

TRAFFIC CRASH REPORT



LOCAL REPORT # *
10-011071

CRASH SEVERITY
3 1 FATAL 3 FPOD
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
X IF YES

MIT/SHIP
2 1 NOT HIT/SOP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
X IF YES

NCIC # *
05009

REPORTING AGENCY *
YOUNGSTOWN PD

UNITS
02

UNIT ERROR
02 98 = ANIMAL
99 = UNKNOWN

DATE OF CRASH *
02282010

TIME OF CRASH
2040

DAY OF WEEK
SUN

CITY *
X

VILLAGE *
TWP *

NAME (OF CITY, VILLAGE OR TOWNSHIP) *
YOUNGSTOWN

COUNTY # *
50

LATITUDE
LONGITUDE

TYPE LOCATION
GRIFFITH AVE

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

REF POINT
DELAWARE AVE

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 2 STRETS
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

A UNIT # 01 OF OCC. 02 NAME (LAST, FIRST, MIDDLE) HOWARD, JASMINE Y.
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 1265 ROSEWOOD DR. N.E. WARREN OH 44484
 DATE OF BIRTH 09281985 AGE 24 SEX F HOME PHONE # 330-766-6858
 OH STATE # SN898996 OH STATE # OH DIZ-728 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") SAME. ADDRESS (STREET, CITY, STATE, ZIP CODE)
 YEAR 1998 MAKE OLDS MODEL INTRIQUE COLOR SILVER PLAC
 INSURANCE COMPANY YOUNG SERVICE OWNER PHONE # 330-766-6856
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X
 IF YES

B UNIT # 01 OF OCC. 01 NAME (LAST, FIRST, MIDDLE) CARTER, LESLIE H.
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 3349 ORRIN YOUNGSTOWN OH 44505
 DATE OF BIRTH 09251955 AGE 54 SEX M HOME PHONE # 330-744-2832
 OH STATE # OH RPO56166 OH STATE # OH EED-1506 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") CARTER, TINA ADDRESS (STREET, CITY, STATE, ZIP CODE) 3349 ORRIN YO. OH 44505
 YEAR 2001 MAKE FORD MODEL ESCAPE COLOR BLACK
 INSURANCE COMPANY YOUNG SERVICE OWNER PHONE # LUDT'S
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X
 313.01 FAIL TO OBEY STOP SIGN I31748 IF YES

C UNIT # 01 OF OCC. 01 NAME (LAST, FIRST, MIDDLE) DUMAS, DANA
 HOME PHONE # 330 301 3739 DATE OF BIRTH 11111988 AGE 21 SEX F
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 945 DELAWARE YO. OH 44510
 INJURED TAKEN BY 1 1 NONE 4 OTHER
 2 EMS 5 UNKNOWN 3 POLICE 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 4 OTHER
 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

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 EXTENSION 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 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 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
01A	14A	1A	4A	1A	1A	2A
01B	14B	1B	4B	1B	1B	1B
03C	14C	1C	4C	1C	1C	1C

SUPPLEMENT *
X IF YES

Motorist/Non-Motorist

Occupant

Narrative

UNIT 01 WAS TRAVELLING W. B. ON DELAWARE TOWARD GRIFFITH INTERSECTION. UNIT 02 WAS TRAVELLING N. B. ON GRIFFITH TOWARD DELAWARE INTERSECTION. UNIT 02'S HEADLIGHTS WERE OFF. UNIT 02 ENTERED THE INTERSECTION WITHOUT STOPPING FOR STOP SIGN AND STRUCK UNIT 01 IN FRONT LEFT BUMPER WITH ITS FRONT RIGHT HEADLIGHT BUMPER AREA. UNIT 02 SLID CLOCKWISE, APPROX 165° TO FACE SOUTH ACROSS THE DELAWARE INTERSECTION AND RESTED ON THE DEVIL STRIP OPPOSITE LANE.

MANNER OF COLLISION OR IMPACT

6

- NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- REAR-END
- HEAD-ON
- REAR-TO-REAR
- BACKWARD
- ANGLE
- SIDEWIFE, SAME DIRECTION
- SIDEWIFE, OPPOSITE DIRECTION
- UNKNOWN

SCHOOL BUS RELATED

1

- NO
- YES, DIRECTLY INVOLVED
- YES, INDIRECTLY INVOLVED
- UNKNOWN

WORK ZONE RELATED

1

- NO
- YES
- UNKNOWN

TYPE OF WORK ZONE

1

- LANE CLOSURE
- LANE SHIFT/CROSSOVER
- WORK ON SHOULDER OR MEDIAN
- INTERMITTENT MOVING WORK
- OTHER

LOCATION OF CRASH IN WORK ZONE

1

- BEFORE FIRST WORK ZONE WARNING SIGN
- ADVANCE WARNING AREA
- TRANSITION AREA
- ACTIVITY AREA

WORKZONES PRESENT

1

- NO
- YES
- UNKNOWN

WEATHER

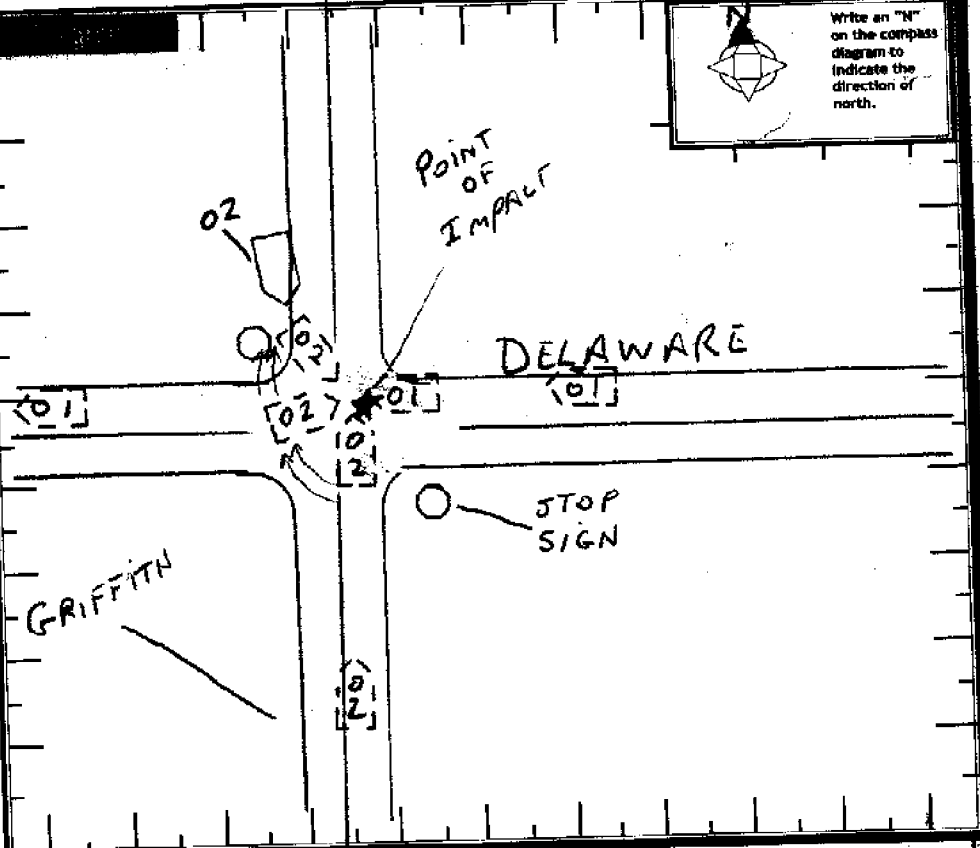
01

- CLEAR
- CLOUDY
- FOG, SMOG, SMOKE
- RAIN
- SLEET, HAIL, FREEZING RAIN/DRIZZLE
- SNOW
- SEVERE CROSSWINDS
- BLOWING SAND, SOIL, DIRT, SNOW
- OTHER
- UNKNOWN

LIGHT CONDITIONS

1

PRIMARY	SECONDARY
<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 DAYLIGHT	
2 DAWN	
3 DUSK	
4 DARK - LIGHTED ROADWAY	
5 DARK - NOT LIGHTED	
6 DARK - UNKNOWN LIGHTING	
7 GLARE	
8 OTHER	
9 UNKNOWN	



Write an "N" on the compass diagram to indicate the direction of north.

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (OR OTHER VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (OR OTHER 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 MECHANICAL 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 YR	TRAILER LP #	PLACARD #	PLD
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 GRIND/CHIPS/GRAVEL 05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN 14 LESS/EQUAL 10,000 15 10,001 - 25,000 16 MORE THAN 25,000 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: 02 28 2010

TIME REC CALL: 2040

DISPATCH: 2049

ARRIVED: 2057

CLEARED: 0030

OTHER:

TOTAL MINUTES: 230

OFFICER'S NAME: M. JOHNSON

BADGE #: 1091

CHECKED BY: M.P. GARCAR

DATE REPORT FILED: 03012010

REPORT TAKEN BY: 1 POLICE AGENCY 2 STATION

REPORT TAKEN AT: 1 SCENE 2 STATION

SUPPLEMENT "X" IF YES:

LOCAL REPORT # #: 10F011011