

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
10-022344

CRASH SEVERITY  
3 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/SKIP  
1 Not Hit/Sp 2 SOLID 3 UNSOLVED

PHOTOS TAKEN  
X IF YES

OH-2 OH-3 OH-1P Other  
X

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

REPORTING AGENCY \*  
Youngstown PD

# UNITS  
02

UNIT ERROR  
88 = ANNUAL 99 = UNKNOWN  
02

DATE OF CRASH \*  
04202010

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY # \* LATITUDE LONGITUDE  
1535 Tue X Youngstown 50

WHERE CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED  
Tippicanoe 1 1 NAMED STREET 3 NUMBERED ROUTE

LEFT REFERENCE (L/R) REFERENCE REF POINT REFERENCE POINT USED  
25 S Canfield RD 02 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 DRIVEWAY 07 CORPORATION LIMIT 08 MILE POST 09 STREET ON ROUTE W/O REFERENCE 10

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
A 01 01 WILLIAMS, ELAINE F

Address (STREET, CITY, STATE, ZIP CODE)  
3948 NASSAU CT Youngstown, Ohio

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
10301951 58 F 792-4825

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
OH RF959064 OH EWL9239 1

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2007 Honda Accord Gray Travelers Harvey's Same

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)  
B 02 01 RUESS, NADINE

Address (STREET, CITY, STATE, ZIP CODE)  
1708 LANCASTER DR. Youngstown, Ohio 44511

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
04231938 71 F 799-4049

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO  
OH RM977497 OH EC55CE 1

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2003 Dodge Dakota BLK State Farm Boardman Same

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES  
331.17 White Turning Left, FTY I46253

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

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

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

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED 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/3RD CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRUNK 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 NONE-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER	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 EXTORTED 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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SUPPLEMENT #  
X IF YES

Motorist/Non-Motorist

Occupant

WRECK 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 SHOULDER
09 ISLAND
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 A 07 B

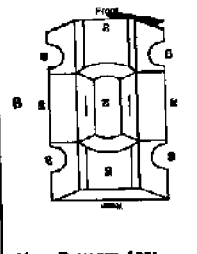
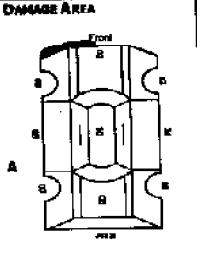
- MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK
10 TRUCK/TRAILER
11 TRUCK TRACTOR (BORTAL)
12 TRACTOR/SEMI-TRAILER
13 TRACTOR/DOUBLE SHORT
14 TRACTOR/DOUBLE LONG
15 FIFTH WHEEL OR CONVERTER DOLLY
16 TRACTOR/TRIPLE
17 MOTORCYCLE
18 MOTORIZED BICYCLE
19 SCHOOL BUS
20 CHURCH BUS
21 PUBLIC BUS
22 OTHER BUS
23 POLICE VEHICLE
24 FIRE TRUCK
25 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 W/DRIVER
36 ANIMAL W/NO DRIVER
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE  
1 A 1 B

- 1 NO
2 YES
3 UNKNOWN

DAMAGE SCALE  
4 A 3 B

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



MOST DAMAGED AREA  
09 A 03 B

- 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  
09 A 03 B

- 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  
4 A 3 B

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

STRIKING VEHICLE: OVERSIDE/ UNDERSLIDE  
1 A 1 B

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

PRE-CRASH ACTIONS  
01 A 06 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 IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN

- NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RIKING, JOGGING, PLAYING, CYCLING
17 WORKING
18 PUSHER VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES  
01 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 BACKING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED ON PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, RECKLESS 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 STARTING
26 LYING AROUND ILLEGALLY IN ROADWAY
27 FAILURE TO YIELD RIGHT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 INATTENTION
30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
31 WRONG SIDE OF THE ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '1B' SELECTED ABOVE  
A B

- 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 PRIOR CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
201 201

SEQUENCE OF EVENTS  
2 2

SEQUENCE OF EVENTS  
3 3

SEQUENCE OF EVENTS  
4 4

- 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/CENTERLINE
11 DOWNHILL RAMPWAY
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 - OTHER
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/LUMINAIRE SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CURB
39 DITCH
40 EMBANKMENT
41 FENCE
42 MAILBOX
43 TREE
44 OTHER FIXED OBJECT
45 WORK ZONE MAINTENANCE EQUIPMENT
46 UNKNOWN FIXED OBJECT
47 OTHER
48 UNKNOWN

FIRST HARMFUL EVENT  
1 A 1 B

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

MOST HARMFUL EVENT  
1 A 1 B

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

SPEED DETECTED  
A B

- 1 STATED
2 ESTIMATED SPEED

SPEED  
A B

POSTED SPEED  
35 A 35 B

TRAFFIC CONTROL  
01 A 01 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 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

DIRECTION FROM TO FROM TO  
21 A 13 B

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

CONDITION  
1 A 1 B

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

ALCOHOL/DRUGS SUSPECTED  
1 A 1 B

- 1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - DRUGS 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  
A B

ALCOHOL TEST RESULT  
A 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  
10

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

ROAD CONDITIONS  
PRIMARY SECONDARY  
01

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

ROAD CONDITIONS  
PRIMARY SECONDARY  
01

\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT + 'X' IF YES LOCAL REPORT # 2  
10-022344

Unit #1 was traveling North on Tipp. when unit #2  
 Turned left in front of her causing unit #2 to hit unit #1

<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 SIDEWIP, SAME DIRECTION 8 SIDEWIP, 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>Work Zone Related</b> <input type="checkbox"/> 1 1 NO 2 YES 3 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		
							<b>WEATHER</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DROPLETS) 06 SNOW 07 SEVERE CROSSWIND 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN
							<b>LIGHT CONDITIONS</b> PRIMARY <input type="checkbox"/> 1 <input type="checkbox"/> 2 SECONDARY <input type="checkbox"/> 3 <input type="checkbox"/> 4 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIMITED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN

A THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (OR TRUCK VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (OR TRUCK VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER

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 DAMAGING 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 #	DL																									
CARGO BODY TYPE	01 NOT APPLICABLE	02 BUS (8-15 INCLUDING DRIVER)	03 VAN/ENCLOSED BOX	04 GRAY/CHASSIS/GRABEL	05 POLE	06 CARGO TANK	07 FLATBED	08 DUMP	09 CONCRETE MIXER	10 AUTO TRANSPORTER	11 GARMBAGE/REFUSE	12 OTHER	13 UNKNOWN	Weight (GVWR)	1 LESS/EQUAL 10,000	2 10,001 - 26,000	3 MORE THAN 26,000	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

DATE CRASH REPORTED: 04/20/2010  
 TIME REC CALL: 1535  
 DISPATCH: 1539  
 ARRIVED: 1545  
 CLEARED: 1715  
 OTHER: \_\_\_\_\_  
 TOTAL MINUTES: 90

OFFICER'S NAME: J. Kevin Bobuech  
 BADGE # : 1007  
 CHECKED BY: [Signature]  
 DATE REPORT FILED: 04/20/2010

REPORT TAKEN BY: 1 POLICE AGENCY  
 REPORT TAKEN AT: 1 SCENE  
 SUPPLEMENT: \* (X) if Yes  
 LOCAL REPORT # : 10-022344

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-022344	REPORTING AGENCY YPD	DATE OF CRASH M 4 10 20 11/10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Nadine Ruess (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Kevin Bokesch (OFFICERS NAME) AT Tippicanoe (LOCATION) (scene)

I was going south ~~on~~ waiting to make a left turn into Rite Aide from the turning lane. I car going north stopped and waved for me to go ahead and turn, I proceeded to turn + the car was coming from the North in inside lane. 330 799 4049

ADDRESS OF WITNESS 1708 Lancaster	PHONE 799 4049
SIGNATURE OF WITNESS Nadine Ruess	OFFICERS SIGNATURE <i>[Signature]</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 10-022344	REPORTING AGENCY YPD	DATE OF CRASH M 4 10 20 11 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Elaine Williams HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)  
Kevin Bokesch AT Scene  
(OFFICERS NAME) (LOCATION)

I was traveling North on Tippacanoe in the right lane. The truck was traveling south on Tippacanoe and made a left hand turn after another driver waved her on and crashed into the front fender of my vehicle

3948 Nassau Ct  
 Youngstown, Oh 44511  
 330-792-4825

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS <u>Elaine J. Williams</u>	OFFICERS SIGNATURE <u>[Signature]</u>