



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20153678	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-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	11042015	0920	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 25' 37.00" N	- 81° 35' 11.00" W		

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
SR	14		BROADWAY	AV	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
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	O N.S. F E.W.				13721	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 - 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	<input checked="" type="checkbox"/>	1 - 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

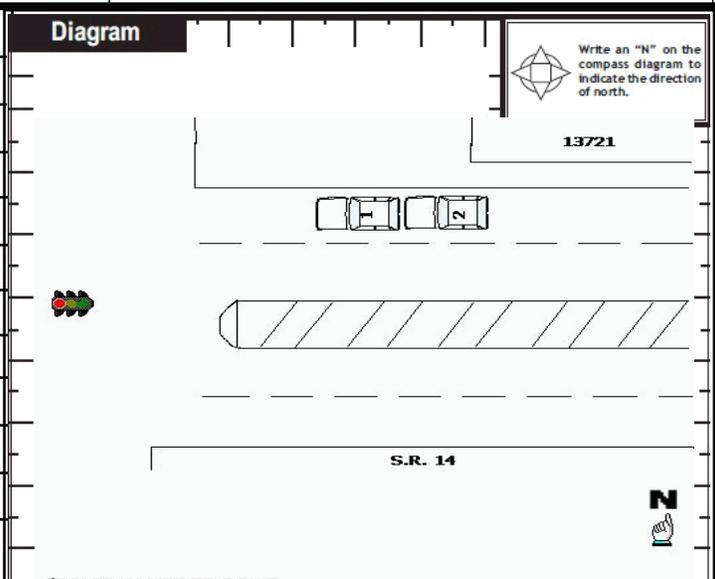
Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown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

Manner of Crash Collision/Impact	Weather
2 - 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	1 - 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 - 1 - Primary Secondary 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"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 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 STOPPED IN TRAFFIC IN THE W/B RIGHT LANE OF S.R. 14 IN FRONT OF 13721. UNIT 2 WAS TRAVELING DIRECTLY BEHIND UNIT 1. UNIT 2 PROCEEDED TO MOVE FORWARD. UNIT 2 FAILED TO OBSERVE UNIT 1 STOPPED IN TRAFFIC CAUSING UNIT 2 TO STRIKE UNIT 1 IN THE CENTER 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"/>	11042015	0920	0942	0942	1036	0	54

Officer's Name *	Officer's Badge Number	Checked By	Page of
T. Baon	040	S08 T. Murphy	

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) ANTHONY CATHY D	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 216-581-0436	Damage Scale 2	Damaged Area 																																																																																			
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 16405 BRYCE AVE CLEVELAND OH 44128			1 - None																																																																																				
LP State OH	License Plate Number ENC2458	Vehicle Identification Number 1G1ZS58F27F303711	# Occupants 01																																																																																				
Vehicle Year 2007	Vehicle Make CHEV Chevrolet	Vehicle Model MAL Malibu	Vehicle Color BLU Blue																																																																																				
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Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 9702 GAYLORD AVE CLEVELAND OH 44105 5217								
LP State OH	License Plate Number GEH6713	Vehicle Identification Number 1G2HZ54Y25U160455	# Occupants 02					
Vehicle Year 2005	Vehicle Make PONT Pontiac	Vehicle Model BON Bonneville	Vehicle Color WHI White					
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company GEICO	Policy Number 4142-07-50-29	Towed By					
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code				
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Motorist / Non-Motorist / Occupant

Local Report Number *

2 | 0 | 1 | 5 | 3 | 6 | 7 | 8 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle STROZIER ASIYAH A		Date of Birth 03151980	Age 35	Gender F F - Female M - Male
Address, City, State, Zip 9702 GAYLORD AVE CLEVELAND OH 44105				Contact Phone - include area code 216-276-5977	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RP829270	OL Class 4	No Valid OL	M/C End	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 (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By 1	

Unit Number 02	Name: Last, First, Middle ANTHONY CATHY D		Date of Birth 11011959	Age 56	Gender F F - Female M - Male
Address, City, State, Zip 16405 BRYCE AVE CLEVELAND OH 44128				Contact Phone - include area code 216-581-0436	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet
Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RP839548	OL Class 4	No Valid OL	M/C End	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 (Local Code) 333.03	Offense Description ASSURED CLEARED DIST	Citation Number	Hands-Free Device Used	Driver Distracted By 1	

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

Unit Number 01	Name: Last, First, Middle STROZIER JASMINE		Date of Birth 01152011	Age 4	Gender F F - Female M - Male
Address, City, State, Zip 9702 GAYLORD CLEVELAND OH 44105				Contact Phone - include area code 216-276-5977	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 05	DOT Compliant Motorcycle Helmet
Seating Position 06	Air Bag Usage 1	Ejection 1	Trapped 1		
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
Seating Position	Air Bag Usage	Ejection	Trapped		

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