

# TRAFFIC CRASH REPORT

OH-1 (Rev. 10/08)



LOCAL REPORT # \*  
09-063672

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

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

N.C.I.C. #  
05009

REPORTING AGENCY #  
Youngstown PD

# UNITS  
02

UNIT ERROR  
02

DATE OF CRASH #  
09192009

TIME OF CRASH: 1513  
DAY OF WEEK: SAT  
CITY: Y VILLAGE: TWP: Y  
NAME (OF CITY, VILLAGE OR TOWNSHIP): Youngstown  
COUNTY #: 50

WHERE CRASH OCCURRED: South Ave  
TYPE LOC: 1  
TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET  
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 WHO REFERENCE 09 DIVERSITY 10 STREET OR ROUTE WHO REFERENCE

UNIT # # OF OCC.  
A 0104  
NAME (LAST, FIRST, MIDDLE): BROWN, AMEKA SHARON  
ADDRESS (STREET, CITY, STATE, ZIP CODE): 387 E LUCIUS AVE YOUNGSTOWN, OH 44507

DATE OF BIRTH: 02041990 AGE: 19 SEX: F  
DL STATE: OH DL #: SY936738  
UP STATE: OH LP #: EW61195  
ISSUED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
TRANSPORTED BY: Rural metro  
ISSUED TAKEN TO: St Elizabeth  
OWNER NAME (IF SAME, WRITE "SAME"): Jones, Floyd  
ADDRESS (STREET, CITY, STATE, ZIP CODE): 541 W WARREN YOUNGSTOWN, OH 44508  
YEAR: 1999 MAKE: Chrysler MODEL: concorde COLOR: TAN  
INSURANCE COMPANY: NONE TOWNSHIP SERVICE: NONE  
OWNER PHONE #: 330-782-5012  
CITATION #  
LOCAL CODE? X IF YES

UNIT # # OF OCC.  
B 0201  
NAME (LAST, FIRST, MIDDLE): KOONS, EMICA  
ADDRESS (STREET, CITY, STATE, ZIP CODE): 695 RINK AVE BOARDMAN, OHIO 44512

DATE OF BIRTH: 06071985 AGE: 24 SEX: F  
DL STATE: OH DL #: SH460904  
UP STATE: OH LP #: EG66819  
ISSUED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
TRANSPORTED BY: Rural metro  
ISSUED TAKEN TO: St Elizabeth  
OWNER NAME (IF SAME, WRITE "SAME"): SAME  
ADDRESS (STREET, CITY, STATE, ZIP CODE):  
YEAR: 2001 MAKE: Honda MODEL: acc COLOR: silver  
INSURANCE COMPANY: West American Ins. TOWNSHIP SERVICE: Ludts  
OWNER PHONE #: 330-261-2491  
CITATION #  
LOCAL CODE? X IF YES

UNIT # # OF OCC.  
C 01  
NAME (LAST, FIRST, MIDDLE): TRAYLOR, TAMARA  
ADDRESS (STREET, CITY, STATE, ZIP CODE): 386 W Evergreen Youngstown, OH 44511  
DATE OF BIRTH: 11071983 AGE: 25 SEX: F  
HOME PHONE #: 330-881-6861  
ISSUED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
TRANSPORTED BY: Rural metro  
ISSUED TAKEN TO: St Elizabeth

UNIT # # OF OCC.  
D 01  
NAME (LAST, FIRST, MIDDLE): PHILLIPS, BRAZIL  
ADDRESS (STREET, CITY, STATE, ZIP CODE): 386 W Evergreen Youngstown, OH 44511  
DATE OF BIRTH: 12162006 AGE: 02 SEX: F  
HOME PHONE #: 330-881-6861  
ISSUED TAKEN BY: 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE  
TRANSPORTED BY: Rural metro  
ISSUED TAKEN TO: Akron's children

Motorist/Non-Motorist

Occupant

01	FRONT - LEFT (MC DRIVER)	04	SEATBELT USED	1	NOT DEPLOYED	1	NOT PRESENT	1	NOT EJECTED	1	NOT TRAPPED	1	NO INJURY
02	FRONT - MIDDLE	04	SHOULDER BELT ONLY	2	DEPLOYED-FRONT	2	IN ON POSITION	2	TOTALLY EJECTED	2	EXTORTICATED BY MECHANICAL MEANS	2	POSSIBLE
03	FRONT - RIGHT	04	LAP BELT ONLY	3	DEPLOYED-BEH	3	IN OFF POSITION	3	PARTIALLY EJECTED	3	MEANS USED BY NON-MECHANICAL MEANS	3	NON-INCAPACITATING
04	SECOND - LEFT (MC PASS)	04	CHILD SAFETY SEAT	4	DEPLOYED BOTH FRONT/SIDE	4	UNKNOWN	4	NOT APPLICABLE	4	UNKNOWN	4	FATAL INJURY
05	SECOND - MIDDLE	04	MC HELMET USED	5	NOT APPLICABLE	5		5	UNKNOWN	5	UNKNOWN	5	UNKNOWN
06	SECOND - RIGHT	04	USE UNKNOWN	6	UNKNOWN	6		6		6		6	
07	THIRD - LEFT (MC PASSENGER/SIDE CAR)	04	NON-PHOTOGRAPHIC	7		7		7		7		7	
08	THIRD - MIDDLE	14	NO HELMET USED	8		8		8		8		8	
09	THIRD - RIGHT	14	NO HELMET USED	9		9		9		9		9	
10	SLEEPER SECTION OF CAB		PROTECTIVE PADS	10		10		10		10		10	
11	ENCLOSED CARGO AREA		REFLECTIVE PADS	11		11		11		11		11	
12	UNENCLOSED CARGO AREA		REFLECTIVE CLOTHING	12		12		12		12		12	
13	TRAILING UNIT		LIGHTS	13		13		13		13		13	
14	EXTENSION		OTHER	14		14		14		14		14	
15	OTHER		UNKNOWN	15		15		15		15		15	
16	NON-MOTORIST			16		16		16		16		16	

SUPPLEMENT #

UNIT NUMBERS  
01 02

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

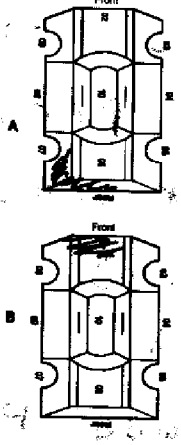
TYPE OF UNIT  
03 03

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, 8 TIRES  
10 SINGLE UNIT TRUCK 3+ AXLES  
11 TRUCK/TRAILER  
12 TRUCK TRACTOR (BOSTAL)  
13 TRACTOR/SPLIT TRAILER  
14 TRACTOR/DOUBLE SHIRT  
15 TRACTOR/DOUBLE LONG  
16 FIFTH WHEEL OR COUPLER 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 TRUCK  
30 FARM VEHICLE  
31 FARM EQUIPMENT  
32 SCHEDULED  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS  
NON-MOTORIST  
35 ANIMAL WRECKER  
36 ANIMAL WRECKING  
37 BICYCLE  
38 PEDESTRIAN  
39 PEDALCYCLE  
40 SKATER  
41 OTHER-NON MOTORIST  
42 UNKNOWN

IN EMERGENCY RESPONSE  
1 No  
2 Yes  
3 UNKNOWN

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

DAMAGE AREA



MOST DAMAGED AREA  
07 02

POINT OF IMPACT  
07 02

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

STRIKING VEHICLE OVERSIDE/ UNDERSIDE  
1 1  
1 NO UNDERSIDE OR OVERSIDE  
2 UNDERSIDE, COMPARTMENT INTRUSION  
3 UNDERSIDE, NO COMPARTMENT INTRUSION  
4 UNDERSIDE, COMPARTMENT INTRUSION, UNKNOWN  
5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERSIDE, OTHER VEHICLE  
7 UNKNOWN

PRE-CRASH ACTIONS  
06 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  
04 08

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 CLOSE/WACDA  
09 IMPROPER LANE CHANGE/  
DRIVE 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, NEGLIGENCE OR ADDITIONAL MANNER  
14 SWERVING TO AVOID (DUE TO WIND, SUPPORT, SURFACE, VEHICLE, OBJECT, IMPROPER MOVEMENT, ETC.)  
15 FAILURE TO CONTROL  
16 VISION OBSTRUCTION  
17 DRIVER INATTENTION  
18 FATIGUE/ASLEEP  
19 OPERATING DEFECTIVE EQUIPMENT  
20 LOAD SHIFTING/FALLING/SLIDING  
21 OTHER IMPROPER ACTION  
22 UNKNOWN  
NON-MOTORIST  
23 NONE  
24 IMPROPER CROSSING  
25 DARTING  
26 LINGS 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 "1" 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 PRIOR CRASH  
11 OTHER DEFECTS

SEQUENCE OF EVENTS  
A B  
20 20  
2 2  
3 3  
4 4

NON-COLLISION  
01 OVERTURN/ROLL-OVER  
02 FIRE/EXPLOSION  
03 IMMERSION  
04 JACKKNIFE  
05 CARGO/EQUIPMENT LOSS/SHIFT  
06 EQUIPMENT FAILURE  
07 SEPARATION OF UNITS  
08 RAN OFF ROAD LEFT  
09 RAN OFF ROAD RIGHT  
10 CROSS MEDIAN/CENTERLINE  
11 DOWNHILL RUNAWAY  
12 OTHER NON-COLLISION  
13 UNKNOWN NON-COLLISION  
COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT LISTED  
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 CUMBER  
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/ILLUMINABLE SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CURB  
39 DITCH  
40 EMBANKMENT  
41 FENCE  
42 MAILBOX  
43 TREE  
44 OTHER FIXED OBJECT  
45 WORK ZONE MAINTENANCE EQUIPMENT  
46 UNKNOWN FIXED OBJECT  
47 OTHER  
48 UNKNOWN

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

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

SPEED DETECTED  
A B  
1 STATED  
2 ESTIMATED SPEED

SPEED  
A B

POSTED SPEED  
35 35

TRAFFIC CONTROL  
04 04  
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, OBTURED  
16 OTHER

DIRECTION FROM TO FROM TO  
1 4 2 1  
1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHWEST  
8 SOUTHWEST  
9 UNKNOWN

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

ALCOHOL/DRUGS/SUSPECTED  
A B  
1 NONE  
2 YES - ALCOHOL SUSPECTED  
3 YES - HEROIN SUSPECTED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL/DRUGS SUSPECTED  
6 UNKNOWN

ALCOHOL TEST STATUS  
A B  
1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/VENUEABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

ALCOHOL TEST TYPE  
A B  
1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

ALCOHOL TEST RESULT  
A B

DRUG TEST STATUS  
A B X  
1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/VENUEABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

DRUG TEST TYPE  
A B  
1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

DRUG TEST 1&2 RESULT  
A B  
1 2 1 2  
1 NONE  
2 MARIJUANA  
3 COCAINE  
4 CRACKS  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION  
02  
01 NOT AN INTERSECTION  
02 FOUR-WAY INTERSECTION  
03 T-INTERSECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLE/ROUNDABOUT  
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  
A  
1 ON ROADWAY  
2 ON SHOULDER  
3 IN MEDIAN  
4 ON ROADSIDE  
5 ON GORE  
6 OTHER TRAILWAY  
7 UNKNOWN

ROAD CONTOUR  
A  
1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE

ROAD CONDITIONS  
PRIMARY SECONDARY  
01 01  
01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND, MUD, DIRT, CL., GRAVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS\*\*  
09 RUT, HOLES, DIPS, UNEVEN PAVEMENT\*\*  
10 OTHER  
11 UNKNOWN  
\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT \* X\* IF YES LOCAL REPORT # \* 09-063672

Unit #1 WAS going North bound ON South Ave in the left lane and came to a stop at South and Locus. At the green light to make a left to go west onto Locus from South. Unit #2 was going North bound on South Ave behind Unit #1. Unit #2 struck Unit #1.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT <input checked="" 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 type="checkbox"/> 7 SIDESWIP, SAME DIRECTION <input type="checkbox"/> 8 SIDESWIP, OPPOSITE DIRECTION <input type="checkbox"/> 9 UNKNOWN	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES, DIRECTLY INVOLVED <input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED <input type="checkbox"/> 4 UNKNOWN <b>WORKZONE RELATED</b> <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		Write an "N" on the compass diagram to indicate the direction of north.
<b>WEATHER</b> <input checked="" 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 DRIZZLES) <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	<b>TYPE OF WORK ZONE</b> <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		
<b>LIGHT CONDITIONS</b> PRIMARY <input checked="" type="checkbox"/> 1 DAYLIGHT SECONDARY <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	<b>LOCATION OF CRASH IN WORK ZONE</b> <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		
<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	<b>COMPANY (FROM SHIPPING PAPERS)</b> <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		

<b>UNIT #</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:</b> 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.	<b>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:</b> 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.
<b>ADDRESS (STREET, CITY, ST, ZIP CODE)</b>		<b>COMPANY PHONE</b>

US DOT	ICC MC	PUCO	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	PLACARD #	PLACARD #
<b>CARGO BODY TYPE</b> <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 GRAN/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	<b>Weight (GVWR)</b> <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	<b>CDL Class</b> <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	<b>Hazardous Materials Placard</b> <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 UNKNOWN	<b>Hazardous Materials Released</b> <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
09192009	1513	1520	1525	1820		180
OFFICER'S NAME #	BADGE # *	CHECKED BY	DATE REPORT FILED *			
Riviera	108d	[Signature]	09202009			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' YES *	LOCAL REPORT # *			
1	1		AG-142131			

# TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

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

LOCAL REPORT # \* 09-063672 N.C.I.C.# \* 05009 REPORTING AGENCY \* Youngstown PD DATE OF CRASH \* 09192009

**E** UNIT # 01 NAME (LAST, FIRST, MIDDLE) TRAYLOR, TAHNAE JA HOME PHONE # 330-881-6861 DATE OF BIRTH 10122003 AGE 05 SEX F  
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 386 W Evergreen Youngstown OH 44511 INJURED TAKEN BY 2 EMS TRANSPORTED BY Aunt Metro INJURED TAKEN TO Akron Childrens

**F** 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

**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

**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

**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

**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

**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

<p><b>06E</b></p> <p>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><b>14E</b></p> <p>SAFETY EQUIPMENT</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>08 None Used</p> <p>09 HELMET USED</p> <p>10 PROTECTIVE PADS</p> <p>11 REFLECTIVE CLOTHING</p> <p>12 LIGHTS</p> <p>13 OTHER</p> <p>14 UNKNOWN</p>	<p><b>1E</b></p> <p>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><b>1E</b></p> <p>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><b>1E</b></p> <p>EJECTION</p> <p>1 NOT EJECTED</p> <p>2 PARTIALLY EJECTED</p> <p>3 FULLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 UNKNOWN</p>	<p><b>1E</b></p> <p>TRAPPED</p> <p>1 NOT DRIPPED</p> <p>2 EXTRICATED BY MECHANICAL MEANS</p> <p>3 FREED BY NON-MECHANICAL MEANS</p> <p>4 UNKNOWN</p>	<p><b>2E</b></p> <p>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

HSY 8385

TOP COPY - ODPS. BOTTOM COPY - AGENCY

SUPPLEMENT 'X' IF YES

LOCAL REPORT NUMBER <b>09-063672</b>	REPORTING AGENCY <b>Youngstown</b>	DATE OF CRASH <b>09/19/09</b>
IN COUNTY OF <b>Mahoning</b>	CRASH LOCATION <b>South AND LUCIUS</b>	

I WAS advised by officer Jankowski that the witness, Kinshasa Taylor, was standing on a porch on Lucius and may not have seen the accident. she was asked by me where she was at the time of location and she stated in her car at Lucius and south (going east and stopped at the red light) she was going to make a left turn to go north on south.

The driver of unit #2 did admit to not seeing unit #1. she stated she was on the phone.

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OFFICER'S SIGNATURE <b>X [Signature]</b>	BADGE NUMBER <b>1082</b>
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LOCAL REPORT NUMBER 09-063672	REPORTING AGENCY Youngstown	DATE OF CRASH M 9   D 19   Y 09
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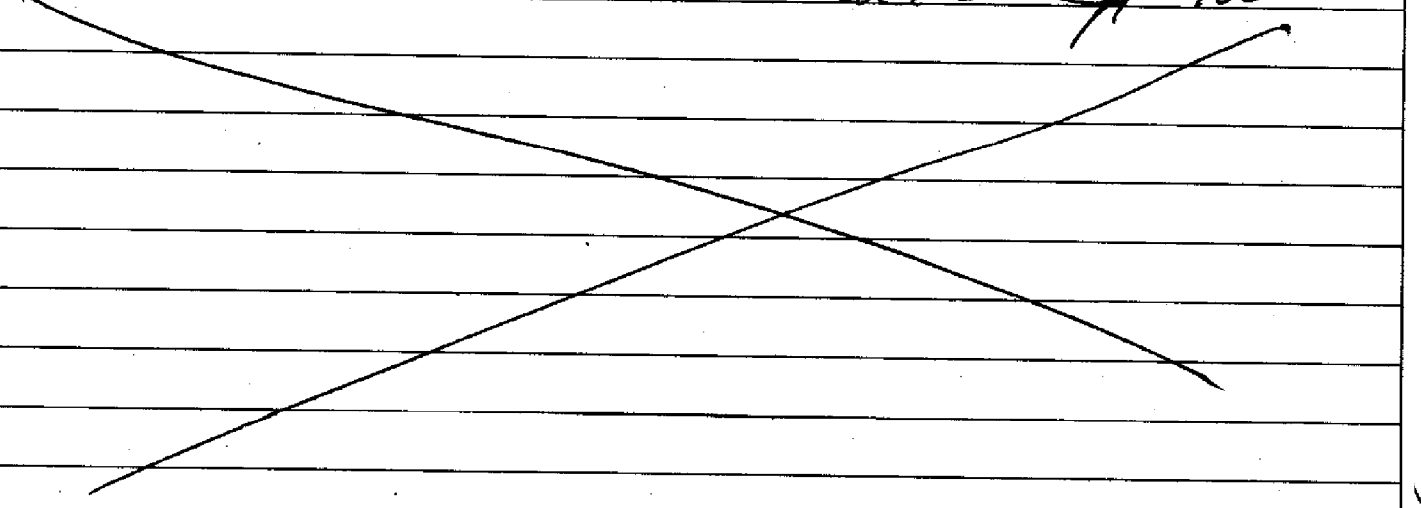
FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, KINSHASA M. TAYLOR HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Carlos Rivera AT Lucius And South  
OFFICER'S NAME LOCATION

I was stoped at the light waiting for The light to change when the gold Chrysler was turning on to Lucius when the gold color honda ran into the back of the Chrysler The lady in the gold honda was on her phone and RAN into the back of the car.

she was at lucius and south, eastbound turning to go north on south. no cars in front of her with a red light. she was in the car with her two children  
*Carla & [unclear] 1082*



ADDRESS OF WITNESS 421 E. Indianola Yo. Ohio 44507	PHONE (330) 941-9518
SIGNATURE OF WITNESS X <i>Kinshasa M. Taylor</i>	OFFICER'S SIGNATURE X