TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

Local Information: Youngstown

Local Report Number *: 15-1026310

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 Staff Reportable Dollar Amount

☐ Private Property

Reporting Agency NCIC *: 0150009

Reporting Agency Name *: Youngstown Police

Number of Units: 02

Unit in Error: 02 (98 - Animal, 99 - Unknown)

County *: 50

☒ City * ☐ Village * ☐ Township *

City, Village, Township *: Youngstown

Crash Date *: 04/27/2015

Time of Crash: 2045

Day of Week: MON

Degrees / Minutes / Seconds — Latitude: 41° 06' 41.10" Longitude: -80° 38' 18.70"

Decimal Degrees — Latitude: ____ Longitude: ____

Roadway Division: ☐ Divided ☒ Undivided

Divided Lane Direction of Travel: ☐ N - Northbound E - Eastbound S - Southbound 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: W (N,S, E,W)

Location Road Name: West Bound Service

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: 2 ☐ Miles ☒ Feet ☐ Yards

Dir From Ref: E (N,S, E,W)

Reference Route Type [1]:

Reference Route Number:

Ref Prefix: (N,S, E,W)

Reference Name (Road, Milepost, House #): Belmont

Reference Road Type [2]: Av

Reference Point Used: 1 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 03
01 - Not at 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: 2 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

Road Conditions — Primary: 01 Secondary: 01
01 - Dry, 02 - Wet, 03 - Snow, 04 - Ice, 05 - Sand, Mud, Dirt, Oil, Gravel, 06 - Water (Standing, Moving), 07 - Slush, 08 - Debris*, 09 - Ruts, Holes, Bumps, Uneven Pavement*, 10 - Other, 99 - Unknown
* Secondary Condition Only

Manner of Crash Collision/Impact: 3
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: 2
1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other

Light Conditions — Primary: 4 Secondary: 4
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)

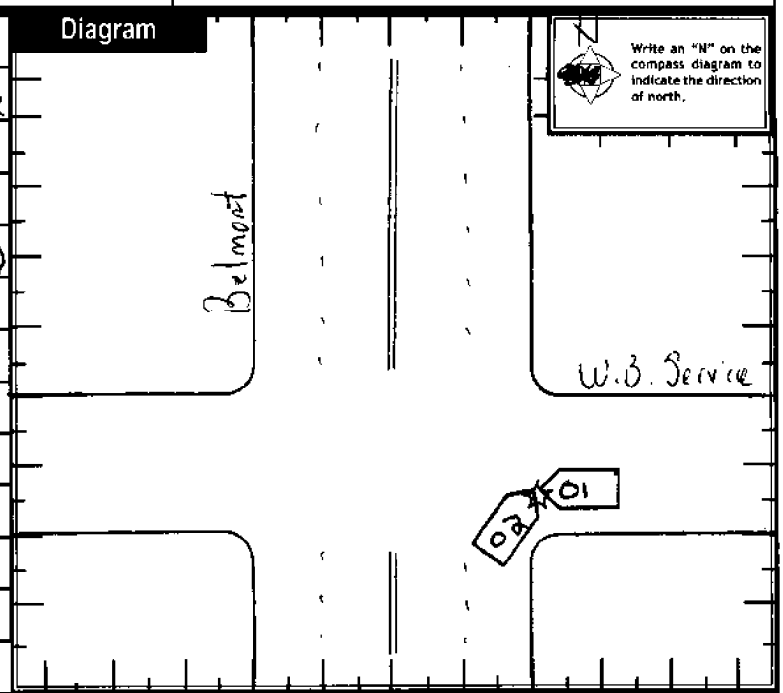
Type of Work Zone: ☐
1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 while Stopped on the West Bound Service Road at Belmont was Struck by Unit #2 who Turned East Bound onto the one way Road.

Diagram



Report Taken By: ☒ Police Agency ☐ Motorist

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

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
04/27/2015	2045	2045	2045	2125		040

Officer's Name *	Officer's Badge Number	Checked By
S. Gaetano	1138	D.S. Gaetano

HSY7001 OH1 Rev 12/13 (760-0820)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LUCA: REPORT NUMBER: 15-026310

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Strollo, Nicole	10/03/1971	43	F (F - Female, M - Male)

Address, City, State, Zip: 1966 Old Farm Trail Youngstown, Ohio 44515

Contact Phone - Include Area Code: 330 717 2613

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	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	RL396057	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
02	Walchak, George	01/01/1974	41	M (F - Female, M - Male)

Address, City, State, Zip: 1747 Morris St. Mineral Ridge, Ohio 44440

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	2	Rural Metro	St. Elizabeth's	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	RQ252546	4	☐	☐	6	2	5	2	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
4511.19 A1A; 4549.03	OVI; Hit-Skip	K22075	☐	1 1

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
				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
					☐				

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

Unit

Local Report Number: 15-0216311 9

Unit Number	Owner Name: Last, First, Middle (☒ Same As Driver)	Owner Phone Number - inc. area code (☒ Same As Driver)	Damage Scale
01	Stroll, Nicole	330 717 2613	3

Owner Address: City, State, Zip (☒ Same As Driver): 1966 Old Farm Trail Youngstown, Ohio 44515

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

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	FYP9187	3FAHP0HA7CR301165	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2012	Ford	Fusion	Grey

☒ Proof of Insurance Shown

Insurance Company	Policy Number	Towed By
Nationwide	9234K755167	

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

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: 5

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: 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

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 - Underc arriage; 12 - Load/Trailer; 13 - Total/All Areas; 14 - Other; 99 - Unknown

Action: 4

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: 01

Secondary: 01

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 - 20; 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: 0

☒ Stated ☐ Estimated

Posted Speed: 25

Traffic Control: 04

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

Unit

Local Report Number: 15-0216310

Unit Number	Owner Name: Last, First, Middle (☒ Same As Driver)	Owner Phone Number - inc. area code (☒ Same As Driver)	Damage Scale	Damaged Area
02	Walchak, George		3	Front 02

Owner Address: City, State, Zip (☒ Same As Driver): 1747 Morris St. Mineral Ridge, Ohio 44440

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

Damaged Area: 02, 03, 04, 05, 06, 07, 08, 09, 10

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GLY7535	5N1AR18W67C614515	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2007	Nissan	Pathfinder	Silver

☐ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By: Shultz

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 or Not Applicable; 02 Bus; 03 Vehicle Towing Another Vehicle; 04 Logging; 05 Intermodal Container Chassis; 06 Cargo Tank; 07 Flatbed; 08 Dump; 09 Concrete Mixer; 10 Auto Transporter; 11 Garbage/Refuse; 99 Other/Unknown

Trafficway Description: 5 Two Way, Not Divided; 1 Two Way, Divided, Unprotected (Painted or Grass); 2 Two Way, Divided, Protected (Raised Median); 3 Two Way, Divided, Positive Median Barrier; 4 One Way Trafficway

☒ Hit / Skip Unit

Non-Motorist Location Prior to Impact: 01 Intersection - Marked Crosswalk; 02 Intersection - Not 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: 06

Passenger Vehicle (Including Occupants): 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 Axle; 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 Left Rear. Impact Area: 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 Underc arriage; 12 Load/Trailer; 13 Total (All Areas); 14 Other; 99 Unknown

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

Pre-Crash Actions: 05

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

99 Unknown

Contributing Circumstances

Primary: 16

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 20; 2; 3; 4; 5; 6. 99 Unknown

First Harmful Event: 1. Most Harmful Event: 1

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: 04 Stop Sign; 01 No Control; 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 3. 1 North; 2 South; 3 East; 4 West; 5 Northeast; 6 Northwest; 7 Southeast; 8 Southwest; 9 Unknown

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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-026310	YOUNGSTOWN POLICE	M 04 D 27 Y 15

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

I, CHUM, JAMES S (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P. CONWAY (OFFICER'S NAME) AT W.B. SERVICE AT BELMONT (LOCATION)

I was waiting at the Red light behind the Victim when A white S.U.V. turned ~~left~~ right onto the one way road. The car stopped & then proceeded to drive into the victims car. He then stopped again ~~but~~ I believe he backed up a little & then hit the victim again & very slowly continued forward as the victim tried to steer her car out of the way. I then drove into the other lane as he drove onto the curb & continued down the street.

M.C.

ADDRESS OF WITNESS	PHONE
53960 PALMYRA RD SW WARREN OH 44481	347-279-4753

SIGNATURE OF WITNESS X [signature]

OFFICER'S SIGNATURE X [signature]

HSY 7003 5/12 [760-0820]

5/6

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-0	YPD	M 4 D 27 Y 15

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

I, NICOLE KENT STROLLO (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO George Anderson #1115 (OFFICER'S NAME) AT West Bound → Belmont (LOCATION)

I was stopped at a rea light heading west at Belmont and WB Service Rd. A vehicle began turning the wrong way down the one way road. I layed on the horn but the car did not stop. He proceeded to move hitting the driver side, front light. I moved over to get out of the way, but he just kept moving an hit the car a second time. He continued to drive over the curb on the right side of my car and proceeded the wrong way down the service road.

6FA

ADDRESS OF WITNESS	PHONE
1966 OLD FARM TRAIL YOUNGSTOWN, OH 44515	330-717-2613
SIGNATURE OF WITNESS: X Nicole Kent Strollo	OFFICER'S SIGNATURE: X

HSY 7003 5/12 [760-0820]

6/6