who the driver was irritated because I was driving slowly decided to try to get in front of me but there was not enough room to get by so she side swiped the left side of my car. My fender then fell off and there is little to no damage to her car.*

ADDRESS OF WITNESS

PHONE

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X

*[Signature]*



LOCAL REPORT NUMBER 10-022077	REPORTING AGENCY Kingsstown PD	DATE OF CRASH MOY   D   Y10
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Sandi Cassile PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
S. V. White OFFICER'S NAME AT W. Federal and Fifth LOCATION

I was driving up Federal Plaza toward the light on Fifth ave. Behind her. I was going into the left lane & she was going straight. I was about to make a left hand turn when she cut over from the other lane and side swiped my car. She had no signal on which way she was turning. Her car already had damage on the same side so her front end fell off since it was already loose.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X Sandi Cassile	OFFICER'S SIGNATURE X S. V. White