

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *
08-007095

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

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

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C.# *

05009

REPORTING AGENCY #

Youngstown PD

UNITS

02

UNIT ERROR

02

98 - ANIMAL
99 - UNKNOWN

DATE OF CRASH *

02032008

TIME OF CRASH

0105

DAY OF WEEK

SUN

CITY *

X

VILLAGE *

TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *

Youngstown

COUNTY # *

50

LATITUDE

LONGITUDE

CRASH LOCATION

Mahoning

TYPE LOC

1

TYPE LOCATION POINT USED

1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

DIST REFERENCE (BY)

PRER REFERENCE

3225

04

REFERENCE POINT USED

01 STATE LINE
02 INTERSECTION 2 STREETS
03 COUNTY LINE

04 HOUSE NUMBER

05 TOWNSHIP BOUNDARY

06 MILE POST

07 CORPORATION LIMIT

08 PLACE NAME W/O REFERENCE

09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT #

A

of Occ.

0102

NAME (LAST, FIRST, MIDDLE)

Dixon, Justin

ADDRESS (STREET, CITY, STATE, ZIP CODE)

1403 Mahul st Apt 2 Pittsburgh PA 15216

SOCIAL SECURITY NUMBER

DATE OF BIRTH

09141979

AGE

SEX

M

HOME PHONE #

WORK PHONE #

DL STATE

PA

DL #

LP STATE

PA

LP #

FCJ9216

INSURED

TAKEN BY

1

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)

YEAR

1997

MAKE

Chev

MODEL

Malibu

COLOR

gold

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGE

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE #

UNIT #

B

of Occ.

0201

NAME (LAST, FIRST, MIDDLE)

Crystall, Brian

ADDRESS (STREET, CITY, STATE, ZIP CODE)

916 Birch Hill dr

SOCIAL SECURITY NUMBER

DATE OF BIRTH

02141965

AGE

42

SEX

M

HOME PHONE #

(330) 360-6521

WORK PHONE #

DL STATE

OH

DL #

R0291366

LP STATE

OH

LP #

BFU7053

INSURED

TAKEN BY

1

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)

YEAR

1997

MAKE

Dodge

MODEL

Intrepid

COLOR

Green

INSURANCE COMPANY

Progressive

TOWING SERVICE

Ludts

OWNER PHONE #

OFFENSE CHARGE

OWB

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE #

UNIT #

C

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 5 UNKNOWN
3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

D

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 5 UNKNOWN
3 POLICE

TRANSPORTED BY

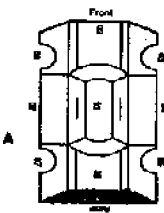
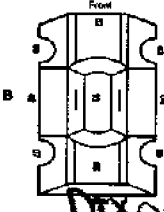
INJURED TAKEN TO

Occupant

Motorist/Non-Motorist

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 A FRONT - LEFT (MC DRIVER)	01 NONE USED	1 NOT DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY POSSIBLE
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTINGUISHED BY MECHANICAL	2 NON-INCAPACITATING
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 MEANS	3 FATAL INJURY
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 UNKNOWN
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NONE USED					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						
16 Non-Motorist						

SUPPLEMENT #
X IF YES

UNIT NUMBERS 01 02	DAMAGE AREA 	PRE-CRASH ACTIONS 13 01 B	SEQUENCE OF EVENTS A: 20, 2, 3, 4 B: 20, 2, 3, 4	POSTED SPEED A: , B:	DRUG TEST STATUS 1A: 1, 1B: 1
NON-MOTORIST LOCATION A: , B:		MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVENESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 OTHER 18 APPROACHING/LEAVING VEHICLE 19 PLAYING/TOYS ON VEHICLE 20 OTHER 21 UNKNOWN	NON-COLLISION 01 OVERTAKE/ROLLOVER 02 FIRE/EXPLOSION 03 IMBROSION 04 JACKKNIFE 05 CAR/LOAD/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIUM/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FORMED 14 PEDESTRIAN 15 BICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DIRT 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CHAIN CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MESSIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURBPOST 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	TRAFFIC CONTROL 01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTUSCURED 16 OTHER	DRUG TEST TYPE 1A: 1, 1B: 1
TYPE OF UNIT 03 04	POINT OF IMPACT 06 01 B	CONTRIBUTING FACTORS 01 11 11	TYPE OF INTERSECTION 01	DIRECTION FROM TO: 2 1, FROM TO: 2 1	DRUG TEST 1&2 RESULT 1A: 1, 1B: 1
TYPE OF UNIT 01 SUBCOMPACT 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, 6 TIRES 11 SINGLE UNIT TRUCK; 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOOTAL) 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FEET WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 BROWNSHOLE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/NO DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SEATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION 4 3	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/WCDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED ON PARKED ILLEGALLY 13 OPERATING VEHICLE IN EMBANK, ROCKLEDGE, CAMELBACK, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, CALIBR, NON-BROUGHT IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTER/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 BATTERED 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT 1A: 1, 1B: 1	CONDITION 1A: 1, 1B: 6	OCURRENCE 6
IN EMERGENCY RESPONSE 1A: 1, 1B: 1	STRIKING VEHICLE: OVERSIDE / UNDERSIDE A: 1, B: 1	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE A: , B:	MOST HARMFUL EVENT 1A: 1, 1B: 1	ALCOHOL/DIAGNOSIS SUSPECTED 1A: 1, 1B: 2	ROAD CONFORM 1
DAMAGE SCALE 2 1	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE A: , B:	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE A: , B:	SPEED DETECTED A: , B:	ALCOHOL TEST STATUS 1A: 1, 1B: 4	ROAD CONDITIONS PRIMARY: 01, SECONDARY:
DAMAGE SCALE 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DRAINING DAMAGE 5 SEVERE 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRECRASH 11 OTHER DEFECTS	VEHICLE DEFECT CODE ONLY IF '18' SELECTED ABOVE A: , B:	SPEED A: , B:	ALCOHOL TEST TYPE 1A: 1, 1B: 4	DRUG TEST 1&2 RESULT 1A: 1, 1B: 1
SUPPLEMENT # X = YES LOCAL REPORT # 08-007095					

Unit number one ~~was~~ while stopped in the ~~area~~ drive thru of 3825 Mahoning was struck from the rear by unit #2. Unit #2 is noted at fault

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 2 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-ON 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDEWIDE, SAME DIRECTION 8 SIDEWIDE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 Dixon, Justin 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN Work Zone Related <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN Type Of Work Zone <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFTS/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERRUPTED/ MOVING WORK 5 OTHER LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input checked="" type="checkbox"/> 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	WEATHER <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	LIGHT CONDITIONS <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN		

Unit # <input type="text"/>	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 PASSENGERS, INCLUDING DRIVER.	A AND 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.
Company (From Shipping Papers) <input type="text"/>		COMPANY PHONE <input type="text"/>
Address (Street, City, St, Zip Code) <input type="text"/>		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLACARD #
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRASS/CORPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		Weight (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL Class <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	Hazardous Materials Placard <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	Hazardous Materials Released <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN		

Police Action DATE CRASH REPORTED: 02032008 TIME REC CALL: 0105 DISPATCH: 0109 ARRIVED: 0112 CLEARED: 0200 OTHER: <input type="text"/> TOTAL MINUTES: 51		OFFICER'S NAME: Beckins/Vitulb BADGE #: 1114 CHECKED BY: <input type="text"/> DATE REPORT FILED: <input type="text"/>
REPORT TAKEN BY: <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT: <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENT "X" IF YES: <input type="checkbox"/> LOCAL REPORT #: 08-057095

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 08-007095	REPORTING AGENCY	DATE OF CRASH M 02 10 03 108
IN COUNTY OF	CRASH LOCATION	

Officers Vitullo/Perkins investigated a crash at 3225 Mahoning. Officers were not aware a crash report was needed for a private property crash. Once on station Officers were informed a crash report was needed. Due to this, officers did not get information from the passengers who was with Justin Dixon or the phone # for Dixon while on scene. Officers were able to obtain the following #'s for Dixon through PA police

(412) 885-2298

(412) 782-2193

(412) 381-5591