



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2 0 1 6 0 6 9 6	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 type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	0 1 8 2 0	GARFIELD HEIGHTS	0 1	0 1 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
1 8		GARFIELD HTS		0 2 2 9 2 0 1 6	0 1 5 8
Degrees / Minutes / Seconds Latitude			Longitude		

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	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	0 4	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 <sup>1</sup>
S R	1 4	N.S. E.W	BROADWAY	A V	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	<input type="checkbox"/> N.S. <input type="checkbox"/> E.W			N.S. E.W	MCCRACKEN	R D

Reference Point Used	Crash Location	Reference Point Used	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 2 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/Alley Access	<input checked="" type="checkbox"/> Intersection Related 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	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	0 2		* Secondary Condition Only

Manner of Crash Collision/Impact	Weather
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

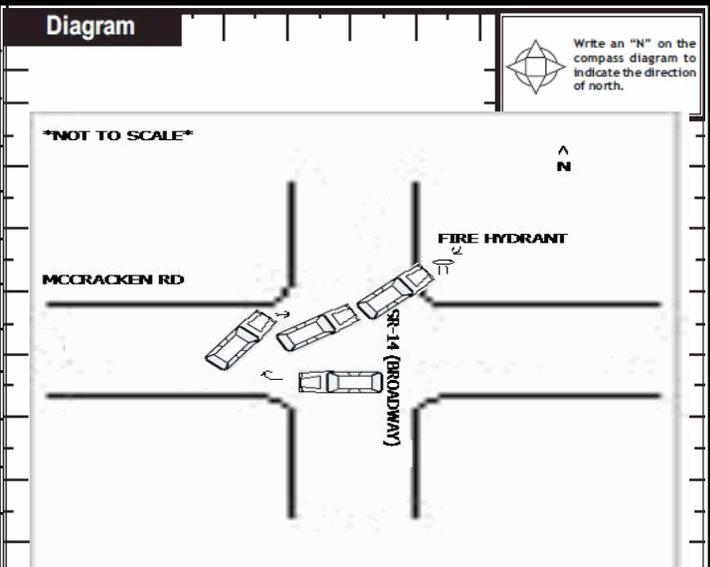
Road Surface	Light conditions	School Bus Related
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 - Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<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"/> Work Zone Related	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the first Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area 4 - Activity Area 5 - Termination Area

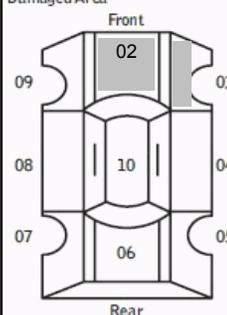
**Narrative**

UNIT 1 WAS TRAVELLING EAST BOUND ON MCCRACKEN RD ( AFTER A WITNESS REPORTED UNIT 1 MAKE A U-TURN IN THE INTERSECTION) AT THE INTERSECTION OF SR-14 ( BROADWAY AVE). UNIT 1 LOST CONTROL, GOING OFF ROAD LEFT AND OVER THE CURB, STRIKING A FIRE HYDRANT.

FIRE HYDRANT LOCATED AT THE NORTHEAST CORNER OF BROADWAY AVE AND MCCRACKEN RD. OWNER IS THE CITY OF GARFIELD HEIGHTS. 5407 TURNEY RD. GARFIELD HEIGHTS OH 44125.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 2 2 9 2 0 1 6	0 1 5 8	0 2 0 0	0 2 0 3	0 3 5 9	0	1 1 6
Officer's Name *	Officer's Badge Number	Checked By	Page of			
R. Jarzembak	010	L08 R. Petrick				

Unit Number <b>01</b>	Owner Name: Last, First, Middle <b>WARR KAREN R</b> <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <b>216-991-0612</b> <input type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area 																																																
Owner Address, City, State, Zip <b>12025 SHAKER BLVD APT CLEVELAND OH 44120</b> <input checked="" type="checkbox"/> Same As Driver																																																				
LP State <b>OH</b>	License Plate Number <b>FXX7505</b>	Vehicle Identification Number <b>1G1ND52J63M614473</b>	# Occupants <b>01</b>																																																	
Vehicle Year <b>2003</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>MAL Malibu</b>	Vehicle Color <b>RED Red</b>																																																	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	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 <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 <input type="checkbox"/> Hit / Skip Unit																																																	
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released																																																			
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>03</b> 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 Bus/Van/Limo (9 or More Including Driver)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) 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>03</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> 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	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>17</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>10</b> 2 <b>09</b> 3 <b>43</b> 4 <b>49</b> 5 <b>99</b> 6 <b>99</b> First Harmful Event <b>1</b> Most Harmful Event <b>4</b>	<table border="0"> <tr> <td><b>Non-Collision Events</b></td> <td>01 - Overturn/Rollover</td> <td>06 - Equipment Failure (Blown Tire, Brake Failure, etc)</td> <td>10 - Cross Median</td> </tr> <tr> <td>02 - Fire/Explosion</td> <td>03 - Immersion</td> <td>07 - Separation of Units</td> <td>11 - Cross Center Line Opposite Direction of Travel</td> </tr> <tr> <td>04 - Jackknife</td> <td>05 - Cargo/Equipment Loss or Shift</td> <td>08 - Ran Off Road Right</td> <td>12 - Downhill Runaway</td> </tr> <tr> <td></td> <td></td> <td>09 - Ran Off Road Left</td> <td>13 - Other Non-Collision</td> </tr> </table>				<b>Non-Collision Events</b>	01 - Overturn/Rollover	06 - Equipment Failure (Blown Tire, Brake Failure, etc)	10 - Cross Median	02 - Fire/Explosion	03 - Immersion	07 - Separation of Units	11 - Cross Center Line Opposite Direction of Travel	04 - Jackknife	05 - Cargo/Equipment Loss or Shift	08 - Ran Off Road Right	12 - Downhill Runaway			09 - Ran Off Road Left	13 - Other Non-Collision																																
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Unit Speed <b>25</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>25</b>	Traffic Control <b>04</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>4</b> To <b>3</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 | 6 | 0 | 6 | 9 | 6 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0   1	Name: Last, First, Middle WARR JAMES R	Date of Birth 0   4   1   6   1   9   6   7	Age 48	Gender M F - Female M - Male
Address, City, State, Zip 12025 SHAKER BLVD APT 416 CLEVELAND OH 44120			Contact Phone - include area code 216-703-8788	
Injuries 2	Injured Taken By 2	EMS Agency GHFD	Medical Facility Injured Taken To MARYMOUNT ER	Safety Equipment Used 9   9
OL State OH	Operator License Number RN486090	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 6	Alcohol/Drug Suspected 4	Alcohol Test Status 2	Alcohol Test Type 1	Alcohol Test Value .
Offense Charged 4511.19	Offense Description OVI	Citation Number 1080357	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 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 
OL State 	Operator License Number 	OL Class 	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 	Alcohol/Drug Suspected 	Alcohol Test Status 	Alcohol Test Type 	Alcohol Test Value .
Offense Charged 	Offense Description 	Citation Number 	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 

<b>Injuries</b> 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <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	99 - Unknown Safety Equipment	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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
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Unit Number 	Name: Last, First, Middle FRUITS DELANTE D	Date of Birth 0   8   2   8   1   9   9   3	Age 22	Gender M F - Female M - Male
Address, City, State, Zip 8418 BANCROFT AVE CLEVELAND OH 44105 6677			Contact Phone - include area code 	
Injuries 	Injured Taken By 	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 
OL State 	Operator License Number 	OL Class 	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 	Alcohol/Drug Suspected 	Alcohol Test Status 	Alcohol Test Type 	Alcohol Test Value .
Offense Charged 	Offense Description 	Citation Number 	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 

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 
OL State 	Operator License Number 	OL Class 	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
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Offense Charged 	Offense Description 	Citation Number 	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 