OH-1 (Rev. 10/06)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # *: 11-000013

CRASH SEVERITY: 2 (1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN)

PRIVATE PROPERTY: IF YES, X

HIT/SKIP: 1 (1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED)

PHOTOS TAKEN: IF YES, X — OH-2, OH-3 (X), OH-1P, OTHER

N.C.I.C.# *: 05009

REPORTING AGENCY *: Youngstown PD

UNITS: 03

UNIT ERROR: 03 (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH *: 02/12/11

TIME OF CRASH: 1229

DAY OF WEEK: SAT

CITY *: X

VILLAGE *:

TWP *:

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: Youngstown

COUNTY # *: 50

LATITUDE:

LONGITUDE:

PREFIX:

CRASH LOCATION: Glenwood Ave

TYPE LOC: 1

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

ROUTE REFERENCE: PREFIX: REFERENCE: 530

REF POINT: 04

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 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.:

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

[redacted]

DATE OF BIRTH:

AGE:

SEX:

HOME PHONE #:

WORK PHONE #:

DL STATE:

DL #:

LP STATE: OH

LP #: PHP 9453

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

TRANSPORTED BY:

INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): Smith's Automotive Services

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1971 McClure Ave Youngstown OHIO 44512

YEAR: 1984

MAKE: Chevy

MODEL: 3500 Tow Truck

COLOR: RED

INSURANCE COMPANY: Progressive

TOWING SERVICE:

OWNER PHONE #: 330 743-0911

OFFENSE CHARGED:

OFFENSE DESCRIPTION:

CITATION #:

LOCAL CODE? X IF YES

B

UNIT #: 02

OF OCC.:

NAME (LAST, FIRST, MIDDLE): Smith, Keith Edward

ADDRESS (STREET, CITY, STATE, ZIP CODE): P.O. Box 272 Kincaid Fayette West Virginia 25119

[redacted]

DATE OF BIRTH: 12/25/1972

AGE: 38

SEX: M

HOME PHONE #: 304-938-6367

WORK PHONE #: 743-0911

DL STATE:

DL #:

LP STATE:

LP #:

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

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:

CITATION #:

LOCAL CODE? X IF YES

Occupant

C

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:

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:

	A	B	C	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)	1	1		
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)	13	13		
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)		2		

BLANK FOR WITNESS

SUPPLEMENT * X IF YES

Unit Numbers

A: 01 | B: 02

Non-Motorist Location

A: | B: 05

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: 3 | B: 38

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: 2

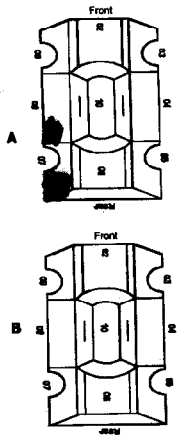
1 No
2 Yes
3 Unknown

Damage Scale

A: 3 | B: 6

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

Damage Area



Most Damaged Area

A: 07 | B: 15

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: 07 | B: 14

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: 4

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

Striking Vehicle: Override/ Underride

A: 7 | B:

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: 10 | B: 19

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: 01

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
1	20	20
2		
3		
4		

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: | B:

Of The Sequence Of Events – Which One Is The Most Harmful Event (1-4)

Speed Detected

A: | B:

1 Stated
2 Estimated Speed

Speed

A: | B:

Posted Speed

A: | B:

Traffic Control

A: | B:

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

	From	To
A	1	2
B	1	2

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

Condition

A: 1 | B: 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

A: | B: 1

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: | B: 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

A: | B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A:
B:

Drug Test Status

A: | B: 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

A: | B: 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A: 1 2 | 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

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary	Secondary
03	02

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 # *: 11-006013

Narrative

Unit # 3 stated she was going South Bound on Glenwood Ave when she observed a Tow Truck parked on the side of the road. Unit #2 walked from the rear of Unit #1 Tow Truck making sure it was clear to walk. Unit #2 was by his Driver Door Unit #1 when Unit #3 struck the left Rear Bumper area of Unit #1 continued on and struck Unit #2 (Pedestrian) by the back area where he had flew in the air and landed on the front wind shield then to the road. Unit #3 wind shield was shattered.

Manner of Collision or Impact: 7
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

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

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

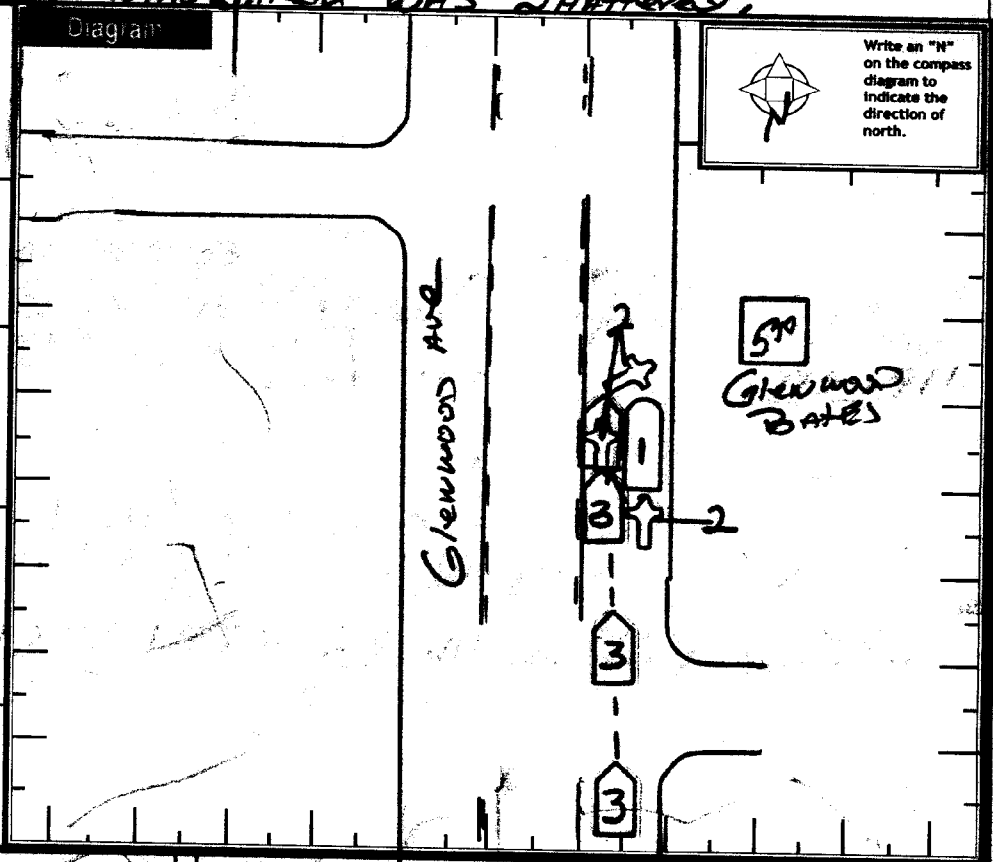
Type Of Work Zone:
1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

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

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



Vehicle

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 9 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.

Unit #:
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 #:
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 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

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
02012011	1229	1233	1243	1400		87

Officer's Name *: K.T. Baldwin
Badge # *: 911
Checked By: DSP.GARCAR
Date Report Filed *: 01022011

Report Taken By: 1 (1 Police Agency, 2 Motorist)
Report Taken At: 1 (1 Scene, 2 Station)
Supplement ("X" if Yes) *:
Local Report # *:

OH-1 (Rev. 10/06)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT # *: 11-006013

CRASH SEVERITY: 2 (1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN)

PRIVATE PROPERTY: 'X' IF YES

HIT/SKIP: 1 (1 HIT/SKIP, 2 SOLVED, 3 UNSOLVED)

PHOTOS TAKEN: 'X' IF YES — OH-2, OH-3, OH-1P, OTHER: X

N.C.I.C. #*: 05009

REPORTING AGENCY *: Youngstown PD

UNITS: 03

UNIT ERROR: 03 (98 = ANIMAL, 99 = UNKNOWN)

DATE OF CRASH*: 02/01/2011

TIME OF CRASH: 1225

DAY OF WEEK: TUE

CITY*: X

VILLAGE*:

TWP*:

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: YOUNGSTOWN

COUNTY # *: 50

LATITUDE:

LONGITUDE:

PREFIX:

CRASH LOCATION: GLENWOOD AVE

TYPE LOC: 1

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

REFERENCE:

REFERENCE POINT: 04

REFERENCE POINT USED: 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

530

Motorist/Non-Motorist

A

UNIT #: 03 — # OF OCC.: 01

NAME (LAST, FIRST, MIDDLE): WILSON, BRITTANY A

ADDRESS (STREET, CITY, STATE, ZIP CODE): 763 SHERWOOD AVE YOUNGSTOWN, OHIO 44511

[redacted]

DATE OF BIRTH: 08/01/1989 — AGE: 21 — SEX: F

HOME PHONE #: 555-555-1234

DL STATE: OH — DL #: TG924311

LP STATE: OH — LP #: FEW2673

INJURED TAKEN BY: 1 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN)

TRANSPORTED BY:

INJURED TAKEN TO:

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	FORD	ESCORT	RED	NONE	HUDTS	555-5257

OFFENSE CHARGED: 331.34

OFFENSE DESCRIPTION: F.T.C. FULL TIME ATTENTION

CITATION #: 12041147

LOCAL CODE? 'X' IF YES:

B

UNIT #:

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

[redacted]

DATE OF BIRTH: — AGE: — SEX: — HOME PHONE #: — WORK PHONE #:

DL STATE: — DL #: — LP STATE: — LP #: — INJURED TAKEN BY: — (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) — 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: — CITATION #: — LOCAL CODE? 'X' IF YES:

Occupant

C

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:

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:

	SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A	01	04	1	1	1	1	1
B							
C							
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, BLANK FOR MOTORCYCLE

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:

Unit Numbers

A: 03 | B:

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: 03 | B:

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:

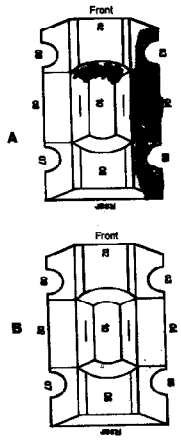
1 No
2 Yes
3 Unknown

Damage Scale

A: 3 | B:

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

Damage Area



Most Damaged Area

A: 04 | B:

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: 04 | B:

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: 3 | B:

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

Striking Vehicle: Override / Underride

A: 7 | B:

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:

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: 15 | B:

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
1	21	
2	14	
3		
4		

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:

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

Most Harmful Event

A: 2 | B:

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

Speed Detected

A: | B:

1 Stated
2 Estimated Speed

Speed

A: | B:

Posted Speed

A: | B:

Traffic Control

A: | B:

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

From	To	From	To
1	2		

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: | B:

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A:
.
B:

Drug Test Status

1 | 6

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: 1 2 | 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

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary: 03 | Secondary: 07

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 # *: 11-006013

Narrative

Manner of Collision or Impact

7

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

06

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

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

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 9 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 | ICC 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 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

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
02012011	1229	1233	1243	1400		87

Officer's Name * R.T. Baldwin

Badge # * 911

Checked By DASP. GARCAR

Date Report Filed * 01022011

Report Taken By 1 — 1 Police Agency, 2 Motorist

Report Taken At 1 — 1 Scene, 2 Station

Supplement "X" if Yes *

Local Report # * 11-[illegible]

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
11-00 6013	Youngstown PD	M 2 D 1 Y 11

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

I Rose M. Lopez HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Richard T. Baldwin AT 530 Glenwood Ave
OFFICER'S NAME LOCATION

I got back in my car way getting ready to pull out looked left looked right and the man from smith tow way flipped in the air spinning like a fan flipped and landed onto windshield and toped on to ground.

ADDRESS OF WITNESS 987 Lompoff West #1 PHONE 330-559-5826

SIGNATURE OF WITNESS X Rose M. Lopez

OFFICER'S SIGNATURE X Richard T. Baldwin

HSY 7003 4/07

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
11-006013	Youngstown P.D	M 2 D 1 Y 11

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

I, Brittany Wilson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Richard T. Baldwin (OFFICER'S NAME) AT 530 Glenwood Ave (LOCATION)

I was driving South bound on Glenwood ave. and there was a tow truck on the side of the road and a guy walking South bound on Glenwood ~~a~~ So I mturning to go around him and breaking at the Same time going about ~~[illegible]~~ ~~about [illegible]~~ no I was going about 15 to 20 a the time of the hit but I was breaking and sliding, When Slam he hit my windshield and road up my car hood and Flew up and hit the ground. And I immediatley got out the car to his side

ADDRESS OF WITNESS: 763 W. Sherwood ave.

PHONE: 330-559-5257

SIGNATURE OF WITNESS: X Brittany Wilson

OFFICER'S SIGNATURE: X [signature]

HSY 7003 4/07