



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2 0 1 7 3 5 0 0	2 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<input type="checkbox"/> PDO Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	0 1 8 2 0	GARFIELD HEIGHTS	0 2	0 2 98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
1 8	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	GARFIELD HTS	1 0 0 4 2 0 1 7	1 6 4 4	W E D

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
4 1 2 5 / 0 3 . 0 0 //	- 8 1 3 6 / 1 7 . 0 0 //		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	0 2	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
S R	1 7	N.S. E.W	GRANGER	R D	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
100	E N.S. W E.W			N.S. E.W	TURNEY	R D

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 1 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - Straight Level 2 - Straight Grade 3 - Curve Level	0 1 Primary Secondary			* Secondary Condition Only

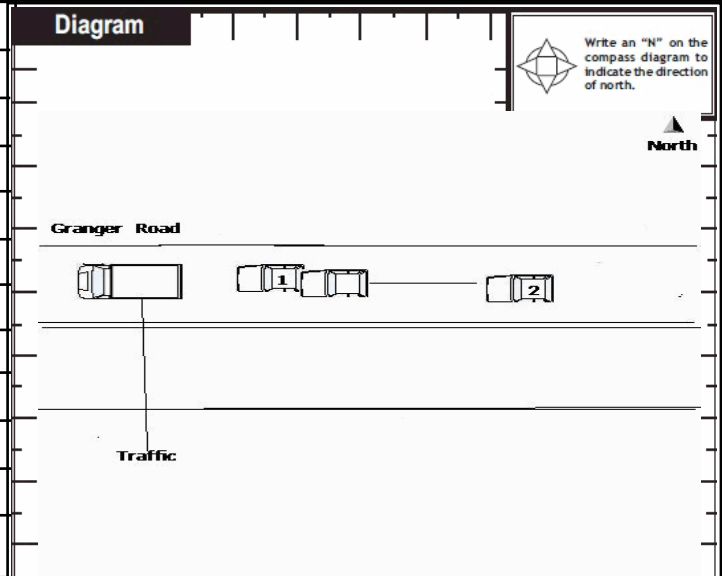
Manner of Crash Collision/Impact	Weather
2 - Rear-End 3 - Head-On 4 - Rear-to-Rear	2 - Clear 3 - Fog, Smog, Smoke

Road Surface	Light conditions	School Bus Related
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block	1 - Primary 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

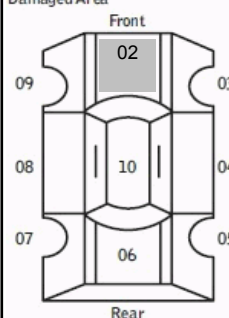
Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2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

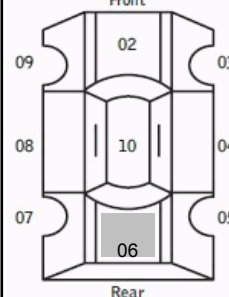
Narrative

UNIT'S 1 & 2 WERE BOTH WESTBOUND ON GRANGER ROAD. UNIT # 1 WAS STOPPED IN TRAFFIC AWAITING THE TRAFFIC SIGNAL, WHEN IT WAS STRUCK IN THE REAR BY UNIT # 2.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	1 0 0 4 2 0 1 7	1 6 4 4	1 6 4 4	1 6 4 4	1 7 4 5	0	6 1
Officer's Name *	Officer's Badge Number	Checked By	Page of					
B. Foxx	030	L10 M. Kaye						

Unit Number <b>02</b>	Owner Name: Last, First, Middle <b>CRO JAMES D</b> <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area 																																																																																			
Owner Address, City, State, Zip <b>1766 LONGWOOD DR MAYFIELD HTS OH 44124</b> <input checked="" type="checkbox"/> Same As Driver			1 - None																																																																																				
LP State <b>OH</b>	License Plate Number <b>EXC3852</b>	Vehicle Identification Number <b>2G1WG5EK9B1227118</b>	# Occupants <b>01</b>																																																																																				
Vehicle Year <b>2011</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>IMP Impala</b>	Vehicle Color <b>BLK Black</b>																																																																																				
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>LIBERTY MUTUAL</b>	Policy Number <b>AOS 288 242839 40 75</b>	Towed By																																																																																				
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<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		Unit Direction From <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West		5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown																																																																																			

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>DUNCAN LEONARD J</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-990-3083</b>	Damage Scale <b>2</b>	Damaged Area 																																																
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>13141 WILLARD AVE GARFIELD HTS OH 44125</b>																																																				
LP State <b>OH</b>	License Plate Number <b>GFJ6957</b>	Vehicle Identification Number <b>2G61M5S34E9192276</b>	# Occupants <b>02</b>																																																	
Vehicle Year <b>2014</b>	Vehicle Make <b>CADI Cadillac</b>	Vehicle Model <b>OTH Other</b>	Vehicle Color <b>BLK Black</b>																																																	
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Contributing Circumstances Primary <b>01</b> 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 <b>01</b> 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																																																	
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Unit Speed <b>0</b> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>25</b>	Traffic Control <b>12</b> 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 <b>3</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown																																													



# Motorist / Non-Motorist / Occupant

Local Report Number \*  
 2 | 0 | 1 | 7 | 3 | 5 | 0 | 0 | | | | | | | | | |

Motorist/Non-Motorist

Unit Number 0   1		Name: Last, First, Middle DUNCAN LEONARD J				Date of Birth 1   0   0   6   1   9   4   6		Age 70	Gender M F - Female M - Male			
Address, City, State, Zip 13141 WILLARD AVE GARFIELD HTS OH 44125							Contact Phone - include area code 216-990-3083					
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used 0   4	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number RS827226		OL Class 4	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	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			<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 1		

Motorist/Non-Motorist

Unit Number 0   2		Name: Last, First, Middle DAMBROSIA VICTORIA LY				Date of Birth 1   1   2   9   1   9   6   9		Age 47	Gender F F - Female M - Male			
Address, City, State, Zip 9979 KINSMAN RD NOVELTY OH 44072 9625							Contact Phone - include area code 216-446-9704					
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency		Medical Facility Injured Taken To		Safety Equipment Used 0   4	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1	
OL State OH	Operator License Number SK713390		OL Class 4	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	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) 333.03			Offense Description ACDA			Citation Number G20173960			<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 1		

<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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Occupant

Unit Number 0   1		Name: Last, First, Middle POWELL DABOR JA				Date of Birth 0   5   2   7   1   9   5   8		Age 59	Gender F F - Female M - Male		
Address, City, State, Zip 13141 WILLARD AVE GARFIELD HTS OH 44125							Contact Phone - include area code 216-341-0618				
Injuries 2	Injured Taken By 4	EMS Agency		Medical Facility Injured Taken To MARY MOUNT HOSPITA		Safety Equipment Used 0   4	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 0   3	Air Bag Usage 1	Ejection 1	Trapped 1

Occupant

Unit Number 		Name: Last, First, Middle				Date of Birth 		Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> 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"/>	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>

# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20173500	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 10   D 04   Y 2017
IN COUNTY OF 18	CRASH LOCATION SR 17 GRANGER RD	

Damage- Unit # 1 2014 Cadillac XTS, sustained moderate damage to rear bumper.

Unit # 2 2011 Chevrolet Impala, sustained moderate damage to front bumper, and hood.

Injuries- passenger from Unit # 2 stated that she was experiencing discomfort in her back and that she will transport her self to the hospital.

OFFICER'S SIGNATURE <b>X</b>	BADGE NUMBER 030
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