



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20160875	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 checked="" 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	03152016	1437	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 24' 46.44" N	- 81° 36' 12.33" W		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	E N - Northbound S - Southbound	03	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
		N.S. E.W.	ANTENUCCI	BL	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
50	W N.S. E.W.			N.S. E.W.	TURNEY	RD

Reference Point Used	Crash Location	Intersection Related	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	<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
2 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary 01 Secondary	* Secondary Condition Only		

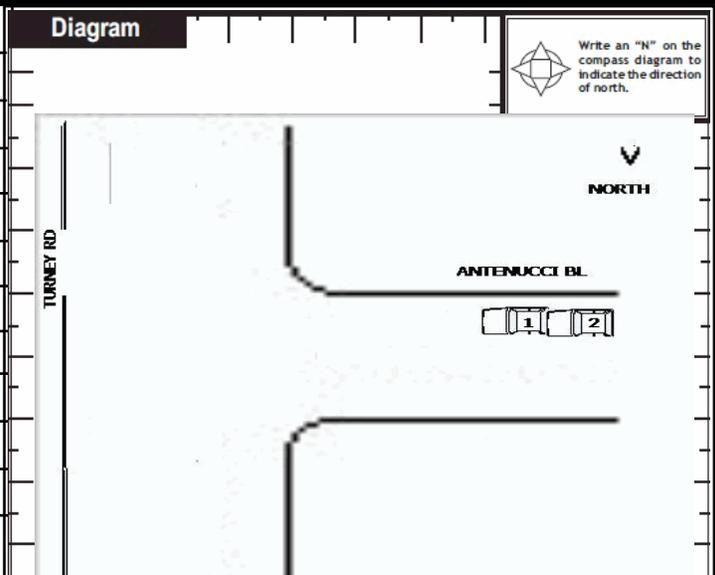
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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	<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 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

UNIT 1 WAS STOPPED IN TRAFFIC ON ANTENUCCI BL. EASTBOUND. UNIT 2 WAS TRAVELING EASTBOUND ON ANTENUCCI APPROACHING UNIT 1 NEAR THE TURNEY RD INTERSECTION. 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"/>	03152016	1437	1441	1444	1500	60	76
Officer's Name *	Officer's Badge Number	Checked By	Page of					
N. Rossi	032	S10 T. Cramer						



Unit

Local Report Number *

2 0 1 6 0 8 7 5

Unit Number 02	Owner Name: Last, First, Middle KULESA KALIE E <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code 216-609-8898 <input checked="" type="checkbox"/> Same As Driver	Damage Scale 2	Damaged Area 																																																																																			
Owner Address, City, State, Zip 10708 S. HIGHLAND GARFIELD HTS OH 44125 <input checked="" type="checkbox"/> Same As Driver			1 - None																																																																																				
LP State OH	License Plate Number GSN5191	Vehicle Identification Number 1J4GX48S04C344496	# Occupants 01																																																																																				
Vehicle Year 2004	Vehicle Make JEEP Jeep	Vehicle Model CHK Cherokee	Vehicle Color WHI White																																																																																				
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE FARM	Policy Number 8983016-F06-35	Towed By																																																																																				
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code																																																																																				
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Unit

Local Report Number *

2 0 1 6 0 8 7 5

Unit Number 01	Owner Name: Last, First, Middle BODZIONY JEFFREY P <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale 3	Damaged Area 	
Owner Address, City, State, Zip 5699 E 139TH ST GARFIELD HTS OH 44125 6065 <input checked="" type="checkbox"/> Same As Driver			1 - None		
LP State OH	License Plate Number GBM1451	Vehicle Identification Number KNNDJN2A23E7001093	# Occupants 03	2 - Minor	
Vehicle Year 2014	Vehicle Make KIA Kia Motors Corpora	Vehicle Model OTH Other	Vehicle Color BRO Brown	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company ESURANCE	Policy Number PAOH-5976073	Towed By	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown		
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 1 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		
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Motorist / Non-Motorist / Occupant

Local Report Number *

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

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 2	Name: Last, First, Middle KULESA KALIE E	Date of Birth 0 7 2 0 1 9 8 8	Age 27	Gender F F - Female M - Male
Address, City, State, Zip 10708 S. HIGHLAND GARFIELD HTS OH 44125			Contact Phone - include area code 216-609-8898	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4
OL State O H	Operator License Number SX059369	OL Class 4	No Valid OL	M/C End
Offense Charged 333.03	Offense Description ACD	Citation Number G20161105	Hands-Free Device Used	Driver Distracted By 1

Unit Number 0 1	Name: Last, First, Middle BODZIONY LAUREN B	Date of Birth 0 1 2 8 1 9 7 9	Age 37	Gender F F - Female M - Male
Address, City, State, Zip 5699 E 139TH ST GARFIELD HTS OH 44125 6065			Contact Phone - include area code 216-816-8770	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4
OL State O H	Operator License Number UA414826	OL Class 4	No Valid OL	M/C End
Offense Charged	Offense Description	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 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

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 0 1	Name: Last, First, Middle BODZIONY PHINEHAS	Date of Birth 0 4 2 1 2 0 1 5	Age	Gender M F - Female M - Male
Address, City, State, Zip 5699 E. 139 ST. GARFIELD HTS OH 44125			Contact Phone - include area code 216-816-8770	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 6
OL State	Operator License Number	OL Class	No Valid OL	M/C End
Offense Charged	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By

Unit Number 0 1	Name: Last, First, Middle BODZIONY GIDEON	Date of Birth 0 4 2 3 2 0 1 1	Age 4	Gender M F - Female M - Male
Address, City, State, Zip 5699 E. 139 ST. GARFIELD HTS OH 44125			Contact Phone - include area code 216-816-8770	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 5
OL State	Operator License Number	OL Class	No Valid OL	M/C End
Offense Charged	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By