

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
11-012658

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN  
2

PRIVATE PROPERTY  
X YES

MIT/SHIP  
1 Not Mit/Ship  
2 SOLID  
3 UNINVOLVED  
1

PHOTOS TAKEN  
X IF YES

ON-2 ON-3 ON-1P Other

N.C.I.C. # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN PD

# UNITS  
02

Unit Enroll  
02  
88 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH \*  
03 05 20 11

TIME OF CRASH DAY OF WEEK CITY \* VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* COUNTY \* P \* LATITUDE LONGITUDE  
1159 SAT X YOUNGSTOWN 50

FRONT LASHOR LOCATION TYPE LOC TYPE LOCATION POINT USED  
US 422 2 1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

OAV STREET

CRASH REFERENCE MAP \* MAP REFERENCE TOWNSHIP POINT USED  
TACKSON 22 02 STATE LINE 04 TOWNSHIP BOUNDARY 06 DOWNGRADE  
02 INTERSECTION 2 STREETS 08 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
03 COUNTY LINE 07 CORPORATION LIMIT

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)  
A 01 03 HRINA, Timothy 420 MARTIN LUTHER KING BLVD YOUNGSTOWN OHIO 44502  
DATE OF BIRTH AGE SEX HOME PHONE #  
10 24 11 8 80 30 M 792-3657

DL STATE DL # LP STATE LP # ISSUED TAKEN BY # HOME # OTHER TRANSPORTED BY REARMS TAKEN TO  
OH RE 641319 OH 33 2 EMS 5 UNKNOWN RURAL METRO ST. ELIZABETH  
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
CITY OF YOUNGSTOWN YFD 420 MARTIN LUTHER KING BLVD YOUNGSTOWN OH  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2002 Pierce TK RED PROGRESSIVE LUSTS  
CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)  
B 02 01 MARTINEZ, FRANK 173 N GARLAND YOUNGSTOWN OHIO 44506  
DATE OF BIRTH AGE SEX HOME PHONE #  
05 08 19 61 49 M 743-3551  
DL STATE DL # LP STATE LP # ISSUED TAKEN BY # HOME # OTHER TRANSPORTED BY REARMS TAKEN TO  
OH OH 969417 OH ERN 7227 2 EMS 5 UNKNOWN RURAL METRO ST. ELIZABETH  
OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)  
MARTINEZ, LINDA 173 N GARLAND YOUNGSTOWN OHIO  
YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
1998 DODGE STRATUS BLACK PROGRESSIVE LUSTS  
CITATION # LOCAL CODE? X IF YES  
331.09A IMPROPER LANE CHANGE K03558

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
C 01 DESTRY, RUSH 792-3657 03 31 19 69 41 M  
ADDRESS (STREET, CITY, STATE, ZIP CODE) TRANSPORTED BY REARMS TAKEN TO  
420 MARTIN LUTHER KING YOUNGSTOWN OHIO 2 RURAL METRO ST. ELIZABETH

UNIT # # OF OCC NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
D 01 KELLERMAN, MARY 792-3657 06 09 19 79 31 W  
ADDRESS (STREET, CITY, STATE, ZIP CODE) TRANSPORTED BY REARMS TAKEN TO  
420 MARTIN LUTHER KING YOUNGSTOWN OHIO 2 RURAL METRO ST. ELIZABETH

SEATING POSITION	SAFETY EQUIPMENT	ACR BAG	ACR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (DRIVER)	01 None Used	1 NOT EMPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 No Injury
02 FRONT - MIDDLE	02 Buckle/In Belt On	2 DEPLOYED-FRONT	2 In On Position	2 TOTALLY EJECTED	2 EXTRACTED BY MECHANICAL	2 POSSIBLE
03 FRONT - RIGHT	03 Lap Belt Only	3 DEPLOYED-SIDE	3 In Off Position	3 PARTIALLY EJECTED	3 BEANS	3 NON-INCAPACITATING
04 Second - LEFT (MC-PASS)	04 Substandard Lap Belt	4 DEPLOYED BOTH	4 UNKNOWN	4 NOT APPLICABLE	4 FRIED BY NON-MECHANICAL MEANS	4 INCAPACITATING
05 Second - MIDDLE	05 Child Safety Seat	5 PROMISER		5 UNKNOWN	5 UNKNOWN	5 FATAL INJURY
06 Second - RIGHT	06 Child Safety Seat	6 NOT APPLICABLE				6 UNKNOWN
07 Third - LEFT (MC-PASSENGER/SEAT CAR)	07 Use Unknown					
08 Third - MIDDLE	08 None/Inflator					
09 Third - RIGHT	09 None Used					
10 SLIPPER SECTION OF CAR	10 HELMET USED					
11 ENCLOSED CANOPY AREA	11 PROTECTIVE PAD					
12 UNENCLOSED CANOPY AREA	12 REFLECTIVE CLOTHING					
13 TRAILING UNIT	13 Lashings					
14 EXTERIOR	14 Other					
15 Other	15 Unknown					
16 Non-Motorist						

BLANK FOR WITNESS SUPPLEMENT \* X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td></td><td>20</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	A	B		20									<b>POSTED SPEED</b> <input type="text" value="35"/> <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> <input type="text" value="A"/> <input type="text" value="B"/>
A	B																
	20																
<b>Non-Motorist Location</b> <input type="text" value="A"/> <input type="text" value="B"/>		<b>NON-COLLISION</b> 01 OVERTAKING/LOWEER 02 PREDERIVATION 03 IMBROSION 04 JACKKNIFE 05 CARDS/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD FRONT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL GRADUARY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED</b> 14 PEDESTRIAN 15 BICYCLIST 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - OTHER 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 <b>COLLISION WITH PARKED OBJECT</b> 25 IMPACT ATTENUATOR/CHAIN CURNICK 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER ON ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GROUNDLINE FACE 31 MISAPPROPRIATE END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LED SIGNAGE 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	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value="01"/>	<b>DRUG TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="B"/>													
<b>TYPE OF UNIT</b> <input type="text" value="25"/> <input type="text" value="03"/>	<b>POINT OF IMPACT</b> <input type="text" value="02"/> <input type="text" value="06"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="09"/>	<b>NON-COLLISION</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWING TOO CLOSE/WACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER PASSING 11 IMPROPER SHIFT FROM PARKED POSITION 12 STOPPED ON PARKED ILLLEGALLY 13 OPERATING VEHICLE IN EBANIC, NICOLENE, CAMELEBA, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVED TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOVEMENT IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/SLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD EXCEEDED/FALLING LOAD 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DRAINAGE 26 LYING DOWN/ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 BATTERY 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>DIRECTION</b> FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="2"/>												
<b>INCIDENT</b> 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 2 AXLES, 5 TIRES 11 SINGLE UNIT TRUCK; 2+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOH/TAL) 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVENTIONAL DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLED BI-CYCLE 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 TRAILER 30 FARM VEHICLE 31 FARM EQUIPMENT 32 BICYCLIST 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL WILDLIFE 36 ANIMAL WILDLIFE 37 BICYCLE 38 PEDESTRIAN 39 BICYCLIST 40 SKATER 41 OTHER NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="3"/> <input type="text" value="4"/>	<b>VEHICLE DEFECT</b> COME ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	<b>CONDITION</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/>												
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="2"/> <input type="text" value="1"/>	<b>STRIKING VEHICLE:</b> OVERSIDE / UNDERSIDE <input type="text" value="A"/> <input type="text" value="B"/>	<b>VEHICLE DEFECT</b> COME ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>												
<b>DAMAGE SCALE</b> <input type="text" value="5"/> <input type="text" value="5"/>	<b>STRIKING VEHICLE:</b> OVERSIDE / UNDERSIDE <input type="text" value="A"/> <input type="text" value="B"/>	<b>VEHICLE DEFECT</b> COME ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	<b>SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value="21"/>												
<b>DAMAGE SCALE</b> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DESTRUCTIVE DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE:</b> OVERSIDE / UNDERSIDE <input type="text" value="A"/> <input type="text" value="B"/>	<b>VEHICLE DEFECT</b> COME ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	<b>SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ROAD CONDITIONS</b> 1 DRY 2 WET 3 SNOW 4 ICE 5 SAND, MUD, DIRT, OIL, GRAVEL 6 WATER (STANDING, MOVING) 7 SLUSH 8 DEBRIS 9 PFT, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN * SECONDARY ROAD CONDITIONS ONLY												
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="2"/> <input type="text" value="1"/>	<b>STRIKING VEHICLE:</b> OVERSIDE / UNDERSIDE <input type="text" value="A"/> <input type="text" value="B"/>	<b>VEHICLE DEFECT</b> COME ONLY IF "19" SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	<b>SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value="21"/>												

SUPPLEMENT # "X" IF YES 11-012658

OPERATOR OF UNIT #1 STATED HE WAS RESPONDING TO AN EMERGENCY CALL ON THE EASTWAY ROAD WHILE HE WAS TRAVELING EAST ON DAK AT JACKSON WHEN HIS EMERGENCY LIGHTS STARTED ON IN THE FAR LEFT LANE WHEN UNIT #2 TRAVELED INTO HIS LANE CAUSING HIS VEHICLE TO PLANT INTO UNIT #2 WHICH CAUSED HIM TO GO LEFT OF CENTER STRIKING THE CURB THEN ROLLING OVER THE VEHICLE. OPERATOR OF UNIT #2 STATED HE WAS TRAVELING EAST ON DAK AT JACKSON WHEN A UNKNOWN VEHICLE CUT IN FRONT OF HIM CAUSING HIM TO TRAVEL INTO THE LEFT LANE AS UNIT #1 WAS APPROACHING WITH LIGHTS STARTED ON REAR ENDING HIM.

**NUMBER OF COLLISION OR IMPACT**  
 2  
 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
 2 REAR-END  
 3 FRONT-TO-REAR  
 4 REAR-TO-REAR  
 5 BACKING  
 6 ANGLE  
 7 SIDEWPE, SAME DIRECTION  
 8 SIDEWPE, 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

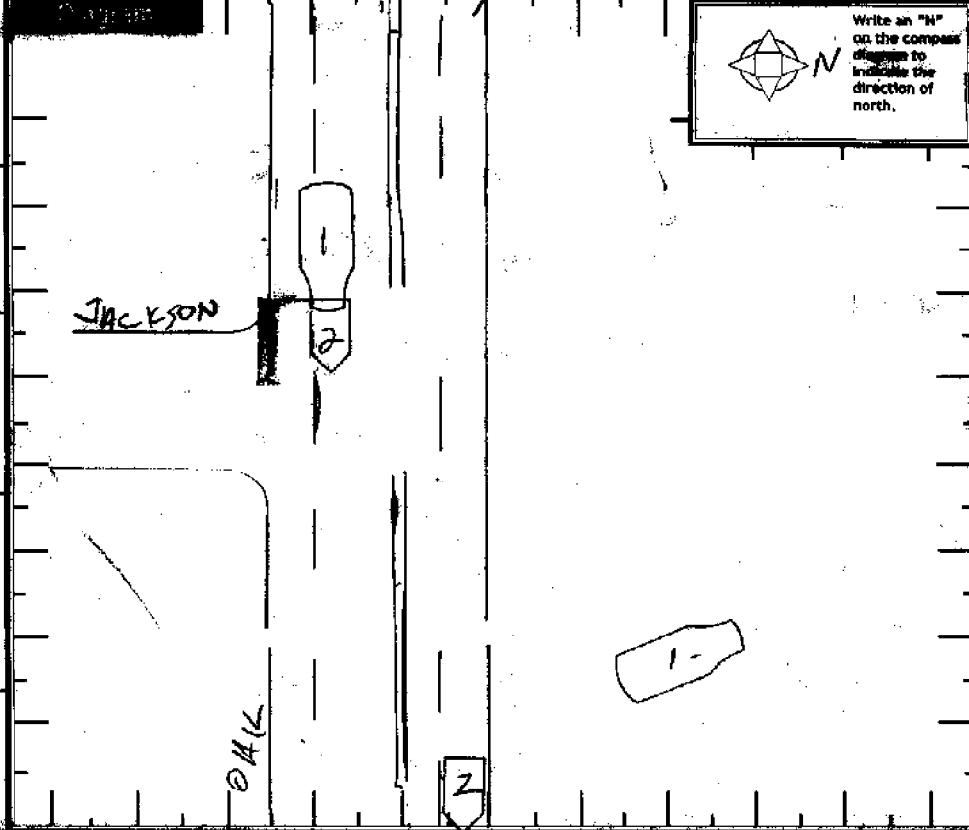
**SCHOOL BUS RELATED**  
 1  
 1 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**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  
 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 9 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.

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 # \_\_\_\_\_ E.D.A. \_\_\_\_\_

**CARGO BODY TYPE**  
 01 NOT APPLICABLE  
 02 BUS (9-15 INCLUDING DRIVER)  
 03 VAN/ENCLOSED BOX  
 04 GRAN/CHEP/GRAVEL  
 05 POLE  
 06 CARGO TANK  
 07 FLATBED  
 08 DUMP  
 09 CONCRETE MIXER  
 10 AUTO TRANSPORTER  
 11 GARAGE/REPLER  
 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** 03/05/2011  
**TIME REC CALL** 1159  
**DISPATCH** 1200  
**ARRIVED** 1202  
**CLEARED** 1430  
**OTHER** \_\_\_\_\_  
**TOTAL MINUTES** 150

**Officer's Name #** Aaron Colon  
**Badge #** 932  
**Checked By** TOS P. GARCIA  
**Date Report Filed #** 03072011

**Report Taken By** 1 POLICE AGENCY  
**Report Taken At** 1 SCENE  
 2 STATION  
 3 OTHER

**Supplement** \*  
 YES  
 NO

**Local Report #** 1 + 017498



LOCAL REPORT NUMBER 11-012658	REPORTING AGENCY Youngstown PD	DATE OF CRASH M 3 10 5 11
IN COUNTY OF	CRASH LOCATION	
<p>FRANK MARTINEZ STATED HE WAS TRAVELING EAST ON OAK AT JACKSON IN THE FAR RIGHT LANE WHEN AN UNIDENTIFIED VEHICLE CUT HIM OFF CAUSING HIM TO GO INTO THE LEFT LANE IN FRONT A CITY FIRE TRUCK WITH ITS LIGHTS &amp; SIREN ON CAUSING THE FIRE TRUCK TO REAR END HIM THE ROLL OVER</p> <p>Policy # 40665234-0</p>		
OFFICER'S SIGNATURE X H. CHEMUNG		BADGE NUMBER 932

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 11-012658	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH M 3 10 5 11
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Wayne K Evans (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Officer G. Miller (OFFICER'S NAME) AT OAK ST & MEDINA (LOCATION)

I FIRETRUCK PASSED ME AT OAK ST & GARLAND WITH THE EMERGENCY LIGHTS ON. A FEW BLOCKS LATER I OBSERVED A BLACK CAR SWERVE IN FRONT OF THE FIRETRUCK AND THEN I SAW THE FIRETRUCK SWAY (SHOULDER) TO THE RIGHT. I THOUGHT THE FIRE TRUCK WAS TURNING RIGHT UNTIL I SAW IT FLIP AND STARTED TO ROLL. WHEN I ARRIVED I CALL 911 AND RAN TO THE ACCIDENT SITE TO CHECKED PERSONNEL.

ADDRESS OF WITNESS 4893 WESTCHESTER DR APT 3 AUSTINTOWN OH 44516	PHONE 330-787-3739
SIGNATURE OF WITNESS Wayne K Evans	OFFICER'S SIGNATURE G. Miller 6. Miller 1050