



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20172720	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information  
KURTZ BROS INC

<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 01820	Reporting Agency Name * GARFIELD HEIGHTS	Number of Units 02	Unit in error 02 98 - Animal 99 - Unknown
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County * 18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * GARFIELD HTS	Crash Date * 08062017	Time of Crash 1418	Day of Week SUN
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Degrees / Minutes / Seconds Latitude 41° 25' 39.000"	Longitude - 81° 35' 16.000"	Decimal Degrees Latitude	Longitude
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Roadway Division <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	E - Eastbound W - Westbound	Number of Thru Lanes 04	Road Types or Milepost <sup>2</sup> AL - Alley AV - Avenue BL - Boulevard CR - Circle CT - Court DR - Drive HE - Heights HW - Highway LA - Lane MP - Milepost PK - Parkway PI - Pike PL - Place RD - Road SQ - Square ST - Street TE - Terrace WA - Way
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Location Route Type 1 SR	Location Route Number 14	Loc. Prefix N.S. E.W.	Location Road name BROADWAY	Location Road Type 2 AV	Route Types <sup>1</sup> IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference 75	Dir From Ref <input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	Reference Route Type 1 IR	Reference Route Number 480	Ref Prefix N.S. E.W.	Reference Name (Road, Milepost, House #) IR 480 exit ramp	Reference Road Type 2 HW
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number 1	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	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 2 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
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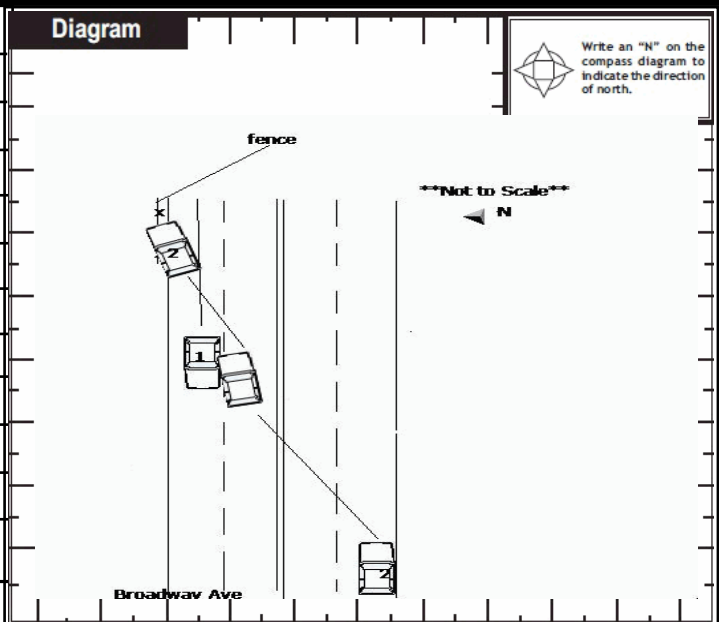
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Grade 4 - Curve Grade 9 - Unknown 1	Road Conditions Primary Secondary 01 01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown * Secondary Condition Only
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Manner of Crash Collision/Impact 8 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 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
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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 * Secondary Condition Only	<input type="checkbox"/> School Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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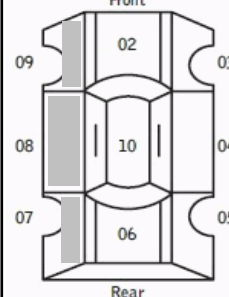
<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 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
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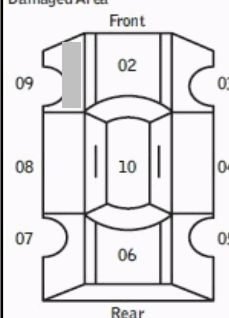
Narrative  
UNIT # 1 WAS WESTBOUND ON BROADWAY AVENUE. UNIT # 2 WAS EASTBOUND, WHEN THE DRIVER "BLACKED OUT" DUE TO A MEDICAL CONDITION, CAUSING IT TO GO LEFT OF CENTER AND STRIKE UNIT # 1. UNIT # 2 THEN WENT OFF THE LEFT SIDE OF THE ROADWAY, AFTER IMPACT AND STRUCK A FENCE.



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 08062017	Time Crash Reported 1418	Dispatch Time 1434	Arrival Time 1452	Time Cleared 0000	Other Investigation Time 0	Total Minutes 0
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Officer's Name * B. Foxx	Officer's Badge Number 030	Checked By L07 D. Bailey	Page of
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Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>HUFF DANIEL L</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-309-4987</b>	Damage Scale <b>3</b>	Damaged Area 																																																
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>5988 BEAR CREEK DR BEDFORD OH 44146 2910</b>																																																				
LP State <b>OH</b>	License Plate Number <b>GML9761</b>	Vehicle Identification Number <b>KNADM4A37D6137894</b>	# Occupants <b>02</b>																																																	
Vehicle Year <b>2013</b>	Vehicle Make <b>KIA Kia Motors Corpora</b>	Vehicle Model <b>RIO Rio</b>	Vehicle Color <b>WHI White</b>																																																	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>FOUNDERS INSURANCE</b>	Policy Number <b>ITFR123617</b>	Towed By <b>A &amp; H Towing</b>																																																	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code																																																	
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Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>FINLEY TISHKA LOUISE</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )	Damage Scale <b>4</b>	Damaged Area 
Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>6033 WHITE PINE DR BEDFORD HTS OH 44146</b>				
LP State <b>OH</b>	License Plate Number <b>GYS9694</b>	Vehicle Identification Number <b>4A3AB36F34E083151</b>	# Occupants <b>02</b>	
Vehicle Year <b>2004</b>	Vehicle Make <b>MITO Mitsubishi</b>	Vehicle Model <b>GAL Galant</b>	Vehicle Color <b>TAN Tan</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>GEICO</b>	Policy Number	Towed By <b>A &amp; H TOWING</b>	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code
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# Motorist / Non-Motorist / Occupant

Local Report Number \*

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

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0   1	Name: Last, First, Middle HUFF DANIEL L	Date of Birth 0   8   2   8   1   9   8   9	Age 27	Gender M F - Female M - Male
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Address, City, State, Zip 5988 BEAR CREEK DR BEDFORD OH 44146 2910	Contact Phone - include area code 216-309-4987
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Injuries 2	Injured Taken By 4	EMS Agency RELATIVE	Medical Facility Injured Taken To UNIVERSITY HOSPITAL	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number TK098022	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
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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 0   2	Name: Last, First, Middle FINLEY JORDAN GI	Date of Birth 0   5   1   6   1   9   9   9	Age 18	Gender M F - Female M - Male
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Address, City, State, Zip 6033 WHITE PINE DR BEDFORD HTS OH 44146 3008	Contact Phone - include area code 216-496-3997
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Injuries 1	Injured Taken By	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
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OL State OH	Operator License Number UM341970	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 5	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value .	Drug Test Status 1	Drug Test Type 1
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Offense Charged ( Local Code )	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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<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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Unit Number 0   1	Name: Last, First, Middle LEGGETT ALYXAUNDRIA S	Date of Birth 0   1   1   7   1   9   9   2	Age 25	Gender F F - Female M - Male
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Address, City, State, Zip 2830 VAN AKEN BLVD 205 CLEVELAND OH 44120 2054	Contact Phone - include area code 216-213-6916
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Injuries 1	Injured Taken By	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
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Unit Number 0   2	Name: Last, First, Middle FINLEY JERIMIAH	Date of Birth 0   2   1   3   2   0   0   6	Age 11	Gender M F - Female M - Male
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Address, City, State, Zip 6033 WHITE PINE DRIVE BEDFORD HTS OH 44146	Contact Phone - include area code
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0   2	Air Bag Usage 1	Ejection 1	Trapped 1
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OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20172720	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08   D 06   Y 2017
IN COUNTY OF 18	CRASH LOCATION SR 14 BROADWAY AV KURTZ BROS INC	
<p>Damage - Unit # 1 2013 Kia Rio, sustained moderate damage to both driver side doors, rear quarter panel and left rear wheel.</p> <p>Unit # 2- 2004 Mitsubishi Galant, sustained moderate to heavy damage to the left front fender, bumper and left headlight assembly.</p> <p>Fence damage- Owner Ohio Department of Transportation, Garfield Heights. The vehicle damaged a 25 ft section of chain link fencing.</p> <p>Injuries- Driver of Unit # 1 claimed of leg injuries, he declined EMS, which he stated that he will have a relative transport him to University hospital.</p> <p>Driver of Unit # 2 stated that he has Type # 1 diabetes, which he believes that he blacked out due to low glucose levels.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 030