# TRAFFIC CRASH REPORT

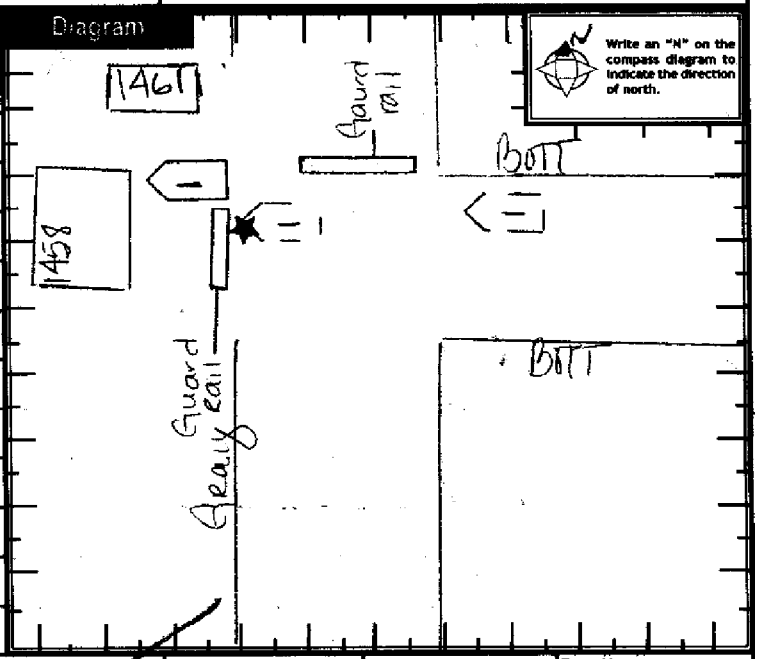
OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

| | |
|---|---|
| Local Information | 1458 Gray |
| Local Report Number * | 13-0065558 |
| Crash Severity | 3 (1 - Fatal, 2 - Injury, 3 - PDO) |
| Hit/Skip | 1 - Solved, 2 - Unsolved |
| Photos Taken | OH-2, OH-1P, OH-3, Other |
| PDO Under State Reportable Dollar Amount | |
| Private Property | |
| Reporting Agency NCIC * | 05009 |
| Reporting Agency Name * | Youngstown PD |
| Number of Units | 01 |
| Unit in Error | 01 (98 - Animal, 99 - Unknown) |
| County * | 50 |
| City * / Village * / Township * | City * — Youngstown |
| City, Village, Township * | Youngstown |
| Crash Date * | 01/28/2013 |
| Time of Crash | 2036 |
| Day of Week | MON |
| Degrees / Minutes / Seconds Latitude | 41° 07' 06.00" |
| Degrees / Minutes / Seconds Longitude | -80° 36' 46.00" |
| Decimal Degrees Latitude | |
| Decimal Degrees Longitude | |
| Roadway Division | Undivided |
| Divided Lane Direction of Travel | N - Northbound, E - Eastbound, S - Southbound, W - Westbound |
| Number of Thru Lanes | |
| Location Route Type [1] | |
| Location Route Number | |
| Loc Prefix | N,S,E,W |
| Location Road Name | Gray |
| Location Road Type [2] | ST |
| Distance From Reference | Miles / Feet / Yards |
| Dir From Ref | N,S,E,W |
| Reference Route Type [1] | |
| Reference Route Number | |
| Ref Prefix | N,S,E,W |
| Reference Name (Road, Milepost, House #) | # 1458 |
| Reference Road Type [2] | |
| Reference Point Used | 3 (1 - Intersection, 2 - Mile Post, 3 - House Number) |
| Crash Location | 01 (01 - Not an Intersection, 02 - Four-way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-point, or more, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown) |
| Intersection Related | |
| Location of First Harmful Event | 1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown) |
| Road Contour | 3 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown) |
| Road Conditions Primary | 01 |
| Road Conditions Secondary | |
| Road Conditions (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, 99 - Unknown) | * Secondary Condition Only |
| Manner of Crash Collision/Impact | 1 (1 - Not Collision Between Two Motor 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 | 3 (1 - Clear, 2 - Cloudy, 3 - Fog, Smog, Smoke, 4 - Rain, 5 - Sleet, Hail, 6 - Snow, 7 - Severe Crosswinds, 8 - Blowing Sand, Soil, Dirt, Snow, 9 - Other/Unknown) |
| Road Surface | 2 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other) |
| Light Conditions Primary | 4 |
| Light Conditions Secondary | (1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown) * Secondary Condition Only |
| School Zone Related | |
| School Bus Related | Yes, School Bus Directly Involved; Yes, School Bus Indirectly Involved |
| Work Zone Related | Workers Present; Law Enforcement Present (Officer/Vehicle); Law Enforcement Present (Vehicle Only) |
| Type of Work Zone | 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other |
| Location of Crash in Work Zone | 1 - Before the First Work Zone Warning Sign, 2 - Advance Warning Area, 3 - Transition Area, 4 - Activity Area, 5 - Termination Area |

**Narrative**

Unit# 1 advised while traveling west on Bott approaching the bend lost control of the vehicle on the ice covered roadway with vision being obstructed by fog hit a guardrail and mailbox before coming to a stop.

**Diagram**




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

| | |
|---|---|
| Report Taken By | Police Agency; Motorist |
| Supplement (Correction or Addition to an Existing Report Sent to ODPS) | |
| Date Crash Reported | 01/28/2013 |
| Time Crash Reported | 2036 |
| Dispatch Time | 2036 |
| Arrival Time | 2040 |
| Time Cleared | 2245 |
| Other Investigation Time | 60 |
| Total Minutes | 90 |
| Officer's Name | Johnson |
| Officer's Badge Number | 104 |
| Checked By | DIS P. GARCAR |



HSY7001 OH1 (Rev 01/12)

# MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 13-0016558

## MOTORIST/NON-MOTORIST

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| 01 | Meadows Dana | 08/29/1976 | 36 | M (F - FEMALE, M - MALE) |

ADDRESS, CITY, STATE, ZIP: 821 Berkley Youngstown Ohio 44505
CONTACT PHONE- INCLUDE AREA CODE: (330) 743-2743

| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | 01 | | 01 | 1 | 1 | 1 |

| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | NO VALID OL | M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| OH | RT 770016 | 4 | | | 1 | 1 | 1 | 1 | | 1 | 1 |

| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY |
|---|---|---|---|---|
| | | | | |

## MOTORIST/NON-MOTORIST

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| | | | | F - FEMALE, M - MALE |

ADDRESS, CITY, STATE, ZIP:
CONTACT PHONE- INCLUDE AREA CODE:

| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | NO VALID OL | M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY |
|---|---|---|---|---|
| | | | | |

[illegible]

## OCCUPANT

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| 01 | Ware LaTasha | 12/31/1976 | 37 | F (F - FEMALE, M - MALE) |

ADDRESS, CITY, STATE, ZIP: Homeless
CONTACT PHONE- INCLUDE AREA CODE:

| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | 01 | | 03 | 1 | 1 | 1 |

## OCCUPANT

| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| 01 | Richard Chrey | 11/08/1970 | 42 | F (F - FEMALE, M - MALE) |

ADDRESS, CITY, STATE, ZIP: 1442 Victor Ave. Youngstown Ohio 44505
CONTACT PHONE- INCLUDE AREA CODE: (330) 398-4696

| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | 01 | | 04 | 1 | 1 | 1 |



HSY8306 OH1M (REV 01/12)

# UNIT

Local Report Number: 13-1016558

| Unit Number | Owner Name: Last, First, Middle (☐ Same As Driver) | Owner Phone Number - Inc. Area Code (☐ Same As Driver) | Damage Scale | Damaged Area |
|---|---|---|---|---|
| 01 | Meadows Earnest Sr. | (330)743-2743 | 2 | 02 |

Owner Address: City, State, Zip (☐ Same As Driver): 821 Berkley Youngstown Ohio 44505

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 02; 09; 03; 08; 10; 04; 07; 06; 05; Rear

| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
|---|---|---|---|
| OH | DFB 2824 | 1G4AG5544M6457511 | 03 |

| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
|---|---|---|---|
| 1991 | Buick | Century | Blue |

| ☐ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|---|---|---|
| | | | |

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10k Lbs.; 2 - 10,001 to 26,000 Lbs; 3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 01 - No Cargo Body Type/Not Applicable; 02 - Bus/Van (9-15 Seats, Inc Driver); 03 - Bus (16+ Seats, Inc Driver); 04 - Vehicle Towing Another Vehicle; 05 - Logging; 06 - Intermodal Container Chassis; 07 - Cargo Van/Enclosed Box; 08 - Grain, Chips, Gravel; 09 - Pole; 10 - Cargo Tank; 11 - Flat Bed; 12 - Dump; 13 - Concrete Mixer; 14 - Auto Transporter; 15 - Garbage/Refuse; 99 - Other/Unknown

Trafficway Description: 1 - Two-Way, Not Divided; 2 - Two-Way, Not Divided, Continuous Left Turn Lane; 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median; 4 - Two-Way, Divided, Positive Median Barrier; 5 - One-Way Trafficway

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact: 01 - Intersection - Marked Crosswalk; 02 - Intersection - No Crosswalk; 03 - Intersection - Other; 04 - Midblock - Marked Crosswalk; 05 - Travel Lane - Other Location; 06 - Bicycle Lane; 07 - Shoulder/Roadside; 08 - Sidewalk; 09 - Median/Crossing Island; 10 - Driveway Access; 11 - Shared-Use Path or Trail; 12 - Non-Trafficway Area; 99 - Other/Unknown

Type of Use: 1 - Personal; 2 - Commercial; 3 - Government

☐ In Emergency Response

Unit Type: 03

99 - Unknown or Hit / Skip

Passenger Vehicles (less than 9 passengers): 01 - Sub-Compact; 02 - Compact; 03 - Mid Size; 04 - Full Size; 05 - Minivan; 06 - Sport Utility Vehicle; 07 - Pickup; 08 - Van; 09 - Motorcycle; 10 - Motorized Bicycle; 11 - Snowmobile/ATV; 12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10k lbs: 13 - Single Unit Truck or Van 2axle, 6 tires; 14 - Single Unit Truck; 3+ axles; 15 - Single Unit Truck / Trailer; 16 - Truck/Tractor (Bobtail); 17 - Tractor/Semi-Trailer; 18 - Tractor/Double; 19 - Tractor/Triples; 20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver): 21 - Bus/Van (9-15 Seats, Inc Driver); 22 - Bus (16+ Seats, Inc Driver)

Non-Motorist: 23 - Animal with Rider; 24 - Animal with Buggy, Wagon, Surrey; 25 - Bicycle/Pedacyclist; 26 - Pedestrian/Skater; 27 - Other Non-Motorist

☐ Has HM Placard

Special Function: 01 - None; 02 - Taxi; 03 - Rental Truck (Over 10k Lbs); 04 - Bus - School (Public or Private); 05 - Bus - Transit; 06 - Bus - Charter; 07 - Bus - Shuttle; 08 - Bus - Other; 09 - Ambulance; 10 - Fire; 11 - Highway/Maintenance; 12 - Military; 13 - Police; 14 - Public Utility; 15 - Other Government; 16 - Construction Equip.; 17 - Farm Vehicle; 18 - Farm Equipment; 19 - Motorhome; 20 - Golf Cart; 21 - Train; 22 - Other (Explain in Narrative)

Most Damaged Area: 09

Impact Area: 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; 99 - Unknown

Action: 3

1 - Non-Contact; 2 - Non-Collision; 3 - Striking; 4 - Struck; 5 - Striking/Struck; 9 - Unknown

Pre-Crash Actions: 13

99 - Unknown

Motorist: 01 - Straight Ahead; 02 - Backing; 03 - Changing Lanes; 04 - Overtaking/Passing; 05 - Making Right Turn; 06 - Making Left Turn; 07 - Making U-Turn; 08 - Entering Traffic Lane; 09 - Leaving Traffic Lane; 10 - Parked; 11 - Slowing or Stopped in Traffic; 12 - Driverless; 13 - Negotiating a Curve; 14 - Other Motorist Action

Non-Motorist: 15 - Entering or Crossing Specified Location; 16 - Walking, Running, Jogging, Playing, Cycling; 17 - Working; 18 - Pushing Vehicle; 19 - Approaching or Leaving Vehicle; 20 - Standing; 21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 06

Secondary:

99 - Unknown

Motorist: 01 - None; 02 - Failure to Yield; 03 - Ran Red Light; 04 - Ran Stop Sign; 05 - Exceeded Speed Limit; 06 - Unsafe Speed; 07 - Improper Turn; 08 - Left of Center; 09 - Followed Too Closely/ACDA; 10 - Improper Lane Change /Passing/Off Road; 11 - Improper Backing; 12 - Improper Start From Parked Position; 13 - Stopped or Parked Illegally; 14 - Operating Vehicle in Negligent Manner; 15 - Swerving to Avoid (Due to External Conditions); 16 - Wrong Side/Wrong Way; 17 - Failure to Control; 18 - Vision Obstruction; 19 - Operating Defective Equipment; 20 - Load Shifting/Falling/Spilling; 21 - Other Improper Action

Non-Motorist: 22 - None; 23 - Improper Crossing; 24 - Darting; 25 - Lying and/or Illegally in Roadway; 26 - Failure to Yield Right of Way; 27 - Not Visible (Dark Clothing); 28 - Inattentive; 29 - Failure to Obey Traffic Signs /Signals/Officer; 30 - Wrong Side of the Road; 31 - Other Non-Motorist Action

Vehicle Defects: 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 Accident; 11 - Other Defects

Sequence of Events: 1 08; 2 30; 3 47; 4 52; 5; 6

First Harmful Event: 1

Most Harmful Event: 2

99 - Unknown

Non-Collision Events: 01 - Overturn/Rollover; 02 - Fire/Explosion; 03 - Immersion; 04 - Jackknife; 05 - Cargo/Equipment Loss or Shift; 06 - Equipment Failure (Blown Tire, Brake Failure, etc); 07 - Separation of Units; 08 - Ran Off Road Right; 09 - Ran Off Road Left; 10 - Cross Median; 11 - Cross Center Line Opposite Direction of Travel; 12 - Downhill Runaway; 13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed: 14 - Pedestrian; 15 - Pedalcycle; 16 - Railway Vehicle (Train, Engine); 17 - Animal - Farm; 18 - Animal - Deer; 19 - Animal - Other; 20 - Motor Vehicle in Transport; 21 - Parked Motor Vehicle; 22 - Work Zone Maintenance Equipment; 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle; 24 - Other 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 - Portable Barrier; 33 - Median Cable Barrier; 34 - Median Guardrail Barrier; 35 - Median Concrete Barrier; 36 - Median Other Barrier; 37 - Traffic Sign Post; 38 - Overhead Sign Post; 39 - Light/Luminaries Support; 40 - Utility Pole; 41 - Other Post, Pole or Support; 42 - Culvert; 43 - Curb; 44 - Ditch; 45 - Embankment; 46 - Fence; 47 - Mailbox; 48 - Tree; 49 - Fire Hydrant; 50 - Work Zone Maintenance Equipment; 51 - Wall, Building, Tunnel; 52 - Other Fixed Object

Unit Speed: 35

☒ Stated ☐ Estimated

Posted Speed: 35

Traffic Control: 01

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 - Person (Flagger, Officer); 12 - Pavement Markings; 13 - Crosswalk Lines; 14 - Walk/Don't Walk; 15 - Other; 16 - Not Reported

Unit Direction: From 3 To 6

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



HSY8304 OH1U (Rev 01/12)