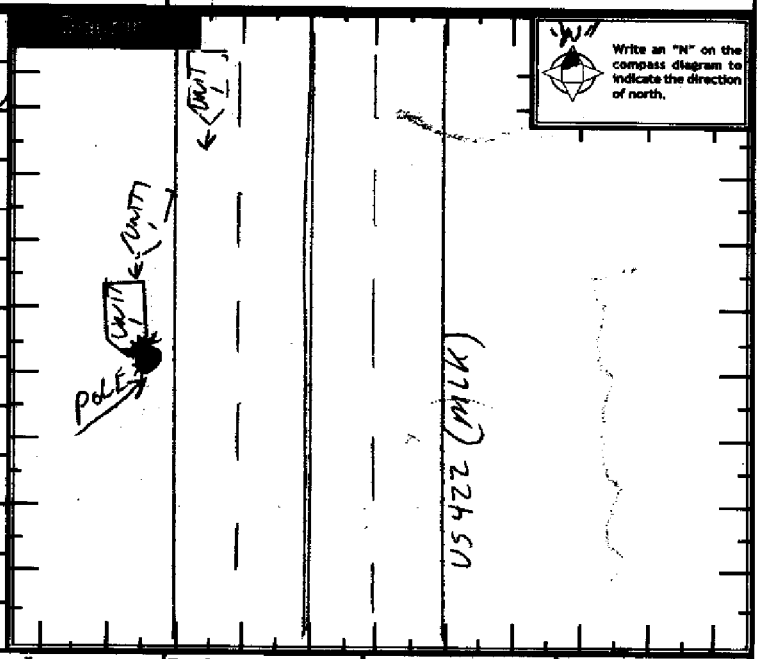
TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Local Information	
Local Report Number *	131-10BB101313
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 *	0510109
Reporting Agency Name *	YOUNGSTOWN POLICE
Number of Units	01
Unit in Error	01 (98 - Animal, 99 - Unknown)
County *	501
City * / Village * / Township *	City *
City, Village, Township *	YOUNGSTOWN
Crash Date *	12/08/2013
Time of Crash	2115
Day of Week	SUN
Degrees / Minutes / Seconds Latitude	41° 07' 31.4210"
Degrees / Minutes / Seconds Longitude	-80° 40' 56.1710"
Decimal Degrees Latitude	41.1216
Decimal Degrees Longitude	
Roadway Division	Undivided
Divided Lane Direction of Travel	N - Northbound, S - Southbound, E - Eastbound, W - Westbound
Number of Thru Lanes	04
Road Types or Milepost *	AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, PK - Parkway, PL - Place, RD - Road, ST - Street, TE - Terrace, TR - Trace, WA - Way
Location Route Type 1	US
Location Route Number	422
Loc Prefix	
Location Road Name	MARTIN LUTHER KING BLVD
Location Road Type 2	BL
Distance From Reference	200 Feet (Miles / Feet / Yards)
Dir From Ref	W
Reference Route Type 1	
Reference Route Number	
Ref Prefix	
Reference Name (Road, Milepost, House #)	DIVISION ST
Reference Road Type 2	ST
Reference Point Used	1 - Intersection, 2 - Mile Post, 3 - House Number
Crash Location	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	6 (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 - 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 - 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 - 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

DRIVER OF UNIT #1 STATED HE WAS TRAVELING S/B ON US422 WHEN HE LOST CONTROL AND WENT OFF THE ROAD RIGHT AND STRUCK A LIGHT POLE. THE POLE HAD NO VISABLE NUMBERS



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
12/08/2013	2105	2114	2115	2215		60

Officer's Name *	Officer's Badge Number	Checked By
M MARCIANO	1083	DAS P. GARMAN

HSY7001 OH2 (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Local Report Number: 13-0818033

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	SCHROMOFSKY LAWRENCE	03/15/1958	55	M (F - Female, M - Male)

Address, City, State, Zip: 228 WILSON ST STRUTHERS OHIO 44471

Contact Phone - Include Area Code: 330 755 7754

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				04		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	RV034355	4			1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
				1

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

Injuries: 1 - No Injury / Not Reported; 2 - Possible; 3 - Non-Incapacitating; 4 - Incapacitating; 5 - Fatal

Injured Taken By: 1 - Not Transported / Treated at Scene; 2 - EMS; 3 - Police; 4 - Other; 5 - Unknown

Safety Equipment Used: Motorcycle: 01 - None Used - Vehicle Equipped; 02 - Helmet Not Used; 03 - Lap Belt Only Used; 04 - Shoulder and Lap Belt Used; 05 - Child Restraint System Forward Facing; 06 - Child Restraint System Rear Facing; 07 - Booster Seat; 08 - Helmet Used. Other: 09 - None Used; 10 - Helmet Used; 11 - Protective Pads Used (Elbow, Knee, Etc); 12 - Reflective Clothing; 98 - Unknown; 99 - Other

Seating Position: 01 - Front - Left Side (Motorcycle Operator); 02 - Front - Middle; 03 - Front - Right Side; 04 - Second - Left Side (Motorcycle Passenger); 05 - Second - Middle; 06 - Second - Right Side; 07 - Third - Left Side (Motorcycle Sidecar); 12 - Passenger in Unenclosed Cargo Area; 13 - Trailing Unit; 14 - Riding on Vehicle Exterior (Non-Motorcycle Type); 15 - Sleeper Berth; 16 - Other Unenclosed Passenger Area; 17 - Other Enclosed Passenger Area; 18 - Bus Seat; 19 - Unknown

Air Bag Usage: 1 - Not Applicable; 2 - Deployed - Front; 3 - Deployed - Side; 4 - Deployed - Both Front and Side; 5 - Not Deployed; 6 - Deployed - Unknown; 7 - Deployed - Other

Ejection: 1 - Not Ejected; 2 - Partially Ejected; 3 - Totally Ejected; 4 - Not Applicable. Ejection Path: 1 - Through Side; 2 - Through Windshield; 3 - Through Other Window; 4 - Other Opening; 5 - Unknown

Trapped: 1 - Not Trapped; 2 - Trapped - Released; 3 - Trapped - Not Released; 4 - Trapped - Unknown; 5 - Unknown

Alcohol Test Status: 1 - None Given; 2 - Test Refused; 3 - Test Given, Contents Unknown; 4 - Test Given, Results Known; 5 - Test Given, Results Unknown

Alcohol Test Type: 1 - Breath; 2 - Blood; 3 - Urine; 4 - Other; 5 - Unknown

Drug Test Type: 1 - Blood; 2 - Urine; 3 - Other; 4 - Unknown

Drug Test Status: 1 - None Given; 2 - Test Refused; 3 - Test Given, Contents Unknown; 4 - Test Given, Results Known; 5 - Test Given, Results Unknown

OCCUPANT

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

OCCUPANT

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

UNIT

Local Report Number: 13-1988033

Unit Number: 01

Owner Name: Last, First, Middle (☒ Same As Driver)

Owner Phone Number - inc. area code (☒ Same As Driver)

Owner Address: City, State, Zip (☒ Same As Driver)

Damage Scale: 3 (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: OH

License Plate Number: FBB6894

Vehicle Identification Number: 3FAHP0729 7R147503

Occupants: 01

Vehicle Year: 2007

Vehicle Make: FORD

Vehicle Model: FUSION

Vehicle Color: BLUE

☐ Proof of Insurance Shown

Insurance Company: GRANGE

Policy Number:

Towed By: LUDTS

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 (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
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

☐ Has HM Placard

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

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: 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

Impact Area:

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

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: 39; 2; 3; 4; 5; 6

First Harmful Event: 1

Most Harmful Event: 1

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: 30

☐ Stated
☐ Estimated

Posted Speed: 35

Traffic Control: 12
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 1 To 7
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
13-088033	YOUNGSTOWN POLICE	M 12 D 08 Y 13

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

I, LAWRENCE SCHROMOFSKY (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

MARCIANO (OFFICER'S NAME) AT MLK at DIVISION (LOCATION)

I went off road slipery road hit pole

ADDRESS OF WITNESS

PHONE

SIGNATURE OF WITNESS X Lawrence Schromofsky

OFFICER'S SIGNATURE X

HSY 7003 5/12 [760-0820]

4/4