

# TRAFFIC CRASH REPORT



LOCAL REPORT # \*  
07-058861

CRASH SEVERITY  
2 1 FATAL 3 POO  
2 BUNNY 4 UNKNOWN

PRIVATE PROPERTY  
X IF YES

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

PHOTOS TAKEN  
X IF YES

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

N.C.I.D. # \*  
05009

REPORTING AGENCY \*  
YOUNGSTOWN POLICE

# UNITS  
02

UNIT ENFORCE  
02 96 = ANIMAL  
98 = UNKNOWN

DATE OF CRASH \*  
08072007

TIME OF CRASH 2244 DAY OF WEEK TUE CITY \* X VILLAGE \* TWP \* NAME (OF CITY, VILLAGE OR TOWNSHIP) \* YOUNGSTOWN COUNTY # \* 50 LATITUDE LONGITUDE

PRIOR LOCATION PARKWOOD AVE TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED ROUTE 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 W/O REFERENCE 09 DOWNSIDE 10 STREET OR ROUTE W/O REFERENCE

**A** UNIT # 01 # OF OCC. 1 NAME (LAST, FIRST, MIDDLE) O'MEARA, JAMES A. ADDRESS (STREET, CITY, STATE, ZIP CODE) 633 PARKWOOD AVE YOUNGSTOWN OH 44502 SOCIAL SECURITY NUMBER DATE OF BIRTH 10211987 AGE 19 SEX M HOME PHONE # 3307445710 WORK PHONE # DL STATE OH DL # RN586915 LP STATE OH LP # DVR6038 INJURED TAKEN BY 4 1 NONE 2 EMS 3 UNKNOWN 4 OTHER 5 POLICE TRANSPORTED BY LAJENA SOLOMAN BEEGLY INJURED TAKEN TO OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) 4665 REFUGEE RD APT 11 COL, OH 45232 YEAR 1990 MAKE CADILLAC MODEL DEVILLE COLOR BIK INSURANCE COMPANY NONE TOWING SERVICE OWNER PHONE # OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

**B** UNIT # 02 # OF OCC. 01 NAME (LAST, FIRST, MIDDLE) LONG, ANDRE C. ADDRESS (STREET, CITY, STATE, ZIP CODE) 74 W. DEWEY YOUNGSTOWN OHIO 44502 SOCIAL SECURITY NUMBER DATE OF BIRTH 05231956 AGE 51 SEX M HOME PHONE # 3307829029 WORK PHONE # DL STATE OH DL # RN586915 LP STATE OH LP # DVR6038 INJURED TAKEN BY 5 1 NONE 2 EMS 3 UNKNOWN 4 OTHER 5 POLICE TRANSPORTED BY INJURED TAKEN TO OWNER NAME (IF SAME, WRITE "SAME") LONG ANDRE ADDRESS (STREET, CITY, STATE, ZIP CODE) 4665 REFUGEE RD APT 11 COL, OH 45232 YEAR 1990 MAKE CADILLAC MODEL DEVILLE COLOR BIK INSURANCE COMPANY NONE TOWING SERVICE OWNER PHONE # OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

**C** UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**D** UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

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  
08 THIRD - MIDDLE (MC PASSENGER/SIDE CAR)  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNENCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER  
16

SAFETY EQUIPMENT  
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  
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

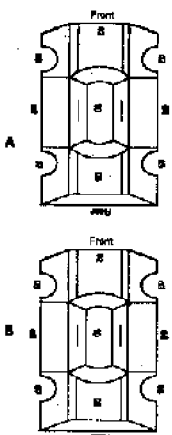
AIR BAG SWITCH  
1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

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

SUPPLEMENT \*  
X IF YES

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="16"/> <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr> <td>A</td> <td>B</td> </tr> <tr> <td><input type="text" value="20"/></td> <td><input type="text" value="15"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table>	A	B	<input type="text" value="20"/>	<input type="text" value="15"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
A	B														
<input type="text" value="20"/>	<input type="text" value="15"/>														
<input type="text" value="2"/>	<input type="text" value="2"/>														
<input type="text" value="3"/>	<input type="text" value="3"/>														
<input type="text" value="4"/>	<input type="text" value="4"/>														
<b>NON-MOTORIST LOCATION</b> <input type="text" value="05"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Most Damaged Area</b> <input type="text" value="01"/> <input type="text" value="08"/>	<b>Motorist</b> 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 DIVERGED 13 OTHER 14 UNKNOWN <b>Non-Motorist</b> 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	<b>Non-Collision</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMBROSION 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 <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT, NOT FROM</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 COLVERT 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	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> <input type="text" value="37"/> <input type="text" value="04"/>	<b>POINT OF IMPACT</b> <input type="text" value="04"/> <input type="text" value="08"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="33"/> <input type="text" value="33"/>	<b>Direction</b> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> <td><input type="text" value="3"/></td> <td><input type="text" value="4"/></td> </tr> </table>	FROM	TO	FROM	TO	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<b>CONDITION</b> <input type="text" value="7"/> <input type="text" value="8"/>	<b>DRUG TEST 18.2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/>		
FROM	TO	FROM	TO												
<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="4"/>												
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BONNET) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORBIKE/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 <b>NON-MOTORIST</b> 35 ANIMAL W/DRIVER 36 ANIMAL W/DRUGGY 37 BICYCLIST 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="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 OF CENTER 08 FOLLOWED TOO CLOSE/W/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER BACKING 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 EVERYTHING 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 <b>Non-Motorist</b> 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	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value=""/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/>										
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text" value=""/>	<b>STRIKING VEHICLE:</b> Override / Underlide <input type="text" value="1"/> <input type="text" value=""/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text" value=""/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value=""/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>										
<b>DAMAGE SCALE</b> <input type="text" value="1"/> <input type="text" value="3"/>	<input type="text" value="1"/> <input type="text" value=""/>	<input type="text" value="01"/> <input type="text" value=""/> <input type="text" value=""/>	<b>Speed Detected</b> <input type="text" value="2"/> <input type="text" value="2"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value=""/>	<b>ROAD CONDITIONS</b> Primary Secondary <input type="text" value="02"/> <input type="text" value=""/>										
<b>1 NONE</b> 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DEARING DAMAGE 5 SEVERE 6 UNKNOWN	<b>1 NO UNDERIDE OR OVERRIDE</b> 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	<b>01 TURN SIGNALS</b> 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLACK TIRES 08 TRAILER EQUIPMENT, DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH	<b>1 STATED</b> 2 ESTIMATED SPEED <input type="text" value="05"/> <input type="text" value=""/>	<b>1 NONE</b> 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>01 DRY</b> 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLOSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY										
<b>SUPPLEMENT # 'X' IF YES</b> <input type="text" value=""/> <b>LOCAL REPORT # *</b> <input type="text" value="09-0488611"/>															

**Narrative**

UNIT 1 WAS RIDING HIS BIKE (PENAL) WESTBOUND ON PARKWOOD; UNIT 2 WAS TRAVELING WESTBOUND ON PARKWOOD. UNIT 2 SIDE SWIPE UNIT 1 AT THE INTERSECTION OF PARKWOOD AND THORNE. UNIT 2 THEN FLED THE SCENE.

\*DRAWN NOT SCALE\*

<p><b>MANNER OF COLLISION OR IMPACT</b></p> <p><input checked="" type="checkbox"/> 7</p> <p>1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT          2 REAR-END          3 HEAD-ON          4 REAR-TO-REAR          5 BACKING          6 ANGLE          7 SIDEWIP, SAME DIRECTION          8 SIDEWIP, OPPOSITE DIRECTION          9 UNKNOWN</p>	<p><b>SCHOOL BUS RELATED</b></p> <p><input type="checkbox"/> 1</p> <p>1 NO          2 YES, DIRECTLY INVOLVED          3 YES, INDIRECTLY INVOLVED          4 UNKNOWN</p>	<p><b>Diagram</b></p>
<p><b>WEATHER</b></p> <p><input checked="" type="checkbox"/> 04</p> <p>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</p>	<p><b>WORK ZONE RELATED</b></p> <p><input type="checkbox"/> 1</p> <p>1 NO          2 YES          3 UNKNOWN</p>	
<p><b>LIGHT CONDITIONS</b></p> <p>PRIMARY <input checked="" type="checkbox"/> 5</p> <p>SECONDARY <input type="checkbox"/></p> <p>1 DAYLIGHT          2 DAWN          3 DUSK          4 DARK - LIGHTED ROADWAY          5 DARK - NOT LIGHTED          6 DARK - UNKNOWN LIGHTING          7 GLARE          8 OTHER          9 UNKNOWN</p>	<p><b>TYPE OF WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 LANE CLOSURE          2 LANE SHIFT/CROSSOVER          3 WORK ON SHOULDER OR MEDIAN          4 INTERMITTENTLY MOVING WORK          5 OTHER</p> <p><b>LOCATION OF CRASH BY WORK ZONE</b></p> <p><input type="checkbox"/></p> <p>1 BEFORE FIRST WORK ZONE          2 WARNING SIGN          3 ADVANCE WARNING AREA          4 TRANSITION AREA          5 ACTIVITY AREA</p> <p><b>WORKERS PRESENT</b></p> <p><input type="checkbox"/></p> <p>1 NO          2 YES          3 UNKNOWN</p>	

<p><b>Truck/Bus</b></p> <p>UNIT #</p> <p><input type="text"/></p>	<p>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.</p>	<p><b>A</b> 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.</p> <p><b>N</b></p> <p><b>D</b></p> <p>COMPANY (FROM SHIPPING PAPERS) <input type="text"/></p> <p>COMPANY PHONE <input type="text"/></p> <p>ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/></p>
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US DOT	ICC MC	PUCC	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #
<p><b>CARGO BODY TYPE</b></p> <p>01 NOT APPLICABLE          02 BUS (8-15 INCLUDING DRIVER)          03 VAN/ENCLOSED BOX          04 GRAIN/CHIPS/GRAVEL          05 POLE          06 CARGO TANK          07 FLATBED          08 DUMP          09 CONCRETE MIXER          10 AUTO TRANSPORTER          11 GARBAGE/REFUSE          12 OTHER          13 UNKNOWN</p>	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released		

**Police Action**

DATE CRASH REPORTED: 08072007      TIME REC CALL: 2244      DISPATCH: 2245      ARRIVED: 2249      CLEARED: 0030      OTHER:      TOTAL MINUTES: 100

OFFICER'S NAME: Off. A. Carter      BADGE # : 11110      CHECKED BY: DISP. GARCAR      DATE REPORT FILED #: 09052007

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

LOCAL REPORT NUMBER 07-058861	REPORTING AGENCY YOUNGSTOWN POLICE DEPT	DATE OF CRASH MO 08 ID 07 10 07
IN COUNTY OF MAHONING	CRASH LOCATION PARKWOOD @ THORNE	

JAMES O'MEARA POWER OF ATTORNEY

SOLOMAN, LAJENA

632 PARKWOOD AVE VO OH 44502

2-24-67

330-7445710

O'MEARA IS MENTALLY HANDICAPPED, BUT HE WAS ABLE TO GIVE A DESCRIPTION OF THE VEHICLE THAT HIT HIM. HE DESCRIBED THE VEHICLE AS A BLACK CADILLAC. SOLOMAN STATED THAT SHE THEN FOLLOWED THE VEHICLE AFTER THE CRASH TO A UNKNOWN ADDRESS ON DEWEY. SHE STATED THAT THE FIRST HOUSE ON THE LEFT SIDE OF WEST DEWEY BEHIND LARRY'S LOUNGE WAS WHERE THE BIK CADDY PARKED. SHE RECORDED OH REGISTRATION DVR 6038 AND THEN LEFT THAT ADDRESS. SOLOMAN STATED THAT THE VEHICLE ALSO HAD FOR SALE SIGNS POSTED ON THE FRONT AND THE SIDE. SOLOMAN FURTHER STATED THAT A BIK MALE WAS DRIVING.

I WENT TO THE DESCRIBED AREA TO INVESTIGATE THE VEHICLE, AND I ENDED UP AT 343 W. DEWEY. THERE WAS A BIK CADILLAC IN THE DRIVEWAY OF THIS ADDRESS WITH OH REG. DVR 6038. I FELT IN FRONT OF THE GRILL OF THE VEHICLE WHERE THE RADIATOR SITS, AND I FELT HEAT COMING FROM THAT AREA, WHICH ALERTED ME THAT THE VEHICLE HAD BEEN

OFFICER'S SIGNATURE

BADGE NUMBER

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-058861	REPORTING AGENCY YOUNGSTOWN POLICE DEPT	DATE OF CRASH M 08 10 07 10 07
IN COUNTY OF MAHONING	CRASH LOCATION PARK WOOD @ THORNE	

RECENTLY DRIVEN OR AT LEAST STARTED. THERE WERE SEVERAL PEOPLE ON THE PORCH OF THE PROPERTY THAT STATED THEY KNEW NOTHING ABOUT THE VEHICLE. I RAN THE VEHICLE THROUGH YPD INDEX AND GOT THE UNIT 2 INFORMATION. THERE WERE SEVERAL SCUFF MARKS ON THE LEFT SIDE OF THE VEHICLE THAT MAY HAVE COME FROM THE ACCIDENT. THE VEHICLE ALSO HAD TAGS THAT EXPIRED 5-23-07.

I THEN TOWED THE VEHICLE AND HAD IT HELD FOR TRAFFIC INVESTIGATION AS WELL AS TRAFFIC.



**JIMMY F. HUGHES**  
CHIEF OF POLICE



**JAY WILLIAMS**  
MAYOR

**YOUNGSTOWN POLICE DEPARTMENT**

116 WEST BOARDMAN STREET  
YOUNGSTOWN, OHIO 44503  
(330) 742-8921

*coming in on Friday 8/31 per daughter 8/29*

**Date: August 28, 2007**

**Andre Long**  
343 W. Dewey  
Youngstown, OH 44511

**Dear Mr. Long:**

**According to information on file in the Accident Investigation Unit of the Youngstown Police Department, you have been alleged to have been involved in or have knowledge of an incident we are investigating. Further information is required from you.**

**Your presence in this office is requested to assist us in the investigation of the below mentioned accident. You are requested to contact us by phone within three (3) working days to schedule an appointment for you to come in.**

**Failure to comply with this request before the expiration of the three day time period outline in paragraph two of this letter may result in a Warrant for your arrest being issued or other legal action being taken against you. Our office is open Monday through Friday from 7:00 a.m. to 3:00 p.m.**

**Date of Incident: August 8, 2007**

**Location of Incident: Parkwood @ Thorne**

**Incident Number: 07-058861**

**D/S Patricia Garcar**  
**Accident Investigation Unit**  
**Second Floor**  
**Youngstown Police Department**

**Please call (330) 742-8946 for an appointment PRIOR to coming to the police station.**

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER <u>07-058861</u>	REPORTING AGENCY <u>YOUNGSTOWN Police</u>	DATE OF CRASH <u>M 8 10 7 1907</u>
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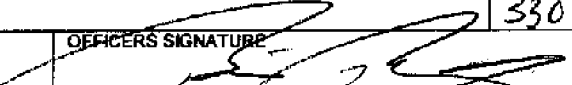
FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LATENA Solomon HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)

BOOKSIN  
(OFFICERS NAME)

AT 633 Parkwood Ave  
(LOCATION)

I Identified The Picture I put my initials  
next to his name is "PINO", The Following  
Officer stop by for me to look at the pictures.

ADDRESS OF WITNESS <u>633 Parkwood Ave</u>	PHONE <u>330-744-5710</u>
SIGNATURE OF WITNESS <u>Latena Solomon</u>	OFFICERS SIGNATURE 

## OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH - 2

LOCAL REPORT NUMBER 07-058861	REPORTING AGENCY YOUNGSTOWN POLICE DEPT.	DATE OF CRASH M 08 10 07 Y 07
IN COUNTY OF MAHONING	CRASH LOCATION PARKWOOD @ THORNE	

Aug. 7 crash involving pedestrian - report incomplete, sent back to Officer Carter

8/13/07 Contacted Ms. Solomon who stated that after she was advised by Mr. O'NEARA that he had been hit she located the vehicle on Dewey. The vehicle had been towed from 343 W. Dewey.

8/17/07 Ms. Solomon i.d. a photo of suspect Long.

8/27/07 Vehicle owner attempted to get car (Long, Amber)  
8/28/07 A letter was sent to Long @ 343 W. Dewey.

8/29/07 Spoke to vehicle owner (Amber) who stated her father (suspect) would be in AITU on 8/31/07

9/5/07 Spoke to Mr. Long who acknowledged driving while under suspension (Court - OVI) but stated he did not think he struck anyone. He stated it was nighttime and did not observe a bicycle in the street.

OFFICER'S SIGNATURE

RADIO NUMBER

VEHICLE REPORT  
PD3

YPD - Youngstown Police Department  
Youngstown, OH 44503

Incident Number  
07-058861.2

# Auto Release

Report Type: O - Follow-Up Report

Vehicle Status <b>Y.T. Towed Auto</b>				ORI # YPD - OII0500900	
Date and Time Reported 8/8/2007	Date and Time Occurred On Between 8/7/2007 10:44:00 AM	Date and Time Dispatched	Date and Time Arrived	Date and Time Cleared	
Location <b>343 W. DEWWY</b>			Geo Code	Beat	Other
Year of Auto 1990	Make CA - CADILLAC	Model CA - BEVILLE	Style 4B - 4 Door	Color BLK	Other Description COUPE DEVILLE
License Plate Number DVR6038	State OH	Year of Plate 07	License Plate Type	VIN Number 1G6CB5333L4213964	Value (Est. Required) 1000
Registration in Vehicle?	Title in Vehicle?	Keys in Owner's Possession?	Total # Vehicle Stolen	Last Person Driving/Parking Car	
Leads Entered Y - Yes	Officer Sent	Date and Time	O.C.A. # 07-2982	Vehicle Owner 01 - LONG, ANDRE	Status T - Towed Vehicle (Not Evidence Or A Recovered Stolen Car)
Vehicle Addendum: List Loss of Items Located Inside the Stolen Motor Vehicle; Include Contents of Trunk, Glove box, Interior Etc.					

COMPLETE THIS SECTION FOR RECOVERED AUTOS AND TOWED AUTOS						
Leads Cancelled	Officer Sent	Date and Time	Driveable	Trunk/Truck Cap Secura	Release Contents N - No	No. of Veh. Recovered
Jurisdiction Stolen From:		Date Stolen:	Vehicle Towed? Yes	Accessories Removed:		
Towing Firm Twi - Ludts	Person Towing STACK	Where Held/Impounded	Hold For: Traffic Accd. Invest. Hold Removed By: 1054 - Deichman, Robert	Reason: POSSIBLE ACCIDENT AND EXPIRED TAGS Date: 8/27/2007		
Vehicle Released? Yes	Inventory:					

COMPLETE THIS SECTION FOR THE RELEASE OF AN IMPOUNDED/TOWED MOTOR VEHICLE			
Vehicle Released To: Long(owner), Amber	Address: 2739 Tampa Av, Yo., Oh		
Vehicle Released By: 100.5 - Admin, Traffic	Date: 8/27/2007		
This Motor Vehicle release authorization form is to be turned over to the Tow Company for permanent filing. Method of ID Verification: DL - Driver's Licence			
I hereby acknowledge receipt of the Police Departments Towed Car Release Authorization. SIGN HERE: <b>X</b>			

Property Notes: REL OK'D PER D/S DEICHMAN (08/27/07-dc)

Narrative:		Motives		Call Source
Means				
Related Cases:				
Reporting Officer 1110 - Carter, Arthur	Approved By Officer	Approved On Date and Time	Division Assigned Traffic Accd. Invest.	
ASSISTED BY OFFICERS				

9/5/7 can release w/ valid plates.  
D/S Deicher