



Traffic Crash Report

| | | |
|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 20170679 | 3 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

Local Information
ARBY'S RESTAURANT

| | | | | | | |
|--|---|---|----------------------------------|---|-----------------------|---|
| <input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <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 02 | Unit in error 02 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 * 02232017 | Time of Crash 1953 | Day of Week THU |
|----------------|---|---|--------------------------|-----------------------|--------------------|

| | | | |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| | | 41.400766 | -81.595696 |

| | | | | |
|---|--|--------------------------------|----------------------------|---|
| 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 04 | Road Types or Milepost ² AL - Alley AV - Avenue BL - Boulevard CR - Circle CT - Court DR - Drive HE - Heights HW - Highway LA - Lane MP - Milepost PK - Parkway PI - Pike PL - Place RD - Road SQ - Square ST - Street TE - Terrace WA - Way |
|---|--|--------------------------------|----------------------------|---|

| | | | | | | |
|--|-----------------------|----------------------------|--------------------------------|---------------------------------------|--|--|
| Location Route Type ¹ 00 | Location Route Number | Loc. Prefix N.S. E.W | Location Road name ROCKSIDE | 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 00 | Reference Route Number | Ref Prefix N.S. E.W | Reference Name (Road, Milepost, House #) 12763 | Reference Road Type ² 00 |
|--|-----------------------------|---|------------------------|---------------------------|---|--|

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|---|---|---|--|---|--|--|
| Reference Point Used 3 1 - Intersection 2 - Mile Post 3 - House Number | Crash Location 01 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 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside | 5 - On Gore 6 - Outside Trafficway 9 - Unknown |
|---|---|---|--|---|--|--|

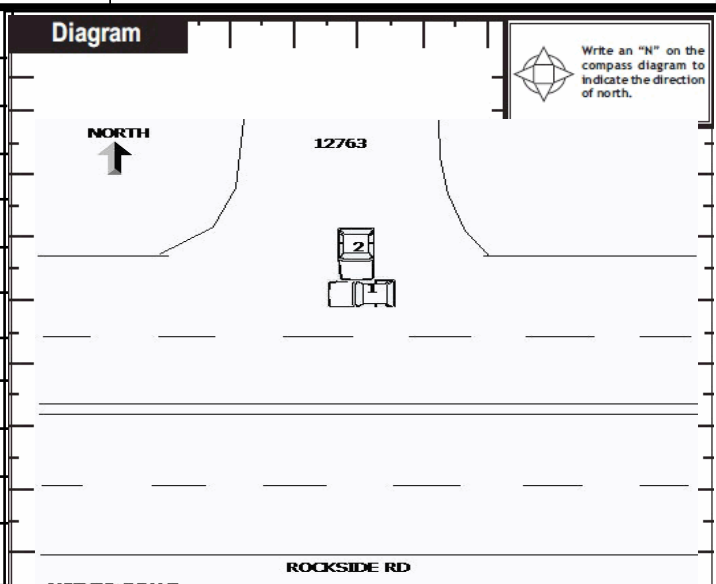
| | | | | | |
|---|---|---|--|--|----------------------------|
| Road Contour 2 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | Road Conditions Primary Secondary 01 01 | 01 - Dry 02 - Wet 03 - Snow 04 - Ice | 05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing,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

| | |
|---|---|
| Manner of Crash Collision/Impact 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 | Weather 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 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | Light conditions 4 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 |
|---|---|---|

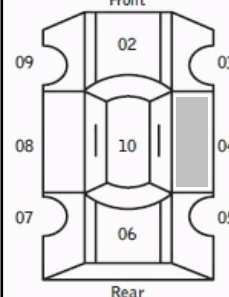
Narrative
UNIT ONE WAS TRAVELING W/B ON ROCKSIDE RD., IN THE CURB LANE. AS UNIT ONE PASSED IN FRONT OF THE DRIVE AT 12763 ROCKSIDE (ARBY'S), UNIT TWO FAILED TO YIELD FROM THE PRIVATE DRIVE, AND ENTERED THE TRAFFIC LANE. AS UNIT TWO ENTERED THE TRAFFIC LANE, IT STRUCK UNIT ONE IN THE PASSENGER SIDE.



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)

| | | | | | | |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| Date Crash Reported 02232017 | Time Crash Reported 1953 | Dispatch Time 1955 | Arrival Time 2006 | Time Cleared 2028 | Other Investigation Time 35 | Total Minutes 57 |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|

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|------------------------------|-------------------------------|-------------------------------|---------|
| Officer's Name * D. Simia | Officer's Badge Number 029 | Checked By L02 T. Capretta | Page of |
|------------------------------|-------------------------------|-------------------------------|---------|

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|---|--|---|--|---|--|
| Unit Number 01 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) STANLEY TOMEZ | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-240-2539 | Damage Scale 3 | Damaged Area  | |
| Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 15708 WALVERN BLVD MAPLE HEIGHTS OH 44137 | | | 1 - None | | |
| LP State OH | License Plate Number GZK8031 | Vehicle Identification Number 1B3ES56C72D611221 | # Occupants 01 | | |
| Vehicle Year 2002 | Vehicle Make DODG Dodge | Vehicle Model NEO Neon | Vehicle Color TAN Tan | | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company ALLSTATE | Policy Number 980482540 | 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 | | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | Hit / Skip Unit <input type="checkbox"/> | | | |
| 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 03 99 - Unknown or Hit/Skip 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 | Passenger Vehicle (less than 9 passengers) | 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 | |
| Special Function 01 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 04 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
| Pre-Crash Actions 01 99 - Unknown | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | 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 01 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 20 2 01 3 01 4 01 5 01 6 01 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 35 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 35 | Traffic Control 01 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 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | |

| | | | | | |
|--|--|---|---|--|--|
| Unit Number 02 | Owner Name: Last, First, Middle CHONKO DIANE <input checked="" 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 12300 LYNDWAY DR VALLEY VIEW OH 44125 <input checked="" type="checkbox"/> Same As Driver | | | 1 - None | | |
| LP State OH | License Plate Number FUM4877 | Vehicle Identification Number 5X Y Z U D L B 8 H G 4 4 6 6 1 4 | # Occupants 01 | 2 - Minor | |
| Vehicle Year 2017 | Vehicle Make HYUN Hyundai | Vehicle Model SFE Santa Fe | Vehicle Color SIL Alum/Silver | 3 - Functional | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company STATE FARM | Policy Number 449 7972 E14 35Z | Towed By | 4 - Disabling | |
| 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 | 9 - Unknown | |
| 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 06 99 - Unknown or Hit/Skip 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 | Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs 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 | |
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| Sequence of Events 1 20 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 | | 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 | | |
| Unit Speed 10 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 10 | Traffic Control 02 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 1 To 2 1 - North 2 - South 3 - East 4 - West |
| 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 | | |
| 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 | | | 9 - Unknown | | |



Motorist / Non-Motorist / Occupant

Local Report Number *

2 | 0 | 1 | 7 | 0 | 6 | 7 | 9 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

| | | | | |
|--|--|---|--|--|
| Unit Number 0 1 | Name: Last, First, Middle STANLEY TOMEZ | Date of Birth 0 9 1 1 1 9 8 1 | Age 35 | Gender M F - Female M - Male |
| Address, City, State, Zip 15708 WALVERN BLVD MAPLE HEIGHTS OH 44137 | | | Contact Phone - include area code 216-240-2539 | |
| Injuries 1 | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | |
| OL State OH | Operator License Number RS890812 | 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 |

| | | | | |
|--|--|---|--|--|
| Unit Number 0 2 | Name: Last, First, Middle CHONKO DIANE | Date of Birth 0 8 2 6 1 9 5 2 | Age 64 | Gender F F - Female M - Male |
| Address, City, State, Zip 12300 LYNDWAY DR VALLEY VIEW OH 44125 | | | Contact Phone - include area code | |
| Injuries 1 | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | |
| OL State OH | Operator License Number RN943271 | 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 |

| | | | | |
|--|---|-------------------------------|--|---|
| Injuries | Injured Taken By | Safety Equipment Used | Motorist | Non-Motorist |
| 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | 99 - Unknown Safety Equipment | 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used | 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 | Air Bag Usage |
| 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 |
| | 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |

| | | | | |
|---|---|--|--|---|
| Ejection | Trapped | Operator License Class | Condition | Alcohol/Drug Suspected |
| 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u> | 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 |
| | | | | 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |

| | | | | |
|--|---|--|---|---|
| Alcohol Test Status | Alcohol Test Type | Drug Test Status | Drug Test Type | Driver Distracted By |
| 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | 1 - None 2 - Blood 3 - Urine 4 - Other | 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 <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male |
| Address, City, State, Zip | | | Contact Phone - include area code | |

| | | | | |
|--|--|--------------------------------------|-------------------------------------|--|
| Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position <input type="checkbox"/> | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | |

| | | | | |
|---------------------------|---------------------------|-------------------|-----------------------------------|--|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male |
| Address, City, State, Zip | | | Contact Phone - include area code | |

| | | | | |
|--|--|--------------------------------------|-------------------------------------|--|
| Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> DOT Compliant Motorcycle Helmet |
| Seating Position <input type="checkbox"/> | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | |

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

| | | |
|--|---|---------------------------------------|
| LOCAL REPORT NUMBER 20170679 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 02 D 23 Y 2017 |
| IN COUNTY OF 18 | CRASH LOCATION ROCKSIDE RD ARBY'S RESTAURANT | |
| <p>On 04/02/17, Ofc. Simia spoke with Ms. Chonko at the GHPD station lobby. Ms. Chonko stated she had discrepancies with the OH-1 report. Chonko stated she recalls the accident differently and wished for corrections to be made. Chonko stated she was traveling W/B on Rockside Rd., in the center lane. As she approached Walgreens, Chonko observed Unit One traveling E/B on Rockside Rd., in the center lane. Chonko stated Unit One then abruptly turned left (N/B) in front of her, in an attempt to turn into Walgreens lot. Chonko stated she did not have enough time to yield and struck Unit One in the passenger side. Chonko stated Unit One's failure to yield to her right of way caused the accident. Chonko completed a traffic accident statement which was subsequently attached. Ofc. Simia advised he would complete an additional supplement and attempt to contact the other party involved.</p> <p>On the above date, Ofc. Simia attempted to contact Tomez Stanley (Driver of Unit One). Stanley did not answer his phone and a voicemail was left, requesting he return the Officer's call at his earliest convenience. Officer will attempt to contact Stanley on his next working day.</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 029 |