

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-024849

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X YES

HIT/SKIP
1 Not Hit/Skip
2 SOLID
3 UNBOLVED

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OH-1R

N.C.I.C.# *
05009

REPORTING AGENCY *
40UNGS TOWN PD 02

UNITS
99

DATE OF CRASH *
04282010

TIME OF CRASH: 1245 DAY OF WEEK: WED CITY: X VILLAGE: TWP: NAME (OF CITY, VILLAGE OR TOWNSHIP): * 40UNGS TOWN COUNTY # * 50

TYPE LOC: BELMONT AVE TYPE LOCATION POINT USES: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET
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 WHO REFERENCE 09 DAYWAY 10 STREET ON ROUTE WHO REFERENCE

A UNIT # 01 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) YOUNG, Nicholas A
ADDRESS (STREET, CITY, STATE, ZIP CODE) 7001 ARROW CAMPBELL RD, ELLESWORTH, OHIO 44416
DATE OF BIRTH: 01231980 AGE: 34 SEX: M HOME PHONE: 330-533-6364
INJURED TAKEN BY: 2 EMS 3 POLICE TRANSPORTED BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN INJURED TAKEN TO:
OWNER NAME (IF SAME, WRITE "SAME"): YOUNG, THERESA ADDRESS (STREET, CITY, STATE, ZIP CODE): SAME
YEAR: 2010 MAKE: CHEVY MODEL: CAVALIER (GREEN) MOTORIST: Mutual TOWING SERVICE: NONE OFFENSE CHARGED: OFFENSE DESCRIPTION: LOCAL CODE: X IF YES

B UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) WIGFALL, Samuel
ADDRESS (STREET, CITY, STATE, ZIP CODE) 707 PARK AVE, #302, 40UNGS TOWN, OHIO 44510
DATE OF BIRTH: 070181932 AGE: 17 SEX: M HOME PHONE: 330-746-2712
INJURED TAKEN BY: 2 EMS 3 POLICE TRANSPORTED BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN INJURED TAKEN TO:
OWNER NAME (IF SAME, WRITE "SAME"): SAME ADDRESS (STREET, CITY, STATE, ZIP CODE): SAME
YEAR: 1997 MAKE: OLDS MODEL: EightyEight Silver HARTFORD TOWING SERVICE: NONE OFFENSE CHARGED: OFFENSE DESCRIPTION: LOCAL CODE: X IF YES

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 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 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/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING 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-RESEMBLES 09 None Used 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN
AIR BAG: 1 NOT-DEPLOYED 2 DEPLOYED-PARTIAL 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 EXTRICATED BY MECHANICAL MEANS 3 FIXED BY NON-MECHANICAL MEANS 4 UNKNOWN
INJURIES: 1 NO INJURY 2 POSSIBLY NON-INCAPACITATING 3 INCAPACITATING 4 FATAL INJURY 5 UNKNOWN
SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

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 LANE PATHS OR TRAILS
- 15 UNKNOWN

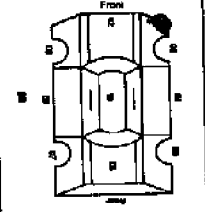
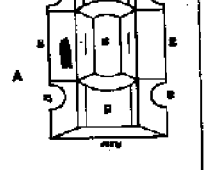
TYPE OF UNIT
03 03

- 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 SINGLE UNIT TRUCK; 3+ AXLES
 - 11 TRUCK/TRAILER
 - 12 TRUCK TRACTOR (BOSTAL)
 - 13 TRUCK/SEMI-TRAILER
 - 14 TRACTOR/DOUBLE SHOOT
 - 15 TRACTOR/DOUBLE LONG
 - 16 FIFTH WHEEL OR CONVERTER 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 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 NO
2 YES
3 UNKNOWN

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

DAMAGE AREA
Front
A B C D E



MOST DAMAGED AREA
08 03

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT 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
08 03

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT 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 3
1 NON-CONTACT
2 NON-COLLISION
3 STANDING
4 STRUCK
5 BOTH STANDING AND STRUCK
6 UNKNOWN

STRUCK VEHICLE OVERSIDE / UNDERSIDE
1 1
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

- 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 PUNING VEHICLE
 - 19 APPROACHING/LEAVING VEHICLE
 - 20 PLAYING/WORKING ON VEHICLE
 - 21 STANDING
 - 22 OTHER
 - 23 UNKNOWN

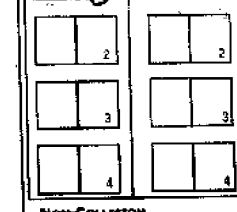
CONTRIBUTING CIRCUMSTANCES
02 02

- 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
 - 10 IMPROPER BACKING
 - 11 IMPROPER START FROM PARKED POSITION
 - 12 STOPPED OR PARKED ILLEGALLY
 - 13 OPERATING VEHICLE IN ERRATIC, RICKLE, CARELESS, NEGLECT OR 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/SLEEP
 - 19 OPERATING DEFECTIVE EQUIPMENT
 - 20 LOAD SHIFTS/FALLING/SPILLING
 - 21 OTHER IMPROPER ACTION
 - 22 UNKNOWN
- NON-MOTORIST**
 - 23 NONE
 - 24 IMPROPER CROSSING
 - 25 BAITING
 - 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

VEHICLE DEFECT CODES ONLY IF '19' 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 PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS
A B
2 0 2 0



- NON-COLLISION**
 - 01 OVERTAKE/FOLLOWER
 - 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 DOWNHILL 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 - 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
 - 25 COLLISION WITH FIXED OBJECT
 - 26 BRIDGE OVERHEAD STRUCTURE
 - 27 BRIDGE PIER ON ADJUTMENT
 - 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

FIRST HARMFUL EVENT
1 1

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

MOST HARMFUL EVENT
1 1

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

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT
A B

ALCOHOL TEST RESULT
A B

SUPPLEMENT *
X IF YES
LOCAL REPORT # *
10-024849

POSTED SPEED
25 35

TRAFFIC CONTROL
A 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

DERECTION FROM TO FROM TO
3 4 2 1

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

CONDITION
1 1

- 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 / DRUG SUSPECTED
1 1

- 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
1 1

- 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 1

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

ALCOHOL TEST RESULT
A B

ALCOHOL TEST RESULT
A B

DRUG TEST STATUS
1 1

- 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 1

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

DRUG TEST 1&2 RESULT
1 1

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 AMPHETAMINES
- 5 AMPHETAMINES
- 6 POP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION
03

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDOUT
- 06 FIVE-POINT, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-LANE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE
1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GNE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR
1

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS
PRIMARY SECONDARY
05 05

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

**SECONDARY ROAD CONDITIONS ONLY

Unit #1 stated that he was on the Westbound Service Rd and stopped for the red light at Belmont when the light changed to green he moved forward into the intersection when he was struck by Unit #2. Unit #2 stated he was northbound on Belmont changed lanes from the left west into the intersection as the light was starting to change and struck Unit #1 who was westbound on the Service Rd.

NUMBER OF COLLISION OR IMPACT
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKING
 6 ANGLE
 7 SIDESWIP, SAME DIRECTION
 8 SIDESWIP, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED
 1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED
 1 NO
 2 YES
 3 UNKNOWN

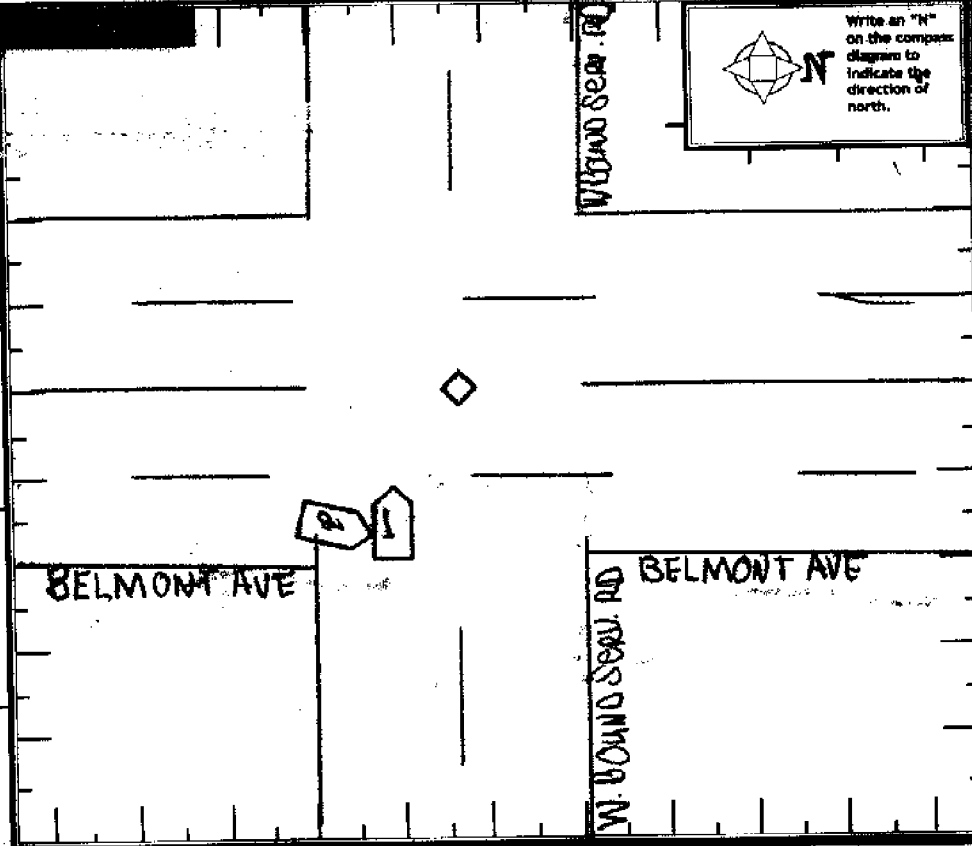
TYPE OF WORK ZONE
 1 LANE CLOSURE
 2 LANE SHIFTS/CROSSOVER
 3 WORK ON SHOULDER OR MESH
 4 INTERMITTENTLY MOVING WORK
 5 OTHER

LOCATION OF CRASH IN WORK ZONE
 1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT
 1 NO
 2 YES
 3 UNKNOWN

WEATHER
 01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, BRACK
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS
PRIMARY 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 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 8 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 DRAGGING DAMAGE OR REQUIRED INTERVISING 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 #	P. ACARD #	EDA
CARGO BODY TYPE	01 NOT APPLICABLE 02 BUS (9-16 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAY/CORP/GRASS	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	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

Police Action

DATE CRASH REPORTED: 04282010 TIME REC CALL: 1257 DISPATCH: 1317 ARRIVED: 1326 CLEARED: 1430 OTHER: TOTAL MINUTES: 73

Officer's Name: J. ROUNDS BADGE # : 677 CHECKED BY: Blackburn DATE REPORT FILED: 07292010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER SUPPLEMENT "X" = Yes LOCAL REPORT # : HO-024249



LOCAL REPORT NUMBER 10-024249	REPORTING AGENCY Youngstown P.D.	DATE OF CRASH M 4 D 28 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **Nick Young** PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
J. ROUNDS OFFICER'S NAME AT **Belmont WB Service Rd** LOCATION

I was sitting at the westbound light to enter the 422 freeway. The light turned green and the car to my right proceeded to go, so I did as well. At this point I looked left and saw a car coming at me and then I was struck on my driver's side door.

After this, the gentleman that hit me and I pulled into the food mart on the corner to call and wait for the police.

ADDRESS OF WITNESS 16901 Akron Canfield Rd. Ellsworth, OH 44416	PHONE (330) 717-0770
SIGNATURE OF WITNESS X [Signature]	OFFICER'S SIGNATURE [Signature]



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I, <u>SAMUEL WIGFALL</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>J ROUNDS</u> OFFICER'S NAME	AT <u>Belmont & WB Service</u> LOCATION

Come up Belmont pull around on car and
hit a car

ADDRESS OF WITNESS 767 Park Ave Youngstown Ohio 44510	PHONE 330-746-2702
SIGNATURE OF WITNESS X Samuel Wigfall	OFFICER'S SIGNATURE X J Rounds