

# TRAFFIC CRASH REPORT



3723

CRASH SEVERITY  
3  
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 \*

05000 Mahoning County Sheriff 01 98 98 = ANIMAL  
99 = UNKNOWN 06172005

DAY OF WEEK

0229 FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

Campfield T 50

LATITUDE

LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION  
U.S. RD. 224

TYPE LOC

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

LOCAL INFORMATION

Solo

AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

8741

REF POINT

REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT

NAME (LAST, FIRST, MIDDLE)

01 01 Marshall Steven R  
Address (Street, City, State, Zip Code)  
11224 RAILROAD STATION RD. Berlin Center OH. 44401

HOME PHONE #

WORK PHONE #

DL STATE DL #

OH RD 757484

LP STATE LP #

OH DEB4093

INJURED TAKEN BY

1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE

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 #

2005 chev COLORADO BLK Nationwide

OFFENSE CHARGED

OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

Deer  
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

- 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 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



**Narrative**

UNIT ONE WAS TRAVELING WEST ON AKEON CAMPFIELD Rd WHEN A DEER WALK OUT IN FRONT OF UNIT ONE. CAUSE DAMAGE, TO UNIT ONE RIGHT FRONT.

**MANNER OF COLLISION OR IMPACT**

- 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 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 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 NO  
 2 YES, DIRECTLY INVOLVED  
 3 YES, INDIRECTLY INVOLVED  
 4 UNKNOWN

**WORK ZONE RELATED**

- 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

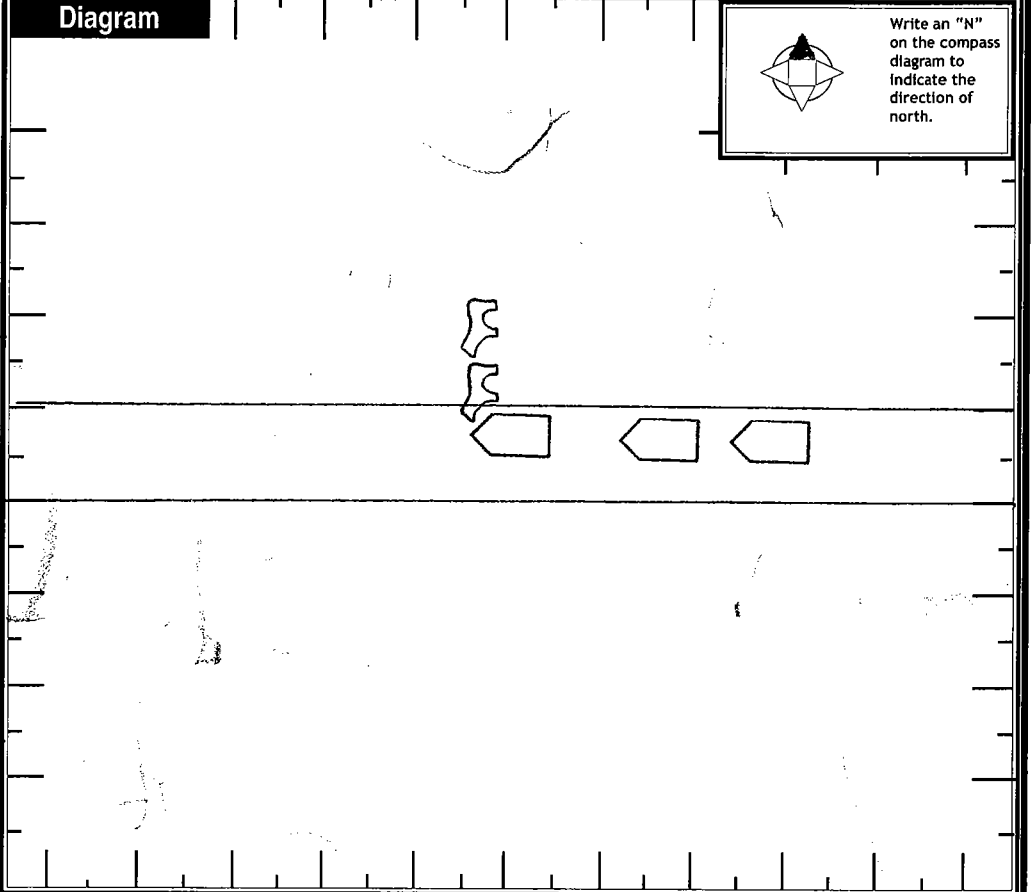
**LOCATION OF CRASH IN WORK ZONE**

- 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**

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.

UNIT #

01

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 #: [ ] # Dis: [ ]

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: 06172005 TIME REC. CALL: 0229 DISPATCH: 0229 ARRIVED: 0236 CLEARED: 0257 OTHER: [ ] TOTAL MINUTES: 28  
 OFFICER'S NAME: Dep. Wm Walker BADGE #: 52 CHECKED BY: Sgt. Shwinski DATE REPORT FILED: 06172005  
 REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST REPORT TAKEN AT: 1 SCENE, 2 STATION, 3 OTHER SUPPLEMENT "X" IF YES: [ ] LOCAL REPORT #: 3723