



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20163859	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information STARBUCKS		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 checked="" type="checkbox"/> Private Property	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	11042016	1404	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 24' 34.43" N	- 81° 36' 53.45" W		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Undivided	N - Northbound 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 ¹	Location Route Number	Loc. Prefix	Location Road name	Location Road Type ²	Route Types ¹
		N.S. E.W	VISTA	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 ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
50	S N.S. E.W			N.S. E.W	9791	

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		6 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

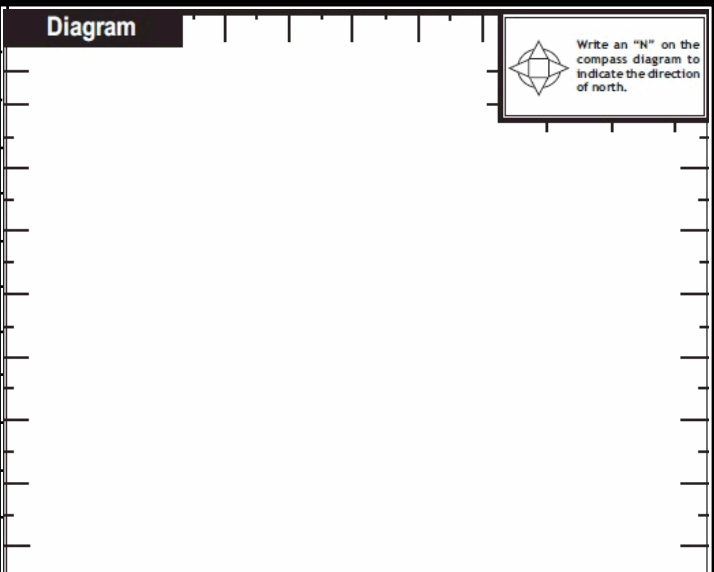
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

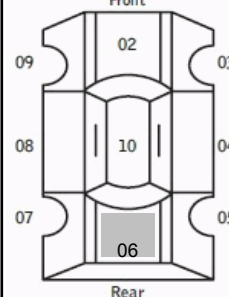
Narrative

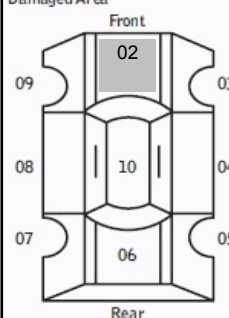
UNIT #1 WAS PARKED UNOCCUPIED FACING NORTHBOUND, INSIDE THE LOT OF 9791 VISTA DR, WHEN UNIT # 2 BEGAN TO MOVE FORWARD AND STRUCK UNIT # 1 IN THE REAR.



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"/>	11042016	1404	1404	1404	1432	0	28

Officer's Name *	Officer's Badge Number	Checked By	Page of
B. Foxx	030	L10 M. Kaye	

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) JACKSON SHAWNISE D	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area 																																																
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 11218 LANGTON AVE GARFIELD HTS OH 44125 2250																																																				
LP State OH	License Plate Number GWS8185	Vehicle Identification Number 1G1JC5SH3E4184399	# Occupants 00																																																	
Vehicle Year 2014	Vehicle Make CHEV Chevrolet	Vehicle Model CRZ Cruze	Vehicle Color GRY Gray																																																	
<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 5 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																																																	
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Unit Number 02	Owner Name: Last, First, Middle SALEM ZIAD I <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code -- <input checked="" type="checkbox"/> Same As Driver	Damage Scale 2	Damaged Area 	
Owner Address, City, State, Zip 10511 MCCRACKEN RD GARFIELD HTS OH 44125 <input checked="" type="checkbox"/> Same As Driver			1 - None		
LP State OH	License Plate Number GSA9615	Vehicle Identification Number 1J4PS4GK7AC103126	# Occupants 02		
Vehicle Year 2010	Vehicle Make JEEP Jeep	Vehicle Model GCH Grand Cherokee	Vehicle Color SIL Alum/Silver		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company PROGRESSIVE	Policy Number 907891845	Towed By		
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 | 3 | 8 | 5 | 9 | | | | | | | |

Motorist/Non-Motorist

Unit Number 02		Name: Last, First, Middle SALEM ADAM I				Date of Birth 01232001			Age 15		Gender M F - Female M - Male	
Address, City, State, Zip 5178 E 128TH ST GARFIELD HTS OH 44125 3004								Contact Phone - include area code				
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used 04		<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1
OL State OH	Operator License Number US136376		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 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input type="checkbox"/> Local Code)			Offense Description				Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 1		

Motorist/Non-Motorist

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		<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position	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		

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 <u>Only</u>	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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Occupant

Unit Number 02		Name: Last, First, Middle SALEM EVELYN				Date of Birth 10071981			Age 35		Gender F F - Female M - Male	
Address, City, State, Zip 5178 EAST 128TH ST GARFIELD HTS OH 44125								Contact Phone - include area code 216-856-2748				
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used 04		<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 02	Air Bag Usage 1	Ejection 1	Trapped 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		<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

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