



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20173142	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information
GREAT LAKES FENCE CO

<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<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
County * 18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * GARFIELD HTS	Crash Date * 09082017	Time of Crash 0738	Day of Week FRID	

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.434384	-81.607447

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel S - Northbound S - Southbound	Number of Thru Lanes 04	Road Types or Milepost ² 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 GARFIELD PARK	Location Road Type 2	Route Types ¹ 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 <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref N.S. E.W.	Reference Route Type 1	Reference Route Number	Ref Prefix N.S. E.W.	Reference Name (Road, Milepost, House #) GARFIELD PARK	Reference Road Type 2 DR
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 03	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 checked="" type="checkbox"/> Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown
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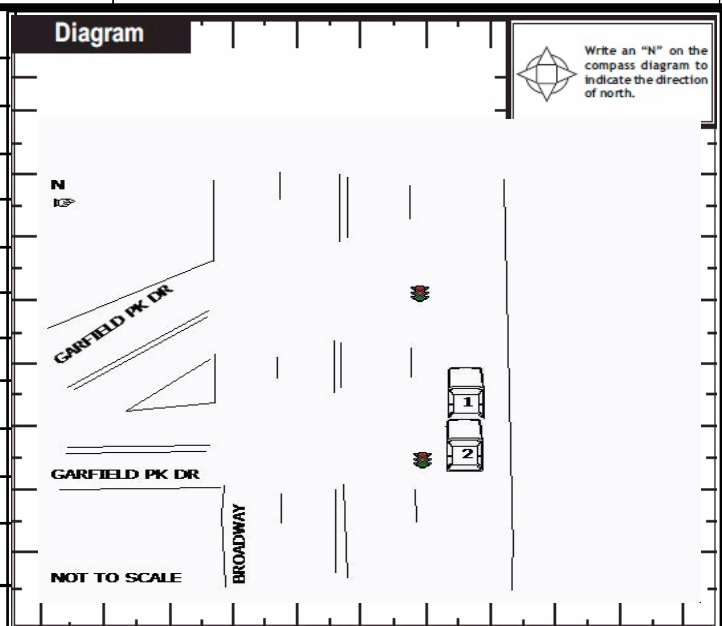
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 2 - Not Collision Between Two Motor Vehicles In Transport 3 - Rear-End 4 - Head-On 5 - Rear-to-Rear 6 - Backing 7 - Angle 8 - Sideswipe, Opposite Direction 9 - Sideswipe, Same Direction	Weather 4 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke	1 - Clear 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
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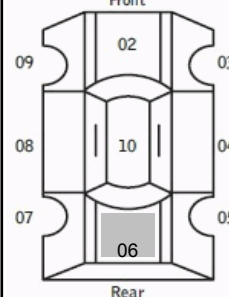
Road Surface 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 1 - Primary Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> School Bus Indirectly Involved
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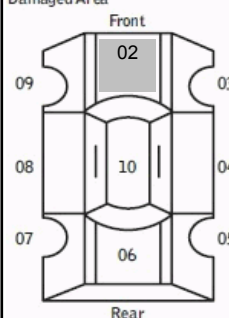
<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 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 STOPPED AT A RED LIGHT W/B ON BROADWAY AT GARFIELD PARK DR. UNIT 2 WAS BEHIND UNIT 1 AND UNIT 2 WAS UNABLE TO STOP IN TIME AND UNIT 2 STRUCK UNIT 1 IN THE REAR



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 09082017	Time Crash Reported 0738	Dispatch Time 0740	Arrival Time 0742	Time Cleared 0810	Other Investigation Time 45	Total Minutes 73
Officer's Name * B. Cwiklinski	Officer's Badge Number 009	Checked By S12 D. Merchant	Page of					

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) MERRITT ANITRA H	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 440-376-9145	Damage Scale 3	Damaged Area 									
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 262 GRAND BLVD BEDFORD OH 44146													
LP State OH	License Plate Number HAR9176	Vehicle Identification Number 5X X G U 4 L 3 5 G G 0 8 9 2 8 2	# Occupants 01										
Vehicle Year 2016	Vehicle Make KIA Kia Motors Corpora	Vehicle Model OPT Optima	Vehicle Color SIL Alum/Silver										
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATEFARM	Policy Number 8405460C2435A	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										
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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 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)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver) 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 06 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown								
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Unit Number 02	Owner Name: Last, First, Middle BEDDARD AERIELLA A <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code 216-551-4254 <input checked="" type="checkbox"/> Same As Driver	Damage Scale 2	Damaged Area 	
Owner Address, City, State, Zip 155 CHADWICK DR AURORA OH 44202 6631 <input checked="" type="checkbox"/> Same As Driver					
LP State OH	License Plate Number HBL7618	Vehicle Identification Number 1C4BJWEG9GL341422	# Occupants 01		
Vehicle Year 2016	Vehicle Make Jeep	Vehicle Model WAG Wagoneer	Vehicle Color GRN Green		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company FIRST ACCEPTANCE	Policy Number 000065490	Towed By		
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 | 3 | 1 | 4 | 2 | | | | | | | |

Motorist/Non-Motorist

Unit Number 02		Name: Last, First, Middle BEDDARD AERIELLA A				Date of Birth 07311995			Age 22		Gender F F - Female M - Male						
Address, City, State, Zip 155 CHADWICK DR AURORA OH 44202 6631						Contact Phone - include area code 216-551-4254											
Injuries 1	Injured Taken By <input type="checkbox"/>	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 OH	Operator License Number TQ425415		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				
Offense Charged (Local Code) 333.03			Offense Description ACDA				Citation Number G20173505			Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By 1					

Motorist/Non-Motorist

Unit Number 01		Name: Last, First, Middle MERRITT RAHEEM A				Date of Birth 11051972			Age 44		Gender M F - Female M - Male						
Address, City, State, Zip 5806 MAURICE CLEVELAND OH 44127						Contact Phone - include area code 216-322-1316											
Injuries 3	Injured Taken By 9	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 OH	Operator License Number RM784072		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				
Offense Charged (Local Code)			Offense Description				Citation Number			Hands-Free Device Used		Driver Distracted By					

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		

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	

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	

Occupant

Unit Number		Name: Last, First, Middle				Date of Birth			Age		Gender <input type="checkbox"/> F - Female M - Male	
Address, City, State, Zip						Contact Phone - include area code						

Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used <input type="checkbox"/>		DOT Compliant Motorcycle Helmet <input type="checkbox"/>		Seating Position <input type="checkbox"/>		Air Bag Usage <input type="checkbox"/>		Ejection <input type="checkbox"/>		Trapped <input type="checkbox"/>	
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Occupant

Unit Number		Name: Last, First, Middle				Date of Birth			Age		Gender <input type="checkbox"/> F - Female M - Male	
Address, City, State, Zip						Contact Phone - include area code						

Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used <input type="checkbox"/>		DOT Compliant Motorcycle Helmet <input type="checkbox"/>		Seating Position <input type="checkbox"/>		Air Bag Usage <input type="checkbox"/>		Ejection <input type="checkbox"/>		Trapped <input type="checkbox"/>	
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