



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20172338	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information Broadway @ E.131st		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" 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	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	GARFIELD HTS	07092017	1753	SUN

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 25' 45.04" N	- 81° 35' 33.99" W		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> 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	14	N.S. E.W	BROADWAY	AV	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
.5	<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Yards	W N.S. E.W		N.S. E.W	E 131	ST

Reference Point Used	Crash Location	Location of First Harmful Event
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	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
3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary			* Secondary Condition Only

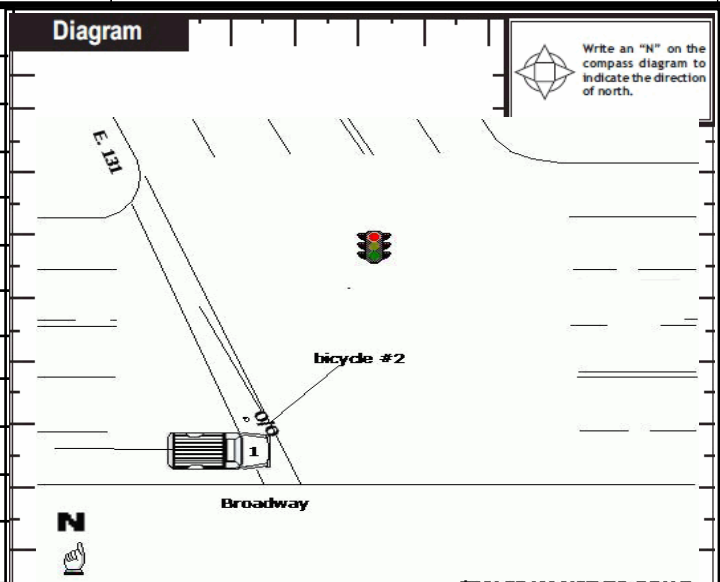
Manner of Crash Collision/Impact	Weather
1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

Road Surface	Light conditions	School Bus Related
1 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

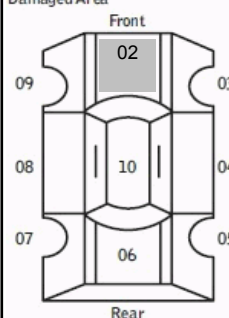
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other	<input type="checkbox"/> 1 - Before the first Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area

Narrative

UNIT # 1 WAS EASTBOUND ON BROADWAY AVENUE. UNIT # 2 WAS SOUTHBOUND ON E. 131ST, WHEN IT LOST CONTROL, AS IT FAILED TO STOP AT THE TRAFFIC LIGHT AND STRUCK UNIT # 1, CAUSING THE VEHICLE TO OVERTURN AND EJECT THE RIDER.



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"/>	07092017	1753	1754	1757	1900	35	98
Officer's Name *	Officer's Badge Number	Checked By	Page of					
B. Foxx	030	L02 T. Capretta						

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale 3	Damaged Area 																																																															
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver)																																																																			
LP State	License Plate Number	Vehicle Identification Number	# Occupants 01																																																																
Vehicle Year	Vehicle Make	Vehicle Model OTH	Vehicle Color BLK Black																																																																
<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																																																																
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Unit Number 01	Owner Name: Last, First, Middle <input type="checkbox"/> Same As Driver ENTERPRISE RENT A CAR	Owner Phone Number - inc. area code <input type="checkbox"/> Same As Driver 845-294-9202	Damage Scale 2	Damaged Area 	
Owner Address, City, State, Zip <input type="checkbox"/> Same As Driver 244 W MAIN ST GOSHEN NY 10924			1 - None		
LP State NJ	License Plate Number Z41HPV	Vehicle Identification Number 1FT7W2B60HEC91639	# Occupants 04	2 - Minor	
Vehicle Year 2017	Vehicle Make FORD Ford	Vehicle Model F25 F250 Series	Vehicle Color WHI White	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company LIBERTY MUTUAL	Policy Number AOS-228-129920-40 6	Towed By	4 - Disabling	
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	9 - Unknown	
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit		
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Motorist / Non-Motorist / Occupant

Local Report Number *

2 | 0 | 1 | 7 | 2 | 3 | 3 | 8 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle DUDLEY KEVIN	Date of Birth 12311964	Age 52	Gender M F - Female M - Male							
Address, City, State, Zip 60 REGENT RD WARWICK NY 10990			Contact Phone - include area code 845-987-7993								
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State NY	Operator License Number 838764330	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 02	Name: Last, First, Middle MADOX ALANTE TA	Date of Birth 07151996	Age 20	Gender M F - Female M - Male							
Address, City, State, Zip 11700 WILLARD AVE GARFIELD HTS OH 44125			Contact Phone - include area code 216-326-9794								
Injuries 4	Injured Taken By 2	EMS Agency GARFIELD HTS FIRE 2	Medical Facility Injured Taken To CLEVELAND METRO	Safety Equipment Used 09	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 5	Ejection 2	Trapped 1		
OL State OH	Operator License Number TR465014	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			

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment
1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	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 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other

Seating Position	Air Bag Usage
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	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

Ejection	Trapped	Operator License Class	Condition	Alcohol/Drug Suspected
1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	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	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	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

Unit Number 01	Name: Last, First, Middle DUDLEY DONNA	Date of Birth 12311962	Age 54	Gender F F - Female M - Male					
Address, City, State, Zip 60 REGENT WARWICK NY 10990			Contact Phone - include area code 845-987-7993						
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 03	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1
Unit Number 01	Name: Last, First, Middle DUDLEY TAYLOR	Date of Birth 11181999	Age 17	Gender F F - Female M - Male					
Address, City, State, Zip 60 REGENT WARWICK NY 44056			Contact Phone - include area code 845-987-7993						
Injuries 1	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number *

2 | 0 | 1 | 7 | 2 | 3 | 3 | 8 | | | | | | | |

Occupant

Occupant

Occupant

Occupant

Occupant

Occupant

Unit Number 	Name: Last, First, Middle CHUNG CARMEN NI	Date of Birth 1 0 3 0 1 9 7 3	Age 43	Gender F F - Female M - Male
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Address, City, State, Zip 4427 SEXTON RD CLEVELAND OH 44105			Contact Phone - include area code 216-906-6770	
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					<input type="checkbox"/>		1	1	1

Unit Number 	Name: Last, First, Middle SPARKS LONNELL D	Date of Birth 0 1 1 1 1 9 6 2	Age 55	Gender M F - Female M - Male
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Address, City, State, Zip 24900 ROCKSIDE RD 3 BEDFORD HTS OH 44146			Contact Phone - include area code 216-507-2476	
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					<input type="checkbox"/>		1	1	1

Unit Number 0 1	Name: Last, First, Middle DUDLEY MARKUS W	Date of Birth 0 4 3 0 2 0 0 3	Age 14	Gender M F - Female M - Male
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Address, City, State, Zip 60 REGENT WARWICK NY 10990			Contact Phone - include area code 845-987-7993	
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
1	1			0 4	<input type="checkbox"/>	0 6	1	1	1

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender F - Female M - Male
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Address, City, State, Zip			Contact Phone - include area code	
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					<input type="checkbox"/>				

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender F - Female M - Male
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Address, City, State, Zip			Contact Phone - include area code	
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					<input type="checkbox"/>				

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender F - Female M - Male
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Address, City, State, Zip			Contact Phone - include area code	
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
					<input type="checkbox"/>				

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	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
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OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20172338	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 07 D 09 Y 2017
IN COUNTY OF 18	CRASH LOCATION SR 14 BROADWAY AV Broadway @ E.131st	
<p>Officer Foxx was dispatched to a motor vehicle injury accident on Broadway Ave at E. 131st. Upon arrival Officer Foxx observed a male lying in the roadway, as he was being attended by Garfield Heights Fire and EMS #2. The male was unconscious at the time and bleeding from the head and mouth area. Officer Foxx spoke to witnesses on scene, in order to determine how the accident occurred.</p> <p>The male was identified as Alante Madox. Madox was operating a Magus 26", 15 speed mountain bike, southbound on E. 131st Street, when he his vehicle failed to stop and collided with a Ford F-250 operated by Kevin Dudley. Both Dudley and witness stated that Dudley began to proceed east on Broadway after the light turned green, when it was struck by Madox , as his vehicle appeared to be out of control.</p> <p>Upon inspection Madox was operating a vehicle without any functional brakes, seat, horn and a headlight. Madox was travelling down a hill grade that was more than 10%. Madox was not wearing a helmet, which he sustained injuries to his face, head, lungs and liver.</p> <p>Damage - Unit # 1 2017 F- 250power unit trailering a steel car hauler (CA.4NY1970), hauling a 1966 Ford Thunderbird(N.FCB8760 VIN# 6Y85Z152483). Unit # 1 sustained light damage to the left front fender, front bumper and minor paint transfer to the left side doors.</p> <p>Unit # 2 sustained light damage the front wheel and handle bars.</p> <p>Operator of Unit # 2 sustained life threatening injuries, as he remains under close medical care at Cleveland Metro Hospital.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 030