OH-1 (Rev. 10/06)

# TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Local Report # * 10-024934

Crash Severity: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

Private Property: 'X' if yes

Hit/Skip: 1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)

Photos Taken: 'X' if yes

OH-2 | OH-3: X | OH-IP | Other

N.C.I.C. # * 05009

Reporting Agency * YOUNGSTOWN P.D.

# Units: 02

Unit Either: 02 (99 = Animal, 99 = Unknown)

Date of Crash * 05/01/2010

Time of Crash: 1423

Day of Week: SAT

City *: X | Village *: | Twp *: | Name (of City, Village or Township) *: YOUNGSTOWN

County # *: 50

Latitude | Longitude

Prefix | Street Location: SOUTH AVENUE | Type Loc: 1 (Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route)

Intersecting Street: E BOSTON AVENUE | Reference Point Used: 02 (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 WO Reference, 09 Driveway, 10 Street On Route WO Reference)

## Motorist/Non-Motorist

**A** — Unit: 01 | # of Occ.: 01 | Name (Last, First, Middle): PRYOR, MAVIS

Address (Street, City, State, Zip Code): 327 EAST AUBURNDALE YOUNGSTOWN, OHIO 44507

[redacted] | Date of Birth: 12/17/1962 | Age: 47 | Sex: F | Home Phone #: 330-781-0558

DL State: OH | DL #: RR317191 | LP State: OH | LP #: EVG4239 | Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Owner Name (if same, write "SAME"): SAME | Address (Street, City, State, Zip Code)

Year: 2005 | Make: CHEVY | Model: COBALT | Color: BLACK | Insurance Company: SAFE AUTO | Towing Service: LUDT'S | Owner Phone #: 330-781-0558

Offense Charged | Offense Description | Citation # | Local Code * 'X' if yes

**B** — Unit: 02 | # of Occ.: 01 | Name (Last, First, Middle): NESTOR, ROBERT C

Address (Street, City, State, Zip Code): 17385 LOOKOUT DRIVE CHARGIN FALLS OHIO 44023

[redacted] | Date of Birth: 07/19/1962 | Age: 42 | Sex: M | Home Phone #: 412-638-5356

DL State: OH | DL #: RR245864 | LP State: OH | LP #: ETJ-4491 | Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Owner Name (if same, write "SAME"): SIEMANS MEDICAL SOLUTIONS | Address (Street, City, State, Zip Code): 17385 LOOKOUT DR CHARGIN FALLS, OH 44023

Year: 2010 | Make: FORD | Model: FUSION | Color: BLACK | Insurance Company: LIBERTY MUTUAL | Towing Service: LUDT'S | Owner Phone #: 412-638-5356

Offense Charged | Offense Description | Citation # | Local Code * 'X' if yes

## Occupant

**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 | Safety Equipment | Air Bag | Air Bag Switch | Ejection | Trapped | Injuries |
|---|---|---|---|---|---|---|---|
| A | 01 (01 Front – Left (MC Driver)) | 04 (Motorcycle: 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-Motorcycle: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown) | 2 (1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown) | 4 (1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown) | 1 (1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown) | 1 (1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown) | 2 (1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown) |
| B | 01 (01 Front – Left (MC Driver)) | 04 | 3 | 4 | 1 | 1 | 2 |
| C | | | | | | | |
| D | | | | | | | |

Blank for Witness

Supplement * 'X' if yes

## Unit Numbers

A: 01 B: 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 Use Paths Or Trails
15 Unknown

## Type Of Unit

A: 02 B: 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; 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

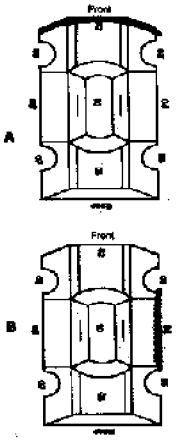
1 No
2 Yes
3 Unknown

## Damage Scale

A: 4 B: 4

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

## Damage Area




## Most Damaged Area

A: 02 B: 04

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: 02 B: 04

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: 4

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

## Striking Vehicle: Override/ Underride

A: B: 1

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: 06

**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: 01 B: 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/ Drove Off Road/ Improper Parking
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 "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 |
|---|---|
| 20 | 20 |
| 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 With 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/Luminaries 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: 1

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

## Most Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which One is the Most Harmful Event (1-4)

## Speed Detected

A: 1 B: 1

1 Stated
2 Estimated Speed

## Speed

A: 30
B: 10

## Posted Speed

A: 35 B: 35

## Traffic Control

A: 04 B: 04

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 |
|---|---|---|---|
| 2 | 1 | 1 | 3 |

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

## Condition

A: 1 B: 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

A: 1 B: 1

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: 1 B: 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

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

## Alcohol Test Result

A:
B:

## Drug Test Status

A: 1 B: 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

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Other

## Drug Test 1&2 Result

| A | B |
|---|---|
| 1 2 | 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

02

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

1

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

## Road Contour

2

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

## Road Conditions

| Primary | Secondary |
|---|---|
| 01 | |

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 # *: 10-024931

UNIT#1 WAS TRAVELING NORTH ON SOUTH AVENUE APPROACHING EAST BOSTON. UNIT#2 WAS TRAVELING SOUTH ON SOUTH AVENUE APPROACHING EAST BOSTON. UNIT#1 AND UNIT#2 BOTH HAD A STEADY GREEN SIGNAL TO PROCEED AT THE TRAFFIC SIGNALS AT SOUTH AND EAST BOSTON. UNIT#1 WAS IN THE CURB LANE AND UNIT#2 WAS IN THE LEFT LANE. UNIT#2 THEN MADE A LEFT HAND TURN ONTO EAST BOSTON AND UNIT#1 STRUCK UNIT#2. UNIT#2 IS AT FAULT.

**Manner of Collision or Impact:** 6
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

**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

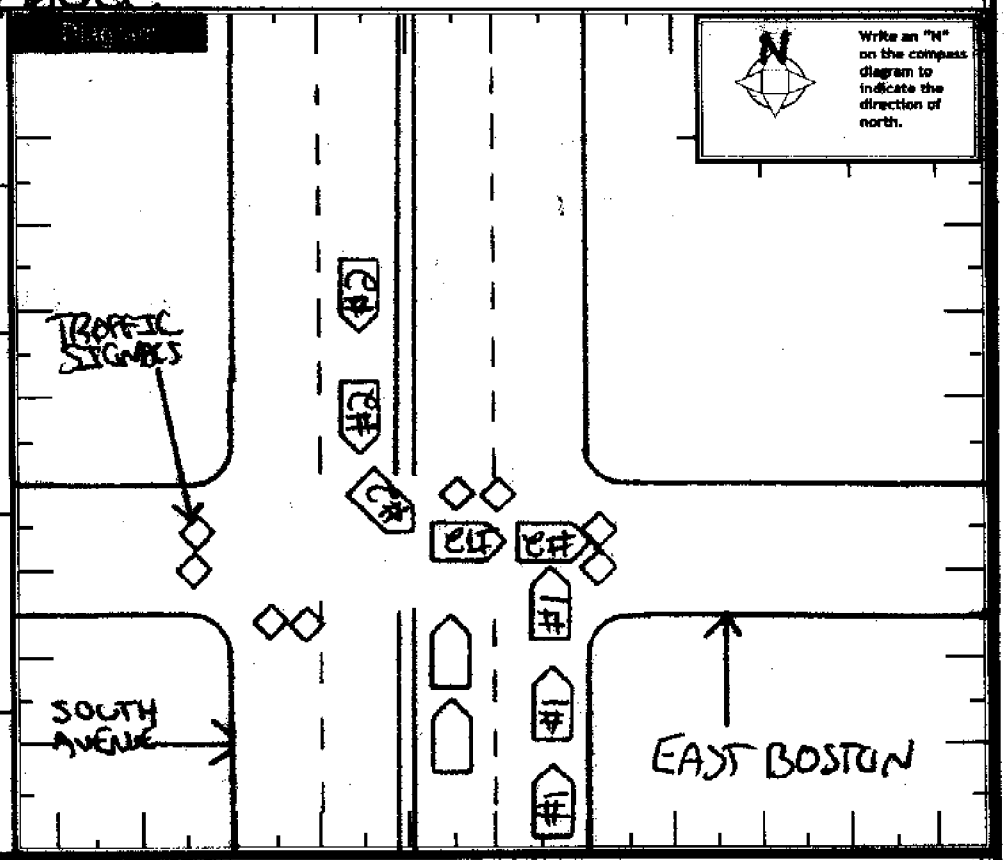
**Weather:** 02
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

**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

**Light Conditions:** Primary 1 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

**Workers Present:**
1 No
2 Yes
3 Unknown




**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 |
|---|---|---|---|---|---|---|
| 05012010 | 1423 | 1426 | 1429 | 1553 | | 90 |

| Officer's Name * | Badge # * | Checked By | Date Report Filed * |
|---|---|---|---|
| PRM. B. GAITANIS | 1076 | [signature] | 05032010 |

Report Taken By: 1 (1 Police Agency, 2 Motorist)

Report Taken At: 1 (1 Scene, 2 Station, 3 Other)

Supplement "X" if Yes *

Local Report # * 10-024934

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

# TRAFFIC CRASH WITNESS STATEMENT

OH-3

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---|---|---|
| 10-024934 | YOUNGSTOWN P.D. | M 05 D 01 Y 2010 |

**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, SUSANNE SOICH (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PTLM, B. GRIFFITHS (OFFICER'S NAME) AT SOUTH AVENUE AT EAST BOSTON (LOCATION)

SUSANNE SOICH

I WAS WAITING TO MAKE A LEFT HAND TURN ON TO BOSTON FROM MIDLOTHIAN SOUTH AVE. THE FORD WAS COMING FROM TAYLOR ON SOUTH AVE MAKING A LEFT TURN ON TO BOSTON. THE SECOND CAR CAME UP ON MY RIGHT GOING STRAIGHT ON SOUTH AVE THE CAR MAKING THE TURN STARTED TO TURN. THE LADY TRIED TO STOP BUT WAS NOT ABLE TO CRASHING INTO BACK OF HER

ADDRESS OF WITNESS: 3333 Lowland Rd Youngstown OH 44503

PHONE: 330-301 1092 / 330-755-585

SIGNATURE OF WITNESS: X Susanne M. Soich

OFFICER'S SIGNATURE: X Pat B. Griffiths #1076

HSY 7003 4/07