

TRAFFIC CRASH REPORT



09-065077

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY HIT/SKIP
1 NOT HIT/SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER

05009

REPORTING AGENCY *
YOUNGSTOWN POLICE

02 02

98 = ANIMAL
99 = UNKNOWN

09252009

1431

DAY OF WEEK

FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

YOUNGSTOWN

LATITUDE

LONGITUDE

50

CRASH OCCURRED ON

PREFIX CRASH LOCATION

MIDLANTIAN BLV

TYPE LOC

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

AT

SOUTHERN BLV

REF POINT
02

REFERENCE POINT USED

01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE

05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

0101

NAME (LAST, FIRST, MIDDLE)

WHITACKER, TRACI L

ADDRESS (STREET, CITY, STATE, ZIP CODE)

194 CREEK ST SOUTHERS, OH 44471

HOME PHONE #

WORK PHONE #

07091972 37 F

3307552835

DL STATE DL #

OH RS229188

LP STATE LP #

OH FLH7697

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2006

MAKE

MAZDA

MODEL

6

COLOR

RED

INSURANCE COMPANY

GRANGE

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

0201

NAME (LAST, FIRST, MIDDLE)

RULLI, MICHAEL A

ADDRESS (STREET, CITY, STATE, ZIP CODE)

235 HILL ST LEBTONIA, OH 44431

HOME PHONE #

WORK PHONE #

03111969 40 M

3307190132

DL STATE DL #

OH RQ279341

LP STATE LP #

OH EKC1214

INJURED TAKEN BY

1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

2008

MAKE

CHEV

MODEL

TAHOE

COLOR

BLK

INSURANCE COMPANY

1ST PLACE

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

TRANSPORTED BY

INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

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) 07
02 FRONT - MIDDLE
03 FRONT - RIGHT
04 SECOND - LEFT (MC PASS)
05 SECOND - MIDDLE
06 SECOND - RIGHT 07
07 THIRD - LEFT
(MC PASSENGER/SIDE CAR)

SAFETY EQUIPMENT

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

1 NOT-DEPLOYED
2 DEPLOYED-FRONT 4
3 DEPLOYED-SIDE
4 DEPLOYED BOTH
FRONT/SIDE
5 NOT APPLICABLE 4
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 1
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED

1 NOT TRAPPED
2 EXTRICATED BY
MECHANICAL 1
MEANS
3 FREED BY
NON-MECHANICAL 1
MEANS
4 UNKNOWN

INJURIES

1 NO INJURY
2 POSSIBLE
3 NON-
INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR WITNESS

Motorist/Non-Motorist

Occupant

Narrative

UNIT 1 WAS SLOWING IN TRAFFIC WEST BOUND ON MIDLOTHIAN BLVD. UNIT 2 WAS TRAVELING BEHIND UNIT 1 ON MIDLOTHIAN BLVD. UNIT 2 REAR-ENDED UNIT 1.

DRAWN NOT TO SCALE

<p>MANNER OF COLLISION OR IMPACT</p> <p>2</p> <p>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</p>	<p>SCHOOL BUS RELATED</p> <p>1</p> <p>1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN</p>	<p>Diagram</p>
<p>WEATHER</p> <p>01</p> <p>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</p>	<p>WORK ZONE RELATED</p> <p>1</p> <p>1 NO 2 YES 3 UNKNOWN</p>	
<p>LIGHT CONDITIONS</p> <p>1</p> <p>1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN</p>	<p>TYPE OF WORK ZONE</p> <p>1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER</p> <p>LOCATION OF CRASH IN WORK ZONE</p> <p>1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA</p> <p>WORKERS PRESENT</p> <p>1 NO 2 YES 3 UNKNOWN</p>	

<p>Truck/Bus</p>	<p>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.</p>	<p>A N D</p> <p>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.</p> <p>COMPANY (FROM SHIPPING PAPERS) _____</p> <p>COMPANY PHONE _____</p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE) _____</p>
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US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	
<p>CARGO BODY TYPE</p> <p>01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAIN/CHIPS/GRAVEL</p>	<p>05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP</p>	<p>09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN</p>	<p>Weight (GVWR)</p> <p>1 LESS/EQUAL 10,000 2 10,001 - 25,000 3 MORE THAN 25,000</p>	<p>CDL Class</p> <p>1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D</p>	<p>Hazardous Materials Placard</p> <p>1 NO 2 YES 3 UNKNOWN</p>	<p>Hazardous Materials Released</p> <p>1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN</p>

Police Action

09252009 1431 1444 1450 1530 46

DISPATCH ARRIVED CLEARED OTHER

OFFICER'S NAME * CARTER / ROWLEY

CHECKED BY TOSP. GARCIA

DATE REPORT FILED * 09262009

REPORT TAKEN BY 1 POLICE AGENCY

REPORT TAKEN AT 1 SCENE 2 STATION

09-065077

Narrative

MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED

1 NOT COLLISION BETWEEN TRIC 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

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

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

WORK ZONE 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 SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT/ MOVING WORK
 5 OTHER

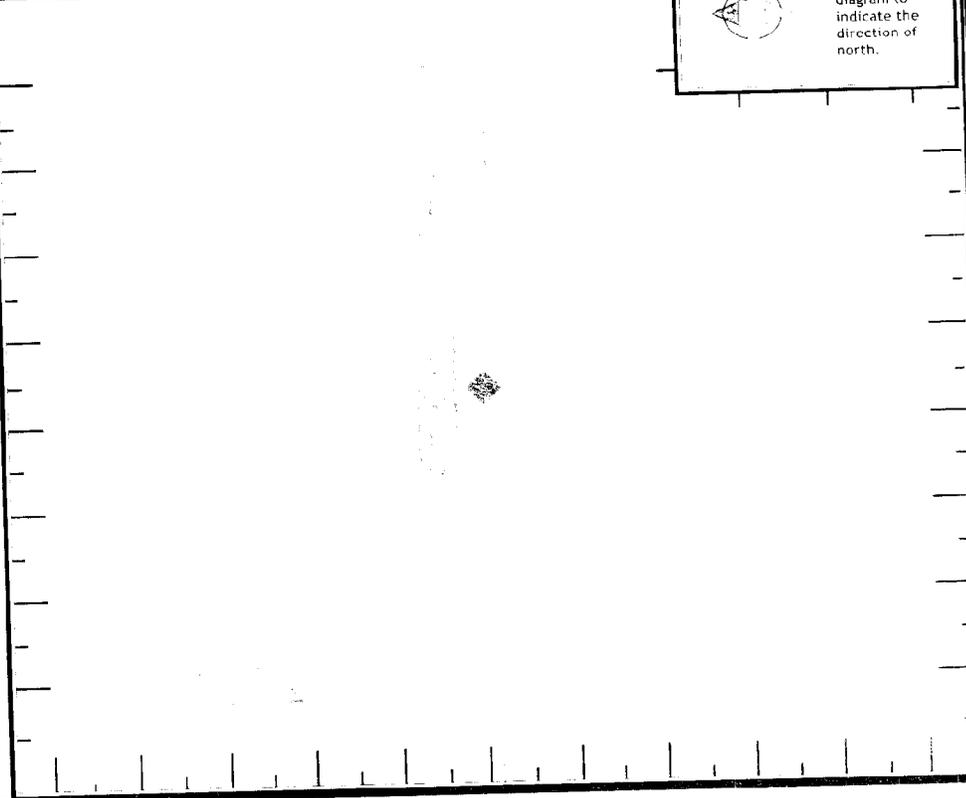
LOCATION OF CRASH IN WORK ZONE

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



Write an "N" on the compass diagram to indicate the direction of north.

Truck/Bus

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) _____ COMPANY PHONE _____

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

US DOT _____ ICC MC _____ PUCO _____ TRAILER LP ST. _____ TRAILER LP YEAR _____ TRAILER LP # _____

CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLICABLE	1 LESS/EQUAL 10,000	1 CLASS A	1 NO	1 NO
02 BUS (9-15 INCLUDING DRIVER)	2 10,001 - 26,000	2 CLASS B	2 YES	2 YES
03 VAN/ENCLOSED BOX	3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APP. LABEL
04 GRAIN/CHIPS/GRAVEL		4 CLASS M		4 UNKNOWN
05 POLE		5 CLASS D		
06 CARGO TANK				
07 FLATBED				
08 DUMP				
09 CONCRETE MIXER				
10 AUTO TRANSPORTER				
11 GARBAGE/REFUSE				
12 OTHER				
13 UNKNOWN				

Police Action

DISPATCH _____ ARRIVED _____ CLEARED _____ OTHER _____

OFFICER'S NAME * _____ CHECKED BY _____ DATE REPORT FILED * _____

REPORT TAKEN BY _____ REPORT TAKEN AT _____

1 POLICE AGENCY 2 MATRINET 1 SCENE 2 STATION