



Traffic Crash Report

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|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 20173452 | 3 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

Local Information
TURNEY @ VERNON

| | | | | | | |
|--|---|---|----------------------------------|---|-----------------------|---|
| <input type="checkbox"/> Photos Taken <input checked="" 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 |
|--|---|---|----------------------------------|---|-----------------------|---|

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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 * 09302017 | Time of Crash 2217 | Day of Week SAT |
|----------------|---|---|--------------------------|-----------------------|--------------------|

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|--|-------------------------------|---------------------------------------|-------------------------|
| Degrees / Minutes / Seconds Latitude 41° 25' 28.06" N | Longitude 81° 36' 40.90" W | Decimal Degrees Latitude 41.422222 | Longitude -81.611361 |
|--|-------------------------------|---------------------------------------|-------------------------|

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|---|--|--------------------------------|----------------------------|---|
| Roadway Division <input type="checkbox"/> Divided <input checked="" 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 02 | 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 RD | Location Route Number TURNEY | Loc. Prefix N.S. E.W. | Location Road name TURNEY | Location Road Type 2 RD | 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 20 | Dir From Ref <input type="checkbox"/> N.S. <input checked="" type="checkbox"/> E.W. | Reference Route Type 1 S | Reference Route Number 01 | Ref Prefix N.S. E.W. | Reference Name (Road, Milepost, House #) VERNON | Reference Road Type 2 RD |
|-------------------------------|---|-----------------------------|------------------------------|----------------------------|--|-----------------------------|

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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 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |
|--|--|---|--|---|--|

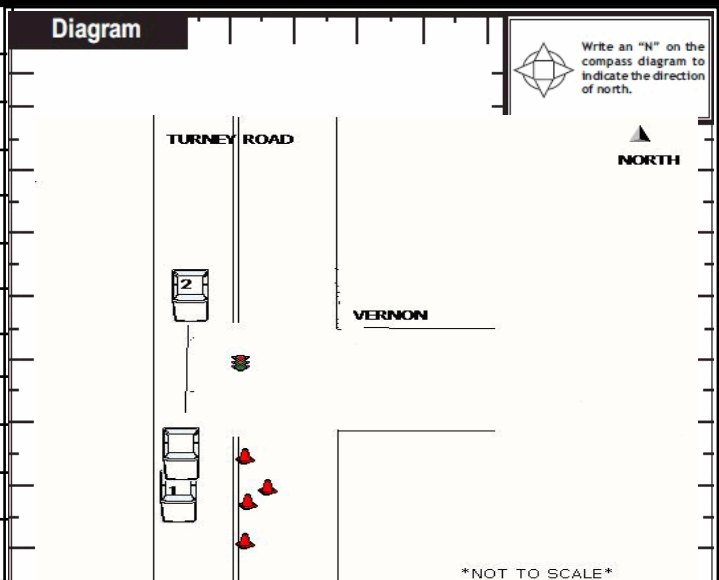
| | | |
|--|--|--|
| Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown 1 | Road Conditions Primary Secondary 01 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* | 09 - Rut, Holes,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

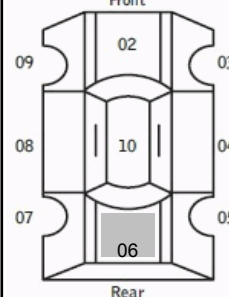
| | | |
|---|--|---|
| Road Surface 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other 5 | Light conditions Primary Secondary 5 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 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 |
|---|--|---|

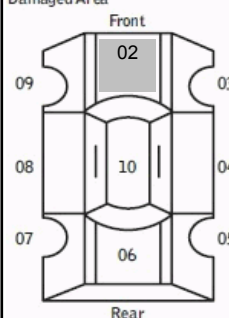
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other 1 | Location of Crash in Work Zone 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area 2 |
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Narrative
UNIT'S 1 & 2 WERE BOTH SOUTHBOUND ON TURNEY ROAD. UNIT # 1 WAS STOPPED DUE TO HEAVY TRAFFIC, WHEN IT WAS STRUCK IN THE REAR BY UNIT # 2.



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|---|--|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|-------------------------------|---------------------|
| Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported 09302017 | Time Crash Reported 2217 | Dispatch Time 2217 | Arrival Time 2217 | Time Cleared 2314 | Other Investigation Time 0 | Total Minutes 57 |
| Officer's Name * B. Foxx | Officer's Badge Number 030 | Checked By S14 M. Berdysz | Page of | | | | | |

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|---|--|---|--|---|--|
| Unit Number 01 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) LINDER-LOISELLE FRANCINE H | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 216-272-7660 | Damage Scale 2 | Damaged Area  | |
| Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 3221 SCRANTON RD CLEVELAND OH 44109 | | | 1 - None | | |
| LP State OH | License Plate Number GHX5081 | Vehicle Identification Number 3VWRM71K49M074145 | # Occupants 03 | | |
| Vehicle Year 2009 | Vehicle Make VOLK Volkswagen | Vehicle Model JET Jetta | Vehicle Color WHI White | | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company GEICO | Policy Number 4468449360 | 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 | | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | Hit / Skip Unit <input type="checkbox"/> | | | |
| 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 13 - Single Unit Truck or Van 2axle,6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) Non-Motorist 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 |
| Pre-Crash Actions 11 99 - Unknown | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless | 13 - Negotiating a Curve 14 - Other Motorist Action | Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | 21 - Other Non-Motorist Action |
| Contributing Circumstances Primary 01 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | | |
| Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision | | | | |
| Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object | | Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object | | | |
| Unit Speed 0 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings | 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | |

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|--|---|--|---|---|
| Unit Number 02 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) THOMPSON LEONARD H | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | Damage Scale 2 | Damaged Area  |
| Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 14919 BARTLETT AVE CLEVELAND OH 44120 | | | | |
| LP State OH | License Plate Number QTP1E | Vehicle Identification Number 5XYKUD A16BG028491 | # Occupants 04 | |
| Vehicle Year 2011 | Vehicle Make KIA Kia Motors Corpora | Vehicle Model SOR Sorento | Vehicle Color BLK Black | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company NATIONWIDE | Policy Number 9234P382314 | 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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Motorist / Non-Motorist / Occupant

Local Report Number *

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | 0 | 1 | 7 | 3 | 4 | 5 | 2 | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

Motorist/Non-Motorist

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|---|--|--|--|--|---|--|---------------------------------|----------------------------------|---------------------|------------------------------|----------------------------|
| Unit Number 01 | Name: Last, First, Middle DUNCAN ALFONZSO DE | Date of Birth 06301999 | Age 18 | Gender M F - Female M - Male | | | | | | | |
| Address, City, State, Zip 2989 E 123RD ST CLEVELAND OH 44120 2969 | | Contact Phone - include area code 216-682-6162 | | | | | | | | | |
| 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 04 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | | |
| OL State OH | Operator License Number UM000146 | OL Class 4 | No Valid OL <input checked="" 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 (<input type="checkbox"/> Local Code) | | Offense Description | | Citation Number | | Hands-Free Device Used <input type="checkbox"/> | | Driver Distracted By 1 | | | |

Motorist/Non-Motorist

| | | | | | | | | | | | |
|--|--|------------------------------------|---|--|---|--|---------------------------------|----------------------------------|---------------------|------------------------------|----------------------------|
| Unit Number 02 | Name: Last, First, Middle THOMPSON QUANTIA A | Date of Birth 02191987 | Age 30 | Gender F F - Female M - Male | | | | | | | |
| Address, City, State, Zip 3066 E 130TH ST CLEVELAND OH 44120 3006 | | Contact Phone - include area code | | | | | | | | | |
| 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 SX052336 | 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 (<input checked="" type="checkbox"/> Local Code) 333.03 | | Offense Description ACDA | | Citation Number G20173907 | | Hands-Free Device Used <input type="checkbox"/> | | Driver Distracted By 1 | | | |

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| 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 |

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|---|---|
| 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 |

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|---|---|--|---|---|
| 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 |

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|--|---|--|---|---|
| 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 02 | Name: Last, First, Middle STEWART BENITA | Date of Birth 01241991 | Age 26 | Gender F F - Female M - Male | | | | | |
| Address, City, State, Zip 11010 DOVE AVE CLEVELAND OH 44105 | | Contact Phone - include area code | | | | | | | |
| 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 03 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |

Occupant

| | | | | | | | | | |
|---|---|--|-----------------------------------|--|---|-------------------------------|---------------------------|----------------------|---------------------|
| Unit Number 01 | Name: Last, First, Middle AL DUNCAN TRESHAUN H/ | Date of Birth 06162000 | Age 17 | Gender M F - Female M - Male | | | | | |
| Address, City, State, Zip 3304 OAK PARK AVE CLEVELAND OH 44109 5474 | | Contact Phone - include area code 216-702-5559 | | | | | | | |
| 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 04 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |



Occupant / Witness Addendum

Local Report Number *

2 | 0 | 1 | 7 | 3 | 4 | 5 | 2 | | | | | | | |

Occupant

Occupant

Occupant

Occupant

Occupant

Occupant

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|----------------------|--|--|-----------|------------------------------------|
| Unit Number 0 1 | Name: Last, First, Middle LOISELLE FRANCES EL | Date of Birth 0 4 2 0 2 0 0 0 | Age 17 | Gender F F - Female M - Male |
|----------------------|--|--|-----------|------------------------------------|

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|---|--|--|---|--|
| Address, City, State, Zip 3221 SCRANTON RD CLEVELAND OH 44109 1657 | | | Contact Phone - include area code 216-212-1702 | |
|---|--|--|---|--|

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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 | Seating Position 0 3 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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|----------------------|---|--|-----------|------------------------------------|
| Unit Number 0 2 | Name: Last, First, Middle MORGAN BRYONNA | Date of Birth 1 1 0 6 2 0 0 6 | Age 10 | Gender F F - Female M - Male |
|----------------------|---|--|-----------|------------------------------------|

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|---|--|--|-----------------------------------|--|
| Address, City, State, Zip 11012 GAY CLEVELAND OH 44120 | | | 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 | Seating Position 0 6 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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|----------------------|--|--|-----------|------------------------------------|
| Unit Number 0 2 | Name: Last, First, Middle HOPKINS DE'ANNA | Date of Birth 0 4 1 8 2 0 0 6 | Age 11 | Gender F F - Female M - Male |
|----------------------|--|--|-----------|------------------------------------|

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|---|--|--|---|--|
| Address, City, State, Zip 11012 GAY CLEVELAND OH 44120 | | | Contact Phone - include area code 216-200-3336 | |
|---|--|--|---|--|

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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 | Seating Position 0 4 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

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|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender F - Female M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | | | | |
|---------------------------|--|--|-----------------------------------|--|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

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|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender F - Female M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | | | | |
|---------------------------|--|--|-----------------------------------|--|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

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|---|--|---|--|---|
| 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 |
|--|--|---|--|---|

Page of

OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

| | | |
|--|---|---------------------------------------|
| LOCAL REPORT NUMBER 20173452 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 09 D 30 Y 2017 |
| IN COUNTY OF 18 | CRASH LOCATION TURNEY RD TURNEY @ VERNON | |
| <p>Damage - Unit # 2009 Volkswagen Jetta sustained moderate damage to the rear bumper and trunk.</p> <p style="text-align: center;">Unit # 2 Kia Sorrento sustained light damage to front bumper.</p> <p style="text-align: center;">Both drivers were issued traffic citations for driving without a valid license.</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 030 |