



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20170979	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information IR 480/MP21		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<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	01820	GARFIELD HEIGHTS	01	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	03222017	1957	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.412565	-81.605372

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	E N - Northbound S - Southbound	04	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 SR - Square TL - Trail

Location Route Type ¹	Location Route Number	Loc. Prefix	Location Road name	Location Road Type ²	Route Types ¹
IR	480	E	N.S. E.W 480	HW	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
.1	E N.S. F E.W				21	MP

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
2 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	<input type="checkbox"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

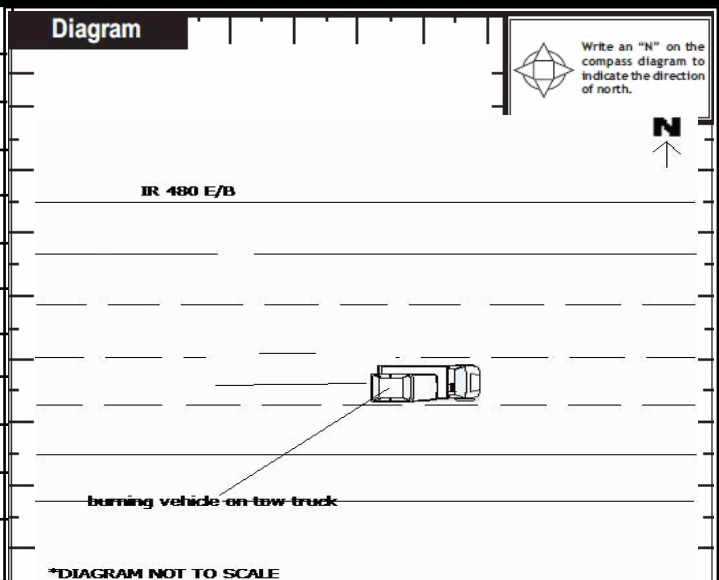
Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10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

Manner of Crash Collision/Impact	Weather
1 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	4 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	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 (A TOW TRUCK) WAS EASTBOUND ON IR480, WHEN THE VEHICLE IT WAS HAULING CAUGHT ON FIRE. THE DRIVER OF UNIT # 1 THEN LOWERED THE VEHICLE ONTO THE ROADWAY AS IT BURST INTO FLAMES.



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"/>	03222017	1957	2007	2026	2026	0	0

Officer's Name *	Officer's Badge Number	Checked By	Page of
B. Foxx	030	L02 T. Capretta	

Unit Number: 01, Owner Name: DUNLAP JOHNNY, Owner Phone Number, Damage Scale: 4, Damaged Area diagram, Owner Address: 3991 SUPERIOR CLEVELAND OH 44102, LP State: OH, License Plate Number: PFM1072, Vehicle Identification Number: 1FD AF 56 P 96 ED 19 6 1 8, # Occupants: 02, Vehicle Year: 2006, Vehicle Make: FORD, Vehicle Model: F55, Vehicle Color: MAR Maroon/Burgundy, Insurance Company: PROGRESSIVE, Policy Number: 03701162-1

Carrier Name, Address, City, State, Zip: Advance Towing 3991 Superior Ave CLEVELAND OH 44114, Carrier Phone - include area code

US DOT, Vehicle Weight GVWR/GCWR, Cargo Body Type, Trafficway Description, HM Placard ID No., HM Class Number, Hazardous Material Released, Non-Motorist Location Prior to Impact, Type of Use, Unit Type

Special Function, Most Damaged Area, Action, Pre-Crash Actions, Motorist, Non-Motorist, Contributing Circumstances, Primary, Motorist, Non-Motorist, Vehicle Defects

Sequence of Events, Non-Collision Events, Collision With Person, Vehicle or Object Not Fixed, Collision With Fixed Object

Unit Speed, Posted Speed, Traffic Control, Unit Direction, From: 4 To: 3

Unit Speed: 60, Posted Speed: 60, Traffic Control: 12, Unit Direction: From 4 To 3

Unit Speed: 60, Posted Speed: 60, Traffic Control: 12, Unit Direction: From 4 To 3

Unit Speed: 60, Posted Speed: 60, Traffic Control: 12, Unit Direction: From 4 To 3

Unit Speed: 60, Posted Speed: 60, Traffic Control: 12, Unit Direction: From 4 To 3

Unit Speed: 60, Posted Speed: 60, Traffic Control: 12, Unit Direction: From 4 To 3



Motorist / Non-Motorist / Occupant

Local Report Number *

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

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Unit Number 0 1	Name: Last, First, Middle DAUGHERTY VICKY L	Date of Birth 0 6 1 1 1 9 4 7	Age 69	Gender M F - Female M - Male							
Address, City, State, Zip 10578 CRARY LANE KIRTLAND OH 44094			Contact Phone - include area code 216-432-9442								
Injuries 1	Injured Taken By 1	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 OH	Operator License Number RR221759	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 (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
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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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Unit Number 0 1	Name: Last, First, Middle NASSERI FRANK A	Date of Birth 1 2 1 1 1 9 9 2	Age 24	Gender M F - Female M - Male					
Address, City, State, Zip 1653 WOODHURST AVE MAYFIELD HTS OH 44124 3407			Contact Phone - include area code 440-429-5982						
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 3	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	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped

OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20170979	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 03 D 22 Y 2017
IN COUNTY OF 18	CRASH LOCATION IR 480 E 480 HW IR 480/MP21	
<p>Damage- Unit # 1's cargo 2005 Jeep Grand Cherokee V.I.N # 1J4HR48N85C697563, sustained a complete total loss, due to fire damage.</p> <p>Owner -</p> <p>The roadway sustained light damage due to the extreme heat of the fire. Owned and maintained by the Ohio Department of Transportation. Garfield Heights, Ohio 44125.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 030