



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20171285	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information
FAMILY DOLLAR - 5522

Reporting Agency NCIC *
01820

Reporting Agency Name *
GARFIELD HEIGHTS

County * 18

City *
 City *
 Village *
 Township *

City, Village, Township *
GARFIELD HTS

Crash Date *
04172017

Time of Crash
1016

Day of Week
MON

Degrees / Minutes / Seconds Latitude Longitude

Decimal Degrees Latitude Longitude

41.411916 - 81.602805

Roadway Division
 Divided
 Undivided

Divided Lane Direction of Travel
N - Northbound
S - Southbound
E - Eastbound
W - Westbound

Number of Thru Lanes
01

Road Types or Milepost²
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 Types¹
IR - Interstate Route (inc. turnpike)
US - US Route
SR - State Route

CR - Numbered County Route
TR - Numbered Township Route

Distance From Reference
 Miles
 Feet
 Yards

Dir From Ref
N.S.
E.W

Reference Route Type 1

Reference Name (Road, Milepost, House #)
5522

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

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
1 - Straight Level
2 - Straight Grade
3 - Curve Level

4 - Curve Grade
9 - Unknown

Road Conditions
Primary
Secondary

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 - 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
1 - 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

School Bus Related
 School Zone Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved

* Secondary Condition Only

Work Zone Related
 Workers Present
 Law Enforcement Present (Officer/Vehicle)
 Law Enforcement Present (Vehicle Only)

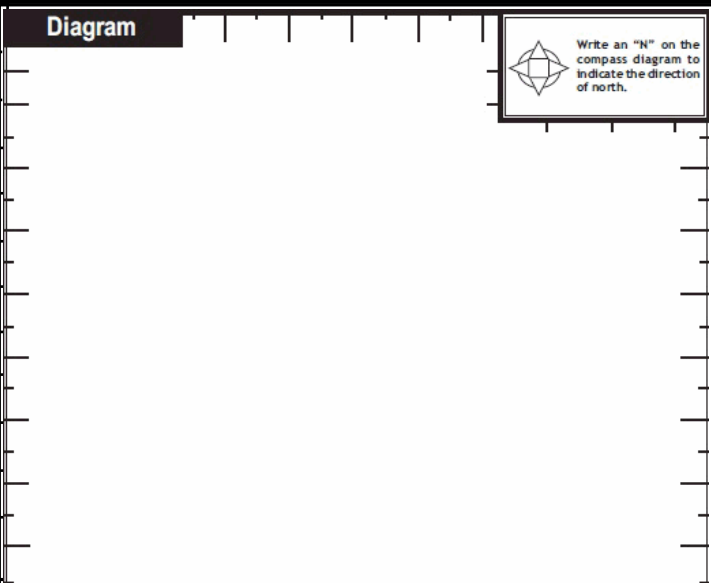
Type of Work Zone
1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median

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



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

Date Crash Reported
04172017

Time Crash Reported
1016

Dispatch Time
1018

Arrival Time
1025

Time Cleared
0000

Other Investigation Time
0

Total Minutes
0

Officer's Name *
R. Forgach

Officer's Badge Number
004

Checked By
L10 M. Kaye

Page of



Unit

Local Report Number *
2 0 1 7 1 2 8 5

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) WALTON ANTWYNE M	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 216-410-4517	Damage Scale 1	Damaged Area 	
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 14503 JAMES AVENUE MAPLE HTS OH 44137			1 - None		
LP State OH	License Plate Number PIR5328	Vehicle Identification Number 1M2P270C61M059992	# Occupants 01		
Vehicle Year 2001	Vehicle Make MACK Mack Trucks, Inc.	Vehicle Model TK Truck	Vehicle Color WHI White		
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company Accdeptance Insuranc	Policy Number CSOH-108717	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 12 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 checked="" 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 2 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 13 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	
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 01 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 51 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 5 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 15	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	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	



Motorist / Non-Motorist / Occupant

Local Report Number *

| 2 | 0 | 1 | 7 | 1 | 2 | 8 | 5 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 1	Name: Last, First, Middle GRIFFIN CINQUEZ S	Date of Birth 0 7 2 9 1 9 8 8	Age 28	Gender M F - Female M - Male
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Address, City, State, Zip 3765 E 120TH ST CLEVELAND OH 44105			Contact Phone - include area code 216-858-0382
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Injuries 1	Injured Taken By <input type="checkbox"/>	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 O H	Operator License Number SW135656	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
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Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female M - Male
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Address, City, State, Zip			Contact Phone - include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>		
OL State 	Operator License Number	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition <input type="checkbox"/>	Alcohol/Drug Suspected <input type="checkbox"/>	Alcohol Test Status <input type="checkbox"/>	Alcohol Test Type <input type="checkbox"/>	Alcohol Test Value 	Drug Test Status <input type="checkbox"/>	Drug Test Type <input type="checkbox"/>

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <input type="checkbox"/>
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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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Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female M - Male
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Address, City, State, Zip			Contact Phone - include area code
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Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female M - Male
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OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20171285	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 04 D 17 Y 2017
IN COUNTY OF 18	CRASH LOCATION Turney RD FAMILY DOLLAR - 5522	
<p>PRP states she was informed by the building owner, on 04/17/17 at 0830hrs a white dump truck was observed on camera backing up in the parking lot. The dump truck then struck the building. The vehicle registration was Ohio PIR-5328 with Walton Materials on the side. The vehicle left the area with the aluminum siding in the dump. Driver was described as a male with facial hair, 6' in height.</p> <p>This Officer spoke with Antwyne Walton the owner of the company by phone. Antwyne Walton stated he is out of town in Nevada and would investigate the incident. Antwyne Walton stated he would follow up in a few days.</p> <p>Owner of damaged property : Provest Property PO Box 515, Hudson, New York 12534. Contact: Kerry Dittmare (516)243-6094.</p> <p>Driver of unit 1 states he struck the awning on Family Dollar and attempted to contact them, but the store was closed. Unit 1 states he followed up with Family Dollar and then contacted GHPD and spioke with this Officer.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 004