

# TRAFFIC CRASH REPORT

OH-1 (Rev.10/99)



07-002335

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY \*

05009 YOUNGSTOWN P.D.

98 = ANIMAL  
99 = UNKNOWN

01 01 01102007

DAY OF WEEK

2228 WED X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

YOUNGSTOWN 50

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

N E 680

TYPE LOC  
3

TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

180 Boken Madison & ...  
04 HOUSE NUMBER 08 PLATE NO W/O REFERENCE  
05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

AT REFERENCE

DIST REFERENCE DR

60'N

PREFIX REFERENCE

Madison Expy

REF POINT

REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

NAME (LAST, FIRST, MIDDLE)

0102

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE DL #

LP STATE LP #

OH OH41XR

INJURED TAKEN BY

5 1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

Chichay, Dolores

ADDRESS (STREET, CITY, STATE, ZIP CODE)

209 West Market Austintown OH

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

1996 Mexc

Saab TAN

LUATS

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

HOME PHONE #

WORK PHONE #

DL STATE DL #

LP STATE LP #

INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

01

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

01 SEATING POSITION  
01 FRONT - LEFT (MC DRIVER)  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (MC PASS)  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT  
(MC PASSENGER/SIDE CAR)

SAFETY EQUIPMENT

MOTORIST  
01 NONE USED  
02 SHOULDER BELT ONLY  
03 LAP BELT ONLY  
04 SHOULDER/LAP BELT  
05 CHILD SAFETY SEAT  
06 MC HELMET USED  
07 USE UNKNOWN

AIR BAG

1 NOT DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN

AIR BAG SWITCH

1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

EJECTION

1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

TRAPPED

1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES

1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

BLANK FOR WITNESS

03 07  
08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER  
16 NON-MOTORIST  
17 UNKNOWN

NON-MOTORIST  
01 NONE USED  
02 HELMET USED  
03 PROTECTIVE PADS  
04 REFLECTIVE CLOTHING  
05 LIGHTING  
06 OTHER  
07 UNKNOWN

HSY7001

UNIT NUMBERS

DAMAGE AREA

PRE-CRASH ACTIONS

SEQUENCE OF EVENTS

POSTED SPEED

DRUG TEST STATUS

01

NON-MOTORIST LOCATION

- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/ NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT

03

MOTORIST

- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK;
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BOBTAIL)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL OR CONVERTER DOLLY
- 17 TRACTOR/TRIPLES
- 18 MOTORCYCLE
- 19 MOTORIZED BICYCLE
- 20 SCHOOL BUS
- 21 CHURCH BUS
- 22 PUBLIC BUS
- 23 OTHER BUS
- 24 POLICE VEHICLE
- 25 FIRE TRUCK
- 26 AMBULANCE/RESCUE
- 27 TAXI
- 28 MOTOR HOME
- 29 TRAIN
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS

NON-MOTORIST

- 35 ANIMAL W/RIDER
- 36 ANIMAL W/BUGGY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE

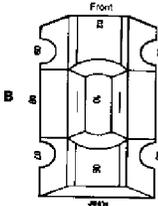
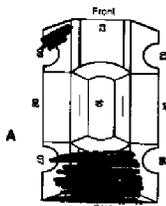
1

- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

5

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN



MOST DAMAGED AREA

06

- 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
- 15 UNKNOWN

POINT OF IMPACT

06

- 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
- 15 UNKNOWN

ACTION

3

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRIKING
- 4 STRUCK
- 5 BOTH STRIKING AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIE

1

- 1 NO UNDERRIE OR OVERRIDE
- 2 UNDERRIE, COMPARTMENT INTRUSION
- 3 UNDERRIE, NO COMPARTMENT INTRUSION
- 4 UNDERRIE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

01

MOTORIST

- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
- 02 BACKING
- 03 CHANGING LANES
- 04 OVERTAKING/PASSING
- 05 TURNING RIGHT
- 06 TURNING LEFT
- 07 MAKING U-TURN
- 08 ENTERING TRAFFIC LANE
- 09 LEAVING TRAFFIC LANE
- 10 PARKED
- 11 SLOWING/STOPPED IN TRAFFIC
- 12 DRIVERLESS
- 13 OTHER\*
- 14 UNKNOWN

NON-MOTORIST

- 15 ENTERING/CROSSING IN SPECIFIED LOCATION
- 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
- 17 WORKING
- 18 PUSHING VEHICLE
- 19 APPROACHING/LEAVING VEHICLE
- 20 PLAYING/WORKING ON VEHICLE
- 21 STANDING
- 22 OTHER
- 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

22

MOTORIST

- 01 NONE
- 02 FAILURE TO YIELD
- 03 RAN RED LIGHT, OR STOP SIGN
- 04 EXCEEDED SPEED LIMIT
- 05 UNSAFE SPEED
- 06 IMPROPER TURN
- 07 LEFT OF CENTER
- 08 FOLLOWED TOO CLOSELY/ACDA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED OR PARKED ILLEGALLY
- 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
- 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- 15 FAILURE TO CONTROL
- 16 VISION OBSTRUCTION
- 17 DRIVER INATTENTION
- 18 FATIGUE/ASLEEP
- 19 OPERATING DEFECTIVE EQUIPMENT
- 20 LOAD SHIFTING/FALLING/SPILLING
- 21 OTHER IMPROPER ACTION
- 22 UNKNOWN

NON-MOTORIST

- 23 NONE
- 24 IMPROPER CROSSING
- 25 DARTING
- 26 LYING AND/OR ILLEGALLY IN ROADWAY
- 27 FAILURE TO YIELD RIGHT OF WAY
- 28 NOT VISIBLE (DARK CLOTHING)
- 29 INATTENTIVE
- 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- 31 WRONG SIDE OF THE ROAD
- 32 OTHER
- 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

- 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 CRASH
- 11 OTHER DEFECTS

30

NON-COLLISION

- 01 OVERTURN/ROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMMERSION
- 04 JACKKNIFE
- 05 CARGO/EQUIPMENT LOSS/SHIFT
- 06 EQUIPMENT FAILURE
- 07 SEPARATION OF UNITS
- 08 RAN OFF ROAD RIGHT
- 09 RAN OFF ROAD LEFT
- 10 CROSS MEDIAN/CENTERLINE
- 11 DOWNHILL RUNAWAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION

COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED

- 14 PEDESTRIAN
- 15 PEDALCYCLE
- 16 RAILWAY VEHICLE
- 17 ANIMAL - FARM
- 18 ANIMAL - DEER
- 19 ANIMAL - OTHER
- 20 MOTOR VEHICLE IN TRANSPORT
- 21 PARKED MOTOR VEHICLE
- 22 WORK ZONE MAINTENANCE EQUIPMENT
- 23 OTHER MOVABLE OBJECT
- 24 UNKNOWN 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 MEDIAN BARRIER
- 33 HIGHWAY TRAFFIC SIGN POST
- 34 OVERHEAD SIGN POST
- 35 LIGHT/LUMINARIES SUPPORT
- 36 UTILITY POLE
- 37 OTHER POST, POLE OR SUPPORT
- 38 CULVERT
- 39 CURB
- 40 DITCH
- 41 EMBANKMENT
- 42 FENCE
- 43 MAILBOX
- 44 TREE
- 45 OTHER FIXED OBJECT
- 46 WORK ZONE MAINTENANCE EQUIPMENT
- 47 UNKNOWN FIXED OBJECT
- 48 OTHER
- 49 UNKNOWN

FIRST HARMFUL EVENT

1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

- 1
- 2

50

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 POLICE OFFICER
- 12 PAVEMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION

23

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

CONDITION

8

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

4

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL / DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS

1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

- 1
- 2
- 3

1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPIATES
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

01

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDBOUT
- 06 FIVE-POINT, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE

2

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

3

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS

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
- 11 UNKNOWN

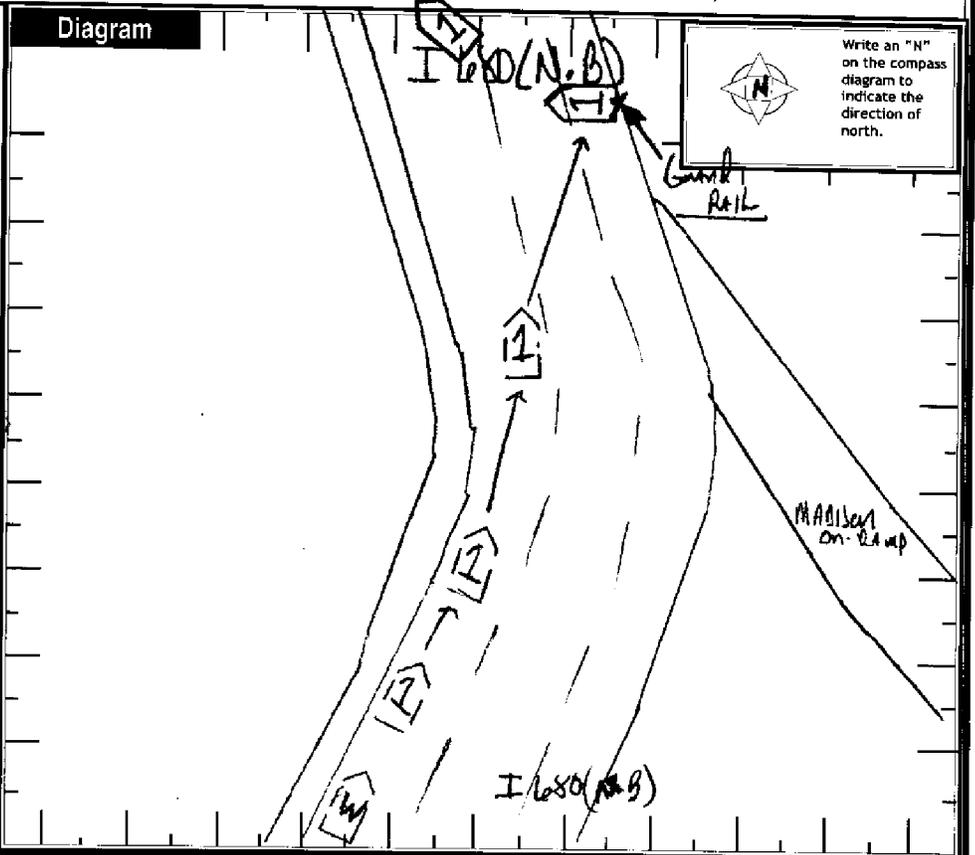
\*\*SECONDARY ROAD CONDITIONS ONLY

07-002335

**Narrative**

Unit #1 was traveling NORTH Bound on E 280. Unit #2 proceeded to lane change (crossed) into lane AS vehicle abruptly turns right (cross) and strikes the outside guard rail with the center beam of Unit #1. Witness further advised that suspect exited the driver side of Unit #2 and advised the witness they were going to walk to the store @ Mustang - Park Vista.

**Diagram**



**MANNER OF COLLISION OR IMPACT SCHOOL BUS RELATED**

- |   |                            |
|---|----------------------------|
| 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT | 1 No                       |
| 2 REAR-END  | 2 Yes, DIRECTLY INVOLVED   |
| 3 HEAD-ON   | 3 Yes, INDIRECTLY INVOLVED |
| 4 REAR-TO-REAR                                    | 4 UNKNOWN                  |
| 5 BACKING   |                            |
| 6 ANGLE   |                            |
| 7 SIDESWIPE, SAME DIRECTION                       |                            |
| 8 SIDESWIPE, OPPOSITE DIRECTION                   |                            |
| 9 UNKNOWN   |                            |

**WEATHER**

- 02
- 01 CLEAR
  - 02 CLOUDY
  - 03 FOG, SMOG, SMOKE
  - 04 RAIN
  - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
  - 06 SNOW
  - 07 SEVERE CROSSWINDS
  - 08 BLOWING SAND, SOIL, DIRT, SNOW
  - 09 OTHER
  - 10 UNKNOWN

**LIGHT CONDITIONS**

- 4
- 1 DAYLIGHT
  - 2 DAWN
  - 3 DUSK
  - 4 DARK - LIGHTED ROADWAY
  - 5 DARK - NOT LIGHTED
  - 6 DARK - UNKNOWN LIGHTING
  - 7 GLARE
  - 8 OTHER
  - 9 UNKNOWN

**WORK ZONE RELATED**

- 1 No
  - 2 Yes
  - 3 UNKNOWN
- TYPE OF WORK ZONE**

- 1 LANE CLOSURE
  - 2 LANE SHIFT/CROSSOVER
  - 3 WORK ON SHOULDER OR MEDIAN
  - 4 INTERMITTENT/ MOVING WORK
  - 5 OTHER
- LOCATION OF CRASH IN WORK ZONE**
- 1 BEFORE FIRST WORK ZONE WARNING SIGN
  - 2 ADVANCE WARNING AREA
  - 3 TRANSITION AREA
  - 4 ACTIVITY AREA
- WORKERS PRESENT**

- 1 No
- 2 Yes
- 3 UNKNOWN

**Truck/Bus**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
 A FATALITY; OR  
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
 ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT \_\_\_\_\_ ICC MC \_\_\_\_\_ PUCO \_\_\_\_\_ TRAILER LP ST. \_\_\_\_\_ TRAILER LP YEAR \_\_\_\_\_ TRAILER LP # \_\_\_\_\_

<b>CARGO BODY TYPE</b>	01 NOT APPLICABLE	05 POLE	09 CONCRETE MIXER	<b>Weight (GVWR)</b>	<b>CDL Class</b>	<b>Hazardous Materials Placard</b>	<b>Hazardous Materials Released</b>				
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER					1 LESS/EQUAL 10,000	1 CLASS A	1 No	1 No
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE					2 10,001 - 26,000	2 CLASS B	2 Yes	2 Yes
	04 GRAIN/CHIPS/GRAVEL	08 DUMP	12 OTHER					3 MORE THAN 26,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
		13 UNKNOWN			4 CLASS M		4 UNKNOWN				
					5 CLASS D						

**Police Action**

DISPATCH: 01102007 2228 2229 ARRIVED: 2232 CLEARED: 2348 OTHER: 0080  
 OFFICER'S NAME: D. FESTA CHECKED BY: D/S R. Deichman DATE REPORT FILED: 01122007

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION 3 OTHER  
 07-002335

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-002335	REPORTING AGENCY Youngstown PD	DATE OF ACCIDENT M 1 D 10 Y 07
IN COUNTY OF Mahoning	ACCIDENT LOCATION 1R680 NB @ Madison Expwy	

I was notified that Austintown PD spoke with the registered owner, Chichak, Dolores, and took a stolen vehicle report. Ms. Chichak advised that she lost her keys approx (1) week prior to the incident. Sometime after 1300 hrs 1-10-07 her vehicle was taken from her driveway.

With no suspect info beyond a vague description (young m/w driver and young F/w passenger), the report was filed as unsolved.

OFFICER'S SIGNATURE

X D/S Robert D. [Signature]

BADGE NUMBER

1054

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-102335	REPORTING AGENCY YPS	DATE OF CRASH 10/10/07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

(Statement to AFD)

I, \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

AT I 680 (N/E)

(OFFICERS NAME)

(LOCATION)

OFFICER WAS ADVISED BY WITNESS WAUGH, NIKOLE THAT SAID 1996 MERC. Sable (1C41XR) WAS N/S ON I 680 BEFORE BEGINNING TO LANE CHANGE BETWEEN MARSHEN EXPRESSWAY & BALLE WISHA STRIKING THE OUTSIDE GUARD RAIL WITH THE LOSS OF AUTO. AT THIS TIME A N/S SUSPECTED EXITED THE DRIVER SIDE OF THE SAID VEHICLE & A F/N SUSPECTED EXITED THE PASSENGER SIDE OF AUTO. BOTH SUSPECTS APPROACHED THE WITNESS AND STATED THEY WERE GOING TO WALK TO THE STORE AT THE CORNER OF MARSHEN & BALLE WISHA TO CALL POLICE.

OFFICERS CHECKED THE AREA AS WELL AS THE STORE (CIRCLE K) WITH NEGATIVE RESULTS. FURTHER, OFFICERS CHECKED NORTHBROOK HOSPITAL AS WELL AS ST. EPHRAIM ALSO PERFORMING NEGATIVE. OFFICER ORDERED SAID VEHICLE TOWED TO SAFE LOTS WITH A HOLD FOR ACCIDENT INVESTIGATION.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS	OFFICERS SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 07-002335	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 01 10 07
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Nikole Waugh (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
D. FESA #1032 (OFFICERS NAME) AT I 680 (N.B.) @ Mountain Ave (LOCATION) (EXIT RAMP)

I was coming Northbound on 680 and in front of me a car was in the far left lane, then suddenly cut across all 3 lanes of traffic and hit the guard rail. They then got out of the car and stated they didnt need help but the girl was hurt. While in my car asked where nearest gas station was I told them on Belle Vista Ave and they proceeded to walk away from the car against my advice to stay at the scene. The passengers were a young white male who was the driver, and a young white female.

ADDRESS OF WITNESS 5598 Baylor Ave	PHONE 570 703-4329
SIGNATURE OF WITNESS <u>Nikole Waugh</u>	OFFICERS SIGNATURE <u>[Signature]</u>

**AUSTINTOWN TOWNSHIP POLICE DISTRICT**  
**92 OHLTOWN ROAD**  
**AUSTINTOWN, OHIO 44515**

DATE REPORTED 01-11-07	TIME 1154	TYPE OF OFFENSE Theft of Vehicle	INCIDENT ST-0228
DATE OCCURRED 01-10-07	TIME 1200	PLACE & ADDRESS OCCURRED 209 Westminster Ave.	AGE 320
DATE ARRIVED 01-11-07	TIME 1206	VICTIM Dolores (Mrs) Chichak	PHONE (RES.) 781-925-504
VICTIM/COMPLAINANT EMPLOYED BY retired		ADDRESS 209 Westminster Ave. Austintown OH.	S.S.N. [REDACTED]
REPORTED BY & AGE victim		ADDRESS [REDACTED]	PHONE (BUS.) [REDACTED]
VEHICLE X CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER		REG. NO. & EXP. 10-07 DCX1XR	STATE OH
WEAPON OR TOOLS unknown		MAKE & YEAR Mare Sable 1996	COLOR Tan
RESUME This investigation reveals that victim stated that approx 1 week ago she lost the set of keys to the below vehicle, possibly a her driveway. She stated that sometime after 1300hrs of 01-10-07 person(s) unknown removed the vehicle from the above location. At approx 2349 hrs Youngstown Police Dept. towed the below vehicle from Madison Ave and Connecticut Ave reference a hit&run accident and was towed by Luelt's Towing. Victim was advised to go to Y.P.D. to get a vehicle release and to contact her insurance company.		ENTRANCE LOCATION N/A	EXIT LOC. HOW. [REDACTED]
		TAKEN TO HOSPITAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ALARM no
		VEHICLE LOCKED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DETECTIVE CALLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

QUANTITY	PROPERTY	STOLEN	LOST	DAMAGED	RECOVERED	ESTIMATED VALUE
	1996 Mare Sable 45, DCX1XR exp 10-25-07	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	VIN # 1MEFM50U8TAK68956, tan					
	insurance - Allstate					

ARRESTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNIT NO	SUPPLEMENTS X talotype	PHOTO POUCH NO. [REDACTED]	TOWED VEHICLE <input type="checkbox"/> BY [REDACTED]
EVIDENCE RECOVERED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO BY	EVIDENCE TURNED OVER TO UNIT NO.	DATE TIME	ASSIGNED TO
REPORTING OFFICER 21 Wojciak 119	APPROVED BY 132	DATE TIME 1-11-07	VICTIM <input checked="" type="checkbox"/> COMPLAINANT <input type="checkbox"/> REPORTED BY Dolores Chichak