TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 15-06173

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 *: 0500 9

REPORTING AGENCY NAME *: Youngstown PD

NUMBER OF UNITS: 01

UNIT IN ERROR: 01 — 98 - ANIMAL, 99 - UNKNOWN

COUNTY *: 50

☒ CITY * ☐ VILLAGE * ☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: Youngstown

CRASH DATE *: 09/22/15

TIME OF CRASH: 1513

DAY OF WEEK: SAT

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

DECIMAL DEGREES — LATITUDE: 41.1035 LONGITUDE: -80.6545

ROADWAY DIVISION: ☐ DIVIDED ☒ UNDIVIDED

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

NUMBER OF THRU LANES: 04

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: Fifth Av

LOCATION ROAD TYPE [2]: AV

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: ☐ MILES ☐ FEET ☐ YARDS

DIR FROM REF: N,S,E,W

REFERENCE ROUTE TYPE [1]: REFERENCE ROUTE NUMBER: REF PREFIX: N,S,E,W: W

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

REFERENCE ROAD TYPE [2]: ST

REFERENCE POINT USED: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER

CRASH LOCATION: 02
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, 9 - UNKNOWN

ROAD CONTOUR: 1
1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - UNKNOWN

ROAD CONDITIONS — PRIMARY: 02 — SECONDARY:
01 - DRY, 02 - WET, 03 - SNOW, 04 - ICE, 05 - SAND, MUD, DIRT, OIL, GRAVEL, 06 - WATER (STANDING, MOVING), 07 - SLUSH, 08 - DEBRIS*, 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*, 10 - OTHER, 99 - UNKNOWN
* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT: 1
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT, 2 - REAR-END, 3 - HEAD-ON, 4 - REAR-TO-REAR, 5 - BACKING, 6 - ANGLE, 7 - SIDESWIPE, SAME DIRECTION, 8 - SIDESWIPE, OPPOSITE DIRECTION, 9 - UNKNOWN

WEATHER: 4
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)

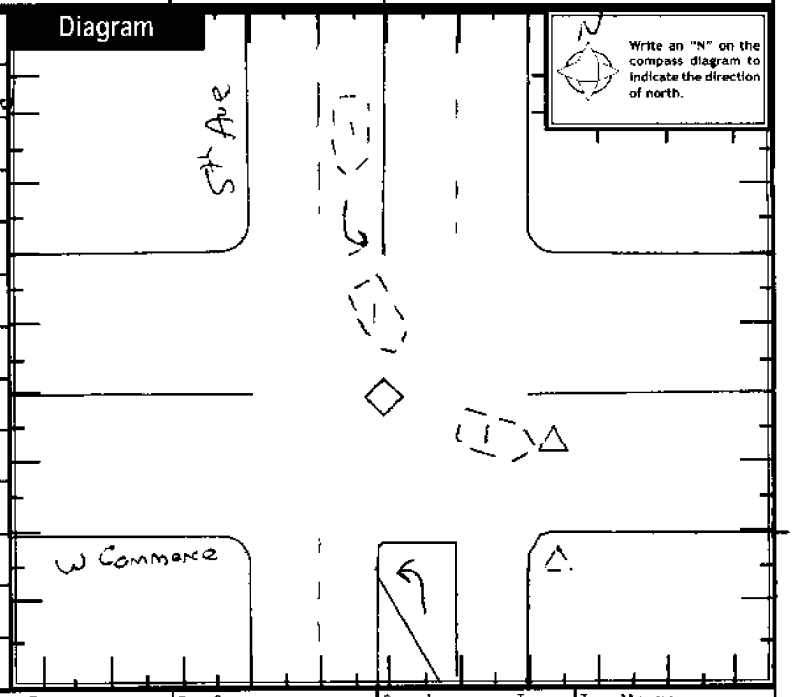
TYPE OF WORK ZONE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

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 #1 was traveling south on Fifth Ave at W. Commerce St. Unit #1 proceeded to turn left onto W. Commerce St from Fifth Ave, failed to maintain reasonable control and struck a pedestrian.

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	OFFICER INVESTIGATION TIME	TOTAL MINUTES
09/22/15	1513	1514	1516	1716		120

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY
M. Sember	1147	

HSY7001 OH1 REV 12/13 [760-0820]

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 15-061731

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Taylor, Christopher M.	04/21/1969	26	M (F - Female, M - Male)

Address, City, State, Zip: 624 Lee Ave Youngstown OH 44502

Contact Phone - Include Area Code: (330)523-3060

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	N/A		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	SV444258	4			1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
4511.202	Fail to Control	K22449		1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Ojeda-Ortiz, Victor G	11/11/1988	27	F (F - Female, M - Male)

Address, City, State, Zip: Homeless

Contact Phone - Include Area Code: (787) 967-6332

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
3	4	N/A	St. Elizabeth's	09		15	5	4	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
	None				1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
				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 - M C/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	Richey, Lola L	04/05/1969	26	F (F - Female, M - Male)

Address, City, State, Zip: 624 Lee Ave Youngstown, OH 44502

Contact Phone - Include Area Code: (234)-521-1257

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	N/A		04		03	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 01/12)

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 15-061731

UNIT NUMBER: 01

OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER): Richey, Lola L

OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER): (234) 521-1257

OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER)

DAMAGE SCALE: 1
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: FNP7441

VEHICLE IDENTIFICATION NUMBER: 1G4GW52K9X4624210

OCCUPANTS: 02

VEHICLE YEAR: 1999

VEHICLE MAKE: Buick

VEHICLE MODEL: Park Avenue

VEHICLE COLOR: White

☐ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY:

POLICY NUMBER:

TOWED BY:

CARRIER NAME, ADDRESS, CITY, STATE, ZIP:

CARRIER PHONE - INCLUDE AREA CODE:

US DOT:

HM PLACARD ID NO.:

HM CLASS NUMBER:

VEHICLE WEIGHT GVWR/GCWR:
1 - LESS THAN OR EQUAL TO 10K LBS.
2 - 10,001 TO 26,000 LBS
3 - MORE THAN 26,000 LBS.

☐ 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: 02
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: 01
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - RIGHT REAR
06 - REAR CENTER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP AND WINDOWS
11 - UNDERCARRIAGE
12 - LOAD/TRAILER
13 - TOTAL (ALL AREAS)
14 - OTHER
99 - UNKNOWN

IMPACT AREA: 02

ACTION: 3
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTIONS: 06
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 20; 2 14; 3; 4; 5; 6

FIRST HARMFUL EVENT: 2

MOST HARMFUL EVENT: 2

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: 05
☐ STATED
☒ ESTIMATED

POSTED SPEED: 35

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: 1 TO: 3
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

HSY8304 OH1U 3/14 [760-0820]

OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

OH-3

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-061731	YPD	M 09 D 12 Y 2015

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

I, Lola Richey (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

N. Sember (OFFICER'S NAME) AT St. Elizabeth Hospital (LOCATION)

We were traving South on Fifth on to Commerce as we were turning I looked down at my phone for a brief moment as I was raising my head up from my phone I felt a bump and saw the lady slid across the car and land on the ground, we put the car in park and helped her into the car and took her to the hospital.

ADDRESS OF WITNESS: 624 Lee Ave

PHONE: 234 521 1257

SIGNATURE OF WITNESS: X Lola Richey

OFFICER'S SIGNATURE: X N. Mach Sember

HSY 7003 8/13 [760-0820]

4/5

OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

OH-3

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
15-06173	YPD	M 09 D 12 Y 2015

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

I, Christopher Taylor (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

M. Sember (OFFICER'S NAME) AT St. Elizabeth Hospital (LOCATION)

I was Traveling South on ~~Commerce~~ 5th onto Commerce got the green light and ~~make~~ ran ~~[illegible]~~ into pedestrian who was walking while talking I did not see her because ~~[illegible]~~ I looked over for a brief second. When I tried to stop but the car slid into her

ADDRESS OF WITNESS: 624 Lee Ave Youngstown OH 44502

PHONE: 330-623-3060

SIGNATURE OF WITNESS: X Christopher Taylor

OFFICER'S SIGNATURE: X PH. Mark Sember 1197

HSY 7003 8/13 [760-0820]

5/5