



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20162783	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-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	02	01 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	08082016	1803	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.429141	-81.624833

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	<input type="checkbox"/> N - Northbound <input type="checkbox"/> 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
		N.S. E.W	Garfield	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
15	E N.S. F E.W			E N.S. F E.W	86th	ST

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	02 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
1 - Straight Level 2 - Straight Grade 3 - Curve Level	01 02 03 04			* Secondary Condition Only

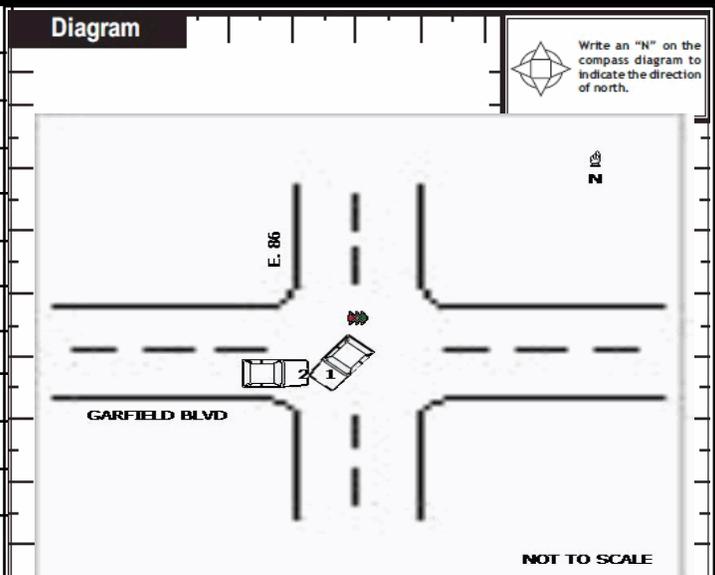
Manner of Crash Collision/Impact	Weather
6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 -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

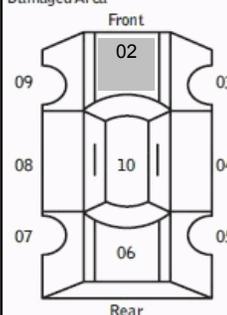
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder 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

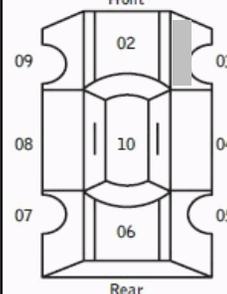
Narrative

UNIT #1 WAS TRAVELING W/B ON GARFIELD BLVD. AND ATTEMPTED TO MAKE A LEFT-HAND TURN ON E. 86TH STREET. UNIT #2 WAS TRAVELING E/B ON GARFIELD BLVD.. AS UNIT #1 TURNED LEFT, IT FAILED TO YIELD TO UNIT #2, CAUSING UNIT #2 TO STRIKE UNIT #1 IN THE RIGHT-FRONT.



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"/>	08082016	1825	1807	1812	1900	30	78
Officer's Name *	Officer's Badge Number	Checked By	Page of					
S. Sabelli	042	S11 T. Vargo						

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) WOODS NATASHA SHARDE	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 3	Damaged Area 						
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 8317 BANCROFT AVE CLEVELAND OH 44105										
LP State OH	License Plate Number GDB8445	Vehicle Identification Number 1C3CBBBXEN150114	# Occupants 06							
Vehicle Year 2014	Vehicle Make CHRY Chrysler	Vehicle Model 200 200	Vehicle Color RED Red							
<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 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 <input type="checkbox"/> Hit / Skip Unit							
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released									
HM Class Number										
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Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) MURAWSKI JESSICA A	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-883-1771	Damage Scale 9	Damaged Area 	
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 9903 ROBINSON AVE GARFIELD HTS OH 44125 1538					
LP State OH	License Plate Number GNB7673	Vehicle Identification Number 2G1WT58K369397134	# Occupants 01		
Vehicle Year 2006	Vehicle Make CHEV Chevrolet	Vehicle Model MAL Malibu	Vehicle Color TAN Tan		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By A & H		
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 | 6 | 2 | 7 | 8 | 3 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 2	Name: Last, First, Middle WOODS NATASHA ST	Date of Birth 0 9 2 6 1 9 8 9	Age 26	Gender F F - Female M - Male							
Address, City, State, Zip 8317 BANCROFT AVE CLEVELAND OH 44105			Contact Phone - include area code								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 3	DOT Compliant Motorcycle Helmet	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number TF753647	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 0 1	Name: Last, First, Middle MURAWSKI JESSICA A	Date of Birth 0 7 2 3 1 9 9 3	Age 23	Gender F F - Female M - Male							
Address, City, State, Zip 9903 ROBINSON AVE GARFIELD HTS OH 44125 1538			Contact Phone - include area code 216-883-1771								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number TR465607	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) 331.22		Offense Description Failure to Yield			Citation Number		Hands-Free Device Used	Driver Distracted By 1			

Injuries 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used 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 99 - Unknown Safety Equipment	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 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	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only	Condition 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	Alcohol/Drug Suspected 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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Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By 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 0 2	Name: Last, First, Middle TARVER CHERISE M	Date of Birth 0 3 1 8 1 9 7 2	Age 44	Gender F F - Female M - Male					
Address, City, State, Zip 3542 E 105TH ST CLEVELAND OH 44105			Contact Phone - include area code 216-883-1771						
Injuries 2	Injured Taken By	EMS Agency GHFD Squad 2	Medical Facility Injured Taken To Marymount ER	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet	Seating Position 0 3	Air Bag Usage 1	Ejection 1	Trapped 1
Unit Number 0 2	Name: Last, First, Middle BURTH TAJANIQUE	Date of Birth 1 0 0 8 2 0 0 9	Age 6	Gender F F - Female M - Male					
Address, City, State, Zip 8317 BANCROFT CLEVELAND OH 44105			Contact Phone - include area code 216-469-6045						
Injuries 2	Injured Taken By	EMS Agency GHFD Squad 2	Medical Facility Injured Taken To Marymount ER	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet	Seating Position 0 4	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number *

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

Occupant	Unit Number 0 2	Name: Last, First, Middle ORR ADARIUS	Date of Birth 0 2 2 8 2 0 0 3	Age 13	Gender M F - Female M - Male					
	Address, City, State, Zip 7702 ROSEWOOD CLEVELAND OH 44105			Contact Phone - include area code 216-355-0795						
	Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 1	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 6	Air Bag Usage 5	Ejection 1	Trapped 1
Occupant	Unit Number 0 2	Name: Last, First, Middle ORR AMIRION	Date of Birth 0 1 0 1 2 0 0 6	Age 10	Gender M F - Female M - Male					
	Address, City, State, Zip 7702 ROSEWOOD CLEVELAND OH 44105			Contact Phone - include area code 216-355-0795						
	Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 1	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 5	Air Bag Usage 1	Ejection 1	Trapped 1
Occupant	Unit Number 0 2	Name: Last, First, Middle BURCH DOMINIQUE	Date of Birth 0 6 0 6 2 0 0 6	Age 10	Gender M F - Female M - Male					
	Address, City, State, Zip 8317 BANCROFT CLEVELAND OH 44105			Contact Phone - include area code						
	Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 1	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 5	Air Bag Usage 1	Ejection 1	Trapped 1
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
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
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

Injuries 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	 12 - Reflective Clothing 13 - Lighting 14 - Other
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Seating Position 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	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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