OH-1 (Rev. 10/06)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report # *	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
07-069092	3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)	'X' if Yes	1 Not Hit/Skip, 2 Solved, 3 Unsolved	'X' if Yes	X			

N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *
05009	Youngstown Police	01	01 (90 = Animal, 99 = Unknown)	09 14 2007

Time of Crash	Day of Week	City *	Village *	TWP *	Name (of City, Village or Township) *	County # *	Latitude	Longitude
2340	FRI	X			Youngstown	50		

Crash Occurred On: Prefix / Crash Location: Poland Ave — Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information:

Any Reference: Dist Reference / DR / Prefix / Reference: 2100 Poland Ave — Ref Point: 04

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

A — Motorist/Non-Motorist

Unit #: 01 — # of Occ.:

Name (Last, First, Middle): MACOVITZ, DANIEL A.

Address (Street, City, State, Zip Code): 148 Elm STREET STRUTHERS OHIO 44471

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	03151971	36	M	3303983842	

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
OH	KU274670	OH	BFV5017	1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)		

Owner Name (if same, write "Same"): MACOVITZ, DANIEL A

Address (Street, City, State, Zip Code): 148 ELM STREET STRUTHERS OHIO 44471

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1988	FORD	Mustang	Blue	None	Lutts	Unknown

Offense Charged	Offense Description	Citation #	Local Code? 'X' if Yes
331.34	FAIL TO MAINT CONTROL	I43703	X

B — Occupant

Unit #: — # of Occ.:

Name (Last, First, Middle):

Address (Street, City, State, Zip Code):

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
				(1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)		

Owner Name (if same, write "Same"):

Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #

Offense Charged	Offense Description	Citation #	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, 2 EMS, 3 Police, 4 Other, 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, 2 EMS, 3 Police, 4 Other, 5 Unknown): — Transported By: — Injured Taken To:

Seating Position (01 A, B, C, D — Blank for Witness)
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 Car
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist

Safety Equipment (07 A, B, C, D)
Motorist: 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
Non-Motorist: 08 None Used; 09 Helmet Used; 10 Protective Pads; 11 Reflective Clothing; 12 Lighting; 13 Other; 14 Unknown

Air Bag (5 A, B, C, D)
1 Not Deployed; 2 Deployed-Front; 3 Deployed-Side; 4 Deployed Both Front/Side; 5 Not Applicable; 6 Unknown

Air Bag Switch (1 A, B, C, D)
1 Not Present; 2 In On Position; 3 In Off Position; 4 Unknown

Ejection (1 A, B, C, D)
1 Not Ejected; 2 Totally Ejected; 3 Partially Ejected; 4 Not Applicable; 5 Unknown

Trapped (1 A, B, C, D)
1 Not Trapped; 2 Extricated By Mechanical Means; 3 Freed By Non-Mechanical Means; 4 Unknown

Injuries (A, B, C, D)
1 No Injury; 2 Possible; 3 Non-Incapacitating; 4 Incapacitating; 5 Fatal Injury; 6 Unknown

Supplement * 'X' if Yes

Unit Numbers

A: 01 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 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 Or Trails
15 Unknown

Type Of Unit

A: 04 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; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
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 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other Non Motorist
42 Unknown

In Emergency Response

A: 1 B:

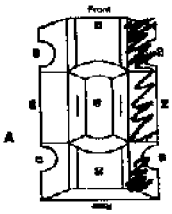
1 No
2 Yes
3 Unknown

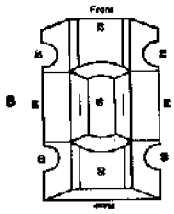
Damage Scale

A: 4 B:

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

A: 04 B:

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

A: 04 B:

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

A: 3 B:

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override / Underride

A: 1 B:

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 01 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, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

A: 15 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 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

Vehicle Defect

Code Only If '29' 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
39 (1)	(1)
42 (2)	(2)
(3)	(3)
(4)	(4)

Non-Collision
01 Overturn/Rollover
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 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

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/Luminaires 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

A: 1 B:

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 2 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

A: B:

Traffic Control

A: 01 B:

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 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
4	3		

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

A: 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 / Drug Suspected

A: B:

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: 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

A: B:

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A:

B:

Drug Test Status

A: 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

A: B:

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A: 1 2 B: 1 2

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown At Time Of Reporting

Type of Intersection

01

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 Or Trails
13 Unknown

Occurrence

2

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

3

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Condition(s)

Primary: 02 Secondary:

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

* Secondary Road Conditions Only

Supplement * 'X' If Yes

Local Report # *: 07-069092

Narrative

UNIT #1 WAS EB ON POLAND AVE IN the 2100 Block and Lost Control Striking A FENCE. THE FENCE Belongs to Allied Construction of 2100 Poland Ave Youngstown, ohio 44507.

Manner of Collision or Impact

1

1 Not Collision Between Two Vehicles in Transport
2 Rear-end
3 Head-on
4 Rear-to-rear
5 Backing
6 Angle
7 Sideswipe, same direction
8 Sideswipe, opposite direction
9 Unknown

Weather

04

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
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: 4 Secondary:

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related

1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related

1

1 No
2 Yes
3 Unknown

Type of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

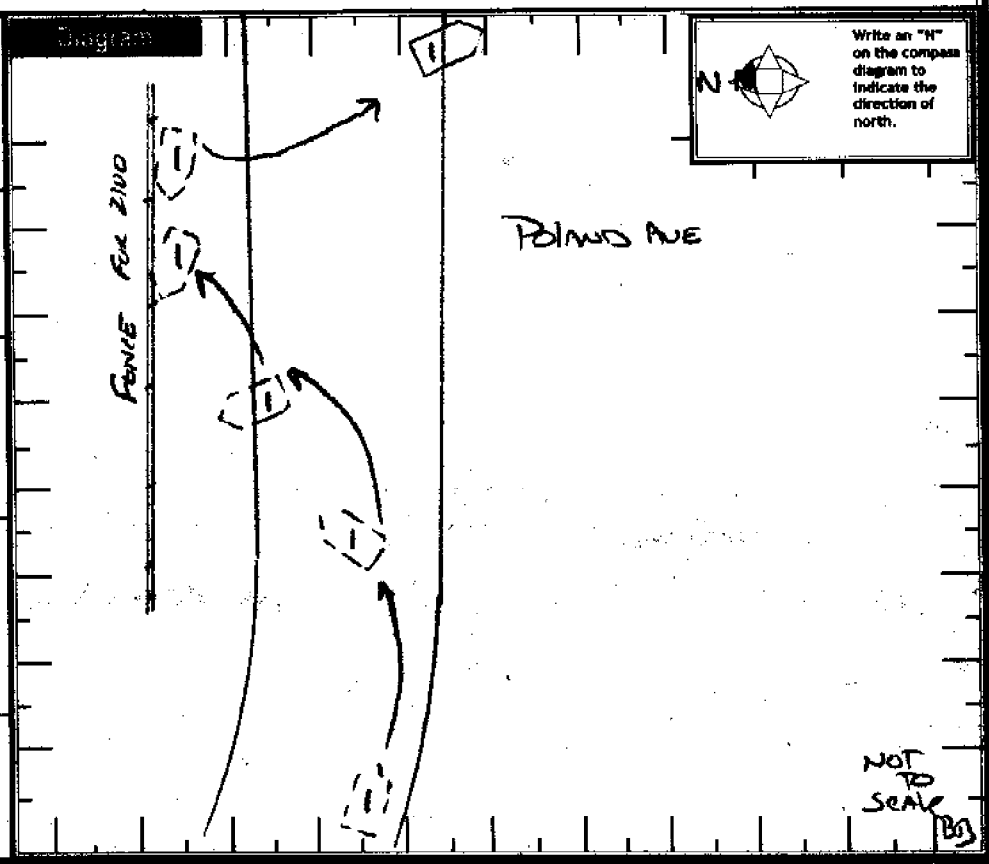
Location Of Crash in Work Zone

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

Diagram



Unit #

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.

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 # | # Dia.

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/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

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
09152007	0001	0003	0016	0116	30	90

Officer's Name *	Badge # *	Checked By	Date Report Filed *
Booksing	1037	DS P.GARCAR	10042007

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station

Supplement "X" if Yes *

Local Report # * 07-069092

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 07-069092	REPORTING AGENCY Youngstown Police	DATE OF CRASH M 9 D 15 Y 07
IN COUNTY OF Mahoning	CRASH LOCATION 2100 Poland Ave	

CAR 304 Booking sve to the 2100 Block of Poland Ave Ref. to An Accident. Upon Arrival Officer noticed A Blue 1988 Ford Mustang (Ohio Plates BFV-5017) with Passenger side damage and A Black Ford Ranger pick-up sitting Along side of the Road. This officer spoke to A female First. She was IDED As Toni Macovitz of 148 Elm Street Struthers ohio 44471 ([redacted]) (, DOB 02-17-71), who stated she was driving the Pickup and Pulling the Ford Mustang with A chain. When Asked who was in the Mustang she stated No one. She was Asked what the Mustang had hit and she stated she did not know, and walked Away from this officer. This officer then spoke to the Male IDED As Daniel A Macovitz of 148 Elm street Struthers, ohio 44471 ([redacted], DOB 03-15-71, OLN RU274670). He stated the female was driving and lost control because of the wet Roads and bad tires on the Mustang. He went on to say that women cant handle a car like that on wet Roads.

The female was placed in the Rear of Car 304 for further investigation, as this officer spoke to both people they became more uncooperative and verbally Abusive towards this officer. The female stated she would not talk to police without her Lawyer Present.

A tow truck was Called to the scene and the Auto was towed to by Ludt hold for ATU, until one of the two Admitted to driving the Auto. They both blamed the other for driving. The two Auto's Came back to the Male.

The female was wearing Pajamas and had bare feet. Upon this officer doing An inventory of the Auto Another officer had

OFFICER'S SIGNATURE | BADGE NUMBER

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-069092	REPORTING AGENCY Youngstown Police	DATE OF CRASH M 9 D 15 Y 07
IN COUNTY OF Mahoning	CRASH LOCATION 2100 Poland Ave	

to be called to the scene for the aggressive behavior shown by the male subject towards this officer. Struthers police arrived on scene and stated that the male will fight police.

Just as this officer was about to release the female she was heard screaming and sweaning on the phone to another female about her husband (the male). After the phone call she told this officer that her estranged husband was the driver and that she drove the pick-up to the scene to assist him and thats why she was in PJ's. She was released and drove away in the pick-up truck that she stated was hers. However she would not fill out any paperwork. The male walked home from the scene. Neither one would give a phone number. 330 398 3842

There was very little damage to the fence of 2100 Poland Ave.

9/17/07 Macovitz came into AIU to get a release for his vehicle. Macovitz maintains his wife / Toni was operating the vehicle when it hit the fence and he was pulling the car with the truck. Unable to i.d. a driver - car released.

9/19 Contacted by Allied — they advised they have a tape of crash.

9/20/07 Officer Santangelo picked up security tapes.

10/03/07 After ph. contact with Allied & working with Pick Kane able to view DVD

OFFICER'S SIGNATURE | BADGE NUMBER

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 07-069092	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 9 D 15 Y 07
IN COUNTY OF MAHONING	CRASH LOCATION 2100 Poland Ave.	

The security tape i.d. Macovitz as the operator of the mustang. Macovitz can be seen crashing into the fence the making numerous attempts to get the vehicle back on the road.
The tape also shows Macovitz, Toni arriving and assisting to move the vehicle.

10/4 Citation issued to Macovitz for the crash.

- Charges may be levied against the wife (Toni) for lying @ the crash scene once the officer is contacted with.

OFFICER'S SIGNATURE x D. Richard Duncan

BADGE NUMBER 1013