

# TRAFFIC CRASH REPORT

OH-1 (Rev.10/99)



07-029588

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

01 01

98 = ANIMAL  
99 = UNKNOWN

04282007

DAY OF WEEK

SAT X

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

Youngstown

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION

CLKUILAND ST

TYPE LOC

1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

AT / REFERENCE

LIST REFERENCE OR

PREFX REFERENCE

Hillman ST

REF POINT

01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE

04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

NAME (LAST, FIRST, MIDDLE)

0101 Edmondson, CHRISTINE

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1014 Arch ST Youngstown, OH 44506

HOME PHONE #

WORK PHONE #

744-9735

DL STATE DL #

OH RJ915739

LP STATE LP #

OH OCL5753

INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

Ryanal Mitars ST Elizabeth

OWNER NAME (IF SAME, WRITE "SAME")

SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SAME

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

1995 Buick

LESAVAT GRN

GRANGE

Luots

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)

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

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

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

- 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

BLANK FOR WITNESS

HSY7001



**Narrative**

UNIT 1A WAS TRAVELING WEST BOUND ON CLEVELAND ST. WENT OFF ROADWAY STRIKING A UTILITY POLE, THE DRIVER STATED PASI OUT PRIOR TO STRIKING UTILITY POLE. DRIVER WAS NOT FOUND AT FAULT AT THIS TIME.

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

- |   |                            |
|---|----------------------------|
| 3   | 1                          |
| 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   | <b>WORK ZONE RELATED</b>   |
| 7 SIDESWIPE, SAME DIRECTION                       | 1 NO                       |
| 8 SIDESWIPE, OPPOSITE DIRECTION                   | 2 YES                      |
| 9 UNKNOWN   | 3 UNKNOWN                  |

**WEATHER**

- 04
- 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**

- 1
- 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
- 1 LANE CLOSURE
  - 2 LANE SHIFT/CROSSOVER
  - 3 WORK ON SHOULDER OR MEDIAN
  - 4 INTERMITTENT/ MOVING WORK
  - 5 OTHER

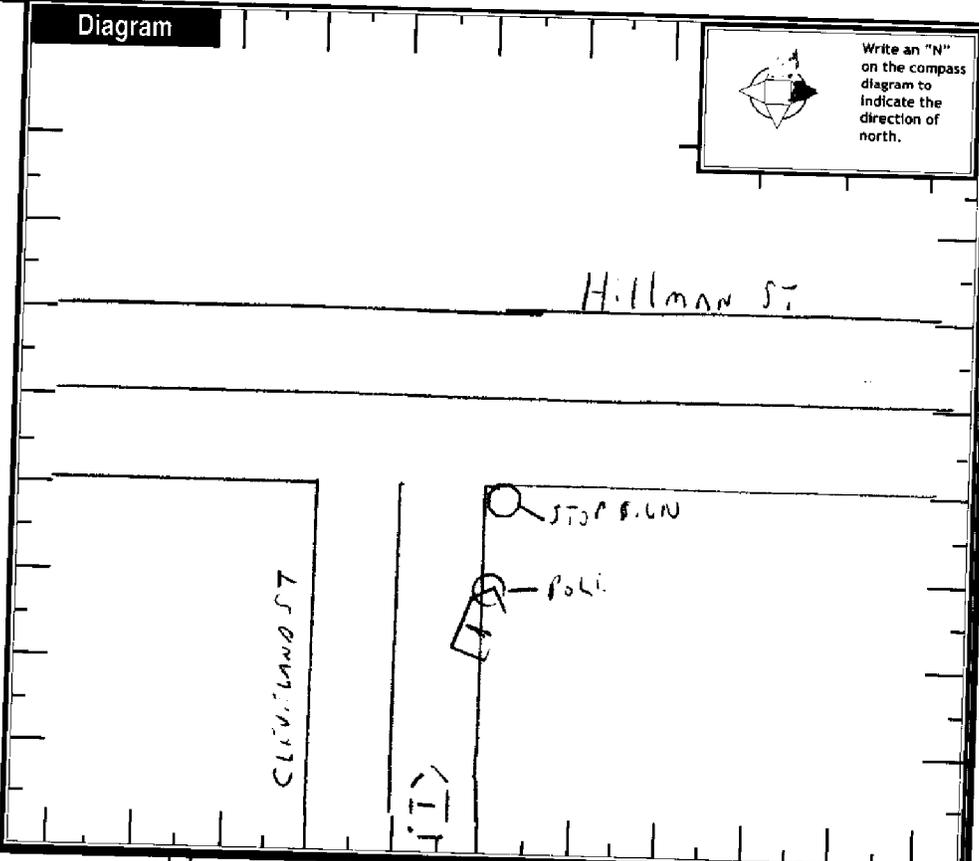
**LOCATION OF CRASH IN WORK ZONE**

- 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**

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.

**A  
N  
D**

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 NC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

CARGO BODY TYPE 01 NOT APPLICABLE

- 02 BUS (8-15 INCLUDING DRIVER)
- 03 VAN/ENCLOSED BOX
- 04 GRAIN/CHIPS/GRAVEL

- 05 POLE
- 06 CARGO TANK
- 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 Materials Released

- 1 NO
- 2 YES
- 3 NOT APPLICABLE
- 4 UNKNOWN

**Police Action**

042820071253

DISPATCH

11255

ARRIVED

1257

CLEARED

1439

OTHER

95

OFFICER'S NAME \*

David H. Wilson

CHECKED BY

941 R. Dachmen

DATE REPORT FILED \*

04292007

REPORT TAKEN BY

- 1 POLICE AGENCY
- 2 MOTORIST

REPORT TAKEN AT

- 1 SCENE
- 2 STATION
- 3 OTHER

TOP COPY - ODDS BOTTOM COPY - AGENCY

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