



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20163769	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	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	10282016	1427	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.420626	-81.592004

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>
		E	E. 131	ST	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>
20	N				13105 Silver	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 - 1 - Intersection 2 - Mile Post 3 - House Number	03 - 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	05 - Sand, Mud, Dirt, Oil, gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 - Primary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

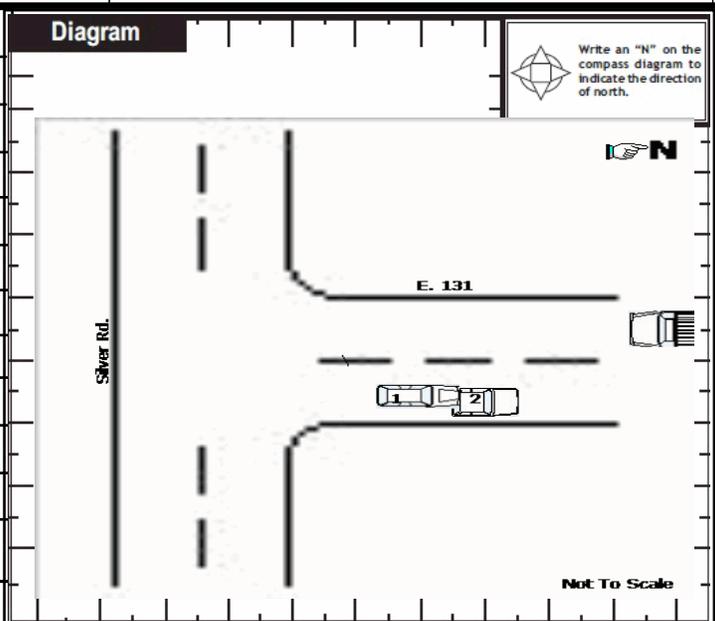
Manner of Crash Collision/Impact	Weather
2 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - 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 - Primary	<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	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <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

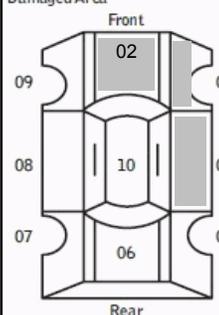
Narrative

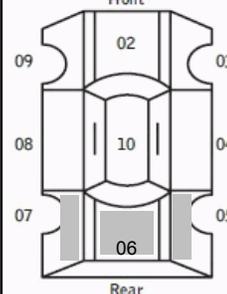
UNIT #1 WAS TRAVELING W/B ON SILVER RD., THEN TURNED N/B ONTO E. 131. AS UNIT #1 WAS TRAVELING, THE OPERATOR DID NOT SEE ANOTHER VEHICLE ONCOMING S/B. THIS CAUSED THE OPERATOR OF UNIT #1 TO PULL CLOSER TO THE RIGHT LANE. UNIT #1 DID NOT LEAVE ENOUGH ROOM AHEAD, CAUSING IT TO REAR-END UNIT #2, WHICH WAS PARKED.



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
10282016	1427	1428	1442	1502	30	50

Officer's Name *	Officer's Badge Number	Checked By	Page of
S. Sabelli	042	S10 T. Cramer	

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>DIVOKY GREG M</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-296-1838</b>	Damage Scale <b>3</b>	Damaged Area 																																																
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>13001 OAK ST GARFIELD HTS OH 44125</b>			1 - None																																																	
LP State <b>OH</b>	License Plate Number <b>EY61FQ</b>	Vehicle Identification Number <b>1GNDT13S022243270</b>	# Occupants <b>01</b>																																																	
Vehicle Year <b>2002</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>TBZ Trailblazer</b>	Vehicle Color <b>SIL Alum/Silver</b>																																																	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>STATEFARM</b>	Policy Number <b>065-6640-B23-35C</b>	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																																																	
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Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>RIEVES-BEY RHONDA L</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-526-7931</b>	Damage Scale <b>2</b>	Damaged Area 	
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>13105 SILVER RD GARFIELD HTS OH 44125</b>			1 - None		
LP State <b>OH</b>	License Plate Number <b>FXX6841</b>	Vehicle Identification Number <b>1GNEK13VX2J146617</b>	2 - Minor		
Vehicle Year <b>2002</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>VAN Van</b>	3 - Functional		
Vehicle Color <b>GRY Gray</b>	Proof of Insurance Shown ( <input checked="" type="checkbox"/> ) <b>GEICO INSURANCE</b>		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 <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		
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 | 3 | 7 | 6 | 9 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0   1	Name: Last, First, Middle DIVOKY GREG M	Date of Birth 1   0   2   6   1   9   6   1	Age 55	Gender M F - Female M - Male							
Address, City, State, Zip 13001 OAK ST GARFIELD HTS OH 44125			Contact Phone - include area code 216-296-1838								
Injuries 1	Injured Taken 1	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 RT561256	OL Class 4	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type	Alcohol Test Value	Drug Test Status 1	Drug Test Type
Offense Charged ( <input type="checkbox"/> Local Code)		Offense Description			Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 1		<input type="checkbox"/>	

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	EMS Agency	Medical Facility Injured Taken	Safety Equipment Use	DOT <input type="checkbox"/> Compliant Motorcycle	Seating	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
Offense Charged ( <input type="checkbox"/> Local Code)		Offense Description			Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By		<input type="checkbox"/>	

<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>Motorist</b> 99 - Unknown Safety Equipment 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 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	Injured Taken	EMS Agency	Medical Facility Injured Taken	Safety Equipment Used	DOT <input type="checkbox"/> Compliant Motorcycle	Seating	Air Bag Usage	Ejection	Trapped

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	EMS Agency	Medical Facility Injured Taken	Safety Equipment Used	DOT <input type="checkbox"/> Compliant Motorcycle	Seating	Air Bag Usage	Ejection	Trapped