

TRAFFIC CRASH REPORT



Local Report # *
10-021157

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
2

PRIVATE PROPERTY
X IF YES

HTY/SICR
1 NOT HTY/SICR
2 SOLVED
3 UNSOLVED
2

PHOTOS TAKEN
X IF YES

OH-2 OH-3 OH-1P Other

N.C.I.D. # *
05009

REPORTING AGENCY *
YOUNGSTOWN P.D.

UNITS
01

UNIT ERROR
01
00 = ANNUAL
01 = UNKNOWN

DATE OF CRASH *
04152010

TIME OF CRASH
0225

DAY OF WEEK
THU

CITY *
X

VILLAGE *
TWP *
NAME (OF CITY, VILLAGE OR TOWNSHIP) *
YOUNGSTOWN

COUNTY # *
50

LATITUDE
LONGITUDE

CRASH LOCATION
TYPE LOC
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET
540 PARMALEE AVE
540

REFERENCE POINT USED
01 HOUR NUMBER
02 PLACE NAME W/O REFERENCE
03 DIVERGENT
04 STREET OR ROUTE W/O REFERENCE
05 STATE LINE
06 INTERSECTION 2 STREETS
07 COUNTY LINE
08 MILE POST
09 CORPORATION LIMIT
10 STREET OR ROUTE W/O REFERENCE

A Unit # 01 # of Occ. 01 NAME (LAST, FIRST, MIDDLE) JONES, LATOYA, M.
 ADDRESS (STREET, CITY, STATE, ZIP CODE) 71 CLEVELAND STREET, YOUNGSTOWN, OH, 44507
 DATE OF BIRTH 10131977 AGE 32 SEX F HOME PHONE # 746-0873 WORK PHONE #
 DL STATE OH DL # RQ294977 LP STATE OH LP # ESF7296 INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY RURAL METRO INJURED TAKEN TO HOSPITAL ST. ELIZABETH
 OWNER NAME (IF SAME, WRITE "SAME") "SAME" ADDRESS (STREET, CITY, STATE, ZIP CODE) "SAME"
 YEAR 2000 MAKE OLDS MODEL ALERO COLOR BLACK INSURANCE COMPANY "NONE" TOWING SERVICE LUND'S OWNER PHONE # 746-0873
 OFFENSE CHARGED 333.09(B) OFFENSE DESCRIPTION RECKLESS OPERATION ON PRIVATE PROPERTY CITATION # E46563 LOCAL CODE? X

B Unit # # of Occ. NAME (LAST, FIRST, MIDDLE)
 ADDRESS (STREET, CITY, STATE, ZIP CODE)
 DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
 DL STATE DL # LP STATE LP # INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO
 OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)
 YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
 OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C 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
D 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

01 A	07 A	1 A	1 A	1 A	1 A	1 A	1 A
02 B		2 B		2 B		2 B	
03 C		3 C		3 C		3 C	
04 D		4 D		4 D		4 D	
05 B		5 B		5 B		5 B	
06 C		6 C		6 C		6 C	
07 D		7 D		7 D		7 D	
08 B		8 B		8 B		8 B	
09 C		9 C		9 C		9 C	
10 D		10 D		10 D		10 D	
11 B		11 B		11 B		11 B	
12 C		12 C		12 C		12 C	
13 D		13 D		13 D		13 D	
14 B		14 B		14 B		14 B	
15 C		15 C		15 C		15 C	
16 D		16 D		16 D		16 D	
17 B		17 B		17 B		17 B	
18 C		18 C		18 C		18 C	
19 D		19 D		19 D		19 D	
20 B		20 B		20 B		20 B	
21 C		21 C		21 C		21 C	
22 D		22 D		22 D		22 D	
23 B		23 B		23 B		23 B	
24 C		24 C		24 C		24 C	
25 D		25 D		25 D		25 D	

BLANK FOR MESSAGES
SUPPLEMENT # X IF YES

Motorist/Non-Motorist

Occupant

UNIT #1 WAS TRAVELING SOUTH BOUND IN THE MAIN REAR PARKING LOT OF THE MEDICAL CENTER PROFESSIONAL BUILDING #2 LOCATED AT 540 PARMALEE AVE, WHEN SUDDENLY UNIT #1 HAD STRUCK THE MAIN TWO METAL DOORS OF THE BUILDING, HAD ENTERED THE MAIN REAR LOBBY, HAD STRUCK THE MAIN SOUTH-WEST WALL - HAD DAMAGED THE ENTIRE WALL AND THEN HAD STRUCK VARIOUS ITEMS THAT WERE IN THE LOBBY. AT THAT POINT UNIT #1 HAD STRUCK A LARGE WHITE COOLER AND HAD PUSHED IT UP AGAINST ANOTHER SET OF DOORS. UNIT #1 HAD BACKED OUT OF THE BUILDING AND FLED THE SCENE.

MANNER OF COLLISION OR IMPACT

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 2 REAR-END
 3 HEAD-ON
 4 REAR-TO-REAR
 5 BACKSWEPT
 6 ANGLE
 7 SIDEWIFE, SAME DIRECTION
 8 SIDEWIFE, OPPOSITE DIRECTION
 9 UNKNOWN

SCHOOL BUS RELATED

1 NO
 2 YES, DIRECTLY INVOLVED
 3 YES, INDIRECTLY INVOLVED
 4 UNKNOWN

WORK ZONE RELATED

1 NO
 2 YES
 3 UNKNOWN

WEATHER

01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWIND
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

Type Of Work Zone

1 LANE CLOSURE
 2 LANE SHIFT/CROSSOVER
 3 WORK ON SHOULDER OR MEDIAN
 4 INTERMITTENT MOVING WORK
 5 OTHER

LIGHT CONDITIONS

PRIMARY 1 DAYLIGHT
 2 DAWN
 3 DUSK
 4 DARK - LIGHTED ROADWAY
 5 DARK - NOT LIGHTED
 6 DARK - UNKNOWN LIGHTING
 7 GLARE
 8 OTHER
 9 UNKNOWN

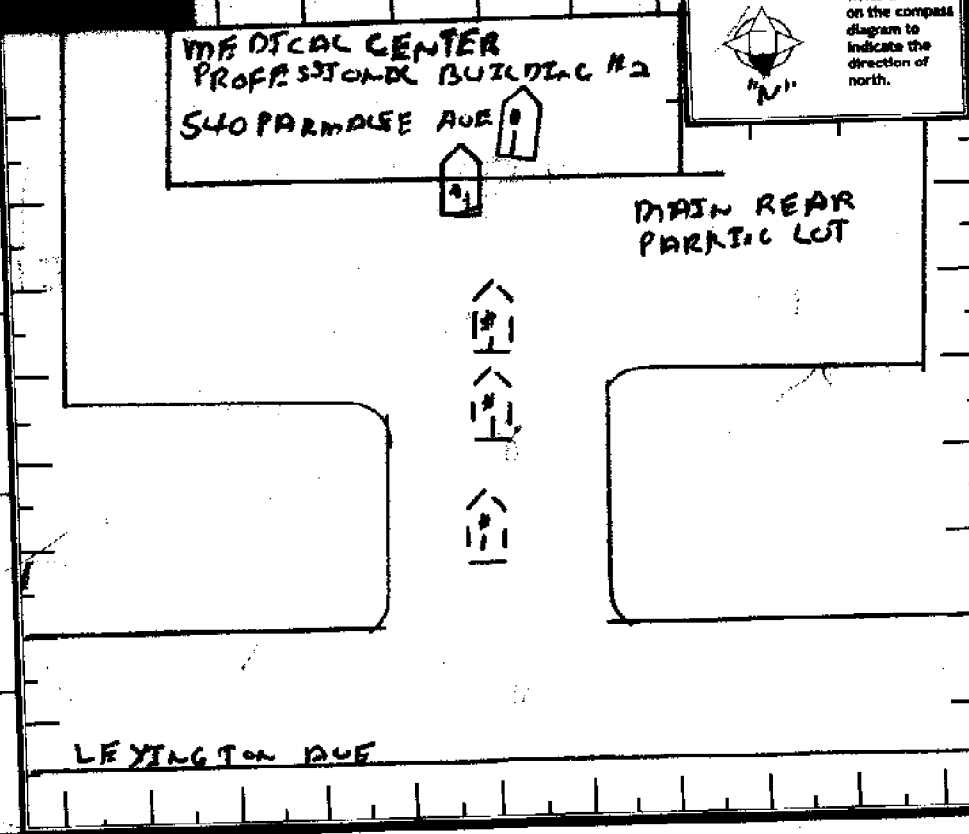
SECONDARY

LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
 2 ADVANCE WARNING AREA
 3 TRANSITION AREA
 4 ACTIVITY AREA

WORKERS PRESENT

1 NO
 2 YES
 3 UNKNOWN



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 DRIVING DAMAGE OR REQUIRING 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 P/UCO TRAILER LP ST. TRAILER LP YEAR TRAILER LP # PLACARD # # DIA

CARGO BODY TYPE	01 NOT APPLICABLE	05 POLE	08 CONCRETE MIXER	Weight (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
	02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TANK	10 AUTO TRANSPORTER				
	03 VAN/ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	2 10,001 - 25,000	2 CLASS B	2 YES	2 YES
	04 GRAB/CHUTE/GRABVEL	08 DUMP	12 OTHER	3 MORE THAN 25,000	3 CLASS C	3 UNKNOWN	3 NOT APPLICABLE
			13 UNKNOWN		4 CLASS M		4 UNKNOWN
					5 CLASS D		

DATE CRASH REPORTED: 04/15/2010

TIME REC CALL: 0225

DISPATCH: 0252

ARRIVED: 0300

CLEARED: 0352

OTHER: 00

TOTAL MINUTES: 130

OFFICER'S NAME: PATROLMAN WILLIAM B. BERRY

BADE # 906

CHECKED BY: MSP. GARCIA

DATE REPORT FILED: 04/15/2010

REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST

REPORT TAKEN AT: 3

SUPPLEMENT * IF YES *

LOCAL REPORT # R: 10-021159