

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT #
09-003230

CRASH SEVERITY
2 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
YES

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

PHOTOS TAKEN
OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY *
0500R YOUNGSTOWN POLICE DEPT

UNITS
01 01 98 = ANIMAL
99 = UNKNOWN

DATE IN CRASH *
01162009

DAY OF WEEK
2238 FRI X
NAME (OF CITY, VILLAGE OR TOWNSHIP) *
YOUNGSTOWN

LATITUDE
LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION
SR. 62 HINMAN AVE EXPRESSWAY
TYPE LOC 3
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

LOCAL INFORMATION

AT REFERENCE
DIST REFERENCE DR PREFIX REFERENCE
OAK ST OVER PASS
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 W/O REFERENCE
09 DRIVEWAY
10 STREET OR ROUTE W/O REFERENCE

UNIT # 1 OF OCC
A 0105
NAME (LAST, FIRST, MIDDLE)
HUNTER, JERON J
ADDRESS (STREET, CITY, STATE, ZIP CODE)
16 E. LUCIUS AVE YOUNGSTOWN OH 44507

DATE OF BIRTH 03271978 AGE 30 SEX M
HOME PHONE # 330-8133 WORK PHONE #

DL STATE DL # OH LP STATE LP # OH DYN1491 INJURED TAKEN BY 1
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
STUBBS, JEMMA T
ADDRESS (STREET, CITY, STATE, ZIP CODE)
104 GLUCK ST APT I
YEAR 2002 MAKE DODGE MODEL STRATUS COLOR TIEI INSURANCE COMPANY AMERICAN INS TOWING SERVICE LUDERS OWNER PHONE # 330-757-2222

OFFENSE CHARGED HS10.12A1, 331.34(A) OFFENSE DESCRIPTION D.U.S. AND FAILURE TO CONTROL CITATION # I43532

UNIT # 2 OF OCC
B
NAME (LAST, FIRST, MIDDLE)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1
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 CITATION #

01 NAME (LAST, FIRST, MIDDLE) DUBOSE, ARCAIZAH HOME PHONE #330-3240
ADDRESS (STREET, CITY, STATE, ZIP CODE) 6033 Applecrest Ct Apt 24 BARDMAN OH 44512
INJURED TAKEN BY 1
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
TRANSPORTED BY INJURED TAKEN TO 0213199613 F

01 NAME (LAST, FIRST, MIDDLE) CLARK, ALAYSIA HOME PHONE #330-480-0807
ADDRESS (STREET, CITY, STATE, ZIP CODE) 104 Gluck St Youngstown, OH 44505
INJURED TAKEN BY 1
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE
TRANSPORTED BY INJURED TAKEN TO 1208200009 F

Motorist/Non-Motorist

Occupant

SEATING POSITION	SAFETY EQUIPMENT MOTORIST	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 NOT-DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 UNKNOWN				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						
17 UNKNOWN						

UNIT NUMBERS

01

NON-MOTORIST LOCATION

- 01 MARKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS OR TRAILS
- 15 UNKNOWN

TYPE OF UNIT

03

MOTORIST

- 01 SUB-COMPACT
- 02 COMPACT
- 03 MID SIZE
- 04 FULL SIZE
- 05 MINIVAN
- 06 SPORT UTILITY VEHICLE
- 07 PICKUP
- 08 PANEL/VAN
- 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
- 10 SINGLE UNIT TRUCK; 3+ AXLES
- 11 TRUCK/TRAILER
- 12 TRUCK TRACTOR (BOBTAIL)
- 13 TRACTOR/SEMI-TRAILER
- 14 TRACTOR/DOUBLE SHORT
- 15 TRACTOR/DOUBLE LONG
- 16 FIFTH WHEEL OR CONVERTER DOLLY
- 17 TRACTOR/TRIPLES
- 18 MOTORCYCLE
- 19 MOTORIZED BICYCLE
- 20 SCHOOL BUS
- 21 CHURCH BUS
- 22 PUBLIC BUS
- 23 OTHER BUS
- 24 POLICE VEHICLE
- 25 FIRE TRUCK
- 26 AMBULANCE/RESCUE
- 27 TAXI
- 28 MOTOR HOME
- 29 TRAIN
- 30 FARM VEHICLE
- 31 FARM EQUIPMENT
- 32 SNOWMOBILE
- 33 CONSTRUCTION EQUIPMENT
- 34 ALL OTHERS
- NON-MOTORIST
- 35 ANIMAL W/DRIVER
- 36 ANIMAL W/BUGGY
- 37 BICYCLE
- 38 PEDESTRIAN
- 39 PEDALCYCLIST
- 40 SKATER
- 41 OTHER-NON MOTORIST
- 42 UNKNOWN

IN EMERGENCY RESPONSE

1

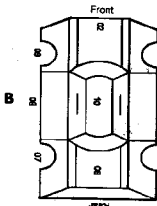
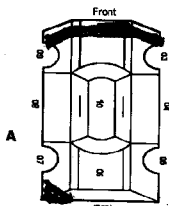
- 1 No
- 2 Yes
- 3 UNKNOWN

DAMAGE SCALE

3

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

02

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT

02

- 01 NONE
- 02 CENTER FRONT
- 03 RIGHT FRONT
- 04 RIGHT SIDE
- 05 RIGHT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

ACTION

2

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRIKING
- 4 STRUCK
- 5 BOTH STRIKING AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERIDE

1

- 1 NO UNDERIDE OR OVERRIDE
- 2 UNDERIDE, COMPARTMENT INTRUSION
- 3 UNDERIDE, NO COMPARTMENT INTRUSION
- 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERRIDE, OTHER VEHICLE
- 7 UNKNOWN

PRE-CRASH ACTIONS

01

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 DRIVERLESS
- 13 OTHER
- 14 UNKNOWN
- NON-MOTORIST
- 15 ENTERING/CROSSING IN SPECIFIED LOCATION
- 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
- 17 WORKING
- 18 PUSHING VEHICLE
- 19 APPROACHING/LEAVING VEHICLE
- 20 PLAYING/WORKING ON VEHICLE
- 21 STANDING
- 22 OTHER
- 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

15

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/ACDA
- 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
- 10 IMPROPER BACKING
- 11 IMPROPER START FROM PARKED POSITION
- 12 STOPPED OR PARKED ILLEGALLY
- 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
- 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
- 15 FAILURE TO CONTROL
- 16 VISION OBSTRUCTION
- 17 DRIVER INATTENTION
- 18 FATIGUE/ASLEEP
- 19 OPERATING DEFECTIVE EQUIPMENT
- 20 LOAD SHIFTING/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 INATTENTIVE
- 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
- 31 WRONG SIDE OF THE ROAD
- 32 OTHER
- 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORN OR SLICK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS

20
32

NON-COLLISION

- 01 OVERTURN/ROLLOVER
- 02 FIRE/EXPLOSION
- 03 IMMERSION
- 04 JACKKNIFE
- 05 CARGO/EQUIPMENT LOSS/SHIFT
- 06 EQUIPMENT FAILURE
- 07 SEPARATION OF UNITS
- 08 RAN OFF ROAD RIGHT
- 09 RAN OFF ROAD LEFT
- 10 CROSS MEDIAN/CENTERLINE
- 11 DOWNHILL RUNAWAY
- 12 OTHER NON-COLLISION
- 13 UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED
- 14 PEDESTRIAN
- 15 PEDALCYCLE
- 16 RAILWAY VEHICLE
- 17 ANIMAL - FARM
- 18 ANIMAL - DEER
- 19 ANIMAL - OTHER
- 20 MOTOR VEHICLE IN TRANSPORT
- 21 PARKED MOTOR VEHICLE
- 22 WORK ZONE MAINTENANCE EQUIPMENT
- 23 OTHER MOVABLE OBJECT
- 24 UNKNOWN MOVABLE OBJECT
- COLLISION WITH FIXED OBJECT
- 25 IMPACT ATTENUATOR/CRASH CUSHION
- 26 BRIDGE OVERHEAD STRUCTURE
- 27 BRIDGE PIER OR ABUTMENT
- 28 BRIDGE PARAPET
- 29 BRIDGE RAIL
- 30 GUARDRAIL FACE
- 31 GUARDRAIL END
- 32 MEDIAN BARRIER
- 33 HIGHWAY TRAFFIC SIGN POST
- 34 OVERHEAD SIGN POST
- 35 LIGHT/LUMINARIES SUPPORT
- 36 UTILITY POLE
- 37 OTHER POST, POLE OR SUPPORT
- 38 CULVERT
- 39 CURB
- 40 DITCH
- 41 EMBANKMENT
- 42 FENCE
- 43 MAILBOX
- 44 TREE
- 45 OTHER FIXED OBJECT
- 46 WORK ZONE MAINTENANCE EQUIPMENT
- 47 UNKNOWN FIXED OBJECT
- 48 OTHER
- 49 UNKNOWN

FIRST HARMFUL EVENT

1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

1

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

2

- 1 STATED
- 2 ESTIMATED SPEED

SPEED

40

POSTED SPEED

50

TRAFFIC CONTROL

12

- 01 NO CONTROLS
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSBUCKS
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PAVEMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION

23

- 1 NORTH
- 2 SOUTH
- 3 EAST
- 4 WEST
- 5 NORTHEAST
- 6 NORTHWEST
- 7 SOUTHEAST
- 8 SOUTHWEST
- 9 UNKNOWN

CONDITION

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 EMOTIONAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAINTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

0

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - HBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL/DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS

1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

DRUG TEST STATUS

1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1 2

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 OPiates
- 5 AMPHETAMINES
- 6 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

03

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDBOUT
- 06 FIVE-POINT, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 CROSSOVER
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS OR TRAILS
- 13 UNKNOWN

OCCURRENCE

1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON GORE
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

1

- 1 STRAIGHT LEVEL
- 2 STRAIGHT GRADE
- 3 CURVE LEVEL
- 4 CURVE GRADE

ROAD CONDITIONS

01

- 01 DRY
- 02 WET
- 03 SNOW
- 04 ICE
- 05 SAND, MUD, DIRT, OIL, GRAVEL
- 06 WATER (STANDING, MOVING)
- 07 SLUSH
- 08 DEBRIS**
- 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**
- 10 OTHER
- 11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

LOCAL REPORT # *

09-003230

SUPPLEMENT * 'X' IF YES

Narrative

UNIT NO 1 STATED HE WAS E/B ON THE HIMPON AVE EXPRESSWAY NEAR THE OAK ST OVERPASS WHEN HE STATED HE LOST CONTROL OF HIS AUTO AND IT BEGAN TO SPIN OUT OF CONTROL. UNIT NO 1 FURTHER STATED AS HE TRIED TO GET CONTROL OF HIS AUTO IT CONTINUED TO SPIN WHEN HE STRUCK A GARDRAIL NEAR THE RIGHT LANE AND THEN CONTINUED UNTIL HE STRUCK THE CENTER DIVIDER COMING TO REST THERE.

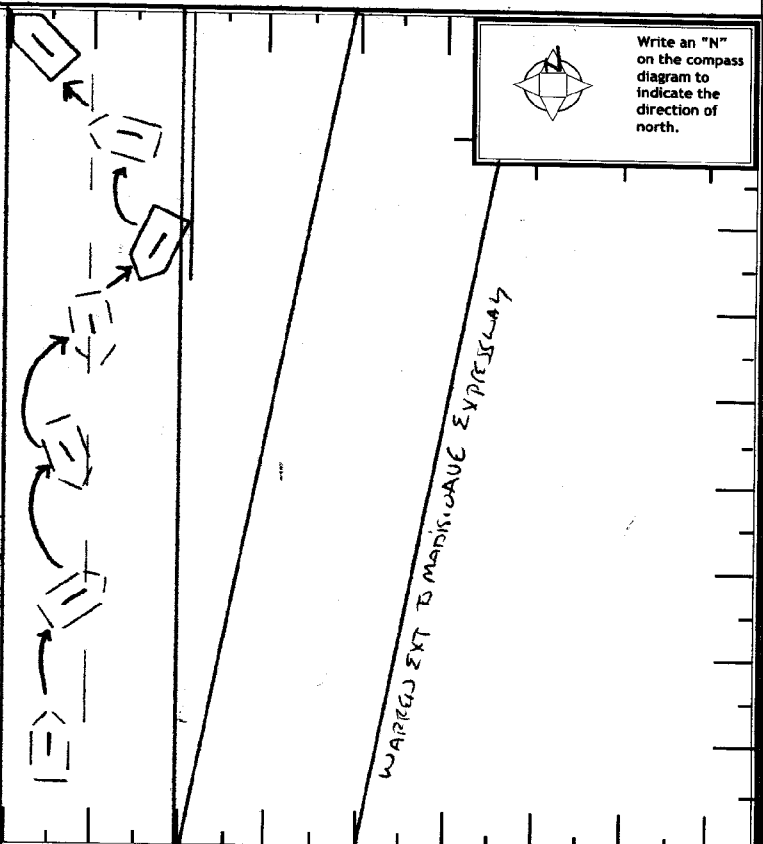
MANNER OF COLLISION OR IMPACT

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

SCHOOL BUS RELATED

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

Diagram



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

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

LIGHT CONDITIONS

PRIMARY SECONDARY

1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN

Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER.

COMPANY (FROM SHIPPING PAPERS) _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

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 PHONE _____

US DOT ICC MC PUCO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DIA.

CARGO BODY TYPE

01 NOT APPLICABLE
 02 BUS (9-15 INCLUDING DRIVER)
 03 VAN/ENCLOSED BOX
 04 GRAB/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 - 25,000
 3 MORE THAN 25,000

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: 01162009 TIME REC CALL: 2238 DISPATCH: 2241 ARRIVED: 2255 CLEARED: 0230 OTHER: TOTAL MINUTES: 292

OFFICER'S NAME: Ptlm R.A. MARTINI BADGE #: 1077 CHECKED BY: D/Sgt Davis DATE REPORT FILED #: 01182009

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST REPORT TAKEN AT: 1 SCENE 2 STATION SUPPLEMENT: LOCAL REPORT #:

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

LOCAL REPORT # * 09-003230 NCIC# * 05609 REPORTING AGENCY * Youngstown Police Dept DATE OF CRASH * 01162009

E UNIT # 01 NAME (LAST, FIRST, MIDDLE) WILLIAMS, SENTER HOME PHONE # 330-3340 DATE OF BIRTH 11052001 AGE 08 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 6033 Applecrest Ct Apt 24 Boardman OH 44532 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

F UNIT # 01 NAME (LAST, FIRST, MIDDLE) FAMBRO, MAHOGANY HOME PHONE # 330-9162 DATE OF BIRTH 08312000 AGE 08 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 16 E. LUXIOUS AVE YOUNGSTOWN OH 44507 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

G UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

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ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

<p>06 SEATING POSITION</p> <p>01 FRONT - LEFT (MC DRIVER)</p> <p>02 FRONT - MIDDLE</p> <p>03 FRONT - RIGHT</p> <p>04 SECOND - LEFT (MC PASS)</p> <p>05 SECOND - MIDDLE</p> <p>06 SECOND - RIGHT</p> <p>07 THIRD - LEFT (MC PASSENGER/SIDE CAR)</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - RIGHT</p> <p>10 SLEEPER SECTION OF CAB</p> <p>11 ENCLOSED CARGO AREA</p> <p>12 UNENCLOSED CARGO AREA</p> <p>13 TRAILING UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>16 NON-MOTORIST</p> <p>17 UNKNOWN</p>	<p>03 SAFETY EQUIPMENT</p> <p>MOTORIST</p> <p>01 NONE USED</p> <p>02 SHOULDER BELT ONLY</p> <p>03 LAP BELT ONLY</p> <p>04 SHOULDER/LAP BELT</p> <p>05 CHILD SAFETY SEAT</p> <p>06 MC HELMET USED</p> <p>07 USE UNKNOWN</p> <p>NON-MOTORIST</p> <p>08 NONE USED</p> <p>09 HELMET USED</p> <p>10 PROTECTIVE PADS</p> <p>11 REFLECTIVE CLOTHING</p> <p>12 LIGHTING</p> <p>13 OTHER</p> <p>14 UNKNOWN</p>	<p>5 AIR BAG</p> <p>1 NOT-DEPLOYED</p> <p>2 DEPLOYED-FRONT</p> <p>3 DEPLOYED-SIDE</p> <p>4 DEPLOYED BOTH FRONT/SIDE</p> <p>5 NOT APPLICABLE</p> <p>6 UNKNOWN</p>	<p>4 AIR BAG SWITCH</p> <p>1 IN ON POSITION</p> <p>2 IN OFF POSITION</p> <p>3 NOT PRESENT</p> <p>4 UNKNOWN</p>	<p>1 EJECTION</p> <p>1 NOT EJECTED</p> <p>2 TOTALLY EJECTED</p> <p>3 PARTIALLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 UNKNOWN</p>	<p>1 TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 EXTRICATED BY MECHANICAL MEANS</p> <p>3 FREED BY NON-MECHANICAL MEANS</p> <p>4 UNKNOWN</p>	<p>2 INJURIES</p> <p>1 NO INJURY</p> <p>2 POSSIBLE</p> <p>3 NON-INCAPACITATING</p> <p>4 INCAPACITATING</p> <p>5 FATAL INJURY</p> <p>6 UNKNOWN</p>
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BLANK FOR WITNESS

SUPPLEMENT 'X' IF YES