TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 14-082589

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 *: 5009

REPORTING AGENCY NAME *: SALT SPRINGS Rd

NUMBER OF UNITS: 04

UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 50

☐ CITY * ☐ VILLAGE * ☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: Youngstown

CRASH DATE *: 11/17/2014

TIME OF CRASH: 0824

DAY OF WEEK: MON

DEGREES / MINUTES / SECONDS — LATITUDE: 41° 07' 52.01" LONGITUDE: -80° 42' 27.06"

DECIMAL DEGREES — LATITUDE: ____ LONGITUDE: ____

ROADWAY DIVISION: ☐ DIVIDED ● UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, S - SOUTHBOUND, E - EASTBOUND, W - WESTBOUND

NUMBER OF THRU LANES: 02

ROAD TYPES OR MILEPOST [2]: AL - ALLEY, AV - AVENUE, BL - BOULEVARD, CR - CIRCLE, CT - COURT, DR - DRIVE, HE - HEIGHTS, HW - HIGHWAY, LA - LANE, MP - MILEPOST, PK - PARKWAY, PI - PIKE, PL - PLACE, RD - ROAD, SQ - SQUARE, ST - STREET, TE - TERRACE, TL - TRAIL, WA - WAY

LOCATION ROUTE TYPE [1]: ____ LOCATION ROUTE NUMBER: ____

LOC PREFIX: N,S,E,W

LOCATION ROAD NAME: SALT SPRINGS

LOCATION ROAD TYPE [2]: RD

ROUTE TYPES [1]: IR - INTERSTATE ROUTE (INC. TURNPIKE), US - US ROUTE, SR - STATE ROUTE, CR - NUMBERED COUNTY ROUTE, TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: 40 ☐ MILES ● FEET ☐ YARDS

DIR FROM REF: S (N,S,E,W)

REFERENCE ROUTE TYPE [1]: ____ REFERENCE ROUTE NUMBER: ____

REF PREFIX: N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): 3033

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: 6 (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: 07 — SECONDARY: 03
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: 6 (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: 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)

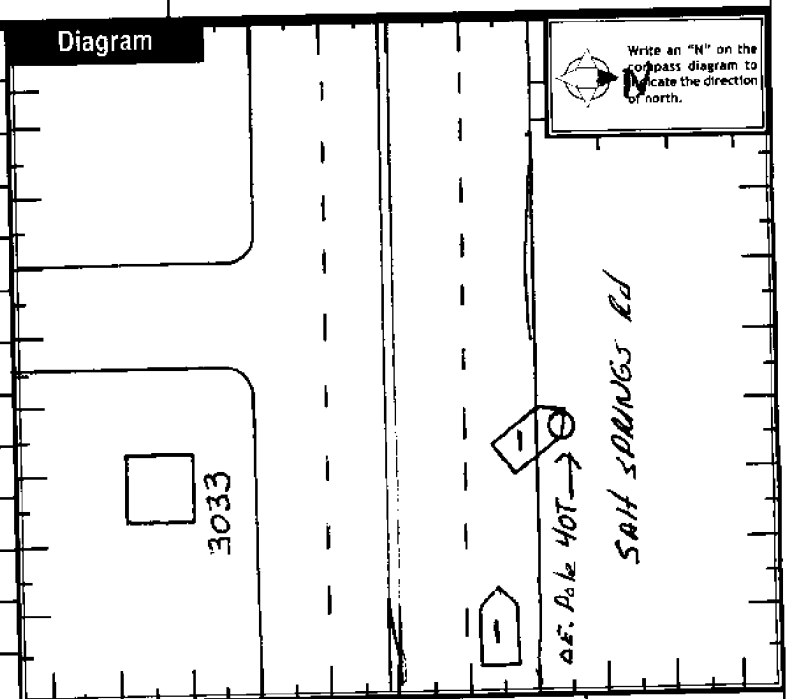
TYPE OF WORK ZONE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

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 # was traveling west on Salt Springs Rd and slid in the snow striking an Ohio Edison utility pole 40T.

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
11/17/2014	0824	0825	0825	0924		60

OFFICER'S NAME *: Russell Davis

OFFICER'S BADGE NUMBER: 1076

CHECKED BY: DLS

HSY7001 OH1 Rev 12/13 (760-0820)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 14-082580

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	SWEET, Ashley LYNN	10/21/1988	26	F (F - Female, M - Male)

Address, City, State, Zip: 114 N. EVANSTON Youngstown OHio 44509
Contact Phone - Include Area Code: 330-402-7031

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
4	2	Rural Metro	ST ELIZABeth	04		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
OH	5Y075301	4			1	1	1	1	.	1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
				1 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 / None 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
9 - 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
05 - Child Restraint System-Forward Facing
06 - Child Restraint System-Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
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 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up 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 Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

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

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

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio is "D")
5 - MC/Moped Only

Condition
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

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-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	CIONE, XAVIER	12/22/10	4	M (F - Female, M - Male)

Address, City, State, Zip: 114 N. EVANSTON Youngstown OH 44509
Contact Phone - Include Area Code: 330-402-703

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	4		ST ELIZABeth	05		04	1	1	1

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

HSY8306 OH1M (Rev 08/13) [760-1500]

OHIO DEPARTMENT OF PUBLIC SAFETY
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Unit

Local Report Number: 14-0825810

Unit Number	Owner Name: Last, First, Middle (■ Same As Driver)	Owner Phone Number - inc. area code (■ Same As Driver)	Damage Scale	Damaged Area
01			3	Front 02, 03, 04, 05, 06, 07, 08, 09, 10, Rear

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

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	Z52134	1FAFP13P6XW158635	02

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1999	Ford	ESCORT	TAN

Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
☐			Luoff's

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 K Lbs; 3 - More Than 26,000 K 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) 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 [illegible]; 22 Bus [illegible]

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 (03): 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 (03)

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 (08) 2 (40) 3 4 5 6 — 99 - Unknown

First Harmful Event (2)

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 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 (20): ☐ 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 (4)

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

OHTR 1700 08/01/2013