

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



LOCAL REPORT # *
09-035348

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
 IF YES

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

PHOTOS TAKEN
 IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # *
5009

REPORTING AGENCY *
YOUNGSTOWN PD

UNITS
02

UNIT ERROR
99 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
06062009

TIME OF CRASH
1058

DAY OF WEEK
SAT

CITY * VILLAGE * TWP *
X **YOUNGSTOWN**

COUNTY # *
50

LATITUDE
LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION
OAK HILL AVE

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

LOCAL INFORMATION

REFERENCE
DIST REFERENCE OR PREFIX REFERENCE
W WARREN

REFERENCE POINT USED
REF POINT
02

04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
05 TOWNSHIP BOUNDARY 09 DRIVEWAY
06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT

UNIT # # OF OCC
A 01 03 NAME (LAST, FIRST, MIDDLE)
DAWSON, KRISTEN A.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
2 MIDCREST HOMES MIDLAND PA 15059

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
27 553 984 08081985 23 F 709-4695

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
PA 27 553 984 PA HFP 1983 1 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2000 Chry CONCORDE GOLD ERIC INSURANCE

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

UNIT # # OF OCC
B 02 05 NAME (LAST, FIRST, MIDDLE)
BAKER, JEANNINE R.

ADDRESS (STREET, CITY, STATE, ZIP CODE)
4113 BURKLEY RD. YOUNGSTOWN OH 44515

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
RJ 918548 07191971 37 F 799-1032

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
OH RJ 918548 OH J BAKER 1 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
SAME

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
2008 SATURN AURA MAROON ALLSTATE

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

UNIT # # OF OCC
C 01 NAME (LAST, FIRST, MIDDLE)
SAWERS, JACKIE

ADDRESS (STREET, CITY, STATE, ZIP CODE)
1318 SIXTH AVE BEAVERFALLS PA 15010

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
01271992 17 F 417-2868

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO
1 1 NONE 4 OTHER TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
1470 FIFTH AVE NEWBRIGHTON PA

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST

SAFETY EQUIPMENT MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN

AIR BAG 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN

EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN

TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 FATAL INJURY 5 UNKNOWN

Motorist/Non-Motorist

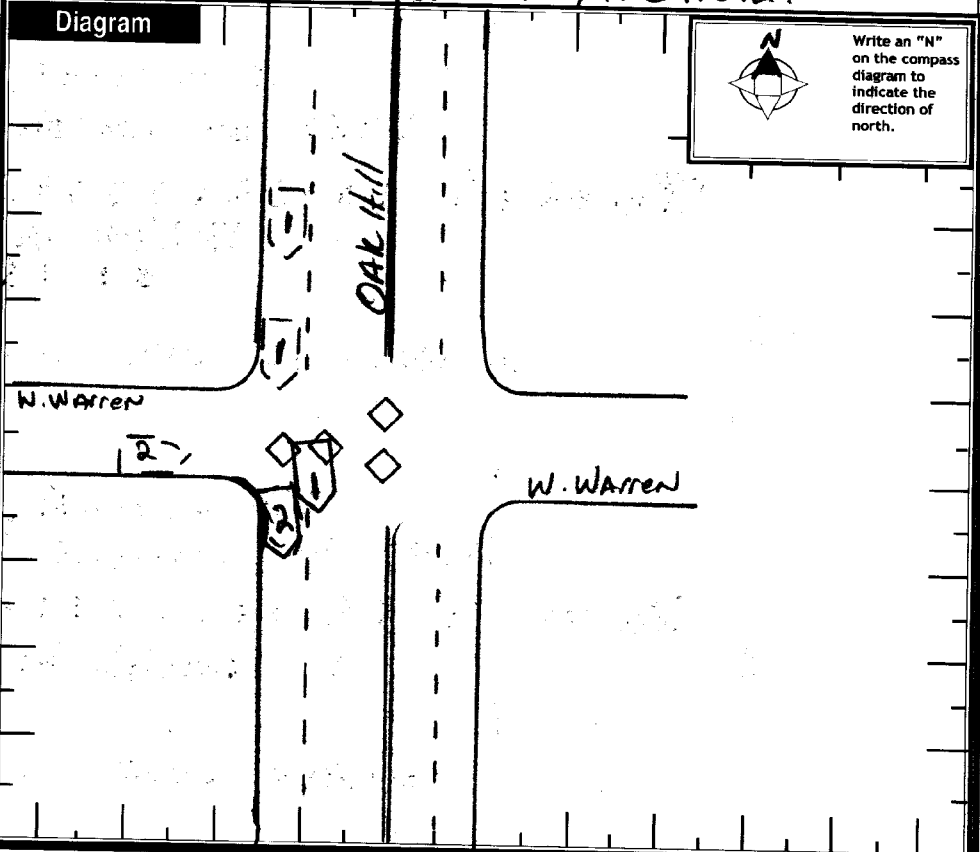
Occupant

SUPPLEMENT *

Narrative

DRIVER OF UNIT # 1 STATED THAT SHE WAS SOUTH BOUND ON OAK HILL CROSSING THE INTERSECTION OF W. WARREN. SHE STATED THAT SHE HAD THE GREEN LIGHT. UNIT # 1 ADVISED THAT UNIT # 2 FAILED TO STOP AT THE RED LIGHT AS SHE TURNED SOUTH FROM WEST WARREN ONTO OAK HILL. UNIT # 2 WAS EAST ON WEST WARREN + TURNED SOUTH ONTO OAK HILL. UNIT # 1 ADVISED THAT SHE HAD TO MOVE FROM THE WEST LANE TO THE EAST LANE. DRIVER OF UNIT # 1 SIDESWIPE UNIT # 2. DRIVER OF UNIT # 2 STATED THAT SHE HAD THE GREEN LIGHT AS SHE TURNED SOUTH ON OAK HILL FROM W. WARREN. SHE ADVISED THAT UNIT # 1 RAN THE RED LIGHT AND SIDE SWIPE HER AUTO AS SHE PASSED. IT WAS IMPOSSIBLE FOR THIS OFFICER TO DETERMINE WHO WAS TELLING THE TRUTH.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input type="checkbox"/> 2 REAR-END <input type="checkbox"/> 3 HEAD-ON <input type="checkbox"/> 4 REAR-TO-REAR <input type="checkbox"/> 5 BACKING <input type="checkbox"/> 6 ANGLE <input checked="" type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN
WEATHER <input type="checkbox"/> 01 CLEAR <input type="checkbox"/> 02 CLOUDY <input type="checkbox"/> 03 FOG, SMOG, SMOKE <input type="checkbox"/> 04 RAIN <input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) <input type="checkbox"/> 06 SNOW <input type="checkbox"/> 07 SEVERE CROSSWINDS <input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 09 OTHER <input type="checkbox"/> 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 DAYLIGHT <input type="checkbox"/> 2 DAWN <input type="checkbox"/> 3 DUSK <input type="checkbox"/> 4 DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 DARK - NOT LIGHTED <input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING <input type="checkbox"/> 7 GLARE <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE <input type="checkbox"/> 2 LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK <input type="checkbox"/> 5 OTHER
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 ADVANCE WARNING AREA <input type="checkbox"/> 3 TRANSITION AREA <input type="checkbox"/> 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN



Truck/Bus UNIT # <input type="text"/> <input type="text"/> COMPANY (FROM SHIPPING PAPERS) <input type="text"/> ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/> COMPANY PHONE <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 9 PERSONS, INCLUDING DRIVER.	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
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US DOT <input type="text"/>	ICC MC <input type="text"/>	PUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP # <input type="text"/>	PLACARD # <input type="text"/>	# DIA. <input type="text"/>
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 GRAIN/CHIPS/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 <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06062009	1100	1102	1113		1300	186
OFFICER'S NAME *	BADGE # *	CHECKED BY	DATE REPORT FILED *			
S. MOSCA	1030	D/S R Hart	06062009			
REPORT TAKEN BY <input type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 SCENE <input type="checkbox"/> 2 STATION	SUPPLEMENT 'X' IF YES *	LOCAL REPORT # *			
			09-10252102			

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

LOCAL REPORT # * 09-035348 NCIC # * 5009 REPORTING AGENCY * YOUNGSTOWN PD DATE OF CRASH * 06062009

E Unit # 02 NAME (LAST, FIRST, MIDDLE) McClennon, PAIGE HOME PHONE # 330 799-1032 DATE OF BIRTH 02171996 AGE 13 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 4113 Burkey RD Youngstown OH 44515 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

F Unit # 02 NAME (LAST, FIRST, MIDDLE) SPEED, KENNETH HOME PHONE # 330 799-1032 DATE OF BIRTH 09201999 AGE 09 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 4113 Burkey RD Youngstown OH 44515 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

G Unit # 02 NAME (LAST, FIRST, MIDDLE) BROWN, RASHEID HOME PHONE # 330 799-1032 DATE OF BIRTH AGE SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 4113 Burkey Rd. Youngstown OH. 44515 INJURED TAKEN BY 1 TRANSPORTED BY INJURED TAKEN TO

1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE

H 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

I 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

J 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

K 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

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

SUPPLEMENT
X* if Yes