TRAFFIC CRASH REPORT

OHIO Department of Public Safety — Education • Service • Protection

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 13-083655

CRASH SEVERITY: 2 (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 *: 0590191

REPORTING AGENCY NAME *: Youngstown Police Department

NUMBER OF UNITS: 01

UNIT IN ERROR: 01 (98 - Animal, 99 - Unknown)

COUNTY *: 50

☒ City * ☐ Village * ☐ Township *

CITY, VILLAGE, TOWNSHIP *: Youngstown

CRASH DATE *: 11/15/2013

TIME OF CRASH: 1313

DAY OF WEEK: FRI

DEGREES / MINUTES / SECONDS — LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES — LATITUDE: 41.0656 LONGITUDE: -80.6366

ROADWAY DIVISION: ☐ Divided ☒ Undivided

DIVIDED LANE DIRECTION OF TRAVEL: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

NUMBER OF THRU LANES: 02

LOCATION ROUTE TYPE [1]

LOCATION ROUTE NUMBER

LOC PREFIX: E (N, S, E, W)

LOCATION ROAD NAME: Detroit

LOCATION ROAD TYPE [2]: AV

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 #): 915 Detroit

REFERENCE ROAD TYPE [2]: AV

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: 2 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

ROAD CONTOUR: 1 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

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
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: 1 (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: 1 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)

LIGHT CONDITIONS — PRIMARY: 1 — 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)

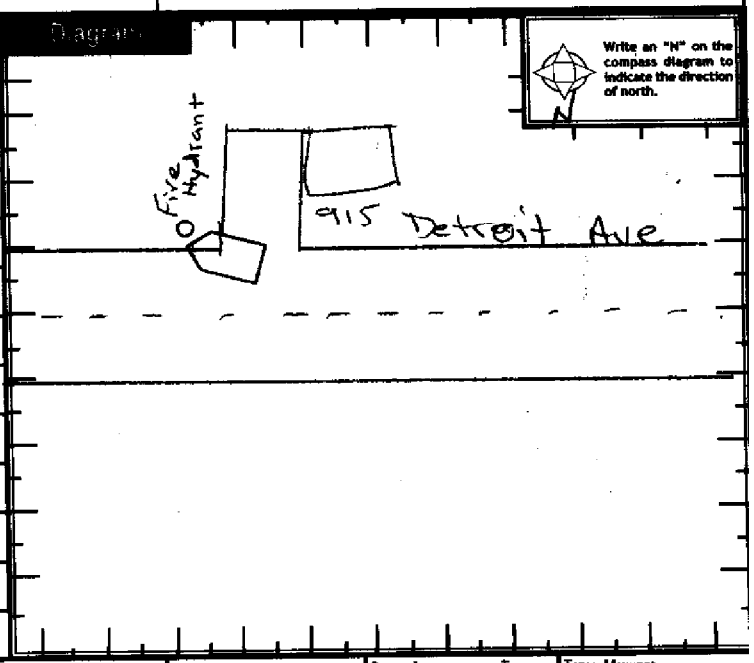
TYPE OF WORK ZONE:
1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median
4 - Intermittent or Moving Work
5 - Other

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 traveling east bound on Detroit Ave Unit 1 loses control and goes off right side of roadway striking a fire hydrant.

DIAGRAM



REPORT TAKEN BY: ☒ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
11/15/2013	1313	1403	1414	1714		180

OFFICER'S NAME *: FERRERI

OFFICER'S BADGE NUMBER: 1134

CHECKED BY: MS P. GARCIA

HSY7001 OH1 (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 13-083655

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender (F - Female, M - Male)
01	Sanchez, Ruben Noel III	10011995	18	M

Address, City, State, Zip	Contact Phone- include area code
118 Livingston, Youngstown OH. 44506	330884 8704

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	2	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
					1	1	1	1		1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free ☐ Device Used	Driver Distracted By
4510.111A 4511.202	DUS Lic. Forf. Failure to control	K18272		4

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

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender (F - Female, M - Male)
01	Sanchez, Karischa	03251993	20	F

Address, City, State, Zip	Contact Phone- include area code
114 Ayers, Youngstown OH. 44506	330 884-8704

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
2	2	Rural Metro	Northside	01		03	2	1	1

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender (F - Female, M - Male)
01	Hundson, Frankie Jerome III	07912011	2	M

Address, City, State, Zip	Contact Phone- include area code
114 Ayers Youngstown OH. 44506	330 884 8704

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
2	2	Rural Metro	Northside	04		06	1	1	1

HSY8306 OH1M (Rev 01/12)

UNIT

Local Report Number: 13-1983655

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - Inc. Area Code (☐ Same As Driver)	Damage Scale	Damaged Area
01	Marrero Agueda	330 884 8704	4	Front 02, 09, 03, 08, 10, 04, 07, 06, 05, Rear

Owner Address: City, State, Zip (☐ Same As Driver): 304 Hilton Ave Youngstown OH. 44506

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	FXP3808	1G3NL52E4XC429141	03

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1999	Oldsmobile	Alero	Silver

☐ 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. (1)

☐ Hazardous Material Released

Cargo Body Type (01): 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): 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): 1 - Personal; 2 - Commercial; 3 - Government

☐ In Emergency Response

Unit Type (02): 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): 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 (02): 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

Impact Area (02)

Action (3): 1 - Non-Contact; 2 - Non-Collision; 3 - Striking; 4 - Struck; 5 - Striking/Struck; 9 - Unknown

Pre-Crash Actions (01): 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 (17): 99 - Unknown

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 - 49; 3; 4; 5; 6; 99 - Unknown

First Harmful Event: 1

Most Harmful Event: 2

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 Asutment; 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: 129 ☒ Stated ☐ Estimated

Posted Speed: 25

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 4 To 3

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

HSY8304 OH1U (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
13-083655	Youngstown PD	M 11 D 19 Y 13

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

I, Ruben Sanchez (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO Ferreri #1134 (OFFICER'S NAME) AT 915 Detroit (LOCATION)

I was driven and I looked (23) away and lost control and hit the fire (25) hydrant

ADDRESS OF WITNESS: 118 Livingston Youngstown OH. PHONE: 330 884 8704

SIGNATURE OF WITNESS: X

OFFICER'S SIGNATURE: X #1134

HSY 7003 5/12 [760-0820]