



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20152998	3 - 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 type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	02	02 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	09112015	1720	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.411420	-81.618911

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input 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 ¹	Location Route Number	Loc. Prefix	Location Road name	Location Road Type ²	Route Types ¹
IR	480W		TRANSPORTATION EXIT		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 ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
500	W N.S. E.W				TRANSPORTATION EXIT	BL

Reference Point Used	Crash Location	Reference Point	Reference Name	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	01 02 - Wet 03 - Snow 04 - Ice	TRANSPORTATION EXIT	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	02 02 - Wet 03 - Snow 04 - Ice			* Secondary Condition Only

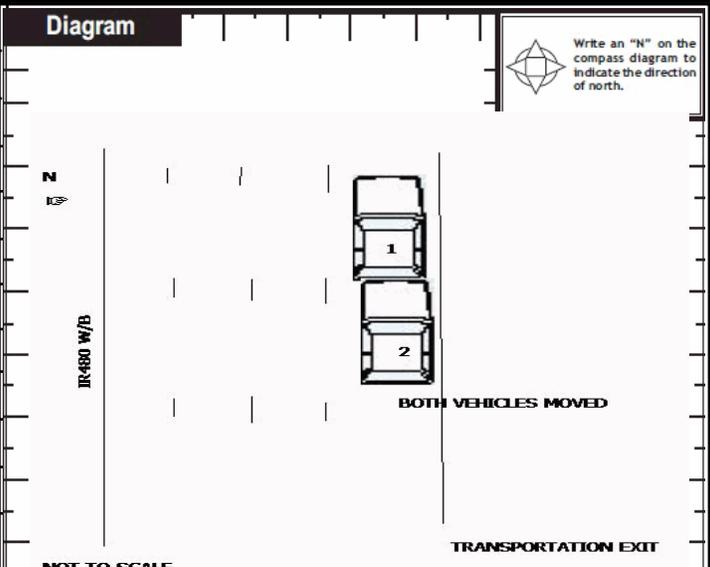
Manner of Crash Collision/Impact	Weather
2 - Rear-End 3 - Head-On 4 - Rear-to-Rear	4 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke

Road Surface	Light conditions	School Bus Related
2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<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	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<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	1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

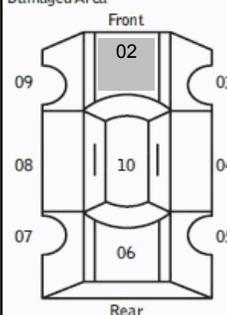
Narrative

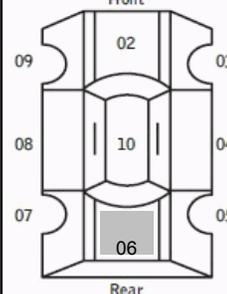
UNIT 1 WAS W/B ON IR480 JUST WEST OF THE TRANSPORTATION BLVD EXIT. UNIT 2 WAS BEHIND UNIT 1. UNIT 1 STOPPED SUDDENLY IN TRAFFIC DUE TO A VEHICLE CHANGING LANES IN FRONT OF HIM. UNIT 2 WAS UNABLE TO STOP IN TIME AND UNIT 2 STRUCK UNIT 1 IN THE REAR



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"/>	09112015	1720	1724	1725	1755	45	75

Officer's Name *	Officer's Badge Number	Checked By	Page of
B. Cwiklinski	009	L07 D. Bailey	

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) STELLA MONIKA A	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale 4	Damaged Area 																																																
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 13900 OAKVIEW GARF HTS OH 44125																																																				
LP State OH	License Plate Number EPH8119	Vehicle Identification Number 1FAHP34N97W333414	# Occupants 01																																																	
Vehicle Year 2007	Vehicle Make FORD Ford	Vehicle Model FOC Focus	Vehicle Color GRY Gray																																																	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company GUIDE ONE	Policy Number 021179322	Towed By																																																	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code																																																
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 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 4 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 <input type="checkbox"/> Hit / Skip Unit																																																	
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Unit Speed 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 60	Traffic Control 01 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 3 To 4 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown																																													

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) KOLOZVARY STEPHEN P	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 440-596-1540	Damage Scale 3	Damaged Area 	
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 6233 BUNKER RD N ROYALTON OH 44133			1 - None		
LP State OH	License Plate Number EOV1229	Vehicle Identification Number 1J4GL58KXW267913	2 - Minor		
Vehicle Year 2004	Vehicle Make JEEP Jeep	Vehicle Model LBY Liberty	3 - Functional		
Vehicle Color DBL Blue, Dark	Proof of Insurance Shown <input type="checkbox"/>	Insurance Company NATIONWIDE	4 - Disabling		
Policy Number 9234H942100	Towed By		9 - Unknown		
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code		
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 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 4 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	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number	Non-Motorist Location Prior to Impact 01 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 06 99 - Unknown or Hit/Skip 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	
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Action 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown				
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Unit Speed 0	Posted Speed 60	Traffic Control 01 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 3 To 4 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 | 2 | 9 | 9 | 8 | | | | | | | |]

Motorist/Non-Motorist

Unit Number [0 2]		Name: Last, First, Middle SYCHLA BARBARA				Date of Birth [0 1 1 1 1 9 9 3]			Age 22	Gender [F] F - Female M - Male		
Address, City, State, Zip 13900 OAKVIEW BLVD GARFIELD HTS OH 44125 6061						Contact Phone - include area code 216-242-8534						
Injuries [1]	Injured Taken By []	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used [0 4]		DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [0 1]	Air Bag Usage [1]	Ejection [1]	Trapped [1]
OL State [O H]	Operator License Number TW020563		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 [] [] []	Drug Test Status [1]	Drug Test Type [1]
Offense Charged (<input checked="" type="checkbox"/> Local Code) 333.03			Offense Description ACDA				Citation Number			Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By [1] []	

Motorist/Non-Motorist

Unit Number [0 1]		Name: Last, First, Middle KOLOZVARY STEPHEN P				Date of Birth [0 8 0 4 1 9 5 1]			Age 64	Gender [M] F - Female M - Male		
Address, City, State, Zip 6233 BUNKER RD N ROYALTON OH 44133						Contact Phone - include area code 440-596-1540						
Injuries [1]	Injured Taken By []	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used [0 4]		DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [0 1]	Air Bag Usage [1]	Ejection [1]	Trapped [1]
OL State [O H]	Operator License Number RF524149		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 [] [] []	Drug Test Status [1]	Drug Test Type [1]
Offense Charged (<input type="checkbox"/> Local Code)			Offense Description				Citation Number			Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By [1] []	

Injuries	Injured Taken By	Safety Equipment Used	Motorist	Non-Motorist
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	99 - Unknown Safety Equipment	01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	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

Seating Position	Air Bag Usage
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

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
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 <u>Only</u>	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

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
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

Occupant

Unit Number [] [] []		Name: Last, First, Middle				Date of Birth [] [] [] [] [] [] [] [] []			Age	Gender [] F - Female M - Male	
Address, City, State, Zip						Contact Phone - include area code					

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 []
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Occupant

Unit Number [] [] []		Name: Last, First, Middle				Date of Birth [] [] [] [] [] [] [] [] []			Age	Gender [] F - Female M - Male	
Address, City, State, Zip						Contact Phone - include area code					

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 []
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