



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20151880	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	03	01 98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
18		GARFIELD HTS	06192015	1338	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 02' 40.77" N	- 081° 10' 35.06" W	41.402145	- 81.1585256

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	W N - Northbound S - Southbound	04	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
		N.S. E.W	ROCKSIDE	RD	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
	N.S. E.W			N.S. E.W	MONICA	LA

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	03 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

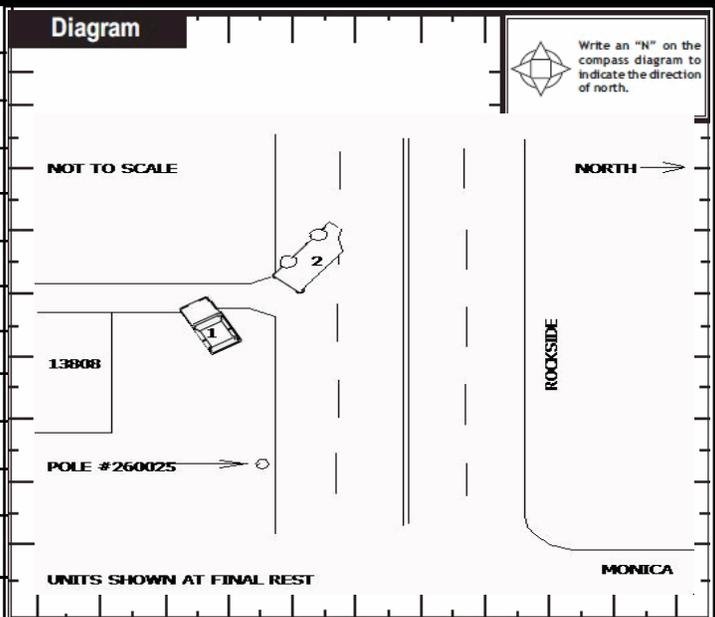
Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary Secondary	01		* Secondary Condition Only

Manner of Crash Collision/Impact	Weather
6 - 1 - Not Collision Between Two Motor 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	2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light conditions	School Bus Related
2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 - Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative  
**SEE LONG FORM**



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	06192015	1338	1339	1342	1542	120	240

Officer's Name *	Officer's Badge Number	Checked By	Page of
D. Merchant	048	L07 D. Bailey	

Unit Number <b>02</b>	Owner Name: Last, First, Middle <b>KOENIG KARL G</b> <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <b>216-392-0123</b> <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>4</b>	Damaged Area 
Owner Address, City, State, Zip <b>13713 THRIVES RD GARFIELD HTS OH 44125</b> <input checked="" type="checkbox"/> Same As Driver			1 - None	
LP State <b>OH</b>	License Plate Number <b>PDX3910</b>	Vehicle Identification Number <b>1F T S S 3 4 F 6 3 H B 0 7 4 2 0</b>	# Occupants <b>02</b>	
Vehicle Year <b>2003</b>	Vehicle Make <b>FORD Ford</b>	Vehicle Model <b>ESW E Series Wagon</b>	Vehicle Color <b>BLK Black</b>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>PROGRESSIVE</b>	Policy Number	Towed By <b>A&amp;H TOWING</b>	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	
US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway	
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	Hit / Skip Unit <input type="checkbox"/>		
HM Class Number	Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown			
Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>08</b> 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Passenger Vehicle (less than 9 passengers)	Med/Heavy Trucks or Combo Units>10k lbs 13 - Single Unit Truck or Van 2axle,6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver)  Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>09</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions <b>06</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
Contributing Circumstances Primary <b>02</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</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 Accident 11 - Other Defects	
Sequence of Events 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision			
<b>Collision with Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other 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 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		
Unit Speed <b>10</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>02</b> 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 - Person (Flagger, Officer) 12 - Pavement Markings	Unit Direction From <b>1</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>CHRISTENSEN KEITH W</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-538-2553</b>	Damage Scale <b>4</b>		
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>8915 MCCracken RD GARFIELD HTS OH 44125</b>			1 - None		
LP State <b>OH</b>	License Plate Number <b>USAPOWR</b>	Vehicle Identification Number <b>2G1FK1EJ4B9116783</b>	# Occupants <b>02</b>		
Vehicle Year <b>2011</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>CAM Camaro</b>	Vehicle Color <b>BLK Black</b>		
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>ALLSTATE</b>	Policy Number	Towed By <b>A&amp;H TOWING</b>		
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code		
US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	99 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown			
HM Class Number	<input type="checkbox"/> Hit / Skip Unit				
Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle 99 - Unknown or Hit/Skip		
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Most Damaged Area <b>02</b> 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		Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Pre-Crash Actions <b>01</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless		Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action	
Contributing Circumstances Primary <b>05</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road		Secondary <b>14</b> 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action		Vehicle Defects <b>01</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 Accident 11 - Other Defects	
Sequence of Events 1 <b>20</b> 2 <b>09</b> 3 <b>40</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown		<p><b>Non-Collision Events</b></p> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision <p><b>Collision With Fixed Object</b></p> 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 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object			
Unit Speed <b>80</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>01</b> 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 - Person (Flagger, Officer) 12 - Pavement Markings		Unit Direction From <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

Unit Number <b>03</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )	Damage Scale <b>1</b>	<b>Damaged Area</b> 	
Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver )			1 - None		
LP State	License Plate Number	Vehicle Identification Number	2 - Minor		
Vehicle Year <b>U N K</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>CAM Camaro</b>	3 - Functional		
Vehicle Color <b>WHI White</b>	Insurance Company	Policy Number	4 - Disabling		
Proof of Insurance Shown <input type="checkbox"/>	Towed By		9 - Unknown		
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code		
US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<b>1</b>	<input checked="" type="checkbox"/> Hit / Skip Unit	
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Contributing Circumstances Primary <b>06</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</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 Accident 11 - Other Defects		
Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision		
<b>Collision with Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	<b>Collision With Fixed Object</b> 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable 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 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 Mailbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
Unit Speed <b>35</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>01</b> 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 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 5 | 1 | 8 | 8 | 0 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle CHRISTENSEN KEITH W	Date of Birth 09201968	Age 46	Gender M F - Female M - Male
Address, City, State, Zip 8915 MCCRACKEN RD GARFIELD HTS OH 44125			Contact Phone - include area code 216-538-2553	
Injuries 4	Injured Taken By 2	EMS Agency GARFIELD HTS FIRE	Medical Facility Injured Taken To METRO HOSPITAL	Safety Equipment Used 99
OL State OH	Operator License Number RT725842	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .
Offense Charged <input type="checkbox"/> Local Code	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Unit Number 02	Name: Last, First, Middle KOENIG KARL G	Date of Birth 09241960	Age 54	Gender M F - Female M - Male
Address, City, State, Zip 13713 THRIVES RD GARFIELD HTS OH 44125			Contact Phone - include area code 216-392-0123	
Injuries 4	Injured Taken By 2	EMS Agency GARFIELD HTS FIRE	Medical Facility Injured Taken To METRO HOSPITAL	Safety Equipment Used 04
OL State OH	Operator License Number RM764061	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .
Offense Charged <input type="checkbox"/> Local Code	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

<b>Injuries</b>	<b>Injured Taken By</b>	<b>Safety Equipment Used</b>	<b>99 - Unknown Safety Equipment</b>
1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	<b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other

<b>Seating Position</b>	<b>Air Bag Usage</b>
01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

<b>Ejection</b>	<b>Trapped</b>	<b>Operator License Class</b>	<b>Condition</b>	<b>Alcohol/Drug Suspected</b>
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

<b>Alcohol Test Status</b>	<b>Alcohol Test Type</b>	<b>Drug Test Status</b>	<b>Drug Test Type</b>	<b>Driver Distracted By</b>
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction

Unit Number 02	Name: Last, First, Middle KOENIG KARL	Date of Birth 05311984	Age 31	Gender M F - Female M - Male
Address, City, State, Zip 13713 THRIVES GARF HTS OH 44125			Contact Phone - include area code 440-986-1748	
Injuries 3	Injured Taken By 2	EMS Agency BEDFORD FIRE	Medical Facility Injured Taken To METRO HOSPITAL	Safety Equipment Used 04
OL State OH	Operator License Number KAYLEE	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .
Offense Charged <input type="checkbox"/> Local Code	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Unit Number 01	Name: Last, First, Middle CHRISTENSEN KAYLEE	Date of Birth 02142004	Age 11	Gender F F - Female M - Male
Address, City, State, Zip 8915 MCCRACKEN BLVD GARFIELD HTS OH 44125			Contact Phone - include area code 216-338-1363	
Injuries 4	Injured Taken By 2	EMS Agency VALLEY VIEW FIRE	Medical Facility Injured Taken To METRO HOSPITAL	Safety Equipment Used 04
OL State OH	Operator License Number	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .
Offense Charged <input type="checkbox"/> Local Code	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1



# Occupant / Witness Addendum

Local Report Number \*

2 | 0 | 1 | 5 | 1 | 8 | 8 | 0 | | | | |

Occupant	Unit Number [ ] [ ]	Name: Last, First, Middle HARRISON STEVE	Date of Birth 0   2   1   3   1   9   8   5	Age 30	Gender M F - Female M - Male							
	Address, City, State, Zip 4440 WEST 57 CLEVELAND OH 44144			Contact Phone - include area code 216-299-4229								
	Injuries [ ] [ ]	Injured Taken By [ ] [ ]	EMS Agency [ ] [ ]	Medical Facility Injured Taken To [ ] [ ]	Safety Equipment Used [ ] [ ]	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [ ] [ ]	Air Bag Usage [ ] [ ]	Ejection [ ] [ ]	Trapped [ ] [ ]		
Occupant	Unit Number [ ] [ ]	Name: Last, First, Middle MCALLISTER CHRIS	Date of Birth 0   7   1   8   1   9   9   4	Age 20	Gender M F - Female M - Male							
	Address, City, State, Zip 15316 NORTHWOOD AVE MAPLE HTS OH 44137			Contact Phone - include area code 216-632-7275								
	Injuries [ ] [ ]	Injured Taken By [ ] [ ]	EMS Agency [ ] [ ]	Medical Facility Injured Taken To [ ] [ ]	Safety Equipment Used [ ] [ ]	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [ ] [ ]	Air Bag Usage [ ] [ ]	Ejection [ ] [ ]	Trapped [ ] [ ]		
Occupant	Unit Number [ ] [ ]	Name: Last, First, Middle WESLEY RODNEY	Date of Birth 1   2   0   2   1   9   6   7	Age 47	Gender M F - Female M - Male							
	Address, City, State, Zip 1505 EAST 195TH EUCLID OH 44117			Contact Phone - include area code 216-319-0778								
	Injuries [ ] [ ]	Injured Taken By [ ] [ ]	EMS Agency [ ] [ ]	Medical Facility Injured Taken To [ ] [ ]	Safety Equipment Used [ ] [ ]	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [ ] [ ]	Air Bag Usage [ ] [ ]	Ejection [ ] [ ]	Trapped [ ] [ ]		
Occupant	Unit Number [ ] [ ]	Name: Last, First, Middle MAGBY DAYNESE L	Date of Birth 0   9   3   0   1   9   9   3	Age	Gender F F - Female M - Male							
	Address, City, State, Zip 6810 QUIMBY AVE CLEVELAND OH 44103 3238			Contact Phone - include area code 216-318-0404								
	Injuries [ ] [ ]	Injured Taken By [ ] [ ]	EMS Agency [ ] [ ]	Medical Facility Injured Taken To [ ] [ ]	Safety Equipment Used [ ] [ ]	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [ ] [ ]	Air Bag Usage [ ] [ ]	Ejection [ ] [ ]	Trapped [ ] [ ]		
Occupant	Unit Number [ ] [ ]	Name: Last, First, Middle MOOSE SHANA M	Date of Birth 0   7   0   6   1   9   7   1	Age	Gender F F - Female M - Male							
	Address, City, State, Zip 3272 E 118 ST CLEVELAND OH 44120			Contact Phone - include area code 216-334-9682								
	Injuries [ ] [ ]	Injured Taken By [ ] [ ]	EMS Agency [ ] [ ]	Medical Facility Injured Taken To [ ] [ ]	Safety Equipment Used [ ] [ ]	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [ ] [ ]	Air Bag Usage [ ] [ ]	Ejection [ ] [ ]	Trapped [ ] [ ]		
Occupant	Unit Number [ ] [ ]	Name: Last, First, Middle RICE RONNA	Date of Birth 0   5   2   7   1   9   5   8	Age	Gender F F - Female M - Male							
	Address, City, State, Zip 12425 DARLINGTON GARFIELD HTS OH 44125			Contact Phone - include area code 216-402-9943								
	Injuries [ ] [ ]	Injured Taken By [ ] [ ]	EMS Agency [ ] [ ]	Medical Facility Injured Taken To [ ] [ ]	Safety Equipment Used [ ] [ ]	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [ ] [ ]	Air Bag Usage [ ] [ ]	Ejection [ ] [ ]	Trapped [ ] [ ]		
<b>Injuries</b>		<b>Injured Taken By</b>		<b>Safety Equipment Used</b>		99 - Unknown Safety Equipment						
1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal		1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown		<b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used		<b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used		09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)		12 - Reflective Clothing 13 - Lighting 14 - Other		
<b>Seating Position</b>					<b>Air Bag Usage</b>		<b>Ejection</b>		<b>Trapped</b>			
01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck)					11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown		1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown		1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable		1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	
Page of												

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20151880	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06   D 19   Y 2015
IN COUNTY OF 18	CRASH LOCATION ROCKSIDE RD	

On 6-19-2015 GHPD units responded to an MVA on Rockside Rd. at Monica Ln. There were reports of entrapped occupants of a car that was on fire. Ptl. Merchant arrived on scene and advised that a Chevrolet Camaro, bearing OH Reg. USA POWR, was on the front lawn of 13808 Rockside and that the front end of the car was on fire. Another vehicle, a 2003 Ford van, bearing OH Reg. PDX-3910, was sitting on Rockside Rd. and it had been turned on it's side. Occupants of both vehicles had been able to exit on their own power or assisted by members of the community that witnessed the accident prior to police arrival. Other police from Garfield Hts., Maple Hts. and Valley View and fire units from Garfield Hts. Maple Hts, Valley View and Bedford began to arrive and respond to injuries, fire, property damage, accident investigation, traffic control and clean up.

Ptl. Merchant interviewed the occupants of the vehicles and several witnesses and concluded the following:

The Chevrolet Camaro (Unit one) was traveling west on Rockside road in the center lane approaching the intersection with Monica Ln. The Chevrolet (Unit one) was being operated by Keith Christensen. His daughter, Kaylee was in the passenger seat. The Ford van (Unit two) had traveled south on Monica and had stopped at the stop sign at Rockside Rd. waiting for traffic to clear. It was operated by Karl Koenig Sr. His son, Karl Jr. was in the passenger seat of the Ford (Unit two). While stopped at the stop sign, Karl looked left and noticed the Camaro (Unit one) coming toward him with a similar white car (Unit three) traveling next to the Camaro (Unit one) in the curb lane. Karl estimated that both cars were at a distance that he could safely turn left onto

OFFICER'S SIGNATURE <b>X</b>	BADGE NUMBER 048
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OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20151880	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06   D 19   Y 2015
IN COUNTY OF 18	CRASH LOCATION ROCKSIDE RD	
<p>Rockside Rd. and proceed eastbound. When Karl entered Rockside Rd. he looked again and noticed that the Camaro (Unit one) was "right on top" of him. Karl knew that the Camaro n(Unit one) was going to hit the Ford (Unit two) but he sped up so that he could get the Ford (Unit two) into the eastbound lanes and the collision would be around the back end of the van. Then, the Camaro (Unit one) swerved left, possibly in an attempt to avoid the Ford (Unit two) which was coming from it's right. This action caused the Camaro (Unit one) to enter the eastbound lanes of Rockside Rd. At Monica Ln., the Camaro (Unit one) struck the Ford (Unit two) around the driver's door. The Ford (Unit two) was flipped over, possibly spinning in the air more than one turn, and came to rest on it's passenger side, in front of 13808 Rockside Rd. The Camaro (Unit one) continued to travel to it's left in a southerly direction. It crossed both eastbound lanes of Rockside Rd. and left the roadway on the south side of Rockside. The Camaro (Unit one) went over the tree lawn at 13808 Rockside and struck a wooden utility pole. It then came to rest on the front lawn.</p> <p>Witnesses observed that the Camaro (Unit one) was traveling at a high rate of speed. The white similar vehicle (Unit three) was traveling beside the Camaro (Unit one) and also traveling at a high rate of speed. Witnesses estimated that each vehicle was going about 80-90 mph. It appeared to witnesses that the two vehicles (Unit one and three) were racing each other while traveling west on Rockside Rd. After the crash, the white vehicle (Unit three) left the scene. Four of the witnesses, Steve Harrison, Chris McCallister, Rodney Wesley and Daynese Magby completed written statements.</p> <p>Keith, Kaylee, Karl Sr., and Karl Jr. were all injured to various degrees. All were conscious and talking to rescue personnel at the scene. All four were transported in various squads to Metro Health hospital.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 048

LOCAL REPORT NUMBER 20151880	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06   D 19   Y 2015
IN COUNTY OF 18	CRASH LOCATION ROCKSIDE RD	
<p>The bottom portion of the utility pole #260025 (located at 13808 Rockside Rd.) was severed when the Camaro (Unit one) hit it. Workers from First Energy responded to take control of the damage.</p>		
<p>The Ford (Unit two) was being used in construction work and contained numerous power tools, hand tools and supplies. These tools and supplies were expelled from the Ford (Unit two) when it was hit by the Camaro (Unit one). These objects came to rest on Rockside Rd. covering all four lanes. The objects also came to rest on the front lawn of 13808 Rockside Rd. Personnel from the Garfield Hts. Service Garage responded to retrieve the tools and they were placed back into (Unit two) and clean up the supplies. They were assisted by police and fire personnel. Two Garfield Hts road sweepers were used to clean debris, nails, screws and drill bits off of the roadway.</p>		
<p>The front lawn of 13808 Rockside was damaged by the Camaro (Unit one).</p>		
<p>OWNER OF UTILITY POLE= Cleveland Electric Illuminating Company Address: 6896 Miller Rd, Brecksville, OH 44141 Phone:(800) 589-3101</p>		
<p>OWNER OF 13808 ROCKSIDE RD.= GENMILLA EXUM JONES Phone: (216) 322-8392</p>		
<p>Disposition: Based on the evidence available, it was determined that Karl Koenig Sr. showed due diligence and yielded to traffic that would be proceeding at a normal</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 048

# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20151880	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06   D 19   Y 2015
IN COUNTY OF 18	CRASH LOCATION ROCKSIDE RD	

speed before he left the stop sign on Monica Ln. and entered Rockside Rd. It was determined that Keith Christensen was operating the Chevrolet (Unit one) at an unsafe speed and in a reckless manner.

OFFICER'S SIGNATURE <b>X</b>	BADGE NUMBER 048
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