



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20170113	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information
GARFIELD HTS MUNICIPAL COURT

<input checked="" 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	Reporting Agency NCIC * 01820	Reporting Agency Name * GARFIELD HEIGHTS	Number of Units 01	Unit in error 01 98 - Animal 99 - Unknown
--	---	---	----------------------------------	---	-----------------------	---

County * 18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * GARFIELD HTS	Crash Date * 01102017	Time of Crash 1858	Day of Week TUE
----------------	---	---	--------------------------	-----------------------	--------------------

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.411603	-81.601504

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	E - Eastbound W - Westbound	Number of Thru Lanes 02	Road Types or Milepost ² 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 N.S. E.W	Location Road name TURNEY	Location Road Type 2 RD	Route Types ¹ IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
-----------------------	-----------------------	----------------------------	------------------------------	----------------------------	--	--

Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref N.S. E.W	Reference Route Type 1	Reference Route Number	Ref Prefix N.S. E.W	Reference Name (Road, Milepost, House #) 5555	Reference Road Type 2
--	-----------------------------	------------------------	------------------------	---------------------------	--	-----------------------

Reference Point Used 3 - 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
---	--	---	--	---	--	--

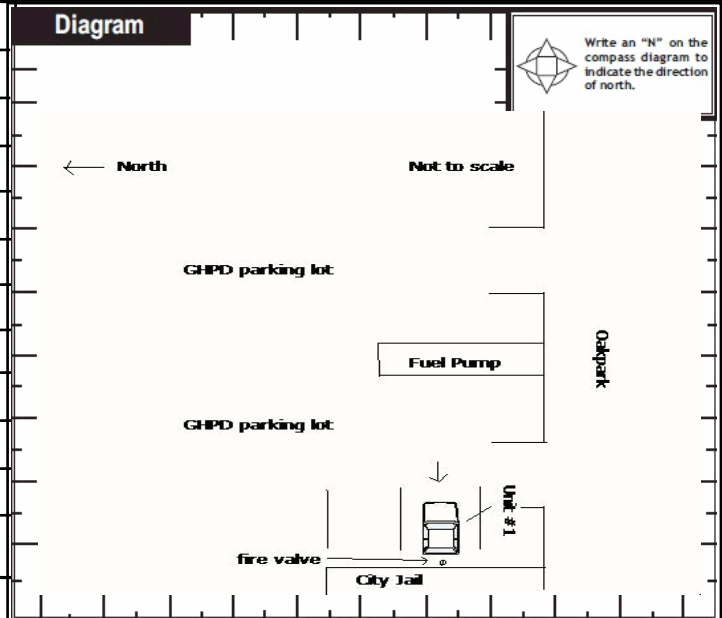
Road Contour 2 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level	4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	04	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement*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

Manner of Crash Collision/Impact 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	Weather 4 - 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 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block	4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 4 - 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 Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
--	--	--	--	--	-------------	---

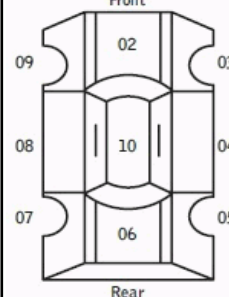
<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median	4 - Intermittent or Moving Work 5 - Other	Location of Crash in Work Zone 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area	4 - Activity Area 5 - Termination Area
---	---	--	--	---

Narrative
DRIVER OF UNIT # 1, AN EMPLOYEE OF THE CITY OF GARFIELD HTS. CITY JAIL STATED SHE WAS BACKING UP UNIT 3495 (JAIL VAN) INTO IT'S PARKING SPOT AT THE POLICE DEPT. DRIVER OF UNIT # 1 STATED THE PARKING LOT WAS ICY, AND AS SHE BACKED UP THE VAN, SHE STRUCK A FIRE VALVE WHICH IS MOUNTED ON THE SOUTHEAST WALL OF THE POLICE BUILDING, BREAKING OUT THE REAR GLASS ON ONE SIDE OF THE REAR DOOR OF UNIT 3495. PHOTOS TAKEN BY OFFICER SMITH #012.



Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPs)	Date Crash Reported 01102017	Time Crash Reported 1858	Dispatch Time 1901	Arrival Time 1901	Time Cleared 1920	Other Investigation Time 20	Total Minutes 39
---	---	---------------------------------	-----------------------------	-----------------------	----------------------	----------------------	--------------------------------	---------------------

Officer's Name * M. Smith	Officer's Badge Number 012	Checked By S13 N. Rossi	Page of
------------------------------	-------------------------------	----------------------------	---------

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CITY OF GARFIELD HTS	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 216-475-1100	Damage Scale 3	Damaged Area 	
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 5407 TURNEY ROAD GARFIELD HTS OH 44125			1 - None		
LP State OH	License Plate Number OY7672	Vehicle Identification Number 1FMR11W06HB08738	2 - Minor		
Vehicle Year 2006	Vehicle Make FORD Ford	Vehicle Model ECON	3 - Functional		
Vehicle Color WHI White	Proof of Insurance Shown <input checked="" type="checkbox"/> Insurance Company Love Insurance		4 - Disabling		
Policy Number OH1053500-P13		Towed By N/A	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 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		
HM Class Number	Non-Motorist Location Prior to Impact 01 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		Type of Use 3 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 08 99 - Unknown or Hit/Skip 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 Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist <input type="checkbox"/> Has HM Placard	
Special Function 13 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 05 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions 02 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action		
Contributing Circumstances Primary 11 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects		
Sequence of Events 1 41 2 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision				
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object		Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object			
Unit Speed 20 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 10	Traffic Control 12 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	Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	Page of	



Motorist / Non-Motorist / Occupant

Local Report Number *

| 2 | 0 | 1 | 7 | 0 | 1 | 1 | 3 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 1	Name: Last, First, Middle BANKS KAREN	Date of Birth 0 5 1 9 1 9 6 2	Age 54	Gender F F - Female M - Male
------------------------	---	--	-----------	---

Address, City, State, Zip 5555 TURNEY RD GARFIELD HTS OH 44125	Contact Phone - include area code 216-475-1234
---	---

Injuries 1	Injured Taken By 	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State 	Operator License Number	OL Class 	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 (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 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 	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 	Air Bag Usage 	Ejection 	Trapped 		
OL State 	Operator License Number	OL Class 	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 	Alcohol/Drug Suspected 	Alcohol Test Status 	Alcohol Test Type 	Alcohol Test Value 	Drug Test Status 	Drug Test Type

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	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 99 - Unknown Safety Equipment 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 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	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
--	---	---	---	--

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
--	---	---	--	--

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
--------------	----------------------	------------	-----------------------------------	---------------------------	---	----------------------	-------------------	--------------	-------------

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
--------------	----------------------	------------	-----------------------------------	---------------------------	---	----------------------	-------------------	--------------	-------------