

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-023608

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
2

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-17 OTHER

N.C.I.C. # *
05009

REPORTING AGENCY *
YOUNGSTOWN P.D.

UNITS
02

UNIT ERROR
02

DATE OF CRASH *
04252010

TIME OF CRASH
2344

DAY OF WEEK
SUN

CITY *
X

VILLAGE *
TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
YOUNGSTOWN

COUNTY # *
50

LATITUDE
LONGITUDE

CRASH LOCATION
SHERIDAN
LYNN

TYPE LOC
1 NAMED STREET
2 NUMBERED ROUTE
02

REFERENCE POINT USED
04 HOUSE NUMBER
05 FORWARD BOUNDARY
06 MILE POST
07 CORPORATION LIMIT
08 PLACE WHERE WHO TRANSPORTED
09 DRIVER'S
10 STREET OR ROUTE WHO REFERENCE

A UNIT # 1 OF OCC. NAME (LAST, FIRST, MIDDLE)
0101 KESSLER, MARY A.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
8008 EVERETT AVE YOUNGSTOWN OHIO 44154

DL STATE OH DL # RD300787 LP STATE OH LP # EW5-1782 ISSUED TAKEN BY 2 TRANSPORTED BY RURAL METRO INJURED TAKEN TO ST ELIZABETHS
OWNER NAME (IF SAME, WRITE "SAME")
"SAME"
ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2009 MAKE PONTIAC MODEL G6 COLOR SILVER INSURANCE COMPANY AAA TOWING SERVICE BOARDMAN OWNER PHONE # 330-782-4686

B UNIT # 2 OF OCC. NAME (LAST, FIRST, MIDDLE)
0201 HALL, DAVID M.
ADDRESS (STREET, CITY, STATE, ZIP CODE)
4703 SOUTHERN BLVD BOARDMAN OHIO 44112

DL STATE OH DL # RP333457 LP STATE OH LP # DX6-9070 ISSUED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO
OWNER NAME (IF SAME, WRITE "SAME")
"SAME"
ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2002 MAKE OLDS MODEL ALERO COLOR RED INSURANCE COMPANY ALLSTATE TOWING SERVICE OWNER PHONE # 330-755-7057

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 INJURED 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 INJURED TAKEN TO

01 FRONT - LEFT (MC DRIVER)	04	01 NOT DEPLOYED	1	01 NOT EMERGED	1	01 NOT TRAPPED	1	1 NO INJURY
02 FRONT - MIDDLE		02 DEPLOYED-FRONT	2	02 TOTALLY EMERGED	2	02 EXHAUSTED BY MECHANICAL	2	2 POSSIBLE
03 FRONT - RIGHT		03 DEPLOYED-SIDE	3	03 PARTIALLY EMERGED	3	03 FINED BY MECHANICAL	3	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)		04 DEPLOYED-BOTH FRONT/REAR	4	04 NOT APPLICABLE	4	04 UNKNOWN	4	4 INCAPACITATING
05 SECOND - MIDDLE		05 NOT APPLICABLE	5	05 UNKNOWN	5		5	5 FATAL INJURY
06 SECOND - RIGHT		06 UNKNOWN	6				6	6 UNKNOWN
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)								
08 THIRD - MIDDLE								
09 THIRD - RIGHT								
10 BLEACHER SECTION OF CAR								
11 ENCLOSED CARGO AREA								
12 UNENCLOSED CARGO AREA								
13 TRAILER UNIT								
14 EXTENSION								
15 OTHER								

BLANK FOR SUPPLEMENT # X IF YES

Motorist/Non-Motorist
Occupant

UNIT NUMBERS <input type="text" value="01"/> <input type="text" value="02"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01A"/> <input type="text" value="01B"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td>20</td><td>20</td></tr> <tr><td>B</td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td></tr> <tr><td>F</td><td></td><td></td></tr> <tr><td>G</td><td></td><td></td></tr> <tr><td>H</td><td></td><td></td></tr> <tr><td>I</td><td></td><td></td></tr> <tr><td>J</td><td></td><td></td></tr> <tr><td>K</td><td></td><td></td></tr> <tr><td>L</td><td></td><td></td></tr> <tr><td>M</td><td></td><td></td></tr> <tr><td>N</td><td></td><td></td></tr> <tr><td>O</td><td></td><td></td></tr> <tr><td>P</td><td></td><td></td></tr> <tr><td>Q</td><td></td><td></td></tr> <tr><td>R</td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td></tr> <tr><td>T</td><td></td><td></td></tr> <tr><td>U</td><td></td><td></td></tr> <tr><td>V</td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>Y</td><td></td><td></td></tr> <tr><td>Z</td><td></td><td></td></tr> </table>	A	20	20	B			C			D			E			F			G			H			I			J			K			L			M			N			O			P			Q			R			S			T			U			V			W			X			Y			Z			POSTED SPEED <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST STATUS <input type="text" value="A"/> <input type="text" value="B"/>
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NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="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, PUSHING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHERS VEHICLE 19 APPROACHING/SAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value="02"/>	TRAFFIC CONTROL 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLAMERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCK 08 RAILROAD FLAMERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAYMENT MARKINGS 13 CROSSWALK LINES 14 WALK/BIKE WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTURED 16 OTHER	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN																																																																														
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACROSS 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	MOST DAMAGED AREA <input type="text" value="07"/> <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01A"/> <input type="text" value="03"/>	NON-COLLISION 01 OVERTURN/OVERLOVER 02 FIRE/EXPLOSION 03 IMBROSION 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 DONOR/EL RUNAWAY 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 - DIER 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 CURB/ROW 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/UNLIT SIGN SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB/VERT 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	<input type="text" value="12"/> <input type="text" value="02"/>	DRUG TEST TYPE <input type="text" value="1A"/> <input type="text" value="1B"/>																																																																														
TYPE OF UNIT <input type="text" value="03"/> <input type="text" value="03"/>	POINT OF IMPACT <input type="text" value="07A"/> <input type="text" value="02"/>	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/ DRIVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON PARKED ILLICITLY 13 OPERATING VEHICLE IN IMBROATIC, RECKLESS, CARELESS, PRESUMPT ON AGGRESSIVE MANNER 14 SWERING 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/ALSEUP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTS/FALLING/SPELLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLICITLY 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	DIRECTION FROM TO FROM TO <input type="text" value="21"/> <input type="text" value="43"/>	DRUG TEST I & 2 - REPORT <input type="text" value="1"/> <input type="text" value="2"/>																																																																															
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 TRACTOR/TRAILER 12 TRUCK TRACTOR (BOSTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL ON CONVENTIONAL DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 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 BICYCLES 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL - WILDLIFE 36 ANIMAL - WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	CONDITION <input type="text" value="1A"/> <input type="text" value="1B"/>	TYPE OF INTERSECTION <input type="text" value="02"/>																																																																															
IN EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERLAP/ UNDERLAP <input type="text" value="1A"/> <input type="text" value="1B"/>	SPEED DETECTED <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL / DRUG SUSPECTED <input type="text" value="1A"/> <input type="text" value="1B"/>	OCCURRENCE <input type="text" value="1"/>																																																																															
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="2"/>	SPEED <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST STATUS <input type="text" value="1A"/> <input type="text" value="1B"/>	ALCOHOL TEST TYPE <input type="text" value="1A"/> <input type="text" value="1B"/>	ROAD CONTOUR <input type="text" value="1"/>																																																																															
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DAMAGING DAMAGE 05 SEVERE 06 UNKNOWN	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST TYPE <input type="text" value="1A"/> <input type="text" value="1B"/>	ALCOHOL TEST TYPE <input type="text" value="1A"/> <input type="text" value="1B"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value=""/>																																																																															
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LOCAL REPORT # *

UNIT #1 WAS N. BOUND ON SHERIDIAN. UNIT #2 WAS E. BOUND ON LYNN. UNIT #2 FAILED TO YIELD AT STOP SIGN AND STRUCK UNIT #1.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 6 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLES 7 SIDEWIDE, SAME DIRECTION 8 SIDEWIDE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN			Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input checked="" type="checkbox"/> 04 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLES) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFTS/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT MOVING WORK 5 OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

UNIT # <input type="checkbox"/> <input type="checkbox"/>	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.	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 (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	PLACARD # <input type="text"/>	ID# <input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAB/CHAMP/GRABBLE <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 20,000 <input type="checkbox"/> 3 MORE THAN 20,000	CDL Class <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

DATE CRASH REPORTED <input type="text"/> 04 <input type="text"/> 25 <input type="text"/> 20 <input type="text"/> 10	TIME REC CALL <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 4	DISPATCH <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 8	ARRIVED <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 5 <input type="text"/> 5	CLEARED <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 4 <input type="text"/> 0	OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL MINUTES <input type="text"/> 6 <input type="text"/> 2
OFFICER'S NAME # <input type="text"/> R. DIMAIOLO	BADGE # <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 4 <input type="text"/> 3	CHECKED BY <input type="text"/> DIS P. GARCIA	DATE REPORT FILED # <input type="text"/> 0 <input type="text"/> 4 <input type="text"/> 2 <input type="text"/> 6 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0			
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input checked="" type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT * IF YES * <input type="checkbox"/>	LOCAL REPORT # <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> - <input type="text"/> 0 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 6 <input type="text"/> 0 <input type="text"/> 8			