OHIO

TRAFFIC CRASH REPORT

OH-1 (Rev.10/99)

Local Report # *	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
07-0211 86	2 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)	'X' if yes	1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)	'X' if yes: X	X	X		

N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *
05009	Youngstown Police	02	02 (98 = Animal, 99 = Unknown)	03/26/2007

Time of Crash	Day of Week	City *	Village *	TWP *	Name (of City, Village or Township) *	County # *	Latitude	Longitude
1702	MON	X			Youngstown	50		

Crash Occurred On

Prefix	Crash Location	Type Loc	Type Location Point Used (1 Named Street, 2 Numbered Route, 3 Numbered Route)	Legal Information
	IR680	3		

Alt. Reference

Dist Reference	DR	Prefix	Reference	Ref Point	Reference Point Used
			Mile Post 6.8	06	01 State Line, 02 Intersection, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A — Unit # 01 — # of Occ. 02

Name (Last, First, Middle): WALLACE, AMANDA J

Address (Street, City, State, Zip Code): 1575 Wellington Youngstown, ohio 44509

Date of Birth: 06/05/1980 — Age: 26 — Sex: F — Home Phone #: 3302330465 — Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
OH	RV842054	OH	PITT BUL	2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Rural Metro	ST E'S

Owner Name (If same, write "Same"): HADCIC, JONATHAN J — Address (Street, City, State, Zip Code): 1575 Wellington Youngstown ohio 4

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2000	Merc	500	Black	Allstate	Luchs	3302330465

Offense Charged: | Offense Description: | Citation #: | Local Code? 'X' if yes:

B — Unit # 02 — # of Occ. 01

Name (Last, First, Middle): PONDILLO, FRANK E

Address (Street, City, State, Zip Code): 1123 Detroit Youngstown, ohio 44502

Date of Birth: 11/05/1973 — Age: 33 — Sex: M — Home Phone #: — Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
OH	RL391548	OH	DK6P	2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Rural Metro	ST E'S

Owner Name (If same, write "Same"): ZIEMTANSKI, ROBERT — Address (Street, City, State, Zip Code): 1633 EVERETT

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1981	YAMA	Me			Luchs	

Offense Charged: | Offense Description: | Citation #: | Local Code? 'X' if yes:

Occupant

C — Unit # 01 — Name (Last, First, Middle): SANTORO, ANGELINA, M — Home Phone #: 3302330465 — Date of Birth: 07/29/2001 — Age: 05 — Sex: F

Address (Street, City, State, Zip Code): 1575 Wellington Youngstown ohio 44509 — Injured Taken By: 2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: Rural Metro — Injured Taken To: ST E'S

D — Unit #: — Name (Last, First, Middle): — Home Phone #: — Date of Birth: — Age: — Sex:

Address (Street, City, State, Zip Code): — Injured Taken By: (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

Blank for Witness	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
	01 A	04 A	1 A	1 A	1 A	1 A	2 A
	01 B	01 B	1 B	1 B	2 B	1 B	4 B
	03 C	04 C	1 C	1 C	1 C	1 C	2 C
	D	D	D	D	D	D	D

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); 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

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. Non-Motorist: 08 None Used; 09 Helmet Used; 10 Protective Pads; 11 Reflective Clothing; 12 Lighting; 13 Other; 14 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

Supplement * 'X' if Yes:

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Unit Numbers

A: 01 B: 02

Non-Motorist Location

A: B:

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

A: 04 B: 18

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; 2 Axles, 6 Tires
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

A: 1 B: 1

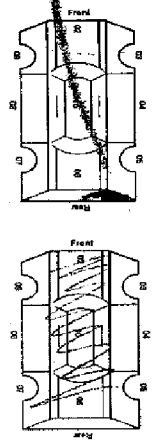
1 No
2 Yes
3 Unknown

Damage Scale

A: 2 B: 5

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

A: 06 B: 13

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

A: 06 B: 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 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Action

A: 4 B: 3

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: B: 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 01 B: 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

A: 01 B: 08

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

A: B:

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

Sequence Of Events

A	B
20	20
	32

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

A: 1 B: 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

A: 1 B:

1 Stated
2 Estimated Speed

Speed

A: 65 B:

Posted Speed

A: 50 B: 50

Traffic Control

A: 01 B: 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
15 Other

Direction

From	To	From	To
A: 2	1	B: 2	1

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

Condition

A: 1 B:

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

A: 1 B:

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

A: 1 B:

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

A: 1 B:

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A: B:

Drug Test Status

A: 1 B:

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

A: 1 B:

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A	B
1	
2	

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/Roundabout
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

1

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

Primary	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 Rut, Holes, Bumps, Uneven Pavement**
10 Other
11 Unknown

**Secondary Road Conditions Only

Supplement* "X" If Yes:

Local Report # *: 07-021186

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Narrative

UNIT#1 WAS NB ON IR680 AT mile Post IN the PASSING LANE. UNIT#2 WAS NB ON IR680 behind UNIT#1 UNIT#2 Struck UNIT#1 from behind. UNIT#2 was ejected from the motorcycle.

Manner of Collision or Impact: 2
1 Not Collision Between Two 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: 01
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: Primary 1; Secondary
1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1
1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

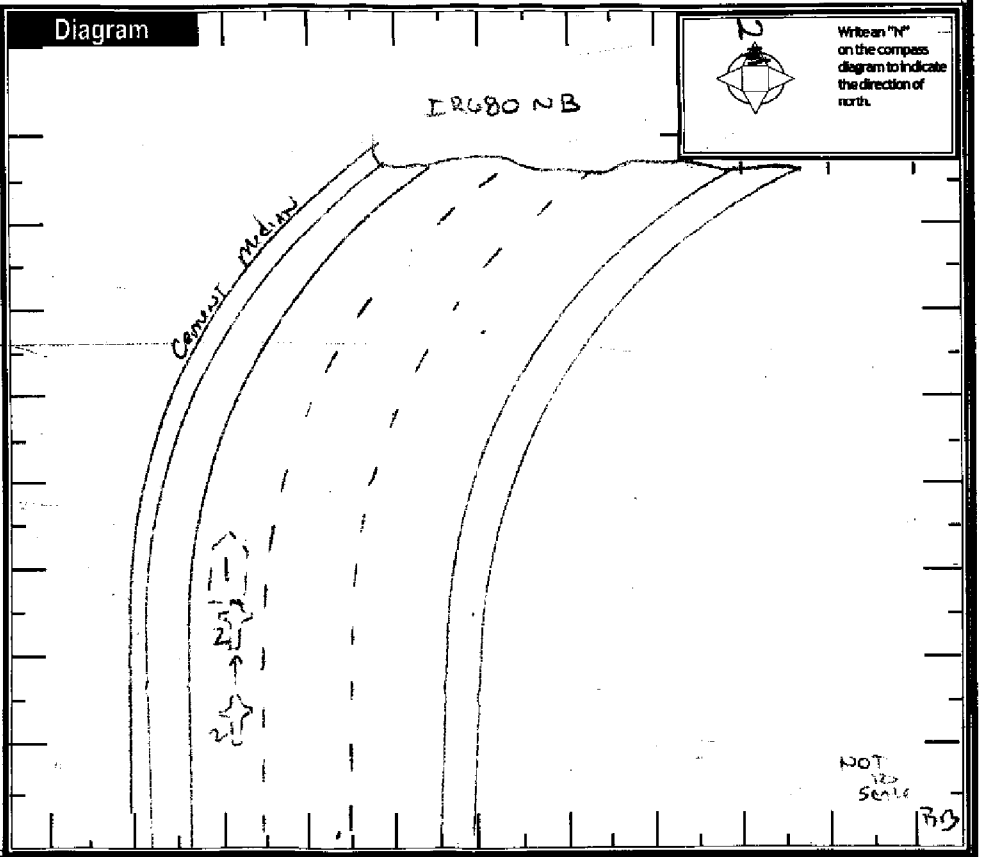
Work Zone Related: 1
1 No
2 Yes
3 Unknown

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

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Truck/Bus

Unit #

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.

AND

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 | CC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | # Dia.

Cargo Body Type:
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tan
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:
1 No
2 Yes
3 Unknown

Hazardous Material Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Rec. Call	Dispatch	Arrived	Cleared	Other	Total Minutes
03 26 2007	1702	1703	1707	2103		240

Officer's Name *: Boatsing
Badge # *: 1037
Checked By: DS P. GARCAR
Date Report Filed *: 05 28 2007

Report Taken By: 1 — 1 Police Agency, 2 Motorist
Report Taken At: 1 — 1 Scene, 2 Station, 3 Other
Supplement *: X if Yes
Local Report # *: 07-021186

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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION OH - 2

LOCAL REPORT NUMBER 07-021186	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 03 D 26 Y 07
IN COUNTY OF MAHONING	CRASH LOCATION IR 680	

3/26/07 SERIOUS INJURY ACCIDENT 680 NB

Victim WAS i.d. AS Pondillo, FRANK
Motorcycle WAS OWNED by ZIEMIANSKI, Robert
1633 EVERETT Ave.
Youngstown OH 44514
(330) 610 2467

3/28 Spoke to ZIEMIANSKI who stated Pondillo CAME to his residence AND ASKED to borrow his motorcycle. He further stated this WAS A COMMON PRACTISE AMONG the two. Pondillo did have A MC endorsement AND IS VALID.

Spoke to the witness' who stated that the motorcycle WAS travelling at A high rate of speed prior to the crash. Witness also stated driver WAS distracted by the sun AND WAS using one hand to shield his eyes.

Crash occurred on the curve
THERE WERE NO tire marks prior to impact to indicate braking. (Alcohol suspected)

Pondillo's condition critical - receiving burns over 50% of his body.

OFFICER'S SIGNATURE X [signature] BADGE NUMBER 1013

HSY 7002 5/05

LOCAL REPORT NUMBER 07-021186	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 03 D 26 Y 07
IN COUNTY OF MAHONING	CRASH LOCATION IR 680	

Spoke with Pondillo family which states FRANK is still critical and has had numerous surgeries. HE is in & out of consciencness.

Spoke with prosecutor Macejko who advised to get Pondillo's medical records and we would close case pending his recovery.

5/29/07 Received medical records from St. Elizabeth Medical center. Pondillo's blood result .208 above the legal limit.

CASE CLOSED pending

FATHER
Geno Pondillo 750-0400

Int. Care / Burn Unit
Akron (216) 778-5646

OFFICER'S SIGNATURE X Det. Patrick A. Duncan BADGE NUMBER 1013

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
07-021186	Youngstown P.D.	M 3 10/26/07

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

I, Gacu, Chris (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Frank Bigowsky (OFFICERS NAME) AT 680 W. and Southave (LOCATION)

I was driving on the opposite side of the Freeway right next to me a motorcycle swuved and hit the Back end of a tuck caught fire The driver flow off I didn't see where the tuck went too.

ADDRESS OF WITNESS	PHONE
74 Edgewater Poland OH	(330) 718-6883

SIGNATURE OF WITNESS X [signature] OFFICERS SIGNATURE X Frank Bigowsky

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
07-021186	Youngstown P.D.	M 3 10/26/07

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

I, Pizunivs, Con (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Frank Bizowsky 1101 (OFFICERS NAME) AT 680 W. and Southave (LOCATION)

I entered 680 going west @ Shirley enterance ramp when I noticed a motorcycle on my rear view mirror on the fast lane my speed at the time was 50mph he had to be going at least 70mph he had his left hand on top of his eyes blocking the wind and then he approached a car on the fast lane too fast he tryed to pass the car on the right side while driving with one hand and never made it he hit the car infront of him on the rear right hand side.....

ADDRESS OF WITNESS	PHONE
223 Struthers-Liberty rd Youngstown OH.	(330) 540-6878
SIGNATURE OF WITNESS	OFFICERS SIGNATURE
[signature]	[signature] 1101

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
07 - 021186	Youngstown P.D.	M 3 10/26/07

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

I, MARY ANN BATES (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Frank Bigowsky 1101 (OFFICERS NAME) AT 680 N and Southave (LOCATION)

Traveling south 680 motorcycle passed me going about 65 or 70 mile. I was in middle lane he passed on outside lane. Car in front of him he tried to pull over into my lane and hit the back end of the car in front of him. He flew into the air & his bike & him caught on fire.

ADDRESS OF WITNESS 488 Denton St. PHONE 330 558-8597

SIGNATURE OF WITNESS Mary Ann Bates OFFICERS SIGNATURE Frank Bigowsky 114

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M /D /Y

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

I, Amanda Wallace (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME) AT (LOCATION)

I was driving on I 680 at approx 5:30pm 3-26-07 when I was clipped from behind by a man on a motorcycle. I looked in my rearview mirror and seen a ball of fire. I quickly looked over my shoulder and seen him and his motorcycle flipping in the air. I quickly pulled over and got out of the car and ran to where he was lying. Thats when I met up with police officers.

ADDRESS OF WITNESS 1575 Wellington Youngstown, OH 44509 PHONE 330-233-8465

SIGNATURE OF WITNESS Amanda Wallace OFFICERS SIGNATURE

HSY 7003 1/82

JIMMY F. HUGHES
CHIEF OF POLICE

JAY WILLIAMS
MAYOR

YOUNGSTOWN POLICE DEPARTMENT
116 WEST BOARDMAN STREET
YOUNGSTOWN, OHIO 44503
(330) 742-8921

WRITTEN STATEMENT REQUESTING THE RELEASE OF RECORDS

To: St. Elizabeth Health Center Keeper of Records

I hereby state that an official criminal investigation has begun regarding, or a criminal action or proceeding has been commenced against PONDILLO, FRANK D.O.B. 11/05/73, SSN#[redacted], and that I believe that one or more tests has been administered to **him/her** by this health care provider to determine the presence or concentration of alcohol, a drug of abuse, or alcohol and a drug of abuse in his/her blood, breath, or urine at a time relevant to the criminal offense in question. Therefore, I hereby request that, pursuant to division (B)(2) of any records the provider possesses that pertain to any test or the results of any test administered to the person specified above to determine the presence or concentration of alcohol, a drug of abuse, or alcohol and a drug in his/her blood, breath, or urine, any time relevant to the criminal offense in question. The date of the offense 03/26/07.

D/S Patricia A Garcar

D/S Patricia A Garcar
D/S Robert Deichman

Accident Investigation Unit
2nd Floor
(330)742-8946
7:00 am – 3:00 pm