TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report # *	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
10-018623	3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)	'X' if yes	1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)	'X' if yes		X		

N.C.I.C.# *	Reporting Agency *	# Units	Unit Error	Date of Crash *
05009	Youngstown PD	02	99 (98 = Animal, 99 = Unknown)	04/04/2010

Time of Crash	Day of Week	City *	Village *	TWP *	Name (of City, Village or Township) *	County # *	Latitude	Longitude
1348	SUN	X			Youngstown	50		

Prefix	Crash Location	Type Loc	Type Location Point Used
	INDIANOLA		1 Named Street, 2 Numbered Street, 3 Numbered Route

Dist Reference	Dir	Place	Reference	Ref Point	Reference Point Used
			HUDSON		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 Driveway, 10 Street On Route W/O Reference

Motorist/Non-Motorist

A — Unit # 01 — # of Occ. 01

Name (Last, First, Middle): DAVIS, SHANI

Address (Street, City, State, Zip Code): 331 BREADEN YOUNGSTOWN OHIO 44502

[redacted] Date of Birth: 05/11/1972 — Age: 37 — Sex: F — Home Phone #: 3307437234 — Work Phone #:

DL State: MI — DL #: D120765676360 — LP State: OH — LP #: EGL6251 — Injured Taken By: 2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: Rural Metro — Injured Taken To:

Owner Name (if same, write "Same"): ZACHRIS, WILLIS — Address (Street, City, State, Zip Code): 331 BREADEN YOUNGSTOWN OH

Year: 1999 — Make: Olds — Model: BRAVADA — Color: WHT — Insurance Company: PERSONAL SERV — Towing Service: — Owner Phone #:

Offense Charged: — Offense Description: — Citation #: — Local Code? 'X' if yes:

B — Unit # 02 — # of Occ. 02

Name (Last, First, Middle): HOWARD, MARVIN T.

Address (Street, City, State, Zip Code): 427 EMERSON PI. YOUNGSTOWN OHIO 44504

[redacted] Date of Birth: 10/22/1985 — Age: 24 — Sex: M — Home Phone #: 3302334305 — Work Phone #:

DL State: — DL #: NONE — LP State: OH — LP #: ESE7436 — Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

Owner Name (if same, write "Same"): WATSON, Estalita S. — Address (Street, City, State, Zip Code): 1479 WOODCREST YOUNGSTOWN OH 44505

Year: 1995 — Make: Chevy — Model: BLAZER — Color: BLK — Insurance Company: NONE — Towing Service: LUDT'S — Owner Phone #: 3302619475

Offense Charged: — Offense Description: — Citation #: — Local Code? 'X' if yes:

Occupant

C — Unit # 02 — Name (Last, First, Middle): WATSON, Estalita S. — Home Phone #: 3302619475 — Date of Birth: 10/09/1984 — Age: 25 — Sex: F

Address (Street, City, State, Zip Code): 1479 WOODCREST YOUNGSTOWN OH — 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:

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A	01	07	1	4	1	1	1
B	01	01	1	4	1	1	1
C	03	01	1	4	1	1	1
D							

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; 16 Non-Motorist

Blank for Witness

Safety Equipment — Motorist: 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

Supplement *

Unit Numbers

A: 01 B: 02

Non-Motorist Location

A: B:

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

A: 06 B: 06

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, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter 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 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist

35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

A: 1 B: 1

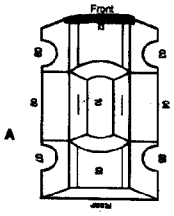
1 No
2 Yes
3 Unknown

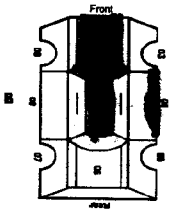
Damage Scale

A: 3 B: 5

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

A: 02 B: 10

01 None
02 Center Front
03 Right Front
04 Right Side
05 Right Rear
06 Rear Center
07 Left Rear
08 Left Side
09 Left Front
10 Top And Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Point of Impact

A: 02 B: 04

01 None
02 Center Front
03 Right Front
04 Right Side
05 Right Rear
06 Rear Center
07 Left Rear
08 Left Side
09 Left Front
10 Top And Windows
11 Undercarriage
12 Load/Trailer
13 Total (All Areas)
14 Other
15 Unknown

Action

A: 3 B: 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: B:

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 01 B: 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

A: 22 B: 22

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 Closely/ACDA
09 Improper Lane Change/ Drove 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, Negligent Or Aggressive Manner
14 Swerving 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

Non-Motorist

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

Vehicle Defect Code Only If '19' Selected Above

A: B:

01 Turn Signals
02 Head Lamps
03 Tail Lamps
04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Slick Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

A	B
20 (1)	20 (1)
	01 (2)

Non-Collision

01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
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

Collision w/Person, Vehicle, Or Object Not Fixed

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 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/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
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

First Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 B: 2

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

A: B:

Traffic Control

A: 04 B: 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, Obscured
16 Other

Direction

From	To	From	To
1	2	3	4

1 North
2 South
3 East
4 West
5 Northeast
6 Northwest
7 Southeast
8 Southwest
9 Unknown

Condition

A: 1 B: 8

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

A: 1 B: 6

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: 1 B: 6

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A: 15 B: 16

Drug Test Status

A: 1 B: ~~1~~

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: 1 B: 1

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 Opiates
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

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary	Secondary
01	

01 Dry
02 Wet
03 Snow
04 Ice
05 Sand, Mud, Dirt, Oil, Gravel
06 Water (Standing, Moving)
07 Slush
08 Debris**
09 Rut, Holes, Bumps, Uneven Pavement**
10 Other
11 Unknown

**Secondary Road Conditions Only

Supplement * "X" if Yes:

Local Report # *: 10-018623

Narrative

Unit #1 stated she was at Hudson and Indianola and her light turned green. She proceeded to go through the Intersection (South bound) when Unit #2 ran the red light, and her car struck it. She was traveling southbound on Hudson.

Unit #2 Driver fled the scene but both passengers stated their suv had the green light and Unit #2 ran the red light. The driver of Unit #2 swerved to avoid being hit was hit and suv flipped over. They were traveling WB on Indianola @ Hudson.

Manner of Collision or Impact: 6

1 Not Collision Between Two Vehicles in Transport
2 Rear-end
3 Head-on
4 Rear-to-rear
5 Backing
6 Angle
7 Sideswipe, same direction
8 Sideswipe, opposite direction
9 Unknown

Weather: 01

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

Light Conditions: Primary 1 Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone:

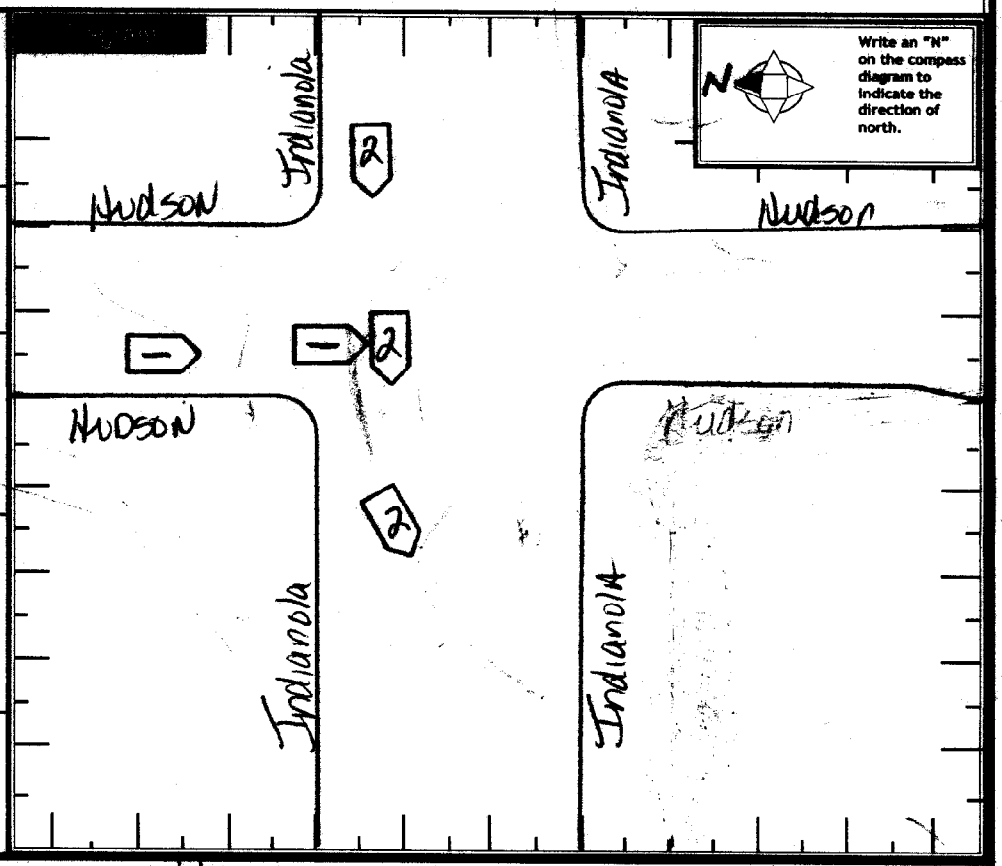
1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

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



Truck/Bus

Unit #

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.

And

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.

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 # | # Dia.

Cargo Body Type:

01 Not Applicable
02 Bus (9-15 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

Weight (GVWR):

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:

1 No
2 Yes
3 Unknown

Hazardous Materials Released:

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
04 04 2010	1348	1349	1357	1905		206

Officer's Name *	Badge # *	Checked By	Date Report Filed *
S. Burton	1092	D/S P. Garcar	04062010

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station

Supplement "X" if Yes *

Local Report # * 10-018623

cell 787-7147

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-018623	Youngstown Police Dept	M 4 D 4 Y 10

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Robin Pringle (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO S. Burton (OFFICER'S NAME) AT Hudson + Indianola (LOCATION)

As we were sitting at the green light a white truck was about to pull out when a black blazer ran the red light hit the tip of the front end of the truck slide and flipped over several times. A young lady and man got out of the blazer - the young lady ran over started hollering and cursing and threatening to do bodily harm to the people in the white truck. The young man from the black blazer then went to the driver side of the white truck and banged on the window of the white truck. The lady in the white truck became afraid and peddled off.

ADDRESS OF WITNESS	PHONE
3018 Hudson Ave YO OH 44511	782 0714
SIGNATURE OF WITNESS X Robin E Pringle	OFFICER'S SIGNATURE X S Burton #1092

HSY 7003 4/07

#1

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
16-018623	Youngstown Police Dept	M 4 D 4 Y 10

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Marvin Howard (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

S. Burton (OFFICER'S NAME) AT Hudson / Indianola (LOCATION)

Chris was coming down indianola and I no my light was green so Chris just came on through the light and a white blazer was setting at the light and she just came on through the light and hit us.

ADDRESS OF WITNESS: 427 Emerson Place Yo OHIO

PHONE: 330-233-4305

SIGNATURE OF WITNESS: X Marvin Howard

OFFICER'S SIGNATURE: X S. Burton #1092

HSY 7003 4/07

Taken 4/5/10

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

#2

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-018623	Youngstown Police Dept.	M 04 D 04 Y 10

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Marvin Howard (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO D/S Patricia Garcar (OFFICER'S NAME) AT AIU (LOCATION)

I Marvin Howard was driveing on indianola, and was coming tow a fonway an my light was green so I countiue to ride through and a wite blazer on the [redacted] rigth just pull out in front of me and I really tryed not to hit her so I swerver [redacted] to the left and she run into me. [redacted] Thats all I can seen.

ADDRESS OF WITNESS: 427 Emerson Pl Yo, OH 44504

PHONE: 330 233 4305

SIGNATURE OF WITNESS: X Marvin Howard

OFFICER'S SIGNATURE: X D/S Patricia Garcar

HSY 7003 4/07

#1

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-018623	YPD	M 4 D 4 Y 10

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Estalita Watson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

OFC S. Ott (OFFICER'S NAME) AT W. Indianola @ Hudson (LOCATION)

Boyfriend cuzin Driving me Car, Im in the BK Bhind the Driver, Boyfriend front passager! White Truck at Red Light we ridin down she push the gas & he try to get out of her way But she end up still hiting my car!

When we pull ourself out of the truck I walked over to the person who hit me and open her door ask her If she seen us coming she said my feet hit the gas Im sorry! She was drinking and had a fresh Bottle from the store! She than took off Chris start running after the car, But he has nt came Back! So he said he had Linsce But By him not retruning he might not!

ADDRESS OF WITNESS: 1479 Weedcrest Ave

PHONE: 261-9475

SIGNATURE OF WITNESS: X Estalita Watson

OFFICER'S SIGNATURE: X S Ott #1113

HSY 7003 4/07

Taken 4/6/10 #2

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-018623	YOUNGSTOWN Police Dept	M 04 D 04 Y 10

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Estajita Watson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO D/S PATRICIA GARCAR (OFFICER'S NAME) AT AIU (LOCATION)

We ~~and~~ was coming down indiana a white Blazer was at the red light on Hudson we seen her playing feetest at the light she came out and then reverse back Marvin kept going because we had the rite away (green light) By the time we made it to the middle not even then middle he swerved the car to miss her from hitting us. She still connected to us flap my truck! When we came to, N got out of the truck! I walked over to her truck open the door and asked her if she seen or coming, if she seen my car, she said I'm so sorry my foot slip, I said what! my foot slip! I walked over to the driver side she locked her door and pull off! I notice that she was drinking some type of beer in a drak bottle and a new bottle lying right on the side of her! By the time she went and got her mother and her friend and return they had time to get it out of the car!

ADDRESS OF WITNESS

PHONE (330) 261-9475

SIGNATURE OF WITNESS X Estajita Watson

OFFICER'S SIGNATURE X [signature]

HSY 7003 4/07

CASE COVER SHEET

Det/Sgt Patricia Garcar

Type of Crime (S): Leaving the scene of an accident Incident Number 10 018623

Victim: Address: Phone:

Suspect: Howard, Marvin Address: 427 Emerson Place Youngstown Phone: 330 233 4305

Case # Docket #

04/04/10	Crash occurred on Indianola @ Hudson with the driver of one vehicle alledgedly fleeing from the scene.
04/05/10	Contacted the witness Pringle who stated she was at the intersection when the crash occurred and the Black Blazer ran the red light. Pringle further stated she observed a female crawl from the vehicle and help a male from the same vehicle. Pringle did not see any other individuals leave the vehicle.
04/05/10	Contacted Watson, owner of the other vehicle and she and Howard came into AIU. Upon showing Mr. Howard his written statement it was brought to his attention where he continually referred to himself as the driver then had crossed it out and put in another name. Mr. Howard then admitted to being the driver and he and Watson lied to the responding officer. Another wrtitten statement taken from both parties and a citation issued to Howard for not having a valid OL.