



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20171797	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information GRANGER/ 480 OFF RAM		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input 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	01820	GARFIELD HEIGHTS	02 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	05272017	1225	SAT

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.417110	-81.592417

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	E N - Northbound S - Southbound	01	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	Location Road name	Location Road Type 2	Route Types <sup>1</sup>
SR	17		GRANGER	RD	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
50	E N.S. F E.W.	IR	480			

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

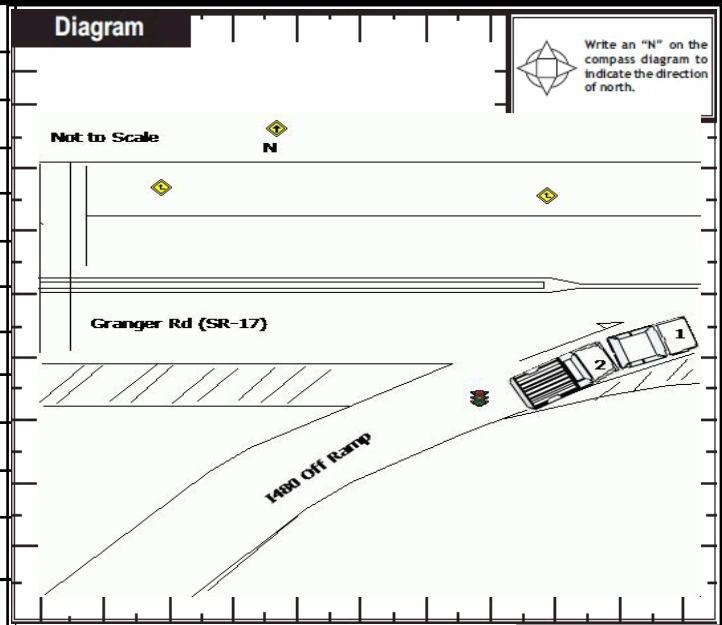
Road Contour	Road Conditions	01 - Dry	05 - Sand, Mud, Dirt, Oil, gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
4 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level	01	02 - Wet	06 - Water (Standing, Moving)	10 - Other 99 - Unknown

Manner of Crash Collision/Impact	Weather
2 - 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	5 - Dark - Roadway Not Lighted	9 - Unknown	<input type="checkbox"/> School Bus Related
2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 - Primary Secondary	6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other		<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

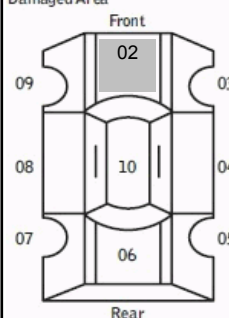
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone	Location of Crash in Work Zone
		1 - Lane Closure 2 - Lane Shift/Crossover 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  
 UNITS 1 AND 2 WERE EXITING I480 EAST AT THE GRANGER RD EXIT. AS UNITS TURNED ONTO GRANGER RD. BOTH UNITS SLOWED IN TRAFFIC. UNIT 2 STATED HE FAILED TO STOP PRIOR TO STRIKING UNIT 1.



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	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
05272017	1225	1230	1235	1310	30	65
Officer's Name *	Officer's Badge Number	Checked By	Page of			
R. Dodge	036	S14 M. Berdysz				

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>MCKINNEY TARSCALA</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-518-0295</b>	Damage Scale <b>3</b>	Damaged Area 																																																
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>15015 JANICE DR MAPLE HTS OH 44137</b>			1 - None																																																	
LP State <b>OH</b>	License Plate Number <b>GYV2359</b>	Vehicle Identification Number <b>1G4GD5E31CF307628</b>	# Occupants <b>03</b>																																																	
Vehicle Year <b>2012</b>	Vehicle Make <b>BUIC Buick</b>	Vehicle Model <b>LCR Lacrosse</b>	Vehicle Color <b>WHI White</b>																																																	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>STATE FARM</b>	Policy Number <b>706 3988-C29-35H</b>	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 <b>01</b> 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 <b>3</b> 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																																																	
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Unit Speed <b>3</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>04</b> 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 <b>4</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown																																													

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>MAKOHON JOHN MICHAEL</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-571-0662</b>	Damage Scale <b>2</b>	Damaged Area 						
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>32747 WILLOWBROOK LANE N RIDGEVILLE OH 44039</b>			1 - None							
LP State <b>OH</b>	License Plate Number <b>FAE1697</b>	Vehicle Identification Number <b>1FTZR45EX7PA01313</b>	# Occupants <b>01</b>							
Vehicle Year <b>2007</b>	Vehicle Make <b>FORD Ford</b>	Vehicle Model <b>RNG Ranger</b>	Vehicle Color <b>WHI White</b>							
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>STATE FARM</b>	Policy Number	Towed By							
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Sequence of Events 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<table border="0" style="width:100%;"> <tr> <td style="width:33%;"><b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift</td> <td style="width:33%;"><b>Collision With Fixed Object</b> 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%;"><b>Collision With Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport</td> </tr> <tr> <td><b>Collision With Person, Vehicle or Object Not Fixed</b> 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> <td><b>Collision With Person, Vehicle or Object Not Fixed</b> 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><b>Collision With Person, Vehicle or Object Not Fixed</b> 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</td> </tr> </table>				<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	<b>Collision With Fixed Object</b> 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	<b>Collision With Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	<b>Collision With Person, Vehicle or Object Not Fixed</b> 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	<b>Collision With Person, Vehicle or Object Not Fixed</b> 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	<b>Collision With Person, Vehicle or Object Not Fixed</b> 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
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Unit Speed <b>10</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>04</b> 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 <b>4</b> To <b>3</b> 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 | 1 | 7 | 9 | 7 | | | | | | | |

Motorist/Non-Motorist

Unit Number <b>02</b>		Name: Last, First, Middle <b>MAKOHON JOHN MI</b>				Date of Birth <b>10221966</b>		Age <b>50</b>	Gender <b>M</b> F - Female M - Male			
Address, City, State, Zip <b>32747 WILLOWBROOK LANE N RIDGEVILLE OH 44039</b>						Contact Phone - include area code <b>216-571-0662</b>						
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used <b>04</b>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>	
OL State <b>OH</b>	Operator License Number <b>RP850283</b>		OL Class <b>4</b>	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>
Offense Charged ( <input checked="" type="checkbox"/> Local Code ) <b>333.03</b>			Offense Description <b>ASSURED CLEAR DISTAN</b>			Citation Number <b>G20171962</b>		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By <b>1</b>			

Motorist/Non-Motorist

Unit Number <b>01</b>		Name: Last, First, Middle <b>MCKINNEY TARSCELA L</b>				Date of Birth <b>11071970</b>		Age <b>46</b>	Gender <b>F</b> F - Female M - Male			
Address, City, State, Zip <b>15015 JANICE DR MAPLE HTS OH 44137</b>						Contact Phone - include area code <b>216-518-0295</b>						
Injuries <b>2</b>	Injured Taken By <b>9</b>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used <b>04</b>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>	
OL State <b>OH</b>	Operator License Number <b>RF634778</b>		OL Class <b>4</b>	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>
Offense Charged ( <input type="checkbox"/> Local Code )			Offense Description			Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By <b>1</b>			

<b>Injuries</b> 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used <b>99 - Unknown Safety Equipment</b> <b>Non-Motorist</b> 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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<b>Seating Position</b> 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	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	<b>Condition</b> 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	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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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Occupant

Unit Number <b>01</b>		Name: Last, First, Middle <b>MCKINNEY AARON</b>				Date of Birth <b>05142010</b>		Age <b>7</b>	Gender <b>M</b> F - Female M - Male		
Address, City, State, Zip <b>15015 JANICE DR MAPLE HTS OH 44137</b>						Contact Phone - include area code <b>216-518-0295</b>					
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used <b>07</b>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <b>04</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>

Occupant

Unit Number <b>01</b>		Name: Last, First, Middle <b>MCKINNEY AARAINA</b>				Date of Birth <b>06052013</b>		Age <b>3</b>	Gender <b>F</b> F - Female M - Male		
Address, City, State, Zip <b>15015 JANICE DR MAPLE HTS OH 44137</b>						Contact Phone - include area code <b>216-581-0295</b>					
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used <b>07</b>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <b>06</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>