

TRAFFIC CRASH REPORT



LOCAL REPORT #
10-022825

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
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
01 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH #
04222010

TIME OF CRASH
1614

DAY OF WEEK
THU

CITY* VILLAGE* TWP*
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) #
Youngstown

COUNTY # *
50

LATITUDE LONGITUDE

CRASH LOCATION
Market

TYPE LOC
1 NAMED STREET
2 NUMBERED ROUTE
3 NUMBERED STREET

LANE REFERENCE LANE
1231

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

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE NAME W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
A 01 03 Sparks, Sharon A

ADDRESS (STREET, CITY, STATE, ZIP CODE)
405 Pfall St Youngstown Oh 44507

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
07211961 48 F 3302777626

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED 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 #
2007 Pontiac G6 White Nationwide

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

UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)
B 02 01 Wilson, Philbert M JR

ADDRESS (STREET, CITY, STATE, ZIP CODE)
124 N Mulberry St New Castle PA 16101

DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
09241979 30 M 3478670077

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

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
Sally, Patricia 1006 E Marquette Chicago IL 60637

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2000 Ford Focus Red Northwest

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

Occupant

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
C 01 Marino, Paul 3302777626 12251981 28 F

ADDRESS (STREET, CITY, STATE, ZIP CODE)
405 Pfall St Youngstown, Oh 44507

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

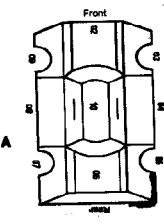
UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
D 01 Hisek, Mark 3302777626 01241967 43 M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
405 Pfall St Youngstown, Oh 44507

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

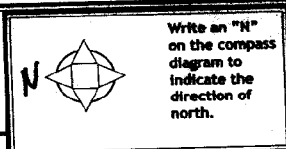
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 A	1 A	1 A	1 A	1 A	1 NO INJURY
02 FRONT - MIDDLE	04 B	1 B	2 B	2 B	2 B	2 POSSIBLE
03 FRONT - RIGHT	04 C	1 C	3 C	3 C	3 C	3 NON-INCAPACITATING MEANS
04 SECOND - LEFT (MC PASS)	04 D	1 D	4 D	4 D	4 D	4 INCAPACITATING MEANS
05 SECOND - MIDDLE	04 E	1 E	5 E	5 E	5 E	5 FATAL INJURY
06 SECOND - RIGHT	04 F	1 F	6 F	6 F	6 F	6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	04 G	1 G	1 G	1 G	1 G	
08 THIRD - MIDDLE	04 H	1 H	1 H	1 H	1 H	
09 THIRD - RIGHT	04 I	1 I	1 I	1 I	1 I	
10 SLEEPER SECTION OF CAB	04 J	1 J	1 J	1 J	1 J	
11 ENCLOSED CARGO AREA	04 K	1 K	1 K	1 K	1 K	
12 UNENCLOSED CARGO AREA	04 L	1 L	1 L	1 L	1 L	
13 TRAILING UNIT	04 M	1 M	1 M	1 M	1 M	
14 EXTERIOR	04 N	1 N	1 N	1 N	1 N	
15 OTHER	04 O	1 O	1 O	1 O	1 O	

BLANK FOR MINUTE SUPPLEMENT * X IF YES

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="02"/> <input type="text" value="11"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	A	B	20	20	2	2	3	3	4	4	POSTED SPEED <input type="text" value="01"/> <input type="text" value="01"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
20	20														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/>	Most Damaged Area <input type="text" value="05"/> <input type="text" value="08"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="17"/> <input type="text" value="01"/>	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 RANWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE OR OBJECT NOT FICED 14 PEDESTRIAN 15 PEDALCYCLE 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/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 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 <input type="text" value="01"/> <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="03"/> <input type="text" value="03"/>	POINT OF IMPACT <input type="text" value="05"/> <input type="text" value="08"/>	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 OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT 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 DARTING 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	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 RANWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE OR OBJECT NOT FICED 14 PEDESTRIAN 15 PEDALCYCLE 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/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 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 <input type="text" value="01"/> <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>										
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 CONVERTER DOLLY 17 TRACTOR/IMPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FINE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	First Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>										
IN EMERGENCY RESPONSE <input type="text" value="1"/> <input type="text" value="1"/>	ACTION <input type="text" value="3"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Most Harmful Event <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	Occurrence <input type="text" value="6"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	STRIKING VEHICLE: OVERRIDE / UNDERIDE <input type="text" value=""/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Speed Detected <input type="text" value=""/> <input type="text" value=""/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	Road Contour <input type="text" value="1"/>										
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH	1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value=""/> <input type="text" value=""/>	1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL / DRUGS SUSPECTED 6 UNKNOWN	1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN										
1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	1 NONE 2 MARJUANA 3 COCAINE 4 OPiates 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/>	1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN										
SUPPLEMENT * "X" IF YES	LOCAL REPORT # *	10-022825													

Narrative

Unit #1 was backing from the gas pump at 1231 Markel St when it struck Unit #2. Driver of Unit #1 said she did not see Unit #2. There was minimal damage. Because driver of Unit #2 claimed insurance, a report on private property was done.



MANNER OF COLLISION OR IMPACT

5

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKING
- ANGLE
- SIDESWIPE, SAME DIRECTION
- SIDESWIPE, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT/ MOVING WORK
- OTHER

LOCATION OF CRASH IN WORK ZONE

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

WORKERS PRESENT

- NO
- YES
- UNKNOWN

WEATHER

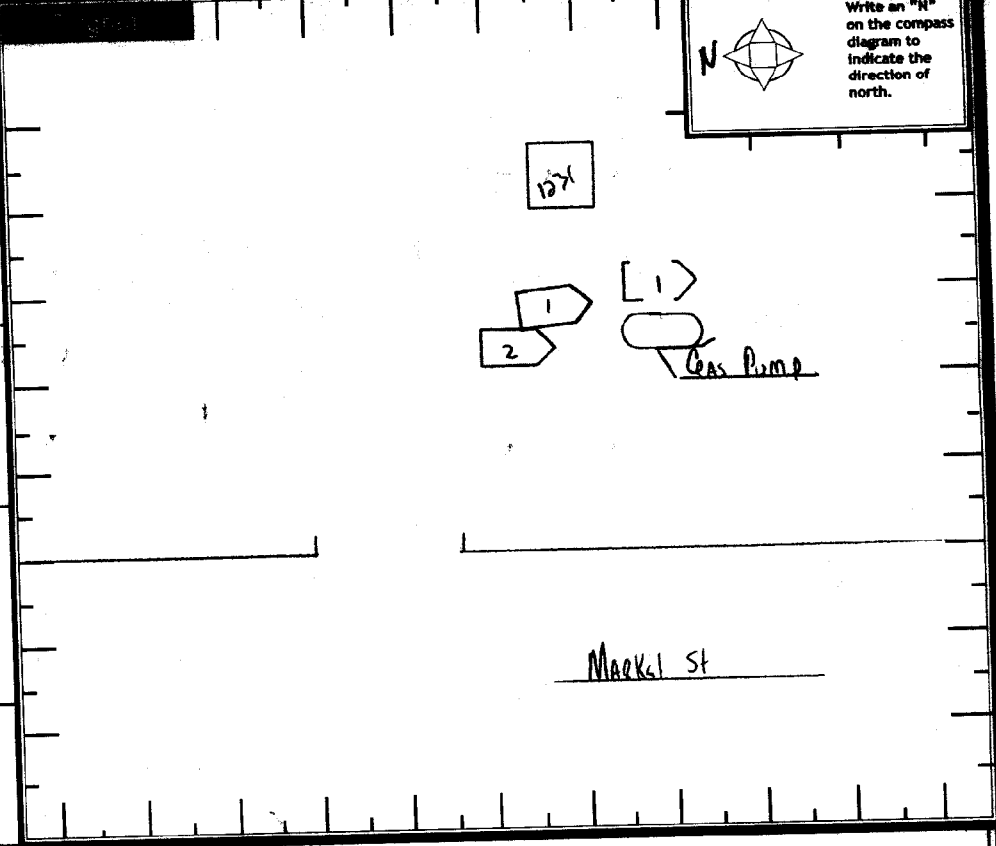
01

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- GLEET, HAIL (FREEZING RAIN DRIZZLE)
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

PRIMARY: 1
SECONDARY:

- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROADWAY
- DARK - NOT LIGHTED
- DARK - UNKNOWN LIGHTING
- GLARE
- OTHER
- 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.

A

N

D

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.

COMPANY PHONE: _____

COMPANY (FROM SHIPPING PAPERS): _____

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

US DOT: _____ ICC MC: _____ PUCO: _____ TRAILER LP ST: _____ TRAILER LP YEAR: _____ TRAILER LP #: _____ PLACARD #: _____ DIA: _____

CARGO BODY TYPE	<input type="checkbox"/> 01 NOT APPLICABLE	<input type="checkbox"/> 05 POLE	<input type="checkbox"/> 09 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released				
	<input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)	<input type="checkbox"/> 06 CARGO TANK	<input type="checkbox"/> 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	<input type="checkbox"/> 07 FLATBED	<input type="checkbox"/> 11 GARBAGE/REFUSE					<input type="checkbox"/> 2 10,001 - 28,000	<input type="checkbox"/> 2 CLASS B	<input type="checkbox"/> 2 YES	<input type="checkbox"/> 2 YES
	<input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL	<input type="checkbox"/> 08 DUMP	<input type="checkbox"/> 12 OTHER					<input type="checkbox"/> 3 MORE THAN 28,000	<input type="checkbox"/> 3 CLASS C	<input type="checkbox"/> 3 UNKNOWN	<input type="checkbox"/> 3 NOT APPLICABLE
		<input type="checkbox"/> 13 UNKNOWN			<input type="checkbox"/> 4 CLASS M		<input type="checkbox"/> 4 UNKNOWN				
					<input type="checkbox"/> 5 CLASS D						

Police Action

DATE CRASH REPORTED: 04222010 TIME REC CALL: 1614 DISPATCH: 1614 ARRIVED: 1630 CLEARED: 1730 OTHER: _____ TOTAL MINUTES: 76

OFFICER'S NAME: L. Vitello BADGE #: 1036 CHECKED BY: D.P. GAROAR DATE REPORT FILED #: 04222010

REPORT TAKEN BY: 1 1 POLICE AGENCY 2 STATION REPORT TAKEN AT: 1 1 SCENE 2 STATION SUPPLEMENT "X" IF YES: _____ LOCAL REPORT #: 10-022825



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <u>10-022825</u>	REPORTING AGENCY <u>Youngstown PD</u>	DATE OF CRASH April 24 2010 M D Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Philbert Wilson HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

S. Wilson AT Myrtle and Market St
OFFICER'S NAME LOCATION

I pulled into the gas station, stopped and waited for this pontiac G6 to pull out. I was at a complete stop when the car (pontiac) G6 ran into my driver side door. Even before the pontiac hit me I blew the horn because she was backing out to pass. When she hit me I felt pains in my left foot because my foot was resting on the left side of the door. I then got out and asked her if she didn't hear my horn. I examined my car and noticed scratched paint. I then asked for her license and insurance copied her information and then asked her not to leave because I was calling the police.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>[Signature]</u>



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <i>10-022825</i>	REPORTING AGENCY <i>Youngstown PD</i>	DATE OF CRASH <i>MO4 D22 Y10</i>
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I, *Sharon A. Blackwell* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

S. Vitello AT *1231 Market*
OFFICER'S NAME LOCATION

I was backing up out and he was pulling in on my blind side. I did not hear a horn beep or did anyone in the car.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS <i>X Sharon A. Blackwell</i>	OFFICER'S SIGNATURE <i>X S. Vitello</i>