



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20172219	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		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	01820	GARFIELD HEIGHTS	02	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	07012017	1812	SAT

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.417048	-81.591586

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 SQ - Square TL - Trail

Location Route Type ¹	Location Route Number	Loc. Prefix	Location Road name	Location Road Type ²	Route Types ¹
SR	17				IR - Interstate Route (inc. turnpike) US - US Route SR - State 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
	N.S. E.W.			N.S. E.W.	13201	

Reference Point Used	Crash Location	Reference Point Used	Location of First Harmful Event
3 - 1 - Intersection 2 - Mile Post 3 - House Number	10 - 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	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 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
1 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01			* Secondary Condition Only

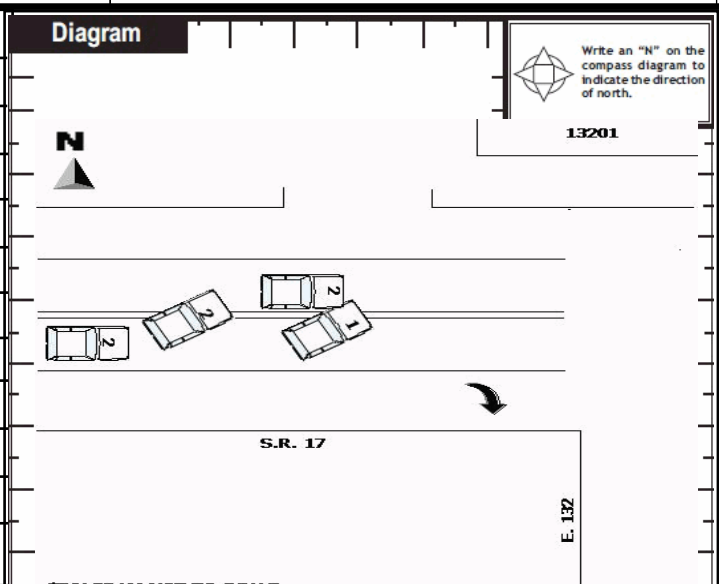
Manner of Crash Collision/Impact	Weather
6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

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	1 - 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

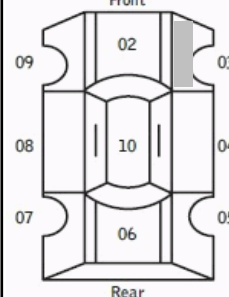
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder 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

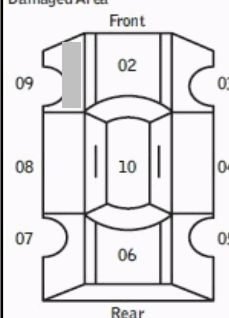
Narrative

UNIT 1 WAS STOPPED IN THE LEFT LANE ON E/B SR 17 AT 13201 PREPARING TO TURN LEFT. UNIT 2 WAS TRAVELING DIRECTLY BEHIND UNIT 1. UNIT 2 TRAVELED LEFT OF CENTER TO PASS UNIT 1. UNIT 1 PROCEEDED TO INITIATE A LEFT TURN INTO THE DRIVE OF 13201 WITHOUT NOTICING UNIT 2. UNIT 2 LOST CONTROL CAUSING UNIT 2 TO STRIKE UNIT 1 IN THE FRONT LEFT SIDE.



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"/>	07012017	1812	1844	1825	1930	0	65
Officer's Name *	Officer's Badge Number	Checked By	Page of					
T. Baon	040	L07 D. Bailey						

Unit Number 02	Owner Name: Last, First, Middle <input checked="" type="checkbox"/> Same As Driver EVANS DEANDRE LEMARCUS LEON	Owner Phone Number - inc. area code <input type="checkbox"/> Same As Driver	Damage Scale 4	Damaged Area 									
Owner Address, City, State, Zip <input type="checkbox"/> Same As Driver 13040 HATHAWAY RD GARFIELD HTS OH 44125 5212													
LP State OH	License Plate Number E576436	Vehicle Identification Number 1G2HZ5415Y4247483	# Occupants 02										
Vehicle Year 2000	Vehicle Make PONT Pontiac	Vehicle Model BON Bonneville	Vehicle Color BLU Blue										
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company ALFA	Policy Number 1134009920202	Towed By A AND H										
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 3 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										
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Motorist / Non-Motorist / Occupant

Local Report Number *

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

Motorist/Non-Motorist

Unit Number 0 1	Name: Last, First, Middle THOMPSON CARLEAN	Date of Birth 1 1 2 5 1 9 5 8	Age 58	Gender F - Female M - Male
Address, City, State, Zip 5254 E 135TH ST GARFIELD HTS OH 44125			Contact Phone - include area code	
Injuries 3	Injured Taken By 1	EMS Agency GHFD SQUAD 1	Medical Facility Injured Taken To	Safety Equipment Used 0 4
OL State OH	Operator License Number RK997179	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 0 2	Name: Last, First, Middle EVANS DEANDRE LE	Date of Birth 0 8 1 1 1 9 9 0	Age 26	Gender M - Male F - Female
Address, City, State, Zip 13040 HATHAWAY RD GARFIELD HTS OH 44125 5212			Contact Phone - include area code	
Injuries 3	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 1
OL State OH	Operator License Number TH413102	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Offense Charged (Local Code) 4511.19 A1	Offense Description OVI	Citation Number G20172420	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

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	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
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
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

Occupant

Unit Number 0 2	Name: Last, First, Middle BLOCK TEQUIRA SF	Date of Birth 0 6 0 9 1 9 9 2	Age 25	Gender F - Female M - Male
Address, City, State, Zip 3365 SILSBY RD CLEVELAND HTS OH 44118 2936			Contact Phone - include area code	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 1
OL State	Operator License Number	OL Class	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By

Occupant

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 (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By