



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20162414	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	<input type="checkbox"/> Private Property	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 HEIGHTS	07062016	0945	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.407470	-81.592179

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	02	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	MAPLE LEAF	DR	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>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N.S. E.W			N.S. E.W	13009	

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 type="checkbox"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

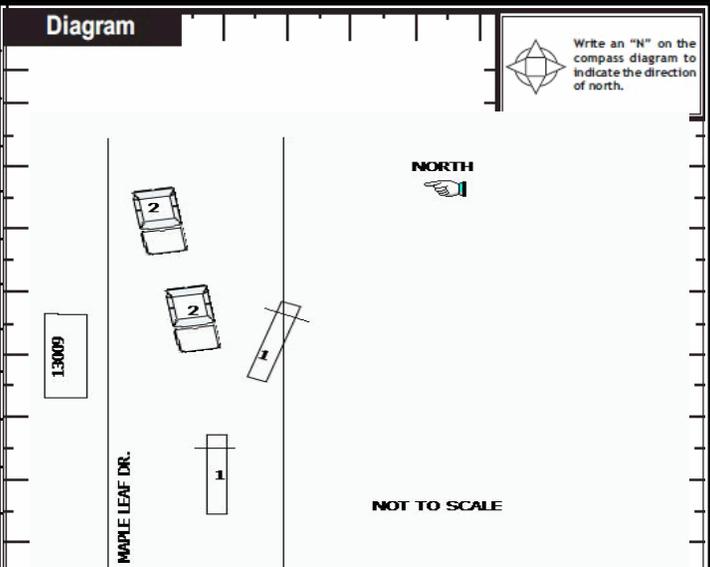
Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown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

Manner of Crash Collision/Impact	Weather
1 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
1 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	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

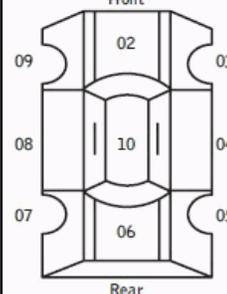
Narrative  
SEE OH-1

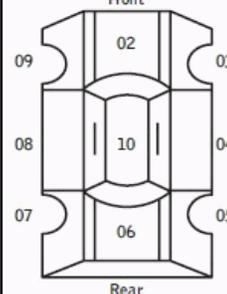


Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
07152016	0733	0733	0733	0746	30	43

Officer's Name *	Officer's Badge Number	Checked By	Page of
J. Seawright	054	L07 D. Bailey	

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>VINCE JOE</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-598-0072</b>	Damage Scale <b>4</b>	Damaged Area 																																																
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>4802 OSBORN RD GARFIELD HTS OH 44128</b>																																																				
LP State <b>OH</b>	License Plate Number <b>10XHT</b>	Vehicle Identification Number <b>1HD1G DV161Y336407</b>	# Occupants <b>01</b>																																																	
Vehicle Year <b>2001</b>	Vehicle Make <b>HD Harley-Davidson</b>	Vehicle Model <b>MC P</b>	Vehicle Color <b>BLK Black</b>																																																	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>VISION INSURANCE</b>	Policy Number <b>1134000814772</b>	Towed By																																																	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code																																																
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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>11</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>2</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown																																															
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Unit Speed <b>25</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>10</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>4</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>02</b>	Owner Name: Last, First, Middle <b>POHTO ISABELA</b> <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <b>216-663-7177</b> <input type="checkbox"/> Same As Driver	Damage Scale <b>4</b>	Damaged Area 	
Owner Address, City, State, Zip <b>5559 DUNHAM RD MAPLE HTS OH 44137</b> <input type="checkbox"/> Same As Driver			1 - None		
LP State <b>OH</b>	License Plate Number <b>EB72DL</b>	Vehicle Identification Number <b>2G1WB58K369112807</b>	2 - Minor		
Vehicle Year <b>2006</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>IMP Impala</b>	3 - Functional		
Vehicle Color <b>SIL Alum/Silver</b>	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>ERIE INSURANCE</b>	4 - Disabling		
Policy Number <b>Q105107186</b>	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 <b>01</b>	Trafficway Description <b>1</b>		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	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	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 Class Number		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		
Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>04</b>	Non-Motorist		
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	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Passenger Vehicle (less than 9 passengers) 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	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		
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>01</b>	Action <b>2</b>
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Unit Speed <b>25</b>	Posted Speed <b>25</b>	Traffic Control <b>01</b>	Unit Direction From <b>3</b> To <b>4</b>		
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# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 6 | 2 | 4 | 1 | 4 | | | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0   1	Name: Last, First, Middle VINCE JOE	Date of Birth 0   4   1   9   1   9   6   0	Age 56	Gender M F - Female M - Male							
Address, City, State, Zip 4802 OSBORN RD GARFIELD HTS OH 44128			Contact Phone - include area code 216-598-0072								
Injuries 1	Injured Taken 0	EMS Agency	Medical Facility Injured Taken	Safety Equipment Use 0   1	DOT <input type="checkbox"/> Compliant Motorcycle	Seating 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RT724491	OL Class 1	No Valid OL <input type="checkbox"/>	M/C End <input checked="" 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					

Unit Number 0   2	Name: Last, First, Middle POHTO ISABEL A	Date of Birth 0   7   2   0   1   9   4   4	Age 71	Gender F F - Female M - Male							
Address, City, State, Zip 5559 DUNHAM RD MAPLE HTS OH 44137			Contact Phone - include area code 216-663-7177								
Injuries 1	Injured Taken 0	EMS Agency	Medical Facility Injured Taken	Safety Equipment Use 0   4	DOT <input type="checkbox"/> Compliant Motorcycle	Seating 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RM763274	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					

<b>Injuries</b> 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating	<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>99 - Unknown Safety Equipment</b> <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 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	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D")	<b>Condition</b> 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol	<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
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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	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable	<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	Date of Birth 	Age	Gender F - Female M - Male
Address, City, State, Zip			Contact Phone - include area code	

Injuries 0	Injured Taken 0	EMS Agency	Medical Facility Injured Taken	Safety Equipment Used 	DOT <input type="checkbox"/> Compliant Motorcycle	Seating 	Air Bag Usage 0	Ejection 0	Trapped 0
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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 0	Injured Taken 0	EMS Agency	Medical Facility Injured Taken	Safety Equipment Used 	DOT <input type="checkbox"/> Compliant Motorcycle	Seating 	Air Bag Usage 0	Ejection 0	Trapped 0
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# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20162414	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 07   D 06   Y 2016
IN COUNTY OF 18	CRASH LOCATION MAPLE LEAF DR	
<p>Unit #1 stated while traveling east bound on MapleLeaf Dr. Unit #2 drove left of center causing him to swerve right and bottom out his motorcycle on the curb almost causing him to fall off said bike. Unit #1 stated that he then followed Unit #2 to 5913 Monica Lane. Unit # 2 stated that she was traveling west bound on MapleLead Dr. dropping off food to member of her church group and never saw Unit #1. Unit #2 stated that looking for addresses may have cause her vehicle to drift into the east bound lane however was unaware that Unit #1 was following her.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 054