TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # *: 11-082188

CRASH SEVERITY: 2 (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	OH-1P	OTHER
	X		X

N.C.I.C. #*: 5009

REPORTING AGENCY *: Youngstown Police

UNITS: 03

UNIT ERROR: 01 (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH*: 12/10/2011

TIME OF CRASH: 1348

DAY OF WEEK: SAT

CITY*: X | VILLAGE*: | TWP*:

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: Youngstown

COUNTY # *: 50

LATITUDE:

LONGITUDE:

PREFIX: | CRASH LOCATION: SR 62

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

Indianola

DIST REFERENCE: AT | DIR: | PREFIX: | REFERENCE: Hillman St.

REF POINT: 02

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

Motorist/Non-Motorist

A

UNIT #: 01 | # OF OCC.: 01

NAME (LAST, FIRST, MIDDLE): Treharn, Patricia C

ADDRESS (STREET, CITY, STATE, ZIP CODE): 447 W. Dewey Ave Youngstown, OH 44511

DATE OF BIRTH: 10/21/1943 | AGE: 68 | SEX: F

HOME PHONE #: (330) 518-5855 | WORK PHONE #:

DL STATE: OH | DL #: RF976685 | LP STATE: OH | LP #: FKA9760

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	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2006	Honda	Accord	White	State Farm	Bugno	

OFFENSE CHARGED: 313.03

OFFENSE DESCRIPTION: Fail to Obey Traffic Control Device

CITATION #: K03J914

LOCAL CODE? X IF YES:

B

UNIT #: 02 | # OF OCC.: 05

NAME (LAST, FIRST, MIDDLE): McCrae, Natasha

ADDRESS (STREET, CITY, STATE, ZIP CODE): 961 Plazaview Ct Youngstown, OH 44506

DATE OF BIRTH: 04/16/1982 | AGE: 29 | SEX: F

HOME PHONE #: (330) 718-7691 | WORK PHONE #:

DL STATE: OH | DL #: RV029082 | LP STATE: OH | LP #: FIC3608

INJURED TAKEN BY: 2 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY: Rural Metro | INJURED TAKEN TO: St. Elizabeth

OWNER NAME (IF SAME, WRITE "SAME"): Same

ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2000	Dodge	Caravan	Silver	None	Bugno	

OFFENSE CHARGED:

OFFENSE DESCRIPTION:

CITATION #:

LOCAL CODE? X IF YES:

Occupant

C

UNIT #: 02

NAME (LAST, FIRST, MIDDLE): Mobley, Gabriel

HOME PHONE #: (330) 941-9728

DATE OF BIRTH: 09/30/1978 | AGE: 33 | SEX: M

ADDRESS (STREET, CITY, STATE, ZIP CODE): 969 Lanterman Youngstown, OH 44511

INJURED TAKEN BY: 1 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY: | INJURED TAKEN TO:

D

UNIT #: 02

NAME (LAST, FIRST, MIDDLE): McCrae, Natalia

HOME PHONE: (330) 718-7691

DATE OF BIRTH: 11/02/2003 | AGE: 08 | SEX: F

ADDRESS (STREET, CITY, STATE, ZIP CODE): 961 Plazaview Ct Youngstown, OH 44506

INJURED TAKEN BY: 2 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY: Rural Metro | INJURED TAKEN TO: St. Elizabeth

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 (A)	04 (A)	4 (A)	2 (A)	1 (A)	1 (A)	2 (A)
01 (B)	04 (B)	2 (B)	2 (B)	1 (B)	1 (B)	1 (B)
03 (C)	04 (C)	2 (C)	2 (C)	1 (C)	1 (C)	2 (C)
04 (D)	04 (D)	5 (D)	1 (D)	1 (D)	1 (D)	3 (D)

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, 16 NON-MOTORIST; BLANK FOR WITNESS

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, 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 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

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

SUPPLEMENT *:

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: 03 | B: 05

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: | B:

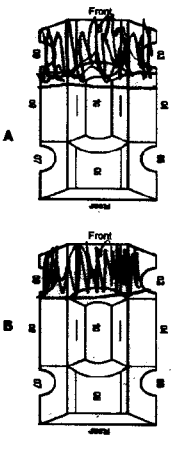
1 No
2 Yes
3 Unknown

Damage Scale

A: 5 | B: 5

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

Damage Area



Most Damaged Area

A: 03 | B: 09

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: 03 | B: 09

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: 5

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

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: 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 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

A: 03 | B: 01

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 '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
1	20	20
2	39	07
3		20
4		39

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/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: | B:

Of The Sequence Of Events – Which One Is The First Harmful Event (1-4)

Most Harmful Event

A: | 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: 10 | B: 35

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
A	1	7
B	4	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: 1 1 | B: 1 1

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

1

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

Road Conditions

Primary: 01 | 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 Rut, Holes, Bumps, Uneven Pavement **
10 Other
11 Unknown
* *Secondary Road Conditions ONLY

Supplement * 'X' If Yes:

Local Report # *: 111-0182188

Unit 01, white SB on Hillman, ran the red light, AS stated by All witnesses, And struck Unit 02, which was EB on SR 62/2. Unit 02 was pushed into Unit 03, which was NB on Hillman and stopped for the red light.

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

WEATHER: 01
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 1, SECONDARY 1
1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK – LIGHTED ROADWAY
5 DARK – NOT LIGHTED
6 DARK – UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

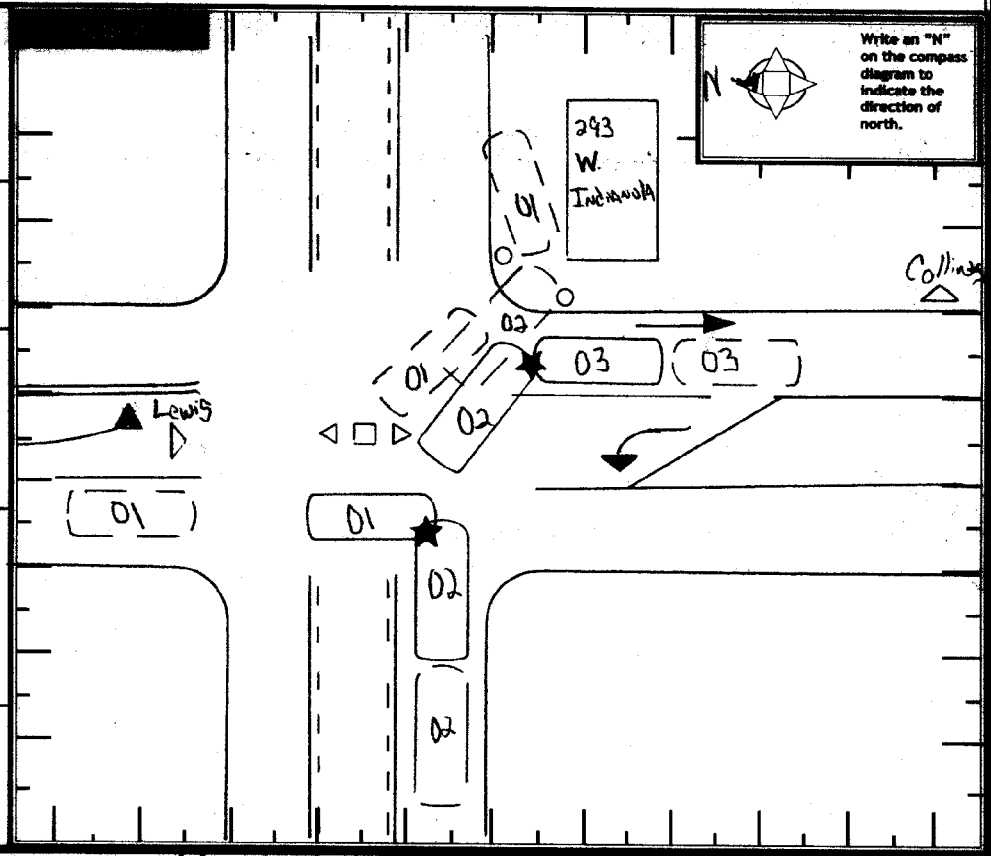
SCHOOL BUS RELATED: 1
1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

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



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.

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 # | 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

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
12/10/2011	1348	1404	1405	1535		90

OFFICER'S NAME*: R. GIOVANNI
BADGE # *: 1097
CHECKED BY: S.P.GARCAR
DATE REPORT FILED *: 12/22/11

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)
REPORT TAKEN AT: 1 (1 SCENE, 2 STATION)
SUPPLEMENT ("X" IF YES) *:
LOCAL REPORT # *: 11-10121818

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # *: 11-082188

CRASH SEVERITY: 2 (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: X; OH-3: ; OH-1P: ; OTHER: X

N.C.I.C. #*: 5009

REPORTING AGENCY *: Youngstown Police

UNITS: 03

UNIT ERROR: 01 (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH*: 12/10/2011

TIME OF CRASH: 1348

DAY OF WEEK: SAT

CITY *: X; VILLAGE *: ; TWP *: ; NAME (OF CITY, VILLAGE OR TOWNSHIP) *: Youngstown

COUNTY # *: 50

LATITUDE:

LONGITUDE:

PREFIX:

CRASH LOCATION: SR 62/7

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

Indianola

DIST/REFERENCE: At

DIR:

PREFIX:

REFERENCE: Hillman St.

REF POINT: 02

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

Motorist/Non-Motorist

A

UNIT #: 03; # OF OCC.: 01

NAME (LAST, FIRST, MIDDLE): Floyd, Douglass

ADDRESS (STREET, CITY, STATE, ZIP CODE): 152 W. Philadelphia Ave Youngstown, OH 44502

DATE OF BIRTH: 07/13/1953; AGE: 58; SEX: M; HOME PHONE #: (330)941-0199; WORK PHONE #:

DL STATE: OH; DL #: RR315984; LP STATE: OH; LP #: FC14FT; 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"): Floyd, Anthony; ADDRESS (STREET, CITY, STATE, ZIP CODE): 152 W. Philadelphia Ave Youngstown, OH 44502

YEAR: 2002; MAKE: Pont; MODEL: Bonn; COLOR: White; INSURANCE COMPANY: Geico; TOWING SERVICE:; OWNER PHONE #:

OFFENSE CHARGED:; OFFENSE DESCRIPTION:; CITATION #:; LOCAL CODE? 'X' IF YES:

B

UNIT #:; # OF OCC.:

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

DATE OF BIRTH:; AGE:; SEX:; HOME PHONE #:; WORK PHONE #:

DL STATE:; DL #:; LP STATE:; LP #:; INJURED TAKEN BY:; TRANSPORTED BY:; INJURED TAKEN TO:

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:

Occupant

C

UNIT #: 02

NAME (LAST, FIRST, MIDDLE): Harris, Nathan

HOME PHONE #: (330)718-7691

DATE OF BIRTH: 02/08/2001; AGE: 10; SEX: M

ADDRESS (STREET, CITY, STATE, ZIP CODE): 961 Plazaview Ct Youngstown, OH 44506

INJURED TAKEN BY: 2 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN); TRANSPORTED BY: Rural Metro; INJURED TAKEN TO: St. Elizabeth

D

UNIT #: 02

NAME (LAST, FIRST, MIDDLE): McCrae, Zeron

HOME PHONE #: (330) 718-7691

DATE OF BIRTH: 10/21/2004; AGE: 07; SEX: M

ADDRESS (STREET, CITY, STATE, ZIP CODE): 961 Plazaview Ct Youngstown, OH 44506

INJURED TAKEN BY: 1 (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	04	1	2	1	1	2
B	09	04	5	1	1	1	2
C	07	04	5	1	1	1	2
D							

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, 16 NON-MOTORIST; BLANK FOR WITNESS

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, 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 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

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

SUPPLEMENT * ('X' IF YES):

Unit Numbers

A: 03 | 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: | B:

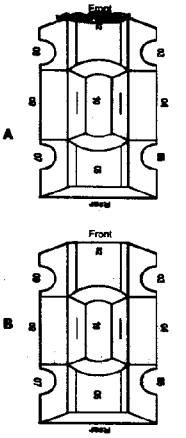
1 No
2 Yes
3 Unknown

Damage Scale

A: 3 | B:

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

Damage Area



Most Damaged Area

A: 02 | 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: 02 | 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: 4 | 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: 11 | 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: 01 | 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 '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
1	20	
2		
3		
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/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:

Of The Sequence Of Events – Which One Is The First Harmful Event (1-4)

Most Harmful Event

A: 1 | B:

Of The Sequence Of Events – Which One Is The Most Harmful Event (1-4)

Speed Detected

A: 1 | B:

1 Stated
2 Estimated Speed

Speed

A: 000 | B:

Posted Speed

A: 35 | B:

Traffic Control

A: 04 | 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
A: 2	1	B:	

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

Condition

A: 1 | 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: 1 | 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: 1 | 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: 1 | B:

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A: | B:

Drug Test Status

A: 1 | 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: 1 | 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

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

1

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

Road Conditions

Primary: 01 | 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 Rut, Holes, Bumps, Uneven Pavement **
10 Other
11 Unknown
** Secondary Road Conditions Only

Supplement * "X" If Yes:

Local Report # *: 111-018211818

See first OH-1

Manner of Collision or Impact

3

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

01

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: 1 Secondary: 1

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

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

See first OH-1

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

Date Crash Reported: 12102011

Time Rec Call: 1348

Dispatch: 1404

Arrived: 1405

Cleared: 1535

Other:

Total Minutes: 90

Officer's Name *: R. Giovanni

Badge # *: 1097

Checked By: MSP GARCAR

Date Report Filed *: 12122011

Report Taken By: 1 Police Agency 2 Motorist

Report Taken At: 1 Scene 2 Station

Supplement X" if Yes *

Local Report # *: 11-082188

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
11-082188	Youngstown Police	M 12 D 10 Y 11

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

I, Jennie Lewis (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PTL. Michael Bednar #1108 (OFFICER'S NAME) AT Indianola @ Hillman (LOCATION)

I was facing South on Hillman about to turn east on Indianola stopped for the red light in the turn lane. The white Honda (FKA 9760) went South through the red light at a high rate of speed. The Honda then struck the silver Dodge (FIC 3608) as it turned South on to Hillman from Indianola. The silverdodge was knocked into the White Pontiac (F C 14 FT) as it was North on Hillman.

ADDRESS OF WITNESS	PHONE
7055 S. Raccoon Rd Apt 8 Austintown Ohio	330-330-6147

SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X Jennie Lewis	X PTL. Michael Bednar #1108

HSY 7003 4/07

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
11-082188	Youngstown Police	M 12 D 10 Y 11

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

I, Ciara Collins (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

PTL. Michael Bodnar #1108 (OFFICER'S NAME) AT Hillman / Indianola (LOCATION)

I was standing outside at the corner of hylda & hillman where I witnessed a white honda civic rushed thru a red light at intersection Indianola & Hillman Ave. The owner of the white civic ran thru the red light at at least 60 mph trying to beat traffic. The Honda hit the dodge van which had 2 adults & 3 children where one child suffered a broken nose. Then when the dodge was hit it ~~was hit~~ hit a ponicac front bumper.

ADDRESS OF WITNESS	PHONE
3007 Canfield Rd B-4 YO, OH 44511	330-951-4449

SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X	X PTL Michael Bodnar #1108

HSY 7002 1/07