



# Traffic Crash Report

|                       |                                      |                            |
|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                       | Hit/Skip                   |
| 20173448              | 3 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

|                             |                                  |   |                       |   |
|-----------------------------|----------------------------------|---|-----------------------|---|
| Local Information<br>IR 480 | Reporting Agency NCIC *<br>01820 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>02 | Unit in error<br>01 98 - Animal<br>99 - Unknown |
|-----------------------------|----------------------------------|---|-----------------------|---|

|                |                        |                          |                       |                    |
|----------------|------------------------|--------------------------|-----------------------|--------------------|
| County *<br>18 | City *<br>GARFIELD HTS | Crash Date *<br>09302017 | Time of Crash<br>1354 | Day of Week<br>SAT |
|----------------|------------------------|--------------------------|-----------------------|--------------------|

|  |                               |                          |           |
|--|-------------------------------|--------------------------|-----------|
| Degrees / Minutes / Seconds Latitude<br>41° 24' 42.00" | Longitude<br>- 81° 37' 27.00" | Decimal Degrees Latitude | Longitude |
|--|-------------------------------|--------------------------|-----------|

|                               |  |                            |   |
|-------------------------------|--|----------------------------|---|
| Roadway Division<br>1 Divided | Divided Lane Direction of Travel<br>W N - Northbound<br>S - Southbound | Number of Thru Lanes<br>04 | Road Types or Milepost <sup>2</sup><br>AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |
|-------------------------------|--|----------------------------|---|

|                             |                              |                            |                              |                            |  |  |
|-----------------------------|------------------------------|----------------------------|------------------------------|----------------------------|--|--|
| Location Route Type 1<br>IR | Location Route Number<br>480 | Loc. Prefix<br>N.S.<br>E.W | Location Road name<br>IR 480 | Location Road Type 2<br>HW | Route Types <sup>1</sup><br>IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route | CR - Numbered County Route<br>TR - Numbered Township Route |
|-----------------------------|------------------------------|----------------------------|------------------------------|----------------------------|--|--|

|                                     |                               |                        |                        |                           |   |                       |
|-------------------------------------|-------------------------------|------------------------|------------------------|---------------------------|---|-----------------------|
| Distance From Reference<br>.2 Miles | Dir From Ref<br>W N.S.<br>E.W | Reference Route Type 1 | Reference Route Number | Ref Prefix<br>N.S.<br>E.W | Reference Name (Road, Milepost, House #)<br>MILEPOST 21 | Reference Road Type 2 |
|-------------------------------------|-------------------------------|------------------------|------------------------|---------------------------|---|-----------------------|

|   |   |   |  |                      |  |
|---|---|---|--|----------------------|--|
| Reference Point Used<br>3 1 - Intersection<br>2 - Mile Post<br>3 - House Number | Crash Location<br>01 01<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access | 11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | Intersection Related | Location of First Harmful Event<br>1 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |
|---|---|---|--|----------------------|--|

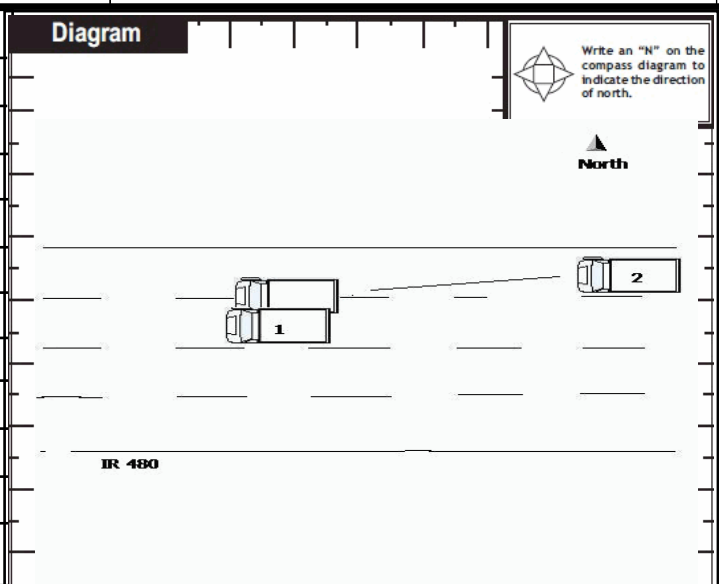
|   |  |   |  |  |                            |
|---|--|---|--|--|----------------------------|
| Road Contour<br>1 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary 01<br>Secondary | 01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice | 05 - Sand, Mud, Dirt, Oil, gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris* | 09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | * Secondary Condition Only |
|---|--|---|--|--|----------------------------|

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

|  |   |   |
|--|---|---|
| Road Surface<br>2 1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | Light conditions<br>1 1 Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other<br>9 - Unknown<br>* Secondary Condition Only | School Bus Related<br>School Zone Related<br>Yes, School Bus Directly Involved<br>Yes, School Bus Indirectly Involved |
|--|---|---|

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

Narrative  
 UNIT'S 1 & 2 WERE BOTH WESTBOUND ON IR 480, WHEN UNIT #2 BEGAN TO SWAY OUTSIDE OF IT'S LANE AND STRUCK UNIT # 1.  
 SEE OH-2



|                                  |  |                                 |                             |                       |                      |                      |                               |                     |
|----------------------------------|--|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|-------------------------------|---------------------|
| Report Taken By<br>Police Agency | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported<br>09302017 | Time Crash Reported<br>1354 | Dispatch Time<br>1358 | Arrival Time<br>1411 | Time Cleared<br>1533 | Other Investigation Time<br>0 | Total Minutes<br>82 |
|----------------------------------|--|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|-------------------------------|---------------------|

|                             |                               |                             |         |
|-----------------------------|-------------------------------|-----------------------------|---------|
| Officer's Name *<br>B. Foxx | Officer's Badge Number<br>030 | Checked By<br>L09 T. Murphy | Page of |
|-----------------------------|-------------------------------|-----------------------------|---------|



Unit

Local Report Number \*

2 0 1 7 3 4 4 8

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle<br><b>CONSTRUCTION CO TRW</b> <input type="checkbox"/> Same As Driver                                | Owner Phone Number - inc. area code<br><b>216-276-1408</b> <input type="checkbox"/> Same As Driver   | Damage Scale<br><b>2</b>  | Damaged Area<br>  |  |
| Owner Address, City, State, Zip<br><b>3565 MCCREA LN RICHFIELD OH 44286</b> <input type="checkbox"/> Same As Driver  |  |  | 1 - None  |   |  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>PJK4728</b>   | Vehicle Identification Number<br><b>1FVVMC5CV66HV77823</b>   | 2 - Minor   |   |  |
| Vehicle Year<br><b>2006</b>  | Vehicle Make<br><b>FRHT Freightliner</b>   | Vehicle Model<br><b>CVC Conventional Cab</b>   | 3 - Functional  |   |  |
| Vehicle Color<br><b>YEL Yellow</b>   | Proof of Insurance Shown<br><input checked="" type="checkbox"/>  | Insurance Company<br><b>REPUBLIC FRANKLIN IN</b>   | 4 - Disabling   |   |  |
| Policy Number<br><b>4749495</b>  | Towed By<br><b>HILLTOP</b>   | 9 - Unknown  |   |   |  |
| Carrier Name, Address, City, State, Zip<br><b>TRW CONSTRUCTION 356 MCCREY LANE RICHFIELD OH 44286</b>  |  |  | Carrier Phone - include area code<br><b>216-276-1408</b>  |   |  |
| US DOT<br><b>3</b>   | Vehicle Weight GVWR/GCWR<br><b>3</b><br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>12</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  | Traficway Description<br><b>3</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway  |   |  |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released   | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown  | <input type="checkbox"/> Hit / Skip Unit  |   |  |
| HM Class Number  | <input type="checkbox"/> Has HM Placard  |  |   |   |  |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |  | Type of Use<br><b>2</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Unit Type<br><b>18</b><br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle   |   |  |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   |  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   | Most Damaged Area<br><b>09</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear  | Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
| Pre-Crash Actions<br><b>01</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   |  | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless  | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing  |  |
| Contributing Circumstances<br>Primary<br><b>17</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   |  | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action   | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>11</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |  |
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown   |  | <b>Non-Collision Events</b><br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision  |   |   |  |
| <b>Collision with Person, Vehicle or Object Not Fixed</b><br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport   |  | <b>Collision With Fixed Object</b><br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |   |   |  |
| Unit Speed<br><b>45</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  | Posted Speed<br><b>60</b>  | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings  |   | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |  |

|  |  |   |   |   |
|--|--|---|---|---|
| Unit Number<br><b>01</b>   | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>RANGER INC LANDSTAR</b>  | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>800-872-9541</b>  | Damage Scale<br><b>3</b>  | Damaged Area<br>  |
| Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>13410 SUTTON JACKSONVILLE FL 32224</b>   |  |   | 1 - None  |   |
| LP State<br><b>IN</b>  | License Plate Number<br><b>2635031</b>   | Vehicle Identification Number<br><b>1FUJA6CK87PZ15819</b>   | 2 - Minor   |   |
| Vehicle Year<br><b>2007</b>  | Vehicle Make<br><b>FRHT Freightliner</b>   | Vehicle Model<br><b>CCN Cc Conventional</b>   | 3 - Functional  |   |
| Vehicle Color<br><b>BLU Blue</b>   | Proof of Insurance Shown ( <input checked="" type="checkbox"/> )<br><b>OLD REPUBLIC INS</b>  |   | 4 - Disabling   |   |
| Insurance Company  |  | Policy Number<br><b>MWTT304613</b>  | 9 - Unknown   |   |
| Carrier Name, Address, City, State, Zip<br><b>LANDSTAR RANGER INC 13410 SUTTON JACKSONVILLE FL 32224</b>   |  |   | Carrier Phone - include area code<br><b>800-872-9541</b>  |   |
| US DOT<br><b>241572</b>  | Vehicle Weight GVWR/GCWR<br><b>3</b><br>1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.   | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel                           | Trafficway Description<br><b>3</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway   |   |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released   | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown   | <input type="checkbox"/> Hit / Skip Unit  |   |
| HM Class Number  | Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |   | Type of Use<br><b>2</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response   | Unit Type<br><b>17</b><br>99 - Unknown or Hit/Skip<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   | Med/Heavy Trucks or Combo Units>10k lbs<br><b>12</b><br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br><b>4</b><br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist   |
| Pre-Crash Actions<br><b>01</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   | Motorist<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless  | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Most Damaged Area<br><b>12</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear  | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown  |
| Pre-Crash Actions<br><b>01</b><br>99 - Unknown   | Motorist<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless  | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing  | 21 - Other Non-Motorist Action  |
| Contributing Circumstances<br>Primary<br><b>01</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action                           | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects                       |   |
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown   | <b>Non-Collision Events</b><br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision            |   |   |   |
| <b>Collision With Person, Vehicle or Object Not Fixed</b><br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br><b>Collision With Fixed Object</b><br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |  |   |   |   |
| Unit Speed<br><b>50</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  | Posted Speed<br><b>60</b>  | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings   | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |   |



# Motorist / Non-Motorist / Occupant

Local Report Number \*  
 2 | 0 | 1 | 7 | 3 | 4 | 4 | 8 | | | | | | | | | |

Motorist/Non-Motorist

|  |  |  |   |                                     |   |                             |  |                           |                    |                       |                     |
|--|--|--|---|-------------------------------------|---|-----------------------------|--|---------------------------|--------------------|-----------------------|---------------------|
| Unit Number<br>0   1   | Name: Last, First, Middle<br>NDERITU PAUL NI | Date of Birth<br>1   2   3   1   1   9   6   7 | Age<br>49   | Gender<br>M F - Female<br>M - Male  |   |                             |  |                           |                    |                       |                     |
| Address, City, State, Zip<br>3058 WESTMINSTER FLORSSANT MO 63033 |  |  | Contact Phone - include area code<br>314-583-9328 |                                     |   |                             |  |                           |                    |                       |                     |
| Injuries<br>1  | Injured Taken By<br><input type="checkbox"/> | EMS Agency                                     | Medical Facility Injured Taken To                 | Safety Equipment Used<br>0   4      | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>0   1   | Air Bag Usage<br>1                                 | Ejection<br>1             | Trapped<br>1       |                       |                     |
| OL State<br>M   O  | Operator License Number<br>S035114010        | OL Class<br>1                                  | No Valid OL<br><input type="checkbox"/>           | M/C End<br><input type="checkbox"/> | Condition<br>1  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1                           | Alcohol Test Type<br>1    | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |
| Offense Charged ( <input type="checkbox"/> Local Code)           |  | Offense Description                            |   |                                     | Citation Number   |                             | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |                    |                       |                     |

Motorist/Non-Motorist

|  |  |  |   |                                     |   |                             |  |                           |                    |                       |                     |
|--|--|--|---|-------------------------------------|---|-----------------------------|--|---------------------------|--------------------|-----------------------|---------------------|
| Unit Number<br>0   2   | Name: Last, First, Middle<br>CALARCO JOHN AN | Date of Birth<br>0   8   1   3   1   9   5   1 | Age<br>66   | Gender<br>M F - Female<br>M - Male  |   |                             |  |                           |                    |                       |                     |
| Address, City, State, Zip<br>1721 VILLAGE BLVD 10 206 WEST PALM BEACH FL 33409 |  |  | Contact Phone - include area code<br>440-318-5339 |                                     |   |                             |  |                           |                    |                       |                     |
| Injuries<br>1  | Injured Taken By<br><input type="checkbox"/> | EMS Agency                                     | Medical Facility Injured Taken To                 | Safety Equipment Used<br>0   4      | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>0   4   | Air Bag Usage<br>1                                 | Ejection<br>1             | Trapped<br>1       |                       |                     |
| OL State<br>A   B  | Operator License Number<br>C462461512930     | OL Class<br>1                                  | No Valid OL<br><input type="checkbox"/>           | M/C End<br><input type="checkbox"/> | Condition<br>1  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1                           | Alcohol Test Type<br>1    | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |
| Offense Charged ( <input checked="" type="checkbox"/> Local Code)<br>331.34A   |  | Offense Description<br>FAILURE TO CONTROL      |   |                                     | Citation Number<br>G20173901                                |                             | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |                    |                       |                     |

|   |  |   |  |
|---|--|---|--|
| <b>Injuries</b><br>1 - No Injury/None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | <b>Injured Taken By</b><br>1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>Safety Equipment Used</b><br><b>Motorist</b><br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder Belt and Lap Belt Used<br><b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used<br>99 - Unknown Safety Equipment | <b>Non-Motorist</b><br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |
|---|--|---|--|

|  |   |
|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|--|---|

|  |   |   |   |  |
|--|---|---|---|--|
| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped <u>Only</u> | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
|--|---|---|---|--|

|  |   |   |  |  |
|--|---|---|--|--|
| <b>Alcohol Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Alcohol Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | <b>Drug Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Drug Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | <b>Driver Distracted By</b><br>1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |
|--|---|---|--|--|

Occupant

|  |  |  |   |   |   |  |   |                                      |                                     |
|--|--|--|---|---|---|--|---|--------------------------------------|-------------------------------------|
| Unit Number<br>  | Name: Last, First, Middle<br>GREGEL ROBYN L  | Date of Birth<br>0   2   2   5   1   9   7   0 | Age<br>47   | Gender<br>F F - Female<br>M - Male                |   |  |   |                                      |                                     |
| Address, City, State, Zip<br>8702 INFIRMARY RD RAVENNA OH 44266 9714 |  |  | Contact Phone - include area code<br>330-842-2807 |   |   |  |   |                                      |                                     |
| Injuries<br><input type="checkbox"/>                                 | Injured Taken By<br><input type="checkbox"/> | EMS Agency                                     | Medical Facility Injured Taken To                 | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><input type="checkbox"/> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |

Occupant

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

|   |   |                                       |
|---|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>20173448   | REPORTING AGENCY<br>GARFIELD HEIGHTS      | DATE OF CRASH<br>M 09   D 30   Y 2017 |
| IN COUNTY OF<br>18  | CRASH LOCATION<br>IR 480 IR 480 HW IR 480 |                                       |
| <p>Damage- Unit # 1 2007 Freightliner sustained light damage to its trailer.</p> <p>Unit # 2 2006 Freightliner sustained light damage to the left side mirror and fender.</p> <p>Unit # 2 sustained blown suspension air bag(s), which caused the vehicle to sway . The vehicle's suspension air bag possibly blew out due to the vehicle being overweight or lack of maintenance. The driver of Unit # 2 was asked did he perform a safety checks prior to his operation, which his response was this not my regular truck. The vehicle was found to have no visible US dot numbers or any current I.F.T.A stickers. The vehicle was hauling debris from a demolished home.</p> <p>Unit # 1 was hauling general freight.</p> |   |                                       |
| OFFICER'S SIGNATURE<br>X  |   | BADGE NUMBER<br>030                   |