



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20170798	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information
BANGOR @ E.135TH

<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <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 * 03062017	Time of Crash 0216	Day of Week MON	

Degrees / Minutes / Seconds Latitude 41° 24' 50.35" N	Longitude 81° 35' 20.80" W	Decimal Degrees Latitude 41.413951	Longitude 81.589342
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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 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
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Location Route Type 1 00	Location Route Number 00000	Loc. Prefix N.S. E.W.	Location Road name BANGOR	Location Road Type 2 AV	Route Types ¹ IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference 50	Dir From Ref W N.S. E.W.	Reference Route Type 1 00	Reference Route Number 00000	Ref Prefix E N.S. E.W.	Reference Name (Road, Milepost, House #) 13408 BANGOR	Reference Road Type 2 AV
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number 1	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 2 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
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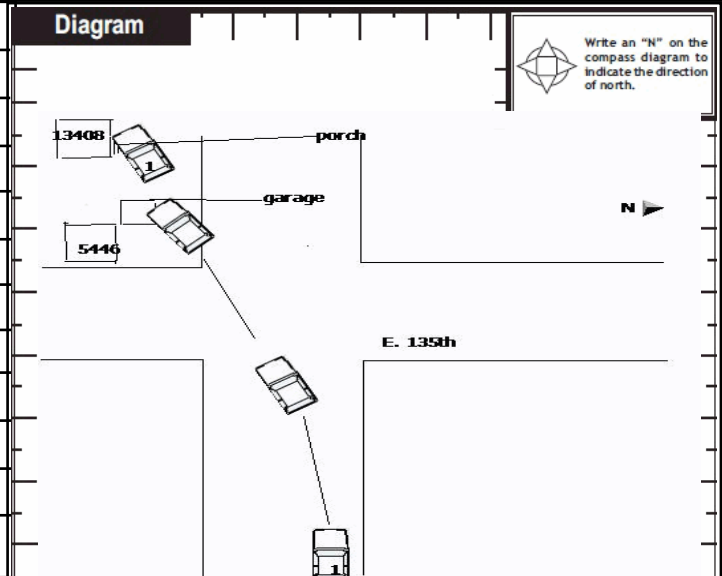
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown 1	Road Conditions Primary 01 Secondary 02	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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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 1	Weather 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
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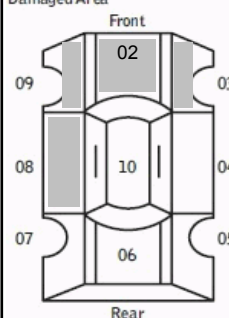
Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 4 Primary 6 Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown * Secondary Condition Only	<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
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<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input checked="" 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
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Narrative
UNIT # 1 WAS WESTBOUND ON BANGOR RD, WHEN IT LOST CONTROL, WENT OFF THE LEFT SIDE OF THE ROADWAY AND STRUCK A FENCE AND A GARAGE. UNIT # 1 THEN CONTINUED THROUGH THE GARAGE STRIKING SEVERAL MOVABLE OBJECTS AND A PORCH.



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 03062017	Time Crash Reported 0216	Dispatch Time 0217	Arrival Time 0222	Time Cleared 0401	Other Investigation Time 0000	Total Minutes 0000
Officer's Name * D. Simia	Officer's Badge Number 029	Checked By L02 T. Capretta	Page of				

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) JOHNSON NYISHA M	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-355-8532	Damage Scale 4	Damaged Area 			
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 94 WILLARD AVE BEDFORD OH 44146 2218							
LP State OH	License Plate Number GSA1763	Vehicle Identification Number 1C3CCCBGXFN731406	# Occupants 03				
Vehicle Year 2015	Vehicle Make CHRY Chrysler	Vehicle Model 200 200	Vehicle Color WHI White				
<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							
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 Bus/Van/Limo (9 or More Including Driver)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) 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 02 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 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 06 99 - Unknown	Motorist 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	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 09 2 46 3 51 4 24 5 52 6 99 First Harmful Event 2 Most Harmful Event 5	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift</td> <td style="width:33%;">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</td> <td style="width:33%;">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</td> </tr> </table>				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	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
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Unit Speed 0 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 35	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	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 | 7 | 9 | 8 | | | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 1	Name: Last, First, Middle JOHNSON NYISHA M	Date of Birth 0 8 2 2 1 9 9 1	Age 25	Gender F - Female M - Male
Address, City, State, Zip 94 WILLARD AVE BEDFORD OH 44146 2218			Contact Phone - include area code 216-355-8532	
Injuries 3	Injured Taken By 2	EMS Agency GARFIELD HTS FIRE	Medical Facility Injured Taken To MARYMOUNT HOSPITA	Safety Equipment Used 9 9
OL State OH	Operator License Number TP220900	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Offense Charged 331.34A	Offense Description FAILURE TO CONTROL	Citation Number G20170895	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
OL State 	Operator License Number 	OL Class 	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Offense Charged 	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 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 1	Name: Last, First, Middle SALEEM SAEED	Date of Birth 1 0 0 9 1 9 9 4	Age 22	Gender M - Male
Address, City, State, Zip 5688 E 141ST ST MAPLE HTS OH 44137			Contact Phone - include area code 	
Injuries 1	Injured Taken By 1	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 0 1
Unit Number 0 1	Name: Last, First, Middle SALEEM SABRIAH AS	Date of Birth 0 8 0 8 1 9 9 1	Age 25	Gender F - Female M - Male
Address, City, State, Zip 5688 E 141ST ST MAPLE HTS OH 44137 3664			Contact Phone - include area code 	
Injuries 1	Injured Taken By 1	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 0 1

Injuries 1	Injured Taken By 1	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 0 1
Address, City, State, Zip 5688 E 141ST ST MAPLE HTS OH 44137 3664			Contact Phone - include area code 	
Injuries 1	Injured Taken By 1	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 0 1
Address, City, State, Zip 5688 E 141ST ST MAPLE HTS OH 44137 3664			Contact Phone - include area code 	
Injuries 1	Injured Taken By 1	EMS Agency 	Medical Facility Injured Taken To 	Safety Equipment Used 0 1