



Traffic Crash Report

Local Report Number * 11410101912114 Crash Severity 3 RUSkip 1 Solved 2 Unresolved

Local Information 2B 1-680 Reporting Agency NCTC * 1051010191 Reporting Agency Name * YOUNGSTOWN P.D. Number of Units 013 Unit in error 011 98 Animal 99 Unknown

County * SD City * YOUNGSTOWN City, Village, Township * YOUNGSTOWN Crash Date * 101210191210114 Time of Crash 112112 Day of Week 6 WED

Degrees / Minutes / Seconds Latitude 41° 01' 19.139" Longitude 78° 06' 17.255" Decimal Degrees Latitude _____ Longitude _____

Roadway Division Divided Undivided Divided Lane Direction of Travel 5 N - Northbound E - Eastbound S - Southbound W - Westbound Number of Thru Lanes 013 Road Types or Milepost * AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BT - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TR - Trail

Location Route Number 12 Location Route Type * 12 Location Road Name _____ Reference Route Number _____ Reference Name (Road, Milepost, House #) AN Reference Road Type * _____

Distance From Reference Miles Feet Yards Dir From Ref N,S E,W Reference Route Type * _____ Reference Name (Road, Milepost, House #) AN Reference Road Type * _____

Reference Point Used 1 1 - Intersection 2 - Mile Post 3 - House Number Crash Location 07 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 7 - Unknown

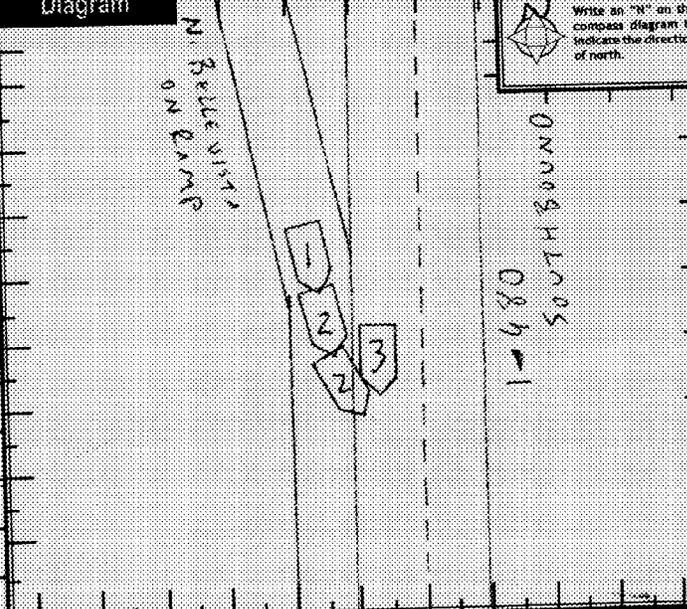
Road Contour 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown Road Conditions Primary 03 Secondary 04 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown * Secondary Condition Only

Manner of Crash Collision/Impact 2 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 9 - Unknown 8 - Sideswipe, Opposite Direction Weather 4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke & Snow 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 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 * Secondary Condition Only School Bus Related School Bus Directly Involved 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 WAS TRAVELING SOUTHBOUND ON THE ON-RAMP FROM N. BELLE VISTA ENTERING SOUTHBOUND 1-680 WHEN IT SLID ON SNOW AND ICE AND STRUCK THE REAR OF UNIT * 2. UNIT * 2 WAS THEN PUSHED INTO THE LIGHT SOUTHBOUND LANE OF 1-680 AND WAS THEN STRUCK BY UNIT * 3.



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS) Date Crash Reported 101210191210114 Time Crash Reported 112112 Dispatch Time 112113 Arrival Time 112125 Time Cleared 114145 Other Investigation Time _____ Total Minutes 114101 Officer's Name * M. WILLIS Officer's Badge Number 1017 Checked By DSP. GARCAR Page 1 of 8



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
 11917010191217

Motorist/Non-Motorist

UNIT NUMBER: 1011 NAME: LAST, FIRST, MIDDLE: HILSON, AAREN D. DATE OF BIRTH: 11/01/12 AGE: 20 GENDER: M (Male)

ADDRESS, CITY, STATE, ZIP: 458 W. SARATOGA AVE, AUSTINTOWN, OH 44515 CONTACT PHONE - INCLUDE AREA CODE: 330-793-1770

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

OL STATE: 1014 OPERATOR LICENSE NUMBER: UB647916 OL CLASS: 4 No VALID OL: M/C END: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: 1 ALCOHOL TEST VALUE: 1 DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED: () LOCAL CODE OFFENSE DESCRIPTION: CITATION NUMBER: HANDS-FREE DEVICE USED: 1 DRIVER DISTRACTED BY: 1

Motorist/Non-Motorist

UNIT NUMBER: 10121 NAME: LAST, FIRST, MIDDLE: McGEORGE, LONNIE S. DATE OF BIRTH: 11/12/41 AGE: 41 GENDER: M (Male)

ADDRESS, CITY, STATE, ZIP: 41 N. LAKEVIEW AVE, YOUNGSTOWN, OH 44509 CONTACT PHONE - INCLUDE AREA CODE: 330-774-3176

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

OL STATE: 1014 OPERATOR LICENSE NUMBER: RT010982 OL CLASS: 4 No VALID OL: M/C END: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: 1 ALCOHOL TEST VALUE: 1 DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED: () LOCAL CODE OFFENSE DESCRIPTION: CITATION NUMBER: HANDS-FREE DEVICE USED: 1 DRIVER DISTRACTED BY: 1

Legend

Injuries
 1 - No Injury (None Reported)
 2 - Possible
 3 - Non-Incorporating
 4 - Incorporating
 5 - Fatal

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

Safety Equipment Used
 Motorist:
 01 - None Used - Vehicle Occupant
 02 - Shoulder Belt Only Used
 03 - Lap Belt Only Used
 04 - Shoulder and Lap Belt Used
 Non-Motorist:
 05 - Child Restraint System - Forward Facing
 06 - Child Restraint System - Rear Facing
 07 - Booster Seat
 08 - Helmet Used
 09 - None Used
 10 - Helmet Used
 11 - Protective Pads Used (Shoulder, Knee, Elbow)
 12 - Reflective Clothing
 13 - Lighting
 14 - Other

Seating Position
 01 - Front - Left Side (Motorcycle Driver)
 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 Side Car)
 08 - Third - Middle
 09 - Third - Right Side
 10 - Ejection Section of Cab (Truck)
 11 - Passenger in Other Enclosed Cargo Area (Non-Trucks and Trailers - Bus, Van, etc. with Cab)
 12 - Passenger in Unenclosed Cargo Area
 13 - Trailing Unit
 14 - Riding on Vehicle Exterior (Not Trailing Unit)
 15 - Not Applicable
 16 - Other
 99 - Unknown

Air Bag Usage
 1 - Not Deployed
 2 - Deployed - Front
 3 - Deployed - Side
 4 - Deployed Both Front/Side
 5 - Not Applicable
 9 - Deployment Unknown

Ejection
 1 - Not Ejected
 2 - Partially Ejected
 3 - Fully Ejected
 4 - Not Applicable

Trapped
 1 - Not Trapped
 2 - Ejected by Mechanical Means
 3 - Ejected by Non-Mechanical Means

Operator License Class
 1 - Class A
 2 - Class B
 3 - Class C
 4 - Regular Class (with a "D")
 5 - M/Modified Only

Condition
 1 - Apparently Normal
 2 - Partial Impairment
 3 - Emotional (Depressed, Anxious, Disturbed)
 4 - Locked
 5 - Fell Asleep, Fatigued, Fatigued
 6 - Under the Influence of Medications, Drugs, Alcohol
 7 - Other

Alcohol Test Status
 1 - None Given
 2 - Test Refused
 3 - Test Given, Contaminated Sample/Unusable
 4 - Test Given, Results Known
 5 - Test Given, Results Unknown

Alcohol Test Type
 1 - None Given
 2 - Blood
 3 - Urine
 4 - Breath
 5 - Other

Drug Test Status
 1 - None Given
 2 - Test Refused
 3 - Test Given, Contaminated Sample/Unusable
 4 - Test Given, Results Known
 5 - Test Given, Results Unknown

Drug Test Type
 1 - None
 2 - Blood
 3 - Urine
 4 - Other

Driver Distracted By
 1 - No Distraction Reported
 2 - Phone
 3 - Texting/E-mailing
 4 - Electronic Communication Device
 5 - Other Electronic Device (Navigation Device, PDA, GPS)
 6 - Other Inside the Vehicle
 7 - External Distraction

Occupant

UNIT NUMBER: 1011 NAME: LAST, FIRST, MIDDLE: HILSON, ZENOBIA DATE OF BIRTH: 11/01/10 AGE: 78 GENDER: F (Female)

ADDRESS, CITY, STATE, ZIP: 458 W. SARATOGA AVE, AUSTINTOWN, OH 44515 CONTACT PHONE - INCLUDE AREA CODE: 330-793-1770

INJURIES: 1 INJURED TAKEN BY: EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO: SAFETY EQUIPMENT USED: 04 DOT COMPLIANT MOTORCYCLE HELMET: 03 SEATING POSITION: 03 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

Occupant

UNIT NUMBER: 10121 NAME: LAST, FIRST, MIDDLE: STENNIS, MELISSA DATE OF BIRTH: 11/10/11 AGE: 47 GENDER: F (Female)

ADDRESS, CITY, STATE, ZIP: 41 N. LAKEVIEW AVE, YOUNGSTOWN, OH 44509 CONTACT PHONE - INCLUDE AREA CODE: 330-947-2073

INJURIES: 1 INJURED TAKEN BY: EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO: SAFETY EQUIPMENT USED: 04 DOT COMPLIANT MOTORCYCLE HELMET: 03 SEATING POSITION: 03 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1114-10161912171

UNIT NUMBER 1031	NAME: LAST, FIRST, MIDDLE JACKSON, DEBRAH D.	DATE OF BIRTH 10/5/1941	AGE 44	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 1818 CORONADO AVE, YOUNGSTOWN, OH 44506	CONTACT PHONE- INCLUDE AREA CODE 330-951-1393
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER RR319867	OL CLASS 41	No VALID OL <input type="checkbox"/>	M/C ENG. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C ENG. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	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 <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES 1 - No Injury / None Reported 2 - Possible 3 - Non-Incorporating 4 - Incorporating 5 - Fatal	INJURED TAKEN BY 1 - Not Transported / Transported at Scene 2 - EMS 3 - Police 4 - Other 5 - Unknown	SAFETY EQUIPMENT USED Material 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	99 - Unknown Safety Equipment 05 - Child Restraint System - Forward Facing 06 - Child Restraint System - Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Knee, Elbow, Etc)	12 - Reflective Clothing 13 - Luggage 14 - Other
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SEATING POSITION 01 - Front - Left Side (Motorcycle Driver) 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 Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Seating Position of Cab Driver 11 - Passenger in Other Enclosed Cargo Area (Non-Trailer Not Subject to Roll-Over with Cap)	12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	AIR BAG USAGE 1 - Not Deployed 2 - Deployed Properly 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 6 - Deployer Unknown
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EJECTION 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	TRAPPED 1 - Not Trapped 2 - Ejected by Mechanical Means 3 - Ejected by Non-Mechanical Means	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS WITH "D" 5 - M/C/MOTORCYCLE ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - Fall Asleep, Fatigued, Fatigued Under the Influence of Medications, Drugs, Alcohol 7 - Other	ALCOHOL/DRUG SUSPECTED 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HDD Not Inquired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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ALCOHOL TEST STATUS 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	ALCOHOL TEST TYPE 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	DRUG TEST STATUS 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	DRUG TEST TYPE 1 - None 2 - Blood 3 - Urine 4 - Other	DRIVER DISTRACTED BY 1 - No Distraction Reported 2 - Phone 3 - Texting/E-Mailings 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, PDA, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT

LOCAL REPORT NUMBER
144-1010191217

UNIT NUMBER 10111	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) HILSON, KAREN A.	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 330-787-7036	DAMAGE SCALE 3	DAMAGED AREA
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OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)
3615 ANDREWS ST, YOUNGSTOWN, OH 44506

LP STATE OH	LICENSE PLATE NUMBER HILSON 3	VEHICLE IDENTIFICATION NUMBER 11AUMYIA3Z53M10101G15151	# OCCUPANTS 10/21
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VEHICLE YEAR 11/9/98	VEHICLE MAKE ACURA	VEHICLE MODEL INTEGRA	VEHICLE COLOR GREEN
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<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY ALLSTATE	POLICY NUMBER	TOWED BY
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CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT	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.	CARGO BODY TYPE 01	TRAFFICWAY DESCRIPTION 3
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HM PLACARD ID No.	HAZARDOUS MATERIAL RELEASED	UNIT TYPE 03	Med/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
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SPECIAL FUNCTION 01	MOTORIST	Non-Motorist	MOST DAMAGED AREA 09	IMPACT AREA 09	ACTION 3
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PRE-CRASH ACTIONS 01	MOTORIST	Non-Motorist
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CONTRIBUTING CIRCUMSTANCES	VEHICLE DEFECTS
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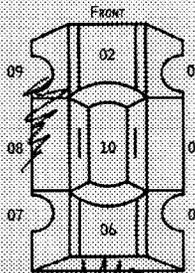
SEQUENCE OF EVENTS	Non-Collision Events	Collision With Fixed Object
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UNIT SPEED 50	TRAFFIC CONTROL 01	UNIT DIRECTION From 1 To 2
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UNIT

LOCAL REPORT NUMBER
 114-1009277

UNIT NUMBER 1013	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) STENNIS, MELISSA M	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 330-942-2073	DAMAGE SCALE 4	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 41 N. LAKEVIEW, YOUNGSTOWN, OH 44519				
LP STATE OH	LICENSE PLATE NUMBER FXP 7693	VEHICLE IDENTIFICATION NUMBER 1L6G6PMS7M3310111311519	# OCCUPANTS 10121	
VEHICLE YEAR 2013	VEHICLE MAKE CADILLAC	VEHICLE MODEL CTS	VEHICLE COLOR WHITE	
<input checked="" type="checkbox"/> BODY OF ASSURANCE SHOWN	INSURANCE COMPANY Progressive	POLICY NUMBER 902134341	TOWED BY BAGNIS	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	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.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, 1st DRIVER) 03 - BUS (16+ SEATS, 1st 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 16 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 3 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTIGUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED PAVEMENT OR GRADE 24 FT. MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>		<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BIYCLE 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 <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 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/REG. VAN 2 AXLES, 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/TRIMPLE 20 - OTHER MED/HEAVY VEHICLE BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, 1st DRIVER) 22 - BUS (16+ SEATS, 1st DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BICYCLE, WAGON, SURREY 25 - BIRD ON BICYCLE/STREET 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
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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 - LONG/TRAILER 13 - TOTAL/ALL AREAS 14 - OTHER 99 - UNKNOWN	ACTION 5 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 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 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 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 01 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 NEGLECTED 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	VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDA./CYCLE 16 - RAILWAY VEHICLE (TRAILER/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 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/LUMINAIRES SUPPORT 40 - UTILITY POLE 41 - CROSS MEDIAN OR SUPPORT 42 - SEPARATION OF UNITS 43 - RAN OFF ROAD RIGHT 44 - RAN OFF ROAD LEFT 45 - CROSS CENTER LINE 46 - OPPOSITE DIRECTION OF TRAVEL 47 - DOWNHILL RUNAWAY 48 - OTHER POST, POLE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 50	POSTED SPEED 50	TRAFFIC CONTROL 01 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 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 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT

LOCAL REPORT NUMBER

1141-10109121271 11111

UNIT NUMBER 1013	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)	DAMAGE SCALE 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)				
LP STATE OH	LICENSE PLATE NUMBER FXP 3605	VEHICLE IDENTIFICATION NUMBER 11G121WKB512150131F11218W12151	# OCCUPANTS 1011	
VEHICLE YEAR 2013	VEHICLE MAKE PONTIAC	VEHICLE MODEL GRAND PRIX	VEHICLE COLOR GREY	
PROOF OF INSURANCE SHOWN 9	INSURANCE COMPANY ALFA NISIAN	POLICY NUMBER 1134004847768	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE

US DOT	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.	CAR/BODY TYPE 01 01 - NO CAR/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 - GRAB, CRIBS, GEARLS	TRAFFICWAY DESCRIPTION 3 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED/PAVED OR GRASS OR PC MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 16 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 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 <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 05 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 CROWD UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN (2-8 AXLES, 6 TIRES) 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BUSES) 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/PEDICYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> 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 - UNDERCHASSIS 12 - LOAD/TRAILER 13 - TOTAL(CAL AREA) 14 - OTHER	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 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
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CONTRIBUTING CIRCUMSTANCES PRIMARY 61 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/OUT ROAD SECONDARY 01 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/OUT ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERING 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 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 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 12 - OPPOSITE DIRECTION OF TRAVEL 13 - DOWNHILL RUNAWAY 14 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDICYCLIST 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 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 - CURB 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
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UNIT SPEED 01 <input type="checkbox"/> STAYED <input type="checkbox"/> ESTIMATED	POSTED SPEED 50	TRAFFIC CONTROL 01 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 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 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER 14-009297	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 2 D 9 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, McGeorge James S PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Matt Willis OFFICER'S NAME AT I-680 By 193 LOCATION

AS I WAS ON I-680 SOUTHBOUND APPROACHING 193 RAMP, I WAS HIT FROM THE BEHIND BY A GREEN CAR, WHICH CAUSED ME TO FISH TAIL IN TRAFFIC, ALSO CAUSING A SILVER CAR TO COME HIT ME ON THE DRIVER SIDE.

ADDRESS OF WITNESS 41 N. LAKEVIEW, YOUNGSTOWN, OHIO 44509	PHONE 900-74-3170
SIGNATURE OF WITNESS X <u>James S. McGeorge</u>	OFFICER'S SIGNATURE X

7/8



LOCAL REPORT NUMBER 14-00 9297	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 2 09 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

1. Jackson, Deborah D. HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Matt Willis AT I-680 - By 193.
OFFICER'S NAME LOCATION

I 680 ~~at~~ ^{PD} South Bound ^{PI} near 193
~~Green PD~~

Green car was driving fast The Green
 car hit the white car. Both cars turned
 out of lanes, causing me to hit the white
 car. While waiting for the police car the
 green cars grand mother sat in my car. She
 told me myself that she told her grandson
 to slow down.

ADDRESS OF WITNESS 1818 Coronado ave	PHONE 330-951-1393
SIGNATURE OF WITNESS X Deborah D Jackson	OFFICER'S SIGNATURE X