# TRAFFIC CRASH REPORT

OH-1 (Rev.04/09)

OHIO DEPARTMENT OF PUBLIC SAFETY

LOCAL REPORT #*: 12-023406

CRASH SEVERITY: 2 (1 Fatal 3 PDO 2 Injury 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: X | OTHER:

N.C.I.C.#*: 05009

REPORTING AGENCY*: YOUNGSTOWN PD

# UNITS: 03

UNIT ERROR: 02 (98 = Animal 99 = Unknown)

DATE OF CRASH*: 04/13/2012

TIME OF CRASH: 1042

DAY OF WEEK: FRI

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

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

COUNTY #*: 50

LATITUDE: | LONGITUDE:

PREFIX: | CRASH LOCATION: BELMONT

TYPE LOC: 1

TYPE LOCATION POINT USED: 1 Named Street 2 Numbered Street 3 Numbered Route

DIST REFERENCE: | DIR: | PREFIX: | REFERENCE: PARK

REF POINT: 02

REFERENCE POINT USED: 01 State Line 02 Intersection 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): BRINKO, TERRI

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1739 BASIL AVE YOUNGSTOWN OHIO 44514

[redacted]

DATE OF BIRTH: 10/28/1991 | AGE: 20 | SEX: F

HOME PHONE #: 330-519-6353 | WORK PHONE #:

DL STATE: OH | DL #: TJ. 309496

LP STATE: OH | LP #: FJL3163

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: 2007 | MAKE: PON | MODEL: G-5 | COLOR: S/L | INSURANCE COMPANY: AAA | TOWING SERVICE: HARVEY | OWNER PHONE #:

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

### B

UNIT #: 02 | # OF OCC.: 02

NAME (LAST, FIRST, MIDDLE): HAPSIC, DANIEL

ADDRESS (STREET, CITY, STATE, ZIP CODE): 3478 MAIN STREET MINERAL RIDGE OHIO

[redacted]

DATE OF BIRTH: 01/02/1964 | AGE: 48 | SEX: M

HOME PHONE #: 330-652-0231 | WORK PHONE #:

DL STATE: OH | DL #: RT977224

LP STATE: OH | LP #: D040DY

INJURED TAKEN BY: 2 (1 None 2 EMS 3 Police 4 Other 5 Unknown)

TRANSPORTED BY: RURAL/METRO | INJURED TAKEN TO: ST. E'S

OWNER NAME (IF SAME, WRITE "SAME"): HAPSIC, GEORGIE

ADDRESS (STREET, CITY, STATE, ZIP CODE): 3478 MAINS ST. MINERAL RIDGE

YEAR: 2006 | MAKE: FORD | MODEL: FUSION | COLOR: SIL | INSURANCE COMPANY: LIBERTY MUTUAL FIRE INS | TOWING SERVICE: | OWNER PHONE #:

OFFENSE CHARGED: 331.16 | OFFENSE DESCRIPTION: FAILED TO YIELD RT OF WAY | CITATION #: K00278 | LOCAL CODE? 'X' IF YES:

## Occupant

### C

UNIT #: 02 | NAME (LAST, FIRST, MIDDLE): MIKOLAJ, MARK | HOME PHONE #: 330-545-9543 | DATE OF BIRTH: 12/14/1961 | AGE: 50 | SEX: M

ADDRESS (STREET, CITY, STATE, ZIP CODE): 632 FORSYTHE Canfield, Ohio 44420

INJURED TAKEN BY: 1 (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: | TRANSPORTED BY: | INJURED TAKEN TO:

| | SEATING POSITION | SAFETY EQUIPMENT USED | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
|---|---|---|---|---|---|---|---|
| A | 01 | 04 | 2 | 4 | 1 | 1 | 2 |
| B | 01 | 04 | 2 | 4 | 1 | 1 | 2 |
| C | 03 | 04 | 2 | 4 | 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 17 Unknown. BLANK FOR WITNESS

SAFETY EQUIPMENT USED: 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. MOTORCYCLE: 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 Number**

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: 02

**Motorcycle**
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

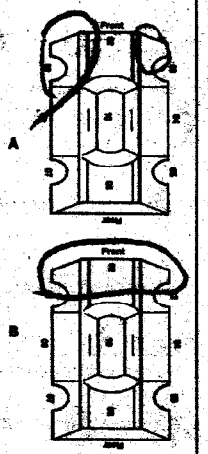
1 No
2 Yes
3 Unknown

**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: 09 B: 07

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: 09 B: 07

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: 3

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

**Striking Vehicle: Override/ Underride**

A: 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: 01

**Movement**
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: 03

**Driver**
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 (Use Code of "12" Selection 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 |
| 37 | 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 [illegible]
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: 3 B: 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:

**Posted Speed**

A: B:

**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 |
|---|---|---|---|
| 3 | 4 | 2 | 1 |

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/Drugs Suspected**

A: 1 B:

1 None
2 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**

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: 01 Secondary:

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

Supplement * (X" if Yes)

Local Report # *: 12-023400

Top Copy - DDPS - Bottom Copy - Agency

UNIT 1 WEST ON PARK AT BELMONT WHEN LIGHT TURNED GREEN PROCEEDED THROUGH INTERSECTION WAS STRUCK BY UNIT #2 WHO WAS SOUTH ON BELMONT, GOING THROUGH INTERSECTION AT PARK, SIR PUSHING CAR INTO #3, THEN COMING TO REST ON ST E'S SIGN.

UNIT 1 ADMITTED 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**: 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

**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

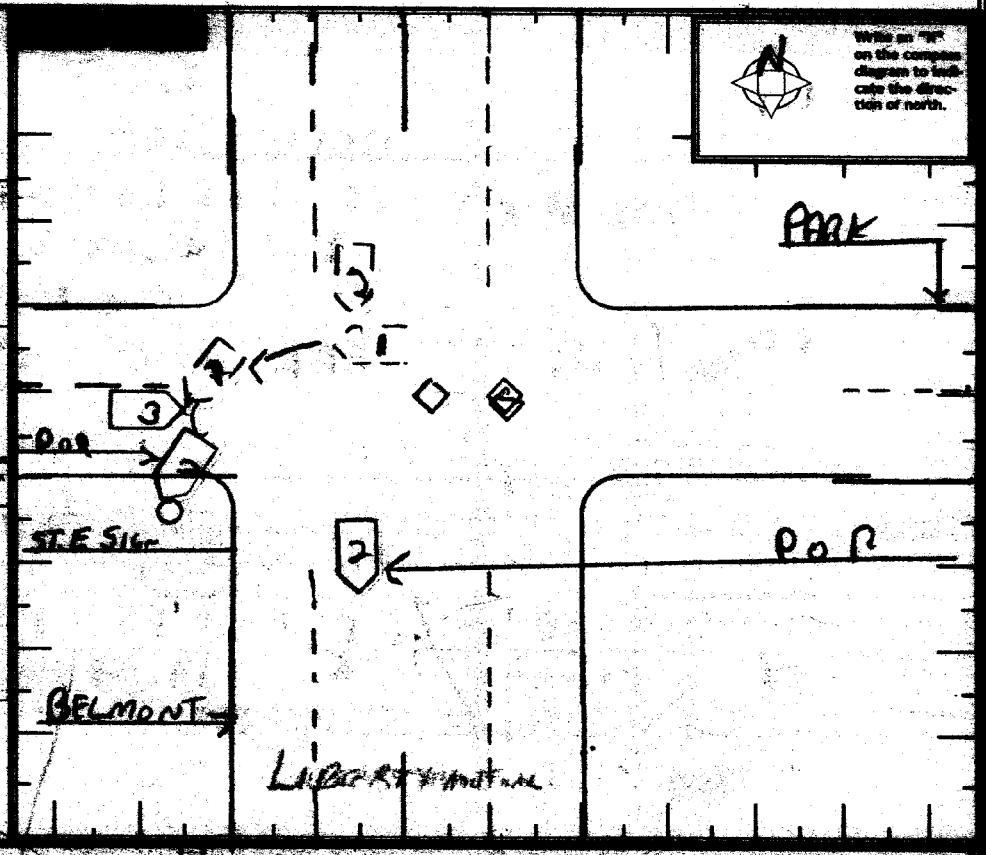
**Light Conditions**

Primary / 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 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 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 | 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 Material Released**

1 No
2 Yes
3 Not Applicable
4 Unknown

| Date Crash Reported | Time Rec Call | Dispatch | Arrived | Cleared | Other | Total Minutes |
|---|---|---|---|---|---|---|
| 04132012 | 1042 | 1043 | 1046 | 1413 | | 150 |

| Officer's Name* | Badge #* | Checked By | Date Report Filed* |
|---|---|---|---|
| T. ANDREWS | 829 | M. Let | 04132012 |

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 #*: 12-023400

# TRAFFIC CRASH REPORT

OH-1 (Rev.06/09)

OHIO DEPARTMENT OF PUBLIC SAFETY

| LOCAL REPORT # * | CRASH SEVERITY | PRIVATE PROPERTY | HIT/SKIP | PHOTOS TAKEN | OH-2 | OH-3 | OH-1P | OTHER |
|---|---|---|---|---|---|---|---|---|
| 12-023406 | 2 (1 FATAL 3 PDO 2 INJURY 4 UNKNOWN) | 'X' IF YES | 1 (1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED) | 'X' IF YES | X | | X | |

| N.C.I.C. # * | REPORTING AGENCY * | # UNITS | UNIT ERROR | DATE OF CRASH * |
|---|---|---|---|---|
| 05009 | YOUNGSTOWN P.D | 03 | 02 (98 = ANIMAL 99 = UNKNOWN) | 04/13/2012 |

| TIME OF CRASH | DAY OF WEEK | CITY * | VILLAGE * | TWP * | NAME (OR CITY, VILLAGE OR TOWNSHIP) * | COUNTY # * | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|---|---|---|
| 1042 | FRI | X | | | YOUNGSTOWN | 50 | | |

| PREFIX | CRASH LOCATION | TYPE LOC | TYPE LOCATION POINT USED |
|---|---|---|---|
| | BELMONT | 1 | 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE |

| DIST | REFERENCE DIR | PREFIX | REFERENCE | REF POINT | REFERENCE POINT USED |
|---|---|---|---|---|---|
| | | | PARK | 07 | 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 # | # OF OCC. | NAME (LAST, FIRST, MIDDLE) |
|---|---|---|
| 03 | 04 | PAGANI, ERIC A |

ADDRESS (STREET, CITY, STATE, ZIP CODE): 4788 FREDERICKTOWN-CLARKSON RD NEGLEY OHIO

| DATE OF BIRTH | AGE | SEX | HOME PHONE # | WORK PHONE # |
|---|---|---|---|---|
| 01/24/1982 | 30 | M | 330-483-7098 | |

| DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO |
|---|---|---|---|---|---|---|
| OH | RT 965413 | OH | AA07688 | 1 (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | | |

| OWNER NAME (IF SAME, WRITE "SAME") | ADDRESS (STREET, CITY, STATE, ZIP CODE) |
|---|---|
| MCCOY, NANCY | SAME |

| YEAR | MAKE | MODEL | COLOR | INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE # |
|---|---|---|---|---|---|---|
| 2006 | CHEV | TRAILBLAZER | WHI | WESTFIELD | NONE | |

| 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 |
|---|---|---|---|---|---|---|
| | | | | (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 |
|---|---|---|---|
| | | | |

## Occupant

**C**

| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
|---|---|---|---|---|---|
| | | | | | |

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

| INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO |
|---|---|---|
| (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | | |

**D**

| UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX |
|---|---|---|---|---|---|
| | | | | | |

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

| INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO |
|---|---|---|
| (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | | |

| SEATING POSITION | SAFETY EQUIPMENT USED | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
|---|---|---|---|---|---|---|
| A: 01 | A: 04 | A: 1 | A: 4 | A: 1 | A: 1 | A: 1 |
| B: | B: | B: | B: | B: | B: | B: |
| C: | C: | C: | C: | C: | C: | C: |
| D: | D: | D: | D: | D: | D: | 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; 17 UNKNOWN; BLANK FOR WITNESS

SAFETY EQUIPMENT USED: 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 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 Number**

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: 06 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:

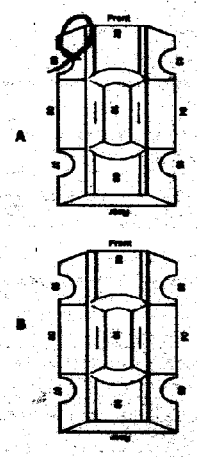
1 No
2 Yes
3 Unknown

**Damage Scale**

A: 2 B:

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

**Damage Area**




**Most Damaged Area**

A: 09 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: 01 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

**Damage Extent Of 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: 1 B: 1

**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 Either 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 (1) | 1 |
| 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:

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: B:

1 Stated
2 Estimated Speed

**Speed**

A: B:

**Police Speed**

A: 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 |
|---|---|---|---|
| 3 (A) | 1 | | |

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(s)**

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: C

1 None
2 Blood
3 Urine
4 Other

**Drug Test(s) 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 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: 01 Secondary:

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

Supplement* "X" if Yes:

Local Report #*: 18-0234006

[redacted]

1

**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**: 6 1

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

**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

**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.

**Was 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.

**Was 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 | 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 Material Released**: 1 No; 2 Yes; 3 Not Applicable; 4 Unknown

| Date Crash Reported | Time Rec Call | Dispatch | Arrived | Cleared | Other | Total Minutes |
|---|---|---|---|---|---|---|
| 04 13 2012 | 1043 | 1046 | 1046 | 1113 | | 150 |

Officer's Name*: T. Andrews | Badge #*: 664 | Checked By: M. Lee | Date Report Filed*: 04 19 2012

Report Taken By: [ ] 1 Police Agency 2 Motorist

Report Taken At: 1 1 Scene 2 Station 3 Other

Supplement* "X" If Yes: [ ]

Local Report #*: 12-023400

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1 -P (Rev. 11/99)

LOCAL REPORT # * 12-023400 | N.C.I.C.# * 05009 | REPORTING AGENCY * YOUNGSTOWN P.D | DATE OF CRASH * 04/13/2012

## E

UNIT # 03 | NAME (LAST, FIRST, MIDDLE) MERCER, MEGAN | HOME PHONE # 330-423-7698 | DATE OF BIRTH 10/30/1986 | AGE 25 | SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 855 NEW GARDEN SALEM OH 16

INJURED TAKEN BY (1 None 4 Other / 2 EMS 5 Unknown / 3 Police): 2 | TRANSPORTED BY: RURAL/METRO | INJURED TAKEN TO: ST. E'S

## F

UNIT # 03 | NAME (LAST, FIRST, MIDDLE) MERCER, DEVHAN | HOME PHONE # — | DATE OF BIRTH | AGE 04 | SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 855 NEW GARDEN SALEM OH 44

INJURED TAKEN BY: 1 | TRANSPORTED BY | INJURED TAKEN TO

## G

UNIT # 03 | NAME (LAST, FIRST, MIDDLE) MERCER, KAHLYNN | HOME PHONE # — | DATE OF BIRTH | AGE 02 | SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 855 NEW GARDEN Salem, Ohio

INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

## H

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

## I

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

## J

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY | TRANSPORTED BY | INJURED TAKEN TO

## K

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY | 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
16 Non-Motorist
17 Unknown

| | |
|---|---|
| E | 03 |
| F | 06 |
| G | 05 |
| H | |
| I | |
| J | |
| K | |

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

| | |
|---|---|
| E | 04 |
| F | 05 |
| G | 05 |
| H | |
| I | |
| J | |
| K | |

**AIR BAG**
1 Not-Deployed
2 Deployed-Front
3 Deployed-Side
4 Deployed Both Front/Side
5 Not Applicable
6 Unknown

| | |
|---|---|
| E | 1 |
| F | |
| G | |
| H | |
| I | |
| J | |
| K | |

**AIR BAG SWITCH**
1 Not Present
2 In On Position
3 In Off Position
4 Unknown

| | |
|---|---|
| E | |
| F | |
| G | |
| H | |
| I | |
| J | |
| K | |

**EJECTION**
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 Not Applicable
5 Unknown

| | |
|---|---|
| E | 1 |
| F | 1 |
| G | 1 |
| H | |
| I | |
| J | |
| K | |

**TRAPPED**
1 Not Trapped
2 Extricated By Mechanical Means
3 Freed By Non-Mechanical Means
4 Unknown

| | |
|---|---|
| E | 1 |
| F | 1 |
| G | 1 |
| H | |
| I | |
| J | |
| K | |

**INJURIES**
1 No Injury
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal Injury
6 Unknown

| | |
|---|---|
| E | 2 |
| F | 1 |
| G | 1 |
| H | |
| I | |
| J | |
| K | |

HSY 8355

TOP COPY - ODPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

# OHIO TRAFFIC CRASH REPORT
## DIAGRAM / NARRATIVE CONTINUATION

OH-2

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---|---|---|
| 12-023400 | Y.P.D | M 04 D 13 Y 2012 |
| IN COUNTY OF | CRASH LOCATION | |

I was going Down Belmont and the grey car Swirf pass me and 2 other Cars then he went thrue the light and hit 2 other Cars.

Carol Smith 10-5-48

330-743-1868

1006 Fairmont ave

| OFFICER'S SIGNATURE | BADGE NUMBER |
|---|---|
| X J. Bowers | 829 |

HSY 7002 4/07

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

# OHIO TRAFFIC CRASH REPORT
## DIAGRAM / NARRATIVE CONTINUATION

OH-2

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
|---|---|---|
| 12-023400 | Y.P.D | M 04 D 13 Y 2017 |
| IN COUNTY OF | CRASH LOCATION | |
| | BELMONT + PARK | |

I WAS HEADING SOUTH on BELMONT AVE I STARTED stopping for A RED light At PARK Guy in THE GRAY FORD Fusion CAME PAST ME in THE left LANE At Probably 60 MPH OR MORE. WENT THROUGH THE RED Light, Hit THE white TRAILBLAZER (EASTBOND) And THE RED COBALT (WESTBOUND)

DENNIS MINZE RP042732 OH C.D.L
5140 BELMONT AVE
Youngstown, OHIO 44505
(330) 766-0830

OFFICER'S SIGNATURE X [signature] BADGE NUMBER 829

HSV 7002 4/07