OH-1 (Rev.06/09)

TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Report # * 11-007023

Crash Severity: 3 (1 Fatal 3 PDO 2 Injury 4 Unknown)

Private Property: X

Hit/Skip: 1 (1 Not Hit/Skip 2 Solved 3 Unsolved)

Photos Taken: OH-2 OH-3 OH-1P Other

N.C.I.C. # * 05009

Reporting Agency * YOUNGSTOWN P.D.

Units 02

Unit Error: 02 (98 = Animal 99 = Unknown)

Date of Crash * 02/06/2011

Time of Crash 1411

Day of Week SUN

City * X

Village * Twp *

Name (of City, Village or Township) * YOUNGSTOWN

County * STO

Latitude

Longitude

Crash Location: S.R. 170

Type Location Point Used: 3 (1 Named Street 2 Numbered Street 3 Numbered Route)

[redacted]

Direction Prefix Reference: 1736 S.R. 170

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. 01

Name (Last, First, Middle): MANCHESTER, ERICA R

Address (Street, City, State, ZIP Code): 3516 COLE YOUNGSTOWN, OHIO 44502

[redacted] Date of Birth 05/13/1976 Age 34 Sex F Home Phone # 330-[redacted] Work Phone #

OH RF 77293 License State OH License Class FD3-6047 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)

Year 2008 Make CHEVY Model HHR Color PURPLE Company PEERLESS Towing Service Owner Phone # 330-[redacted]

Offense Charged Offense Description Citation # Local Code? "X" if Yes

B

Unit # 02 # of Occ. 01

Name (Last, First, Middle): MYLES, ONERIA S

Address (Street, City, State, ZIP Code): 317 SOUTH FOREST YOUNGSTOWN, OHIO 44506

[redacted] Date of Birth 02/29/1975 Age 35 Sex G Home Phone # 330-[redacted] Work Phone #

OH RS 220420 License State OH License Class FD2-9011 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"): OLIVER, DONALD M Address (Street, City, State, ZIP Code): 122 E. DUBUNDOLCE YOUNGSTOWN, OHIO

Year 1998 Make OLDS Model BRONZE Color GREEN Company BLC DRIVERS Towing Service Owner Phone # 330-537-[redacted]

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 (4 Other 5 Unknown) Transported By Injured Taken To

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A	01 (01 Front – Left (MC Driver) 02 Front – Middle 03 Front – Right)	09 (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)	1 (1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown)	9 (1 Not Present 2 In On Position 3 In Off Position 4 Unknown)	1 (1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown)	1 (1 Not Trapped 2 Extricated By Mechanical Means 3 Freed By Non-Mechanical Means 4 Unknown)	6 (1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown)
B	01 (01 Front – Left (MC Driver) 02 Front – Middle 03 Front – Right)	09 (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)	1 (1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown)	9 (1 Not Present 2 In On Position 3 In Off Position 4 Unknown)	1 (1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown)	1 (1 Not Trapped 2 Extricated By Mechanical Means 3 Freed By Non-Mechanical Means 4 Unknown)	6 (1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown)
C							
D							

Blank for Witness

Supplement "X" if Yes

Unit Number

01 (A) 02 (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

03 06

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

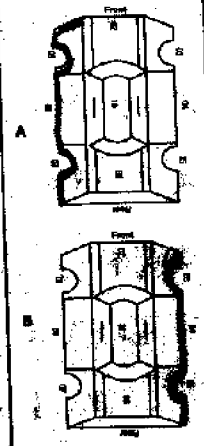
1 No
2 Yes
3 Unknown

Damage Scale

(A) 3 (B) 3

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

Damage Area



Most Damaged Area

09 (A) 03 (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

09 (A) 03 (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

4 (A) 3 (B)

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Sequence Of Events

A	B
20 (1)	20 (1)
(2)	(2)
(3)	(3)
(4)	(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 With Motor Vehicle In Transport

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

1 Stated
2 Estimated Speed

Speed

30 (A)
30 (B)

Posted Speed

35 (A) 35 (B)

Traffic Control

1 (A) 2 (B) 1 2

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
3 (A)	4	3 (B)	4

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

Condition

(A) 1 (B) 1

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/Drugs Suspected

(A) 1 (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) 1 (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) 1 (B) 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

(A)
(B)

Drug Test Given

(A) 1 (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) 1 (B) 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

(A) 1 (1) (2) (B) 1 (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

2

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

Road Conditions

Primary 01 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
11 Unknown
* *Secondary Road Conditions

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

Vehicle Defect Code Only If '19' Selected Above

(A) (B)

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

Underride/Underride

(A) 1 (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

Supplement* "X" if Yes

Local Report #* 11-007023

[redacted] UNIT #1 WAS TRAVELING WEST ON EAST MIDLOTHIAN S.R. 170 IN FRONT OF 1736 EAST MIDLOTHIAN S.R. 170. UNIT #1 WAS IN THE CURB LANE. UNIT #2 WAS ALSO TRAVELING WEST ON EAST MIDLOTHIAN S.R. 170 NEXT TO UNIT #1 AND UNIT #2 WAS IN THE PASSING LANE. UNIT #2 ATTEMPTED TO MERGE INTO THE CURB LANE, FAILED TO SEE UNIT #1 AND STRUCK UNIT #1.

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

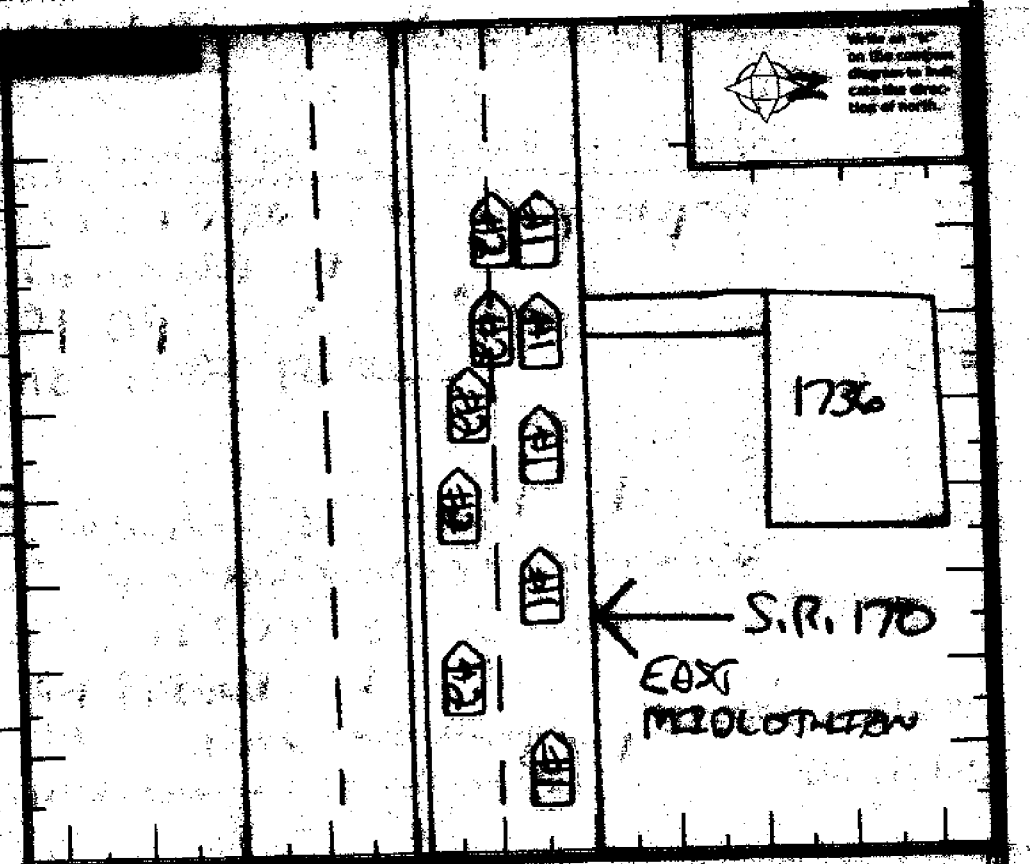
Weather: 02
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

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

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

Workers Present:
1 No
2 Yes
3 Unknown



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.

Unit #

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, ZIP Code)

US.DOT | ICC | 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 Material Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
08062011	1411	1426	1440	1640		149

Officer's Name: PILM. B. [illegible]

Badge #: 1076

Checked By:

Date Report Filed: 02072011

Report Taken By: 1 Police Agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

Supplement "X" if Yes

Local Report #: 11-087083