

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-010435

CRASH SEVERITY
3 1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

HIT/STCP
1 Not Hit/Struck
2 SOLVED
3 UNSOLVED

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

N.C.I.C.# *
05009

REPORTING AGENCY *
YOUNGSTOWN

UNITS
02

Unit Error
99 98 = ANNUAL
99 = UNKNOWN

DATE OF CRASH *
02252010

TIME OF CRASH
1554

DAY OF WEEK
THU

CITY *
X

VILLAGE *
X

TWP *
X

NAME (OF CITY, VILLAGE OR TOWNSHIP) #
YOUNGSTOWN

COUNTY # *
50

LATITUDE

LONGITUDE

CRASH LOCATION
MARIETTA

TYPE LOC
1

REF POINT
02

REFERENCE POINT USED
01 NAMED STREET 3 NUMBERED ROUTE
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

Motorist/Motorist

UNIT # # OF OCC.
A 01 02 NAME (LAST, FIRST, MIDDLE)
PACK, DONNA D

ADDRESS (STREET, CITY, STATE, ZIP CODE)
333 W Salim St COLUMBIANA, Oh 44408

DATE OF BIRTH
05041958

AGE
51

SEX
F

HOME PHONE #
330 207 9163

WORK PHONE #

OH STATE OH #
RH292343

LP STATE LP #
OH EAY7504

INJURED TAKEN BY
1

TRANSPORTED BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
WATKINS, ELEANOR M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
333 W Salim St #105 COLUMBIANA OH 44408

YEAR MAKE MODEL COLOR INSURANCE COMPANY
2004 Ford Taurus Green Geico

TOWING SERVICE

OWNER PHONE #

OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC.
B 02 01 NAME (LAST, FIRST, MIDDLE)
TAMMOR, SHARAYONTRA L

ADDRESS (STREET, CITY, STATE, ZIP CODE)
246 Helen Ave Youngstown, Oh 44507

DATE OF BIRTH
05301992

AGE
17

SEX
F

HOME PHONE #
330 721 3697

WORK PHONE #

OH STATE OH #
TL413730

LP STATE LP #
OH EJIOWT

INJURED TAKEN BY
1

TRANSPORTED BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
TAMMOR, SHARAYONTRA L

ADDRESS (STREET, CITY, STATE, ZIP CODE)
246 Helen Ave Youngstown, Oh 44507

YEAR MAKE MODEL COLOR INSURANCE COMPANY
2003 Pontiac Montana Mar Nationwide

TOWING SERVICE

OWNER PHONE #

OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # # OF OCC.
C 01 NAME (LAST, FIRST, MIDDLE)
WATKINS, ELEANOR M

ADDRESS (STREET, CITY, STATE, ZIP CODE)
333 W Salim St #105 COLUMBIANA, Oh 44408

DATE OF BIRTH
11201923

AGE
86

SEX
F

HOME PHONE #
330 207 9468

WORK PHONE #

OH STATE OH #

LP STATE LP #

INJURED TAKEN BY
1

TRANSPORTED BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

INJURED TAKEN TO

OFFENSE DESCRIPTION CITATION # LOCAL CODE? X 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

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
5 Front/Side
6 NOT APPLICABLE
7 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 FRED BY Non-MECHANICAL MEANS
4 UNKNOWN

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

BLANK FOR WRITERS SUPPLEMENT # X IF YES

Unit #1 AND Unit #2 both was W.B. ON MARIANAS AVE
 Maryland where the two units collided. Both parties claimed they
 was in the turning lane first.
 Both units was moved prior to my arrival. Due to lack of
 AN INDEPENDENT WITNESS UNABLE TO DETERMINE GUILT

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 7 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACK-ON 6 KIMBLE 7 SIDEWIFE, SAME DIRECTION 8 SIDEWIFE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 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	WEATHER <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 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	TYPE OF WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	WORKERS PRESENT <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

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 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 DAMAGING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit #

Company (From Shipping Papers) _____ Company Phone _____

Address (Street, City, St, Zip Code) _____

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DR.
CARGO BODY TYPE	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CHANG/CRANVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 TRAILER 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	1 LESS/EQUAL 10,000 2 10,001 - 26,000 3 MORE THAN 26,000	1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	1 NO 2 YES 3 UNKNOWN	1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN			

DATE CRASH REPORTED: 02252010

TIME REC CALL: 1551

DISPATCH: 1556

ARRIVED: 1554

CLEARED: 1700

OTHER: _____

TOTAL MINUTES: 64

OFFICER'S NAME: D. V. KILLER

RADGE # : 1026

Checked By: DISP. GARCIA

DATE REPORT FILED: 02262010

REPORT TAKEN BY: 1 POLICE AGENCY 2 MOTORIST

REPORT TAKEN AT: 1 HOME 2 STATION

SUPPLEMENT "X" IF YES: _____

LOCAL REPORT # : 10-1010435



LOCAL REPORT NUMBER 10-010435	REPORTING AGENCY Youngstown PD	DATE OF CRASH MO2 D 25 Y 10
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Donna Pack HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

R. Villa AT 1821 Mahoning
OFFICER'S NAME LOCATION

~~PONTIAC~~

I WAS GOING WEST ON MAHONING AVE
 MAKING A LEFT HAND TURN. HAD MY
 BLINKER ON AND AS I MOVED FORWARD
 THE PONTIAC CAME FROM BEHIND ME
 AND PASSED ME CROSSING THE DOUBLE
 YELLOW LINE AND HIT ME ON THE LEFT
 HAND FRONT OF CAR.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>R. Villa</u>



LOCAL REPORT NUMBER <i>10-010435</i>	REPORTING AGENCY <i>Youngstown PD</i>	DATE OF CRASH <i>MO2 D25 Y10</i>
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I, *Amy Johnson* _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
Sullivan V. Hill AT *1821 Mahoning*
OFFICER'S NAME LOCATION

I was coming up Mahoning Ave and I was driving in the ~~left~~ turning lane and when the lady was in the right lane ahead of me she started turning into the turning lane so I slowed down but then she started to slow down so I kept going and as I got closer to her she hit the side of my van then stopped in the middle of the street so I pulled over in seen the damage on the side of my mother's van but I was already in the turning lane and she did turn to left and hit me when I was turning into circle on Mahoning Ave

ADDRESS OF WITNESS <i>246 Mahoning Ave</i>	PHONE <i>771-3697</i>
SIGNATURE OF WITNESS X <i>Amy Johnson</i>	OFFICER'S SIGNATURE X <i>Sullivan V. Hill</i> <i>MO2</i>