

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/89)



LOCAL REPORT #  
50-0832-50

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

HIT/RUN  
1 NOT HIT/RUN  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
X IF YES

ON-2 ON-3 ON-1P OTHER  
X X X X

N.C.I.C. #  
OHP50

REPORTING AGENCY  
Ohio State Highway Patrol

# UNITS  
02

UNIT ERROR  
01 08 ANIMAL  
09 UNKNOWN

DATE OF CRASH  
06192008

TIME OF CRASH  
0320

DAY OF WEEK  
THU

CITY VILLAGE TWP  
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)  
Youngstown

COUNTY #  
50

LATITUDE  
41:07:40.08

LONGITUDE  
80:42:12.40

CRASH OCCURRED ON  
PREFIX CRASH LOCATION  
Salt Springs Rd.

TYPE LOC 1  
TYPE LOCATION POINT USED  
1 NAME STREET 2 NUMBERED ROUTE  
2 NUMBERED STREET

LOCAL INFORMATION

AT / REFERENCE  
DIRTY REFERENCE OR PREFIX REFERENCE  
.3M E CR-0117 (N. Meridian Rd.)

REF POINT 02  
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 AND REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE AND REFERENCE

UNIT # 0101  
NAME (LAST, FIRST, MIDDLE)  
Feliciano, David J

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
15843 W Akron Canfield RD, Berlin Center, Ohio 44401

SOCIAL SECURITY NUMBER  
DATE OF BIRTH 04151970  
AGE 38  
SEX M  
HOME PHONE # (330)547-3087  
WORK PHONE #

DL STATE OH DL # RV022117  
LP STATE OH LP # PVH2873  
INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
TRANSPORTED BY None INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")  
Zorro Oil Field Services LLC  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
2761 Salt Springs RD, Youngstown, Ohio 44509

YEAR 2003 MAKE MACK MODEL Conventional COLOR GRN  
INSURANCE COMPANY Westfield TOWING SERVICE OWNER PHONE # (330)792-3413

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # 0201  
NAME (LAST, FIRST, MIDDLE)  
Deichman, Robert D

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
116 W Boardman ST, Youngstown, Ohio 44503

SOCIAL SECURITY NUMBER  
DATE OF BIRTH 09241967  
AGE 40  
SEX M  
HOME PHONE # (330)742-8946  
WORK PHONE #

DL STATE OH DL # RS218202  
LP STATE OH LP # AUS2846  
INJURED TAKEN BY 4  
TRANSPORTED BY Mahoning County Coroner INJURED TAKEN TO Mahoning County Morgue

OWNER NAME (IF SAME, WRITE "SAME")  
City Of Youngstown  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
116 W Boardman ST, Youngstown, Ohio 44503

YEAR 2003 MAKE FORD MODEL Taurus COLOR BLU  
INSURANCE COMPANY City Of Youngstown TOWING SERVICE Ludt's OWNER PHONE # (330)742-8946

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT #  
NAME (LAST, FIRST, MIDDLE)  
Mcdowall, Robert  
HOME PHONE # (330)876-0600  
DATE OF BIRTH 01091951  
AGE 57  
SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
5751 Mayburn Barclay RD, Farmdale, Ohio 44417

UNIT #  
NAME (LAST, FIRST, MIDDLE)  
Guzzi, Joseph A  
HOME PHONE # (814)589-7806  
DATE OF BIRTH 02181968  
AGE 40  
SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
RR1 Box 162 B, Pleasantville, Pennsylvania 16341

Motorist/Non-Motorist  
Motorist/Non-Motorist  
Occupant

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/2ND 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 US 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 EXTRACTED 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

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/89)

LOCAL REPORT #  50-0832-50 N.S.I.C. #  OHP50 REPORTING AGENCY  Ohio State Highway Patrol DATE OF CRASH  06192008

UNIT #  NAME (LAST, FIRST, MIDDLE)  D'Alto, Brad HOME PHONE #  (330)742-8946 DATE OF BIRTH  06191976 AGE  32 SEX  M  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  116 W Boardman ST, Youngstown, Ohio 44503  
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT #  NAME (LAST, FIRST, MIDDLE)  Moran, Joseph P HOME PHONE #  (330)742-8946 DATE OF BIRTH  12131971 AGE  36 SEX  M  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  116 W Boardman ST, Youngstown, Ohio 44503  
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT #  NAME (LAST, FIRST, MIDDLE)  Ward, William J HOME PHONE #  (330)742-8946 DATE OF BIRTH  01141975 AGE  33 SEX  M  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  116 W Boardman ST, Youngstown, Ohio 44503  
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT #  NAME (LAST, FIRST, MIDDLE)  Flynn, Brian HOME PHONE #  (330)742-8946 DATE OF BIRTH  03041974 AGE  34 SEX  M  
 ADDRESS (STREET, CITY, STATE, ZIP CODE)  116 W Boardman ST, Youngstown, Ohio 44503  
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX   
 ADDRESS (STREET, CITY, STATE, ZIP CODE)   
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX   
 ADDRESS (STREET, CITY, STATE, ZIP CODE)   
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX   
 ADDRESS (STREET, CITY, STATE, ZIP CODE)   
 INJURED TAKEN BY: 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

<input type="checkbox"/> BEATING 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 (NO PASSENGER/SEAT CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 BELT/PASSENGER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	<input type="checkbox"/> SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER ONLY ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 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	<input type="checkbox"/> AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	<input type="checkbox"/> AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	<input type="checkbox"/> EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	<input type="checkbox"/> TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	<input type="checkbox"/> INJURIES 1 NO INJURY 2 POSSIBLE 3 FATAL/INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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BLANK FOR WITNESSES

SUPPLEMENT "A" IF YES

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

LOCAL REPORT NUMBER 50-0832-50	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/19/2008
IN COUNTY OF Mahoning	ACCIDENT LOCATION Salt Springs Rd.	

**Unit 1 Damage**

Contact damage resulted to the trailer Unit 1 was pulling. The steel on the lower left side of the trailer, below the trailer's floor, was dented and curled underneath the trailer.

Unit 1 was driven from the scene of the crash.

The marker light in the middle left side of Unit 1's trailer was not functioning at the time of the crash.

**Unit 2 Damage**

Contact damage resulted to the front bumper, front suspension and steering components, grille, radiator, hood, windshield, the driver's side front door, engine fan and pulley assemblies, both front fenders, the engine compartment, transmission, the backs of the rear seats, and both headlight/turn signal assemblies.

Induced damage resulted to the rear quarter panels, both rear doors, both rocker panels, the dashboard and instrument panel, radio, engine mounts and sub frame, and to the majority of the engine compartment.

Mild fire damage occurred to the dashboard.

The driver's safety belt was intact, and in the fully retracted position. The driver of Unit 2 was seated in the driver's seat, with his upper body laying between the front seats, upon my arrival.

Unit 2 bore no markings identifying it as a police vehicle; however, it was equipped with a radio, grille and visor strobe lights, and a siren. Therefore, it is identified in this report as a police vehicle.

**Injuries**

The driver of Unit 2 suffered severe lacerations and broken bones of his left arm, a broken right wrist, lacerations to both hands, and lacerations to his forehead, right eyelid, nose, lips, cheeks, and chin. The driver of Unit 2 was deceased at the time of my arrival.

A blood sample was obtained from the deceased and sent to the Ohio State Highway Patrol Crime Lab, Columbus, OH, for analysis. Results are pending.

A urine sample was obtained from the driver of Unit 1 and was sent to the Ohio State Highway Patrol Crime Lab, Columbus, OH, for analysis. Results are pending.

**Additional Measurements**

The driver of Unit 1 stated he first noticed Unit 2 when it was somewhere between a "Fallsway" lighted sign and Geoffrey Trail. The distance from the driveway of Zorro Trucking to the lighted "Fallsway" sign is 504', and the distance from the driveway to Geoffrey Trail is 1635'.

Two State Highway Patrol Crown Victoria Police Interceptor cruisers were used to determine a point of possible perception of a southeast bound vehicle from the driveway of Zorro Trucking: 1811'.

**Weather and Road Conditions**

The pavement at the time of the crash was dry, traffic-polished asphalt, clear of debris. The approximate temperature at 0320 hrs. was 48 degrees Fahrenheit, and there was no precipitation.

The roadway at the crash scene is not directly lighted; however, there are several lighted signs and parking lots nearby. Therefore, the area was fairly well

OFFICER'S SIGNATURE

BADGE NO.

1854

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>08/19/2008</b>
IN COUNTY OF <b>Mahoning</b>	ACCIDENT LOCATION <b>Salt Springs Rd.</b>	

lit.

**Supplemental Information**

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This report will be supplemented with crash reconstruction, speed estimation, and toxicology result information for both drivers as soon as the information is available.

Once the investigation is complete, this report will be forwarded to the Youngstown City prosecutor's office for consideration of charges.

**Photograph Identification Numbers**

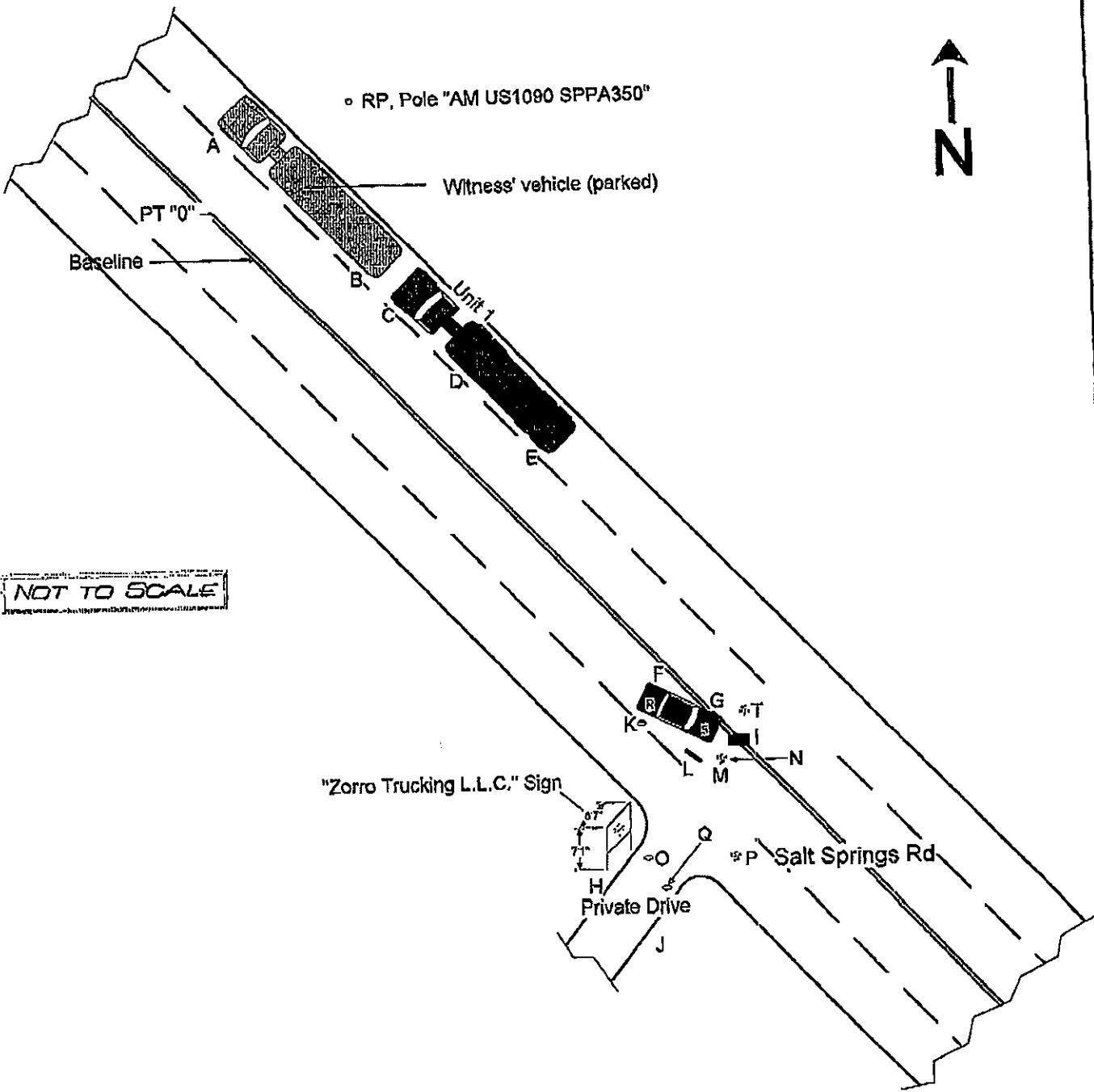
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Scene and vehicle photographs: photo pouch numbers 50-0832-50, 50-0832-50A, 50-0832-50B, 50-0832-50C.

Body photographs: photo pouch number 50-5581.

OFFICER'S SIGNATURE	BADGE NO. <b>1854</b>
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# OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF ACCIDENT <b>06/19/2008</b>
IN COUNTY OF <b>Mahoning</b>	ACCIDENT LOCATION <b>Salt Springs Rd.</b>	



OFFICERS SIGNATURE \_\_\_\_\_ BADGE NO. **1854**

**OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION**

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 50-0832-50	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 06 D 19 Y 08
IN COUNTY OF Mahoning	CRASH LOCATION Salt Springs Rd.	

**Measurements for OH-2 diagram 50-0832-50**

RP is 26'9" due east of PT "0".  
 PT "0" is along baseline, which is the center lane marking of Salt Springs Rd.

**Lane Widths:**  
 Southeast bound right 12'4"  
 Southeast bound left 12'0"  
 Northwest bound left 11'7"  
 Northwest bound right 12'4"

The widest portion of the private drive from which Unit 1 exited is 62'2". This measurement was taken along the southeast bound curb lane.

Point	Along Edge	From Edge	Description
A	29'11" N	11'10" E	LF Parked truck - witness vehicle
B	28'0" S	14'6" E	LR Parked trailer - witness vehicle
C	49'2" S	14'6" E	LF Unit 1 tractor driven to final rest
D	67'2" S	14'6" E	LR Unit 1 tractor driven to final rest
E	104'1" S	13'4" E	LR Unit 1 trailer driven to final rest
F	211'11" S	3'7" W	LR Unit 2 final rest
G	219'8" S	0'10" W	LF Unit 2 final rest
H	238'11" S	23'3" W	North edge of private drive
I	227'8" S	0'0"	Front driver side door Unit 2
J	277'5" S	23'3" W	South edge of private drive
K	211'9" S	14'11" W	Side mirror Unit 2
L	225'7" S	17'10" W	Plastic vent from bottom of windshield Unit 2
M	230'8" S	7'10" W	Parts and debris Unit 2
N	233'10" S	24'1" W	Headlight reflector Unit 2
O	237'3" S	40'10" W	Headlight reflector Unit 2
P	245'9" S	17'0" W	Debris from Unit 2
Q	265'3" S	44'11" W	Headlight lens Unit 2
R	220'7" S	6'10" W	RR Unit 2 final rest
S	212'10" S	9'5" W	RF Unit 2 final rest
T	216'1" S	4'6" E	Broken exhaust manifold / cast iron engine block parts Unit 2

OFFICER'S SIGNATURE  
 X Tpr. D.J. Dubelko

BADGE NO.  
 1854

**OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION**

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 50-0832-50	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 06 D 19 Y 08
IN COUNTY OF Mahoning	CRASH LOCATION Salt Springs Rd.	

**Timeline for OH-2 50-0832-50**

Time	Event
<i>June 18, 2008</i>	
2100 hrs.	According to a witness statement Mr. Brad Ditullo provided, Mr. Ditullo and Mr. Deichman arrived at My Way Bar at Mahoning Ave. and Steel Street, Youngstown, Ohio.
<i>June 19, 2008</i>	
0115 hrs.	According to Mr. Ditullo's statement, he and Mr. Deichman left My Way together, and Mr. Ditullo drove them both to Pal Joey's on East Midlothian Blvd., Youngstown, Ohio.
0245 hrs.	According to Mr. Ditullo's statement, he and Mr. Deichman left Pal Joey's together, and Mr. Ditullo drove them both to Mr. Deichman's vehicle at My Way. Mr. Ditullo dropped Mr. Deichman off at his vehicle.
0320 hrs.	Crash occurred.
0324 hrs.	Witnesses contacted the Youngstown Police Department to respond to the crash.
0326 hrs.	Youngstown Police Department dispatched officers to the crash.
0328 hrs.	Rural Metro Ambulance was contacted and dispatched to the crash.
0332 hrs.	Youngstown Police Department officers arrived at the crash scene.
0334 hrs.	Rural Metro Ambulance personnel arrived at the crash scene and pronounced Deichman dead..
0414 hrs.	Youngstown Police Department contacted the Canfield Post of the Ohio State Highway Patrol to assist their officers with the crash investigation.
0414 hrs.	OSHP Dispatcher T.S. Renfro U-6047 dispatched Tpr. D.J. Dubelko U-1854 and Tpr. S.M. Martin U-1532 to the crash scene.
0415 hrs.	Disp. Renfro dispatched Sgt. N.J. Hendrix U-832 to the crash scene.
0423 hrs.	Tpr. Martin arrived at the crash scene.
0427 hrs.	Sgt. Hendrix and Tpr. Dubelko arrived at the crash scene.
0430 hrs.	Tpr. Martin began photographing the crash scene while Tpr. Dubelko began taking measurements and Sgt. Hendrix began interviewing witnesses.
0434 hrs.	Mahoning County Coroner arrived at the crash scene.

OFFICER'S SIGNATURE <b>X Tpr. D.J. Dubelko</b>	BADGE NO. 1854
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**OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION**

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 50-0832-50	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 08 D 19 Y 08
IN COUNTY OF Mahoning	CRASH LOCATION Salt Springs Rd.	

**Timeline for OH-2 50-0832-50 Continued**

- 0435 hrs. Youngstown Police Chief J. Hughes requested the Highway Patrol handle the crash.
- 0509 hrs. Disp. Renfro dispatched crash reconstruction Tpr. P. Robinson U-809 to the crash scene.
- 0514 hrs. Disp. Renfro contacted the Youngstown City Prosecutor's Office to advise them of the crash. Tpr. Robinson arrived at the crash scene.
- 0522 hrs. Youngstown City Prosecutor Macejko arrived at the crash scene.
- 0526 hrs. Rural Metro Ambulance EMTs cleared the crash scene.
- 0527 hrs. Disp. Renfro dispatched MCEI T.E. Maffitt U-3244 to the crash scene.
- 0552 hrs. MCEI Maffitt arrived at the crash scene. Sgt. Hendrix secured a urine sample from the driver of Unit I, David Feliciano.
- 0620 hrs. Mahoning County Coroner Investigator T. Pappas drew two tubes of blood from the deceased, Robert Deichman, and stored them under refrigeration for pickup by Sgt. R. Brown U-1107.
- 0657 hrs. Tpr. Robinson cleared the crash scene.
- 0658 hrs. Tpr. Dubelko cleared the crash scene.
- 0800 hrs. Sgt. Hendrix delivered the urine sample from the driver of Unit 1 to U.S. Mail to be sent to the State Highway Patrol Crime Lab, Columbus, Ohio, for analysis.
- 0921 hrs. Youngstown Police Chief J. Hughes notified Mrs. Lori Deichman of her husband, Robert's, death.
- 1415 hrs. Sgt. Brown obtained the blood samples from the Mahoning County Coroner's Office.
- 1530 hrs. Sgt. Brown delivered the blood samples to U.S. Mail, to be sent to the State Highway Patrol Crime Lab, Columbus, Ohio, for analysis.

OFFICER'S SIGNATURE  
X Tpr. D.J. Dubelko

BADGE NO.  
1854

OH-2 (Rev. 1/82)

**OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION**

LOCAL REPORT NUMBER 50-0832-50	REPORTING AGENCY State Highway Patrol	DATE OF CRASH M 06 D 19 Y 08
IN COUNTY OF Mahoning	CRASH LOCATION Salt Springs Rd.	

**Tire and Tread Depth Data 50-0832-50**

Tire Make: Goodyear  
 Tire Model: Regatta 2  
 Tire Size: P215 / 60 / R16

All four tires are the same make, model, and size. They appear to be newer, with ample tread.

Position	Outer Tread Depth	Center Tread Depth	Inner Tread Depth	Condition
Left Front	8/32"	8/32"	8/32"	Flat, bent rim
Left Rear	8/32"	8/32"	8/32"	Inflated
Right Front	8/32"	8/32"	8/32"	Flat, off bead
Right Rear	8/32"	8/32"	8/32"	Inflated

OFFICER'S SIGNATURE X Tpr. D.J. Dubelko	BADGE NO. 1854
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

### TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <u>50-0832-50</u>	REPORTING AGENCY <u>Youngstown P.D.</u>	DATE OF CRASH <u>06/19/08</u>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT McDOWALL HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Officer M. Anderson AT 2755 Salt Springs Rd  
OFFICER'S NAME LOCATION

I WAS THE FIRST TRUCK OUT  
 CAR WAS COMING FAST #1  
 HIT TRUCK ON LEFT SIDE  
 DID NOT SEE NO BRAKE LIGHTS

Q1: WHEN DID YOU FIRST SEE THE OTHER VEHICLE?  
 A1: TWO FOOTBALL FIELDS DOWN THE ROAD

Q2: HOW FAST DO YOU THINK THE OTHER CAR (PC)  
 WAS GOING?  
 A2: 70 TO 75 MPH

ADDRESS OF WITNESS 5751 MAYBURN BARKLY RD. FARMDALE, OH 44417 PHONE 330-876-0600

SIGNATURE OF WITNESS  
 [Signature]

OFFICER'S SIGNATURE  
 [Signature]



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

### TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>6/19/08</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID J. FELICIANO HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

SGT. N. J. HENDRIX AT SCENE  
OFFICER'S NAME LOCATION

June 19 at 2:30am I fueled up my truck a Pilot in Girard, Ohio. Drove to 2761 Salt Springs Rd to meet with two other Drivers to get hooked up to a frac tank to deliver to PA. Down toward W. VA., we all got hooked up to our tanks. Bob was first to pull out of Drive I was right behind him coming out of Drive going west on salt springs Rd. First saw car about where the stop sign is up by Geoffrey trail when I was pulling out he was about a football field away if not farther up before the fallways sign I was across the center lane with the truck? most of Trailer (Frac Tank) when the car going about 45mph or more hit the tank. I pulled up a little more cause of flames coming out of car. Stopped my truck got my fire Extinguisher as I approached the car I was screaming are you ok are you ok no response. Tried to put out fire used 4 Extinguishers as one of the other Drivers was calling 911 for help moved truck farther up road to side for fire & ambulance to get to car at scene.

Q2: WHAT TIME DID THIS CRASH HAPPEN?  
 A2: BETWEEN 3:15 AND 3:20AM.

Q2: ARE YOU INJURED?  
 A2: NO

ADDRESS OF WITNESS <b>15843 W. AKRON CANFIELD RD. BELLIN CENTER, OH</b>	PHONE <b>330-547-3087</b>
SIGNATURE OF WITNESS <b>X [Signature]</b>	OFFICER'S SIGNATURE <b>X SGT. N. J. HENDRIX</b>



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>M 6   D 19   08</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID J. FELTCIANO HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

SGT. N. HENDRIX AT SCENE  
OFFICER'S NAME LOCATION

Q3: DID YOU HAVE YOUR LIGHTS ON?

A3: YES

Q4: DID THE OTHER CAR HAVE ITS LIGHTS ON?

A4: YES

Q5: WAS THE DRIVER OF THE OTHER CAR RESPONSIVE WHEN YOU APPROACHED THE VEHICLE?

A5: NO

Q6: WHAT DID YOU DO TO AVOID THE CRASH?

A6: I TRIED TO GO AS FAST AS I COULD TO GET OUT OF THE WAY.

Q7: WHAT WAS THE VISIBILITY AT THE TIME OF THE CRASH?

A7: IT WAS CLEAR BUT DARK OUT

Q8: WHAT WERE YOU HAULING IN YOUR FRAC TANK?

A8: NOTHING

Q9: HOW MUCH DOES YOUR TANK WEIGH EMPTY?

A9: I'M NOT EVEN SURE

Q10: HOW OFTEN DO YOU TRAVEL THIS ROAD?

A10: MONDAY THROUGH FRIDAY. SOMETIMES ON THE WEEKENDS

ADDRESS OF WITNESS  
15843 W. ALLEN LANFIELD RD. BERLIN CENTER, OH

PHONE  
330-547-3087

SIGNATURE OF WITNESS  
X [Signature]

OFFICER'S SIGNATURE  
X SGT. N. HENDRIX



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

### TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>M 6 D 19 Y 08</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAVID J. FELICIANO HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

SGT. D. HENDRIX AT SCENE  
OFFICER'S NAME LOCATION

Q11: DID THE OTHER CAR PERFORM ANY EVASIVE ACTION?

A11: NO

Q12: ARE YOU ON ANY MEDICATION?

A12: NO, I TAKE A VITAMIN, AND ASPIRIN OR TYLENOL ONCE IN AWHILE.

Q13: WHEN WAS THE LAST TIME YOU WENT TO SLEEP?

A13: YESTERDAY BETWEEN 6:30-7:00 PM AND Woke up about 1:15 AM THIS MORNING

Q14: How FAST WERE YOU GOING WHEN YOU PULLED OUT?

A14: BETWEEN 10 & 20 IF THAT ABOUT 2ND OR 3RD GEAR.

Q15: DID YOU STOP & LOOK BOTH WAYS PRIOR TO PULLING OUT?

A15: YES.

Q16: WHERE WERE YOU GOING?

A16: UNIONTOWN PA

ADDRESS OF WITNESS <b>15843 W. AKRON CAMFIELD RD. BERLIN CENTER, OH</b>	PHONE <b>330-547-3087</b>
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICER'S SIGNATURE <b>X SGT. D. HENDRIX</b>



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>6/17/08</b>
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X David J. Feliciano PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
SGT. N. J. HENDRIX AT SCENE  
OFFICER'S NAME LOCATION

X I was pulling out onto Salt Springs Rd from the Zorra oil field services yard going west on Salt Springs Rd <sup>behind one of our other drivers</sup> a vehicle traveling East going to east struck the back side of my trailer Eric tank did not use his brakes or anything  
 6-21-08 2336 @

Q 17: WHERE DID YOU STOP PRIOR TO ENTERING SALT SPRINGS RD.

A 17: JUST PAST THE ZORRA TRUCKING SIGN

Q 18: DID YOU INSPECT YOUR TRUCK + TRAILER PRIOR TO DRIVING?

A 18: YES THE FRONT MARKER LIGHT WAS OUT AND THE MIDDLE ONE WAS NOT WORKING

ADDRESS OF WITNESS <b>X 15843 W. Akron - Canfield Rd Berlin center Ohio 44401</b>	PHONE <b>X (330) 547-3057</b>
SIGNATURE OF WITNESS <b>X David J. Feliciano</b>	OFFICER'S SIGNATURE <b>X SGT. N. J. HENDRIX</b>

OH-3 REV 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>60-832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>M 6 10/19/08</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BROD DITULLO (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
LT. C.M. NEVERLY (OFFICERS NAME) AT SCENE (LOCATION)

Q. Were you with Rob earlier today prior to the crash?

A. Yes.

Q. Approximately when did you last see Rob?

A. I dropped him off at his car around 3AM.

Q. Where was his car when you dropped him off?

A. At a bar called My Way at Mallowing + Steel.

Q. Do you have any idea where Rob was going after you dropped him off?

A. When I dropped him off he promised me he was going home, he had been fighting with his girl friend all night, texting back and forth, where I dropped him off he should have been going the opposite direction to get home.

Q. Were you with Rob for a long period of time?

A. Yes Sir, from about 9pm to 3am.

Q. Do you know if Rob was drinking while you were with him?

A. Yes.

ADDRESS OF WITNESS <u>116 W. Boardman St., Youngstown, OH 44503</u>	PHONE # <u>742-8946</u>
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICERS SIGNATURE <u>[Signature]</u> U-980

10/19/08

OH-3 REV 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 50-832-58	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 6/10/08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BRAD DITULLO (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
LT. CM. HEVERLY (OFFICERS NAME) AT SCENE (LOCATION)

Q. Do you have ANY IDEA why ROB would have been TRAVELING THIS way?  
 A. No HE SHOULDN'T have been, HE SHOULD have been TRAVELING the OTHER way.

Q. Do you have ANY IDEA How MUCH ALCOHOL ROB had to DRINK THROUGHOUT the evening?  
 A. He had AT LEAST 5 BEERS AND we DID one shot together.

Q. What was he TEXTING on?  
 A. A BlackBerry phone.

Q. Is the phone HIS own PERSONAL phone OR IS IT DEPARTMENTAL?  
 A. I DON'T know, I assume IT WAS HIS own.

Q. When you DROPPED ROB off AT HIS CAR, what CONDITION was he IN?  
 A. HE WAS JUST UPSET + MAD ABOUT the SITUATION WITH HIS EX-GIRLFRIEND.

Q. What APPROXIMATELY IS the DISTANCE FROM MY-way TO HIS RESIDENCE?  
 A. I AM NOT SURE OF the DISTANCE, IT IS A pretty GOOD DISTANCE.

ADDRESS OF WITNESS 116 N. BOARDMAN ST., YOUNGSTOWN, OH 44503	PHONE 330-742-8946
SIGNATURE OF WITNESS <i>Brad Ditullo</i>	OFFICERS SIGNATURE <i>LT. CM. Heverly</i> U-980

OH-3 REV 1/82

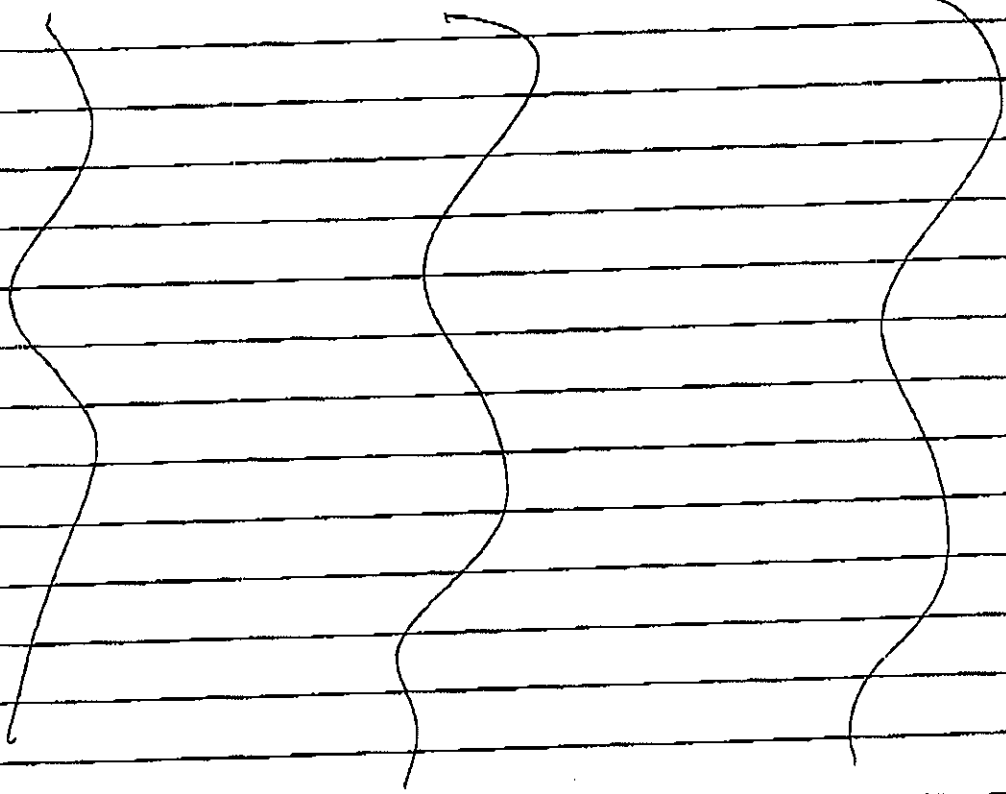
OHIO TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 50-832-50	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6/19/08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BRAD PITULLO (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
LT. C.M. HEVERLY (OFFICERS NAME) AT SCENE (LOCATION)

Q. Where all were you + Rob B at this evening  
 A. We met at My-Way at app. 9:00 pm, we left there at app. 1:15 am and I drove us both to Pal Joey's on East Medlothian. We left there at app. 2:45 am and I drove him back to his car at My-Way.



ADDRESS OF WITNESS 116 W. BOARDMAN ST., YOUNGSTOWN, OH 441503	PHONE 330 742-8946
SIGNATURE OF WITNESS <i>Brad Pitullo</i>	OFFICERS' SIGNATURE <i>C.M. Heverly</i> U-980

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <del>0000</del> 50-0832-50	REPORTING AGENCY Youngstown Police Dept.	DATE OF CRASH MO6 10/17/08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Off. Joseph P. Moran (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Trooper Sgt. N. Hendrix (OFFICERS NAME) AT In front of 2755 Salt Springs (LOCATION)

Upon arrival to the accident scene, this officer observed the blue Ford Taurus Ohio AYS 2846 in the center most eastbound lane, slightly pointing to the north at the drive of 2755 Salt Springs. The entire engine compartment and some of the passenger interior were engulfed in flames as Engine 3's crew was already trying to extinguish the fire. The car and trailer that was hit was parked in the westbound curb lane approximately 60 feet west of the Taurus.

ADDRESS OF WITNESS 116 W. Boardman St. Yo. OH. 44503	PHONE 747-8911
SIGNATURE OF WITNESS Off. Joseph P. Moran 1084	OFFICERS SIGNATURE Sgt. N. Hendrix RECEIVED 6/17/08

12/13/71



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>M 6 19 08</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JOSEPH A GUZZI JR HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

SGT. N. J. HENDRIX AT SCENE  
OFFICER'S NAME LOCATION

X 3<sup>RD</sup> TRUCK PULLING OUT OF PARKING LOT TRUCK 1 PULLED OUT, TRUCK 2 WAS PULLING OUT. 3/4 THE WAY OUT WHEN CAR WAS GOING FAIRLY FAST AND DID NOT SLOW DOWN AND HIT TRAILER HEAD ON CAR WAS APPROX. 50 FEET AWAY WHEN I SEEN HIM COMING CAR WAS NEAR THE WHITE CENTER PASSING LINE TRUCK AND CAR THAT HIT TRAILER HAD LIGHTS ON CAR WAS COMING APPROX. 45 TO 50 MILES AN HOUR I WAS HEADED FOR PITTSBURGH AREA

GOT OUT, CAR WAS ON FIRE - RAN TO CAR WITH FIRE EXTINGUISHER, GOT ANOTHER FIRE EXTINGUISHER, CAR STILL ON FIRE, PERSON WAS NOT CAUTIOUS

Q2: WHAT TIME DID THE CRASH HAPPEN?  
 A2: ABOUT 3:20 AM.

ADDRESS OF WITNESS <u>X Joseph A. Guzzi Jr. RR1 BOX 162 B PLEASANTVILLE PA, 16341</u>	PHONE <u>814 589-7806</u>
SIGNATURE OF WITNESS <u>X Joseph A. Guzzi Jr.</u>	OFFICER'S SIGNATURE <u>X SGT. N. J. HENDRIX</u>

2-18-68

OH-3 REV 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 50-0832-50	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MOE 10/19/08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, William J. Ward (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
TPR. D. J. DUBELKO (OFFICERS NAME) AT SALT SPRINGS RD. (LOCATION)  
 CAR 634, PAM W. WARD RESPONDED WITH CAR 209 FROM J.P. MORAN TO SIGNAL #6 (TRAFFIC ACC.) WITH EQUIPMENT ON SALT SPRINGS RD. UPON ARRIVAL THE OFFICER OBSERVED HEAVILY DAMAGED AND STATIONARY IN STREET. OFFICER BELIEVED VEHICLE WAS A CITY UNMARKED COURTESY V.F.D. WAS ON SCENE AND EXTINGUISHING FEELERS. OFFICER ATTEMPTED TO ENTER VEHICLE TO PROVIDE ASSISTANCE TO OCCUPANT. AT THIS TIME OFFICER BELIEVED THAT OCCUPANT WAS SGT. R. DIECKMAN OFFICER BECAME AWARE AT THIS TIME THAT SGT. DIECKMAN HAD PASSED AWAY

ADDRESS OF WITNESS 116 W. BOARDMAN ST. Yo. Oh. 45803	PHONE 330 742-8946
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICERS SIGNATURE RECEIVED BY TPR. D.J. Dubelko 6-19-08

# SUPPLEMENTARY REPORT

## YOUNGSTOWN POLICE DEPT. YOUNGSTOWN, OHIO

08  
YEAR

039608  
INCIDENT NUMBER

SUBJECT  
REF. UNMARKED CRASH ON SALT SPRINGS RD.

REFERRED TO  
LT. FOLEY

DATE  
06, 19, 08  
TIME  
0515  
HRS

OSHP CRASH 50-0832-50

CAR#201, D/S. B. FLYNN, WHILE ON PATROL ON 06-19-08, HEARD Y.P.D. RADIOS DISPATCH CAR# 209, PTEM. J. MORAN, TO A VEHICLE CRASH WITH ENTRAPMENT ON SALT SPRINGS RD. DUE TO THE SEVERITY OF THE CALL, I RESPONDED ALONG WITH CAR#209, ARRIVING SIMULTANEOUSLY UPON ARRIVAL, I OBSERVED NOBODY ELSE ON SCENE OTHER THAN CARS#209 AND 634, PTEM. W. WARD, WHO ARRIVED WITH US, Y.F.D., ~~XXXXXX~~ AND THE THREE TRUCK DRIVERS, I DID NOT OBSERVE ANY OTHER BYSTANDERS, OR POTENTIAL WITNESSES ANYWHERE IN THE AREA. UPON FIRST ARRIVING, I IMMEDIATELY REALIZED THE POTENTIAL FATALITY OF THE CRASH, AND SUMMONED ACCIDENT INVESTIGATION AND CRIME LAB. UPON FURTHER INSPECTION, I RECOGNIZED THE CAR AS AN UNMARKED POLICE VEHICLE, AND WAS THEN ABLE TO IDENTIFY THE DRIVER AS D/S. R. DEICHMAN. IMMEDIATELY UPON THIS REALIZATION, I SUMMONED CAR#200, LT. F. PALMER, TO THE SCENE. UPON LT. PALMER'S ARRIVAL, I TURNED THE SCENE OVER TO HIM TO MAKE ANY FURTHER NOTIFICATIONS.

REPORTING OFFICER(S)  
D/S. B. FLYNN

BADGE #  
1049

APPROVED

BADGE #

DATE

TIME

1 1

OFFICERS ASSIGNED

RECEIVED BY TPR Det. Dubelko 6-19-08

STATE OF OHIO  
HP 70G  
10-0277-00  
Rev. 6-1-95  
OHP 0277

DEPARTMENT OF PUBLIC SAFETY

Report No. 50-0832-50

OHIO STATE HIGHWAY PATROL  
**Constitutional Rights Waiver**

**YOUR CONSTITUTIONAL RIGHTS**

Place SALT SPRINGS RD

Date 6-19-08

Time 0500

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can and will be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions, and to have him/her present with you during questioning.

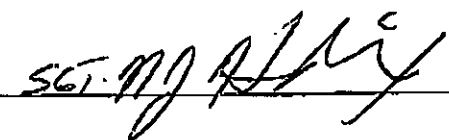
If you are unable to pay a lawyer, one will be appointed for you prior to any questioning, if you so desire.

If you wish to answer questions now without a lawyer present, you have the right to stop answering questions at any time. You also have the right to stop answering at any time until you talk to a lawyer.

**WAIVER**

I have read the statement of my rights shown above. I understand what my rights are. I am willing to answer questions and make a statement. I do not want a lawyer at this time. I understand and know what I am doing. No promise or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed 

Witness 

Witness \_\_\_\_\_

Time 0500

Education HIGH SCHOOL GRADUATE + SOME COLLEGE

Other \_\_\_\_\_

OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

50-0832-50



### PROPERTY CONTROL FORM

POST <b>50</b>	NAME (Last, First, MI) <b>FELICIANO DAVID J</b>	AGE <b>38</b>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
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COLLECTED BY <b>SGT. N. J. HENDRIX</b>	DATE <b>6-19-08</b>	TIME <b>0552</b>
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LOCATION **2761 SALTSPRINGS R.D. CRASH SCENE**

CAD Incident No. (Required Entry)	<b>L</b>	<b>H</b>	<b>P</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>6</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>4</b>
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Check all that apply:  Arrest  Case #  Crash # **50-0832-50**  Fatal Crash  Driver  Passenger  Pedestrian  Deceased  Alive

PROPERTY DESCRIPTION <b>1 TUBE OF URINE</b>	SERIAL NUMBER	YOUR ID MARK <b>[Signature]</b>
--	---------------	------------------------------------

PROPERTY CHAIN				
SIGNATURE	UNIT NO.	TIME	DATE	METHOD OF TRANSPORT
<b>[Signature]</b>	<b>832</b>	<b>0552</b>	<b>6-19-08</b>	<b>BY HAND</b>
<b>[Signature]</b>	<b>832</b>	<b>0800</b>	<b>6-19-08</b>	<b>BY HAND TO US MAIL FOR LAB</b>

#### LABORATORY EXAMINATION REQUEST

Check Type or Types of Laboratory Examination Desired

1. Blood/Urine Analysis; Fluid container sealed and labeled with time, date, name and collected by: **SGT. N. J. HENDRIX**

a.  For all Available Drugs      c.  For Alcohol

b.  For Specific Drug/s      d.  SF Capsule Added by

**SGT. N. J. HENDRIX**

2. <input type="checkbox"/> Pedal Impression	8. <input type="checkbox"/> DNA/Serology Analysis *	14. <input type="checkbox"/> Tool Mark Comparison *
3. <input type="checkbox"/> Filament Analysis	9. <input type="checkbox"/> Beverage Analysis	15. <input type="checkbox"/> Drugs (Controlled Substance)
4. <input type="checkbox"/> Paint Comparison	10. <input type="checkbox"/> Test Firearm *	Check for _____
5. <input type="checkbox"/> Hair Comparison *	11. <input type="checkbox"/> Bullet Comparison *	
6. <input type="checkbox"/> Fabric/Fiber Comparison	12. <input type="checkbox"/> Serial Number Restoration	
7. <input type="checkbox"/> Glass Comparison *	13. <input type="checkbox"/> Latent Fingerprint Development	
16. <input type="checkbox"/> Other Examination		

\*FORWARD DIRECTLY TO BCI WITH BCI FORM 101. DO NOT SEND TO THE OSP CRIME LABORATORY.

Remarks:

Do Not Write In This Area

Laboratory Number

STATE OF OHIO  
128  
-0161-00  
HP 0161  
Rev. 04/15/02

30 000  
Ohio State Highway Patrol  
Property Control Form

Post # 50 Name Robert D. Deichman Age 40 Sex M  
Collected By Coroner Investigator Tom Pappas Date 6/18/08 Time 0620  
Location Madison County, Missouri

LHP080619000554  
Report No. 50-0832-50

Crash  Arrest  Case  
 From a Fatal Crash  Driver  Passenger  Pedestrian  Deceased  Alive

Property Description	Serial Number	Your ID Mark
<u>TWO TUBES OF BLOOD</u>		<u>MLL</u>

PROPERTY CHAIN

Signature	Unit No.	Time	Date	Method of Transport
<u>John Pappas</u>		<u>0620</u>	<u>6/18/08</u>	<u>Hand to Investigator</u>
<u>John Pappas</u>		<u>1415</u>	<u>6/18/08</u>	<u>Hand to Det Brown</u>
<u>John Pappas</u>	<u>1107</u>	<u>1530</u>	<u>6/18/08</u>	<u>Hand to US MAIL</u>

LABORATORY EXAMINATION REQUEST

Check Type or Types of Laboratory Examination Desired

- 1  Blood/urine Analysis: Fluid container sealed and labeled with time, date, name and collected by MLL
  - a  For All Available Drugs
  - b  For Specific Drug/s
  - c  For Alcohol
  - d  SF Capsule Added by \_\_\_\_\_
- 2  Pedal Impression
- 3  Filament Analysis
- 4  Paint Comparison
- 5  Hair Comparison
- 6  Fabric/Fiber Comparison
- 7  Glass Comparison
- 8  DNA/Serology Analysis
- 9  Beverage Analysis
- 10  Seminal Fluid
- 11  Test Firearm
- 12  Bullet Comparison
- 13  Serial Number Restoration
- 14  Latent Fingerprints
- 15  Tool Mark Comparison
- 16  Drugs (Controlled Substance) Check for \_\_\_\_\_
- 17  Other Examination

Remarks:

Do Not Write In This Space

Laboratory Number



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>M 6   D 19   Y 08</b>
IN COUNTY OF <b>MAHONING</b>	CRASH LOCATION <b>SALT SPRINGS RD.</b>	

STATE OF OHIO  
HP60  
10-0241-00  
OHP 0241 1/98

DEPARTMENT OF PUBLIC SAFETY

STATE HIGHWAY PATROL  
RELEASE RECEIPT

Report No. Crash 50-0832-50 Date 6-19-08  
Arrest \_\_\_\_\_ Hour 0630  
Case \_\_\_\_\_

Report form TPR S. MARTIN the following:

2 LG SAVER P-229 40 CAL SER # AK23090

Remington 4870 SER # 1240398W

\_\_\_\_\_ \$

(List quantity, general description, serial number and value)

- I hereby acknowledge receipt of above property.
- I hereby acknowledge receipt of the above person

Witness TPR S. MARTIN Name W. William Rafferty  
pass 50 Address 176 W. Broad St. N. Jackson, Ohio 44502

Attach white to report, pink to individual, yellow to be retained in HP60 book.

**\$ 184207**



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

RELEASE RECEIPT

CAD Incident # LHP 080619 000554 Date 06/20/08

Crash/Arrest # 50-0832-50 Hour 1230  
Case # \_\_\_\_\_

Received from Earl Mack Brown the following:

One Motorola "BlackBerry" Cell Phone and  
charger cord

SER # MOT7850301/6/2008

\_\_\_\_\_ \$

(List quantity, general description, serial number and value)

- I hereby acknowledge receipt of above property.
- I hereby acknowledge receipt of the above person.

Witness \_\_\_\_\_ Name W. William Rafferty  
Address 176 W. Broad St. N. Jackson, Ohio 44502

HP-60 OHP 0241 10/07 10024100  
White-Attach to report, Pink-To individual, Canary-Retain in HP 60 book

**\$ 217617**

OFFICER'S SIGNATURE <u>X TPR D. J. Dubelko</u>	BADGE NUMBER <u>1854</u>
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION - SERVICE - PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER <b>50-0832-50</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH <b>M 6 10 19 108</b>
IN COUNTY OF <b>MAHONING</b>	CRASH LOCATION <b>SALT SPRINGS RD.</b>	



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

RELEASE RECEIPT

CAD Incident # LHP **080679000559**

Date **6-21-8**

Crash/Arrest # **50-0832-50**  
Case #

Hour **1150 hrs**

Received from **TPR. J.M. RENO U-1740** the following:

**PROPERTY FROM A 2003 FORD TAURUS (EAP 52X3A1 87798) -  
Police Radio, HANDLAHS, Police RADIO, BLACK BAG WITH MANUALS, (1)  
PERSONAL BLACK BAG, POLICE ISSUED GEAR 3 COPIES, (1)  
MISC. MANUALS, PINEA BUNCH, FLASHLIGHT / BASK**

\$

(List quantity, general description, serial number and value)

I hereby acknowledge receipt of above property.

I hereby acknowledge receipt of the above person.

Witness **TPR. T.S. DOBBINS**  
**U-174**

Name **DET. SGT. P.A. GARLAR**  
Address **VDI**  
**YOUNGSTOWN, OH 44480-5**

HP-60 OHP 0241 10/07 10024100  
White-Attach to report, Pink-To individual, Canary-Retain in HP 60 book

**S 211510**

OFFICER'S SIGNATURE  
**X TPR. Det. Dubello**

BADGE NUMBER  
**1854**

50-0832-50



OHIO STATE HIGHWAY PATROL  
MOTOR CARRIER ENFORCEMENT  
DISTRICT 4 HEADQUARTERS  
TELEPHONE: (330) 898-7598  
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT  
Report #: OH3244002363  
Date: 06/19/2008  
Start Time: 05:46 AM End Time: 08:43 AM  
Insp. Level: I-Full, No HM Insp.

ZORRO OIL FIELD SERVICES LLC  
2761 SALT SPRINGS ROAD  
YOUNGSTOWN, OH 44509  
Phone#: (330)792-3413 Fax#: MC/MX#: 573628  
USDOT#: 01541875  
State#:

Driver: FELICIANO, DAVID J  
License#: RV022117 State: OH  
Date of Birth: 04/15/1970  
CoDriver:  
License#: State:  
Date of Birth:

Inspection Notes

Driver, David J Feliciano, was exiting 2761 Salt Springs Road address, as a non CMV vehicle made contact with the left side center area of Feliciano's trailer.

Upon inspection, the damage to the CMV, from the vehicle contact, is the left side frame rail flange cracked 1-1/8" from edge of rail towards the frame radius, also, frame rail is bent inward from normal position.

Other Non crash violations to CMV are as follows:

- The 2nd and 3rd axle left side brake chamber push-rod travel measures 2-5/8" allowed 2" on size C-30 brake chambers.
- The right side fuel tank is observed to be leaking fuel from the fuel fill cap area, fuel is leaking onto the roadway surface.
- The trailer has inoperative left and right side front lower ID/Marker lamps, lamps are broken no lenses or bulbs.
- The left side lower intermediate lamp has a broken, (disconnected) wire and is inoperative.
- The right side lower intermediate lamp is covered with mud and is inoperative.
- The left and right side, lower reflective tape is missing at center and is not covering 50% of trailer sides, (refer to pictures).
- Driver, Feliciano, states a "bull dozer" pushes the trailer as it is placed at the well sites, as a result the tape is torn away and lamps become broken and inoperative.
- The upper 5th wheel plate is push upward and not flat as required by manufacture.
- The left side splash guard, (mud flap), is 21" from center and 10" from ground, not 7" as required. A violation of 392.2 section Under ORC 5577.11.
- The right side splash guard, (mud flap), is 21" from center and 16-1/2" from ground, not 7" as required. A violation of 392.2 under ORC 5577.11.
- The left and right side frame rails have mud and rocks imbedded into the open areas, mud is not secured and dropping onto the roadway surface when touched.

Photographs were obtained by an OSP Post 50 unit.  
Crash report number is 50-0832-50

The tractor was placed out-of-service due to having two brakes out of adjustment and the fuel cap leaking.

50-0832-50



**OHIO STATE HIGHWAY PATROL**  
**MOTOR CARRIER ENFORCEMENT**  
**DISTRICT 4 HEADQUARTERS**  
**TELEPHONE: (330) 898-7598**  
 Return certification to agency listed below

**DRIVER/VEHICLE EXAMINATION REPORT**  
 Report Number: OH3244002363  
 Inspection Date: 06/19/2008  
 Start Time: 05:45 AM End Time: 08:43 AM  
 Insp. Level: I-Full, No HM Insp.

ZORRO OIL FIELD SERVICES LLC  
 2761 SALT SPRINGS ROAD  
 YOUNGSTOWN, OH 44509  
 USDOT#: 01541875 Phone#: (330)792-3413  
 MC/MX#: 573628 Fax#:  
 State#:  
 Location: ROADSIDE  
 Highway: SALT SPRINGS RD  
 County: MAHONING, OH

Driver: FELICIANO, DAVID J  
 License#: RV022117 State: OH  
 Date of Birth: 04/15/1970  
 CoDriver:  
 License#:  
 Date of Birth: State:

MilePost: 2761 Shipper:  
 Origin: YOUNGSTOWN, OH Bill of Lading: N/A  
 Destination: UNIONTOWN, PA Cargo: EMPTY

**VEHICLE IDENTIFICATION**

Unit	Type	Make	Year	State	License #	Company #	Vin #	GVWR	CVSA #	OOS#
1	TT	MACK	2003	OH	PVH2873	Z111	1M2AA18Y63W152301			YES
2	ST	OTHR	2002	OH	N/A	A1	5AGSC451X2S275901			YES

**BRAKE ADJUSTMENTS**

Axle #	1	2	3	4
Right	7/8	1 1/2	1 7/8	5/8
Left	7/8	2 5/8	2 5/8	3/4
Chamber	C-20	C-30	C-30	C-30

**VIOLATIONS**

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.47(e)	F	1	Y		U	N	Clamp or Roto type brake(s) out-of-adjustment, 2nd axle left side brake chamber push-rod travel measures 2-5/8", allowed 2" on size C-30 brake chamber.
393.47(e)	F	1	Y		U	N	Clamp or Roto type brake(s) out-of-adjustment, 3rd axle left side brake chamber push-rod travel measures 2-5/8", allowed 2" on size C-30 brake chamber.
393.65	F	1	Y		U	N	Fuel system requirements, fuel is observed leaking from the fill cap area on the right side fuel tank.
393.70(b)	F	2	N		N	N	Defective/improper fifth wheel assemblies. Upper half of 5th wheel plate not straight and flat as required, center of plate is 1-1/2" higher than edges.
393.9(a)	F	2	N		N	N	Inoperable required lamp, left side front lower corner ID/Marker lamp on trailer is broken off and inoperative.
393.9(a)	F	2	N		N	N	Inoperable required lamp, left side lower intermediate lamp on trailer is inoperative, a wire is observed broken, unconnected.
393.9(a)	F	2	N		N	N	Inoperable required lamp, right side front lower corner ID/Marker lamp on trailer is broken and inoperative.
393.9(a)	F	2	N		N	N	Inoperable required lamp, right side lower intermediate lamp on trailer is inoperative and covered with "mud".
393.13(a)	F	2	N		N	N	Retroreflective tape not affixed as required for Trailers manufactured after December 1993, left side lower not at 50% coverage, missing from center of trailer.
393.13(a)	F	2	N		N	N	Retroreflective tape not affixed as required for Trailers manufactured after December 1993, right side lower not at 50% coverage, missing from center of trailer.
393.11	F	2	N		N	N	No or defective lighting devices or reflective material as required, three out of the three required rear center ID/Marker lamps on trailer are inoperative
393.201(a)	F	2	Y		U	Y	Frame cracked / broken, left side lower frame rail flange has a 1-1/8" crack from the edge of flange directed toward the radius, rail is also bent inward.
392.9(a)(1)	F	2	Y		U	N	Failing to secure cargo as specified in 49 CFR 393.100 through 393.142,

Report Prepared By:  
 T. MAFFITT

Badge #:  
 3244

Copy Received By:  
 DAVID FELICIANO

Page 1 of 2



OH3244002363

X

X

50-0832-50



OHIO STATE HIGHWAY PATROL  
MOTOR CARRIER ENFORCEMENT  
DISTRICT 4 HEADQUARTERS  
TELEPHONE: (330) 898-7598  
Return certification to agency listed below

DRIVER/VEHICLE EXAMINATION REPORT  
Report Number: OH3244002363  
Inspection Date: 06/19/2008  
Start Time: 05:45 AM End Time: 08:43 AM  
Insp. Level: I-Full, No HM Insp.

ZORRO OIL FIELD SERVICES LLC  
2761 SALT SPRINGS ROAD  
YOUNGSTOWN, OH 44509  
USDOT#: 01541875 Phone#: (330)792-3413  
MC/MX#: 573628 Fax#:  
State#:

Driver: FELICIANO, DAVID J  
License#: RV022117 State: OH  
Date of Birth: 04/15/1970  
CoDriver:  
License#:  
Date of Birth: State:

VIOLATIONS (Continued)

Section Code	Type	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
5577.11	S	2	N		N	N	under side of left and right side frame rails have mud and rocks imbedded, unsecured.
5577.11	S	2	N		N	N	Mud flap missing/torn/misplaced, left side splash guard, (mud flap) is 21" from center and 10" from ground, allowed 7" from ground. Measured by OSHP U#0801
							Mud flap missing/torn/misplaced, right side splash guard, (mud flap) is 21" from center and 16-1/2" from ground, allowed 7" from ground. Measured by OSHP U#0801

HazMat: No HM Transported.  
Special Checks: Post Crash

Placard: No Cargo Tank:

State Information:

FMCSA Credentials Verified(Y/N): Y; CDL Verified (Y/N): Y; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: N; Reason Code: CRAS; Fatalities (Y/N): Y; Crash Report #: 50-0832-50; Driver Address: 15843 W AKRON CANFIELD ROAD; Driver City: BERLIN CENTER; Driver State: OH; Driver Zip: 44401; Photos Taken (Y/N): Y; Co-Investigator #: 1239;

\* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 398.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to those vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

Signature Of Repairer X: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

All violations of the FHM and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

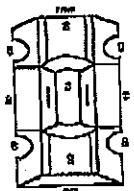
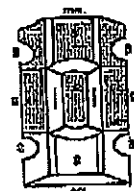
ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above -AND- The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio-TASD; 180 E. Broad St.; Columbus, Oh; 43215-3793 -OR- Fax (614) 752-9274 within 15 days of the inspection. If "No Violations Were Discovered" then you do not need to return this report. Failure to return this report with the required certification can result in penalties of up to \$500.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certificate of repairs is required to be prosecuted with penalties up to \$10,000.

Signature Of Motor Carrier X: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Report Prepared By: T. MAFFITT  
Badge #: 3244  
Copy Received By: DAVID FELICIANO  
X \_\_\_\_\_ X \_\_\_\_\_



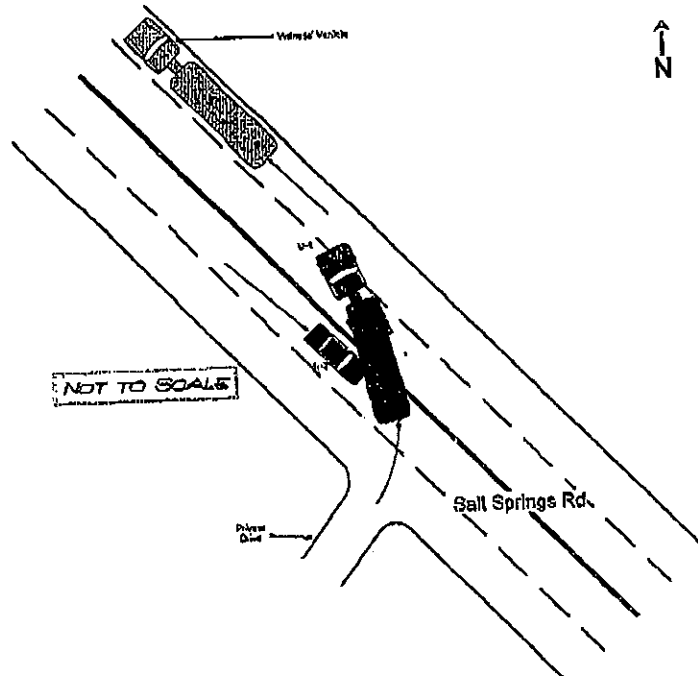
<b>UNIT NUMBERS</b> 01 02	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> 08 01	<b>SEQUENCE OF EVENTS</b> A: 20 B: 20 02	<b>POSTED SPEED</b> 35 35	<b>DRUG TEST STATUS</b> 5 5
<b>NON-MOTORIST LOCATION</b> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 18 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, PLAZA) 12 BEYOND 18 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> 12 13	<b>NON-MOTORIST</b> 01 OVERFLOW ROOFS 02 FIRE/EXPLOSION 03 DUMPER 04 JACKHOLE 05 CARGO EQUIPMENT LOBBING 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 14 COLLISION (PERSON, VEHICLE, OBJECT) NOT FIXED	<b>NON-COLLISION</b> 14 PEDESTRIAN 15 PEDAL CYCLE 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>TRAFFIC CONTROL</b> 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY WALK SIGNAL 15 TRAFFIC CONTROL DEVICE NON-OPERATIVE 16 OTHER	<b>DRUG TEST TYPE</b> 3 2
<b>TYPE OF UNIT</b> 1 3 2 4	<b>POINT OF IMPACT</b> 12 09	<b>CONTRIBUTING CIRCUMSTANCES</b> 02 22	<b>COLLISION WITH FIXED OBJECT</b> 05 IMPACT ATTENUATOR OR CRASH CUSHION 06 DROVE OVERHEAD STRUCTURE 07 BRIDGE PIER OR ADJUTANT 08 BRIDGE RAMP 09 QUADRAIL FACE 10 QUADRAIL CH 11 MEDIAN BARRIER 12 HIGHWAY TRAFFIC SIGN POST 13 OVERHEAD SIGN POST 14 LIGHT/LUMINAIRE SUPPORT 15 UTILITY POLE 16 OTHER POST, POLE OR SUPPORT 17 CULVERT 18 CURB 19 DITCH 20 EMBANKMENT 21 FENCE 22 MAILBOX 23 TREE 24 OTHER FIXED OBJECT 25 WORK ZONE MAINTENANCE EQUIPMENT 26 UNKNOWN FIXED OBJECT 27 OTHER	<b>DIRECTION</b> FROM TO: 86 FROM TO: 67	<b>DRUG TEST 1&amp;2 RESULT</b> 8 8 8 8
<b>MOTORIST</b> 01 SUB-CONTACT 02 IMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK; 2 AXLES, 8 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (NO TAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TWELVES 18 MOTORCYCLE 19 MOTORIZED BIICYCLE 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	<b>ACTION</b> 4 3	<b>MOTORIST</b> 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 CENTER 08 FOLLOWED TOO CLOSELY/DAZED 09 IMPROPER LANE CHANGES 10 DROVE OFF ROAD/IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT OR MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/SLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 LOAD IMPROPER ACTION 23 UNKNOWN <b>NON-MOTORIST</b> 24 NONE 25 IMPROPER CROSSING 26 DARTING 27 LYING AND/OR ILLEGALLY IN ROADWAY 28 FAILURE TO YIELD RIGHT OF WAY 29 HOT WHEEL (PARK CLOTHING) 30 INATTENTIVE 31 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 32 WRONG SIDE OF ROAD 33 OTHER 34 UNKNOWN	<b>FIRST HARMFUL EVENT</b> 1 1	<b>CONDITION</b> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION OR DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	<b>TYPE OF INTERSECTION</b> 01
<b>NON-MOTORIST</b> 35 ANIMAL WILDER 36 ANIMAL WILDDOY 37 BIICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> 2	<b>VEHICLE DEFECT CODE ONLY IF "0" SELECTED ABOVE</b> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SELECTING 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTIVE	<b>MOST HARMFUL EVENT</b> 1 1	<b>ALCOHOL/DRUG SUSPECTED</b> 6 2	<b>OCURRENCE</b> 1
<b>IN EMERGENCY RESPONSE</b> 1 NO 2 YES 3 UNKNOWN	<b>DAMAGE SCALE</b> 2 5	<b>VEHICLE DEFECT CODE ONLY IF "0" SELECTED ABOVE</b> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SELECTING 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTIVE	<b>SPEED DETECTED</b> 1 1	<b>ALCOHOL TEST STATUS</b> 5 5	<b>ROAD CONTOUR</b> 2
<b>DAMAGE SCALE</b> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISASTROUS DAMAGE 5 SEVERE 6 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</b> 2	<b>VEHICLE DEFECT CODE ONLY IF "0" SELECTED ABOVE</b> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK OR SELECTING 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTIVE	<b>SPEED DETECTED</b> 1 1	<b>ALCOHOL TEST TYPE</b> 3 2	<b>ROAD CONDITION</b> PRIMARY: 01 SECONDARY: 01
<b>LOCAL REPORT #</b> 50-0832-50					

**Narrative**

Unit 2 was southeast on Salt Springs Rd. Unit 1 was exiting a private drive to travel northwest on Salt Springs Rd. Unit 2 struck Unit 1.

<b>MANNER OF COLLISION OR IMPACT</b> <b>6</b> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWPE, SAME DIRECTION 8 SIDESWPE, OPPOSITE DIRECTION 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <b>1</b> 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
<b>WEATHER</b> <b>0 1</b> 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	<b>WORK ZONE RELATED</b> <b>1</b> 1 NO 2 YES 3 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY <b>5</b> SECONDARY <input type="checkbox"/> 1 BRIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 CLEAR 8 OTHER 9 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN

**Diagram**



<b>Truck/Bus</b> UNIT # <b>0 1</b>	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.
COMPANY (FROM SHIPPING PAPERS) <b>Zorro Oil Field Services LLC</b>		COMPANY PHONE <b>(330)792-3413</b>
ADDRESS (STREET, CITY, ST, ZIP CODE) <b>2761 Salt Springs RD, Youngstown, Ohio 44509</b>		

US DOT <b>1541875</b>	ICC MC	PUCO <b>156240</b>	TRAILER LP ST. <b>OH</b>	TRAILER LP YEAR <b>2002</b>	TRAILER LP # <b>A1</b>	PLACARD #	H DIA.
<b>CARGO BODY TYPE</b> <b>0 3</b> 01 NOT APPLICABLE 02 BUS (S-VEHICLE) DRIVER 03 VAN/ENCLASSED BOX 04 GRANULES/PRIORAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	<b>WEIGHT (GVWR)</b> <b>3</b> 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	<b>COL CLASS</b> <b>1</b> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS O	<b>HAZARDOUS MATERIALS PLACARD</b> <b>1</b> 1 NO 2 YES 3 UNKNOWN	<b>HAZARDOUS MATERIALS RELEASED</b> <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

<b>Police Action</b> DATE CRASH REPORTED <b>06192008</b>	TIME REC CALL <b>0414</b>	DISPATCH <b>0414</b>	ARRIVED <b>0427</b>	CLEARED <b>0651</b>	OTHER	TOTAL MINUTES <b>0157</b>
OFFICER'S NAME <b>Dubelko, Daniel</b>	BADGE # <b>1854</b>	CHECKED BY <b>NJHENDRIX</b>	DATE REPORT FILED <b>06272008</b>	LOCAL REPORT # <b>50-0832-50</b>		
REPORT TAKEN BY <b>1</b> 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT <b>1</b> 1 BCS/IC 2 STATION 3 OTHER	SUPPLEMENT # <b>1</b> YES				

50-0832-50

Ohio Department of Public Safety  
Ohio State Highway Patrol

Template #25 - Commercial Vehicle Crash / HAZMAT Incident Notification

ADHAZMAT; ADDHQ04; ADPOST50;

Ohio State Highway Patrol  
Commercial Vehicle Crash / HAZMAT Incident Notification

ATTN: Field Operations, LCS, Columbus Communications Center, FMCSA File 3-LCS

Crash / Incident Date: <b>6/19/2008</b> <small>mm/dd/yyyy</small>		Crash / Incident # <b>50-832-50</b>		Time Occurred: <b>0320</b> <small>Military Time (24 hour clock)</small>	
CAD Incident #		LHP 080619 0554			
Agency Handling the Crash / Incident		<b>Ohio State Highway Patrol / Post 50</b>		Agency Phone # <b>330-533-6866</b>	
Type of Crash / Incident		<b>Fatal</b> <small>Type Crash / Incident</small>		<b>Mahoning</b> <small>County Name</small>	
Location of Crash / Incident		<b>City Street - CS</b> <small>Route Type</small>			
		<b>Route #</b>		<b>Saltsprings Rd</b> <small>Route Name</small>	
Number of Vehicles Involved		Number of Injuries		Number of Fatalities	
<b>1</b> Commercial Vehicles		<b>0</b> Commercial Vehicles		<b>0</b> Commercial Vehicles	
<b>1</b> Other Vehicles		<b>0</b> Other Vehicles		<b>1</b> Other Vehicles	
Evacuation <input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If yes, area (distance)		Carrier Name - <b>Zorro Oil Field Sevices LLC</b> DOT # <b>1541875</b>			
- _____ or		Carrier Name - _____ DOT # _____			
estimated number evacuated - _____		Carrier Name - _____ DOT # _____			
HAZMAT Type - _____ / Class - _____		Amount of HAZMAT Released _____			
Description of Crash / HAZMAT Incident - <b>Unit 2 was traveling east on Saltspring Rd. Unit 1 (commercial) was pulling out of private drive and failed to yield the right of way to Unit 2. Unit 2 struck Unit 1 in the side of the trailer.</b>					
Ohio State Highway Patrol		50	4	06/19/2008 @ 950 Hrs.	
		Post	District	Enter Date and Time	
				<b>MS/1239</b> <small>(Preparer / Sender's Initials)</small>	

OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

DU UOW



VEHICLE INVENTORY/CUSTODY REPORT

Page 1 of 1

Initial Court Date 1/1

REPORT# L117 07161900554	DATE 6-19-08	TIME 0605	LOCATION SALT SPRINGS RD	REASONS FOR CUSTODY	
VVR 2003	VMA FORD	VMO TAURUS	VST 4DR	VCO BLUE	ODOMETER N/A
VIN 1FAFPK5AX3A187798	LIC AUS2846	STATE OH	<input type="checkbox"/> Pretrial Retention <input type="checkbox"/> # OVI <input type="checkbox"/> DUS <input type="checkbox"/> Wrongful Entrustment <input type="checkbox"/> Forfeiture Eligibility <input type="checkbox"/> Abandoned - Hazardous <input type="checkbox"/> Abandoned - 48 hours <input type="checkbox"/> Evidence <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Crash 50-0332-50 <input type="checkbox"/> Other		
DRIVER LAST NAME DEICHMAN	DRIVER FIRST NAME ROBERT	MI D	WORK#	HOME#	WORK#
ADDRESS			HOME#	WORK#	HOME#
OWNER CITY OF YOUNGSTOWN			HOME#	WORK#	HOME#
ADDRESS 26 SUNN PHEAS, YOUNGSTOWN, OH, 44503			HOME#	WORK#	HOME#

LOCATION	<input type="checkbox"/> AM <input checked="" type="checkbox"/> Cass/AM/FM <input type="checkbox"/> Radar Detect <input type="checkbox"/> CB	<input type="checkbox"/> AM/FM <input type="checkbox"/> CD/AM/FM <input type="checkbox"/> Laser Detect <input type="checkbox"/> C. Phone <input type="checkbox"/> # Cassettes/CDs	Total Keys Key-Ignition Key-Trunk Key-Gascap Key-Wheels # Hubcaps	FUEL E 1/2 F	CIRCLE DAMAGE 	Est. Value \$ 700 Condition <u>WRECKED</u> Seats Wheels Glass Antenna Undercarriage <input type="checkbox"/> Photos <input type="checkbox"/> Driveable
----------	---	---	--	-----------------	-------------------	---

LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
P1	REAR BACK MISC. PAPER, <u>WHEEL BOOK</u> , <u>1281577-1600, DIGITAL CAMERA</u> , <u>2- SHOOTING GLASS LENSES, WINDOW</u> <u>2- REAR POLAROID CAMERA, WINDOW</u> <u>3- MINI CAMERA W/ FLASHES, MEASURING</u> <u>MAPS X2, TRAFFIC CONES, UMBRELLA,</u> <u>HANDCUFFS, DUFFEL BAG FLASHLIGHT</u> <u>TRUCK KEY - GONR 6-19-08</u> <u>CONCRETE TIRE LEVEL, BOLL-A-TAIL,</u> <u>ROAD KIT, JACK, IMI, LAMER, SWIRL</u> <u>TRUCK DVD</u>	P2	MEASURING TAPE, <u>MISC BOWLS</u> , STATION Gone 6-19-08 Gone 6-19-08

Report By TAP. D. J. DUBELCO U-1834 6/19/08 Time 0605 Supervisor [Signature]

Witness X [Signature] Time \_\_\_\_\_

Tow By EUSTE Loc. BUN-2 DRAIN OH

RELEASE OF PROPERTY

Plates X \_\_\_\_\_ Time - \_\_\_\_\_ U- \_\_\_\_\_

Vehicle X \_\_\_\_\_ Time - \_\_\_\_\_ U- \_\_\_\_\_

SIGNATURE \_\_\_\_\_

VEHICLE IMMOBILIZATION  Pre-Trial Retention  Court-Ordered (Order Received \_\_\_\_\_ Time \_\_\_\_\_)  BMV-Ordered \_\_\_\_\_

Immobilization Device Removed \_\_\_\_\_ Time \_\_\_\_\_ U- \_\_\_\_\_ Plates Impounded \_\_\_\_\_

Time \_\_\_\_\_ U- \_\_\_\_\_ Plates Mailed to BMV \_\_\_\_\_

TIV # _____	SHERIFF NOTIFIED _____ Time _____	OWNER NOTIFIED _____ Time <u>0614</u>	FOLLOW-UP
Canceled _____ U- _____	U- _____ Msg # _____	U- <u>1834</u> PS _____	NIF _____ NIF _____
			Letter Sent _____

Post Copy-White Wrecker Copy-Canary Owner/Driver Copy-Plnk



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

VEHICLE INVENTORY/CUSTODY REPORT

Page 1 of     

Initial Court Date      /      /     

REPORT# <b>LHP 080619000554</b>	DATE <b>6-19-08</b>	TIME <b>0605</b>	LOCATION <b>SALT SPRINGS RD</b>	REASONS FOR CUSTODY <input type="checkbox"/> Pretrial Retention <input type="checkbox"/> # <u>    </u> OVI <input type="checkbox"/> OUS <input type="checkbox"/> Wrongful Entruement <input type="checkbox"/> Forfeiture Eligibility <input type="checkbox"/> Abandoned - Hazardous <input type="checkbox"/> Abandoned - 48 hours <input type="checkbox"/> Evidence <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Crash <b>SD-0832-SD</b> <input type="checkbox"/> Other <u>    </u> <input type="checkbox"/> Rent/Lease over 30 days <input type="checkbox"/> Rent/Lease to 30 days - Notify Within 24 hours <input type="checkbox"/> Owner unverified <input type="checkbox"/> Borrowed	
VYR <b>2003</b>	VMA <b>FORD</b>	VMO <b>Taurus</b>	VST <b>4DR</b>	VCO <b>Blue</b>	ODOMETER <b>N/A</b>
VIN <b>1EAGP53AX3A187798</b>	LIC <b>AU53846</b>	STATE <b>OH</b>	WORK#		
DRIVER LAST NAME <b>DEICHMAN</b>		DRIVER FIRST NAME <b>ROBERT</b>		HOME#	
ADDRESS		WORK#		HOME#	
OWNER <b>CITY OF YOUNGSTOWN</b>		WORK#		HOME#	
ADDRESS <b>26 SOUTH ARLDS, YOUNGSTOWN, OH 44503</b>		HOME#		HOME#	

LOCATION P1 -Front Pass. P2 -Rear Pass. G -Glove Box T -Trunk/Cargo E -Engine	<input type="checkbox"/> AM <input checked="" type="checkbox"/> Case/AM/FM <input type="checkbox"/> Radar Detect <input type="checkbox"/> CB	<input type="checkbox"/> AM/FM <input type="checkbox"/> CD/AM/FM <input type="checkbox"/> Laser Detect <input type="checkbox"/> C. Phone # Cassettes/CDs	Total Keys <u>2</u> Key-Ignition Key-Trunk Key-Capecap Key-Wheels # Hubcaps	FUEL E 1/2 F	CIRCLE DAMAGE 	Est. Value \$ <u>500</u> Condition <u>WRECKED</u> Seats    Wheels Glass    Antenna Undercarriage <input type="checkbox"/> Photos <input type="checkbox"/> Driveable
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LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
P1	BLACK BAG, MISC. PAPERS, CHECK BOOK - CR #1597-1600, DIGITAL CAMERA,	P2	MEASURING TAPE, MISC BOOKS, STATION
P2	FLARES, DWI MANUAL, GUNGLASSES, 2-SHOOTING GLASS LENSES, WINDOW SCRAPER, POLAROID CAMERA, NIKON 35MM CAMERA W/FLASHES, MEASURING TAPEX, TRAFFIC CONES, UMBRELLA, HAND CUFFS, DUFFEL BAG, FLASHLIGHT, BADGE KEY,		
T	BOOK, BATTING TUBE, LEVEL, ROLL-A-TIE, BLOOD KIT, TALK, MAT, LASER, SWIN PARK DVD		

Report By TRD. D. J. DUBELKO U. 1854 6/19/08 Time 0605 Supervisor Sgt. M. J. [Signature]  
 Witness X [Signature] Time       
 Tow By LUTS Loc. BOARDMAN, OH

RELEASE OF PROPERTY  
 Plates X    SIGNATURE      Time      U-       
 Vehicle X    SIGNATURE      Time      U-     

VEHICLE IMMOBILIZATION  Pre-Trial Retention  Court-Ordered (Order Received      /      /      Time     )  BMV-Ordered  
 Time      /      /      Location      Device #      U-       
 Immobilization Device Removed      /      /      Time      U-      Plates Impounded      /      /      Time       Plates Mailed to BMV      /      /     

TIV # <u>    </u> / <u>    </u> / <u>    </u> U- <u>    </u>	SHERIFF NOTIFIED <u>    </u> / <u>    </u> / <u>    </u> Time <u>    </u> U- <u>    </u> Msg # <u>    </u>	OWNER NOTIFIED <u>CITY OF YOUNGSTOWN</u> <u>6-19-08</u> Time <u>1414</u> U- <u>1854</u> PS <u>    </u>	FOLLOW-UP NIF <u>    </u> / <u>    </u> / <u>    </u> NIF <u>    </u> NIF <u>    </u> / <u>    </u> / <u>    </u> NIF <u>    </u> Letter Sent <u>    </u> / <u>    </u> / <u>    </u>
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Post Copy-White    Wrecker Copy-Canary    Owner/Driver Copy-Pink



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

Portable Scale Arrest and Weight Record

Date/Time of Violation 6-19-08 @ Date/Time Vehicle Weighed 6-19-08 @ 725  
 Violation Occurred at SALT SALINGS RD Distance Traveled N/A  
 Vehicle Weighed at SCENE - ON ROAD County of Arrest SO  
 Citation Number \_\_\_\_\_ Court Date \_\_\_\_\_ Total Fine Including Court Costs \_\_\_\_\_  
 Driver Name \_\_\_\_\_ Operator License # \_\_\_\_\_ State \_\_\_\_\_  
 Carrier Name \_\_\_\_\_ Description of Load \_\_\_\_\_  
 Power Unit: Make FORD Model Year 03 Color BLUE Style of Vehicle 4DR ED WRECKER  
 Registration: Power Unit AUS 2846 State OH Trailer \_\_\_\_\_ State \_\_\_\_\_

Reasonable Suspicion for Traffic Stop (check all that apply)

- Bulging Tires  Visible Load  Pulling Hard  Slow Speed  Insecure Load  Vehicle Defect  
 Oversize Load (5577.05)  Registration Violation  Other Violation \_\_\_\_\_

Axles	Axle Spacing	Scale #	Axle #	Left	Right	Axle #	Scale #	Total Weight
			Steer	2650	2700	Steer		
1-2			2	6000	5750	2		
1-3			3			3		
1-4			4			4		
1-5			5			5		
1-6			6			6		
1-7			7			7		
1-8			8			8		
1-9			9			9		
1-10			10			10		
1-11			11			11		

5577.04 (B) Maximum Gross Weight Allowed \_\_\_\_\_ lbs 5577.04 (D) Maximum Gross Weight Allowed \_\_\_\_\_ lbs

	Actual Weight In Pounds	Allowed Weight In Pounds	Number of Pounds Overweight	Issued Citation
Gross Weight	17100			<input type="checkbox"/>
Axles				<input type="checkbox"/>
Axles				<input type="checkbox"/>
Inner-Bridge				<input type="checkbox"/>

Vehicle Length \_\_\_\_\_ Ft \_\_\_\_\_ In Vehicle Width \_\_\_\_\_ Ft \_\_\_\_\_ In Vehicle Height \_\_\_\_\_ Ft \_\_\_\_\_ In  
 Arresting Officer \_\_\_\_\_ Unit \_\_\_\_\_ LLI Unit # 801 LLI Unit # 3064  
 Level Checked By TAR. J.A. TRUENNA Unit 801 All Scales Department of Agriculture Sealed  Yes  No  
 Disposition of Vehicle: Axles shifted  Vehicle off loaded  Driven to closest safe haven to get legal   
 Other  (Explain) \_\_\_\_\_  
 Check box for citations issued (check all that apply): Oversize  IFTA  Unsafe  Permit Violation   
 Other Arrest  (List all) \_\_\_\_\_

17100 - 13800 = 3300  
 COMBINED WEIGHT - EMPTY WEIGHT = WEIGHT OF FORD



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

### Portable Scale Arrest and Weight Record

Date/Time of Violation 6-19-08 @ Date/Time Vehicle Weighed 6-19-08 @ 835  
 Violation Occurred at SALT SPRINGS RD Distance Traveled N/A  
 Vehicle Weighed at LUOTS TOWNSHIP County of Arrest SD  
 Citation Number \_\_\_\_\_ Court Date \_\_\_\_\_ Total Fine Including Court Costs \_\_\_\_\_  
 Driver Name \_\_\_\_\_ Operator License # \_\_\_\_\_ State \_\_\_\_\_  
 Carrier Name LUOTS TOWNSHIP Description of Load \_\_\_\_\_  
 Power Unit: Make INTER Model Year 95 Color WHITE Style of Vehicle EMPTY FLATBED W/GRABER  
 Registration: Power Unit P.D.J 8356 State OH Trailer \_\_\_\_\_ State \_\_\_\_\_

#### Reasonable Suspicion for Traffic Stop (check all that apply)

- Bulging Tires    Visible Load    Pulling Hard    Slow Speed    Insecure Load    Vehicle Defect  
 Oversize Load (5577.05)    Registration Violation    Other Violation \_\_\_\_\_

Axles	Axle Spacing	Scale #	Axle #	Left	Right	Axle #	Scale #	Total Weight
			Steer	2850	2850	Steer		
1-2			2	3650	4450	2		
1-3			3			3		
1-4			4			4		
1-5			5			5		
1-6			6			6		
1-7			7			7		
1-8			8			8		
1-9			9			9		
1-10			10			10		
1-11			11			11		

5577.04 (B) Maximum Gross Weight Allowed \_\_\_\_\_ lbs   5577.04 (D) Maximum Gross Weight Allowed \_\_\_\_\_ lbs

	Actual Weight In Pounds	Allowed Weight In Pounds	Number of Pounds Overweight	Issued Citation
Gross Weight	13800			<input type="checkbox"/>
Axles				<input type="checkbox"/>
Axles				<input type="checkbox"/>
Inner-Bridge				<input type="checkbox"/>

Vehicle Length \_\_\_\_\_ Ft \_\_\_\_\_ In   Vehicle Width \_\_\_\_\_ Ft \_\_\_\_\_ In   Vehicle Height \_\_\_\_\_ Ft \_\_\_\_\_ In  
 Arresting Officer \_\_\_\_\_ Unit \_\_\_\_\_ LLI Unit # 801   LLI Unit # 3064  
 Level Checked By TR. J.A. TRUMAN Unit 801 All Scales Department of Agriculture Sealed  Yes  No  
 Disposition of Vehicle: Axles shifted  Vehicle off loaded  Driven to closest safe haven to get legal   
 Other  (Explain) \_\_\_\_\_  
 Check box for citations issued (check all that apply): Oversize  IFTA  Unsafe  Permit Violation   
 Other Arrest  (List all) \_\_\_\_\_

00-0000-00



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

Portable Scale Arrest and Weight Record

Date/Time of Violation 6-19-08 @ Date/Time Vehicle Weighed 6-19-08 @ 750  
 Violation Occurred at SALT SPREADS RD Distance Traveled 0  
 Vehicle Weighed at SCENE - IN DRIVE County of Arrest 50  
 Citation Number \_\_\_\_\_ Court Date \_\_\_\_\_ Total Fine Including Court Costs \_\_\_\_\_  
 Driver Name DAVID J FELECIANO Operator License # RV022117 State OH  
 Carrier Name ZORRO M FOOD SUPPLY Description of Load EMPTY  
 Power Unit: Make MACK Model Year 03 Color TEAL Style of Vehicle TRK TRL  
 Registration: Power Unit PVH 2873 State OH Trailer NONE State OH  
*021 WELL TRAILER*

Reasonable Suspicion for Traffic Stop (check all that apply)

- Bulging Tires  Visible Load  Pulling Hard  Slow Speed  Insecure Load  Vehicle Defect  
 Oversize Load (5577.05)  Registration Violation  Other Violation \_\_\_\_\_

Axes	Axle Spacing	Scale #	Axle #	Left	Right	Axle #	Scale #	Total Weight
			Steer	5100	5000	Steer		10,100
1-2	13 1/2		2	5400	5900	2		23400
1-3	18 1/4		3	6100	6000	3		20750
1-4	55 3/4		4	10300	10450	4		
1-5			5			5		
1-6			6			6		
1-7			7			7		
1-8			8			8		
1-9			9			9		
1-10			10			10		
1-11			11			11		

5577.04 (B) Maximum Gross Weight Allowed 79500 lbs 5577.04 (D) Maximum Gross Weight Allowed 80000 lbs

	Actual Weight in Pounds	Allowed Weight in Pounds	Number of Pounds Overweight	Issued Citation
Gross Weight	54250	80000		<input type="checkbox"/>
Axles # 4	20750	20000	750	<input type="checkbox"/>
Axles				<input type="checkbox"/>
Inner-Bridge				<input type="checkbox"/>

Vehicle Length \_\_\_\_\_ Ft \_\_\_\_\_ In Vehicle Width \_\_\_\_\_ Ft \_\_\_\_\_ In Vehicle Height \_\_\_\_\_ Ft \_\_\_\_\_ In  
 Arresting Officer \_\_\_\_\_ Unit \_\_\_\_\_ LLI Unit # 801 LLI Unit # 3064  
 Level Checked By TIP- J.A. TRUMAN Unit 801 All Scales Department of Agriculture Sealed  Yes  No  
 Disposition of Vehicle: Axles shifted  Vehicle off loaded  Driven to closest safe haven to get legal   
 Other  (Explain) \_\_\_\_\_  
 Check box for citations issued (check all that apply): Oversize  IFTA  Unsafe  Permit Violation   
 Other Arrest  (List all) \_\_\_\_\_

554 LENGTH  
RIGHT