



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20173761	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information  
IR 480/ TRANSPORTAT

<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 * 10232017	Time of Crash 1546	Day of Week MON
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Degrees / Minutes / Seconds Latitude 41° 24' 43.000"	Longitude - 81° 36' 25.000"	Decimal Degrees Latitude	Longitude
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Roadway Division <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel W - Northbound S - Southbound	Number of Thru Lanes 04	Road Types or Milepost <sup>2</sup> AL - Alley AV - Avenue BL - Boulevard CR - Circle CT - Court DR - Drive HE - Heights HW - Highway LA - Lane MP - Milepost PK - Parkway PI - Pike PL - Place RD - Road SQ - Square ST - Street TE - Terrace WA - Way
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Location Route Type 1 IR	Location Route Number 480	Loc. Prefix N.S. E.W	Location Road name IR 480	Location Road Type 2 HW	Route Types <sup>1</sup> IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference .4	Dir From Ref E N.S. F E.W	Reference Route Type 1	Reference Route Number	Ref Prefix N.S. E.W	Reference Name (Road, Milepost, House #) 22	Reference Road Type 2 MP
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Reference Point Used 2 - Mile Post	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
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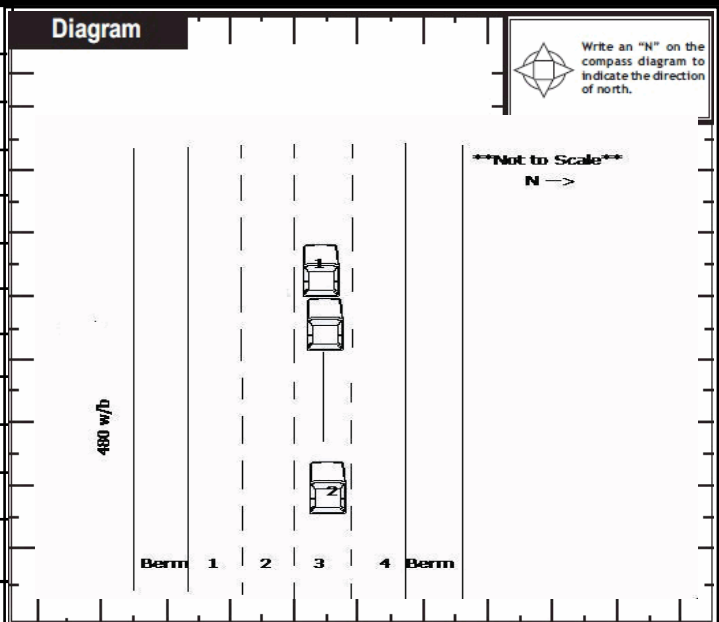
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	Weather 4 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
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Road Surface 2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 1 - Primary Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	9 - Unknown	<input type="checkbox"/> School Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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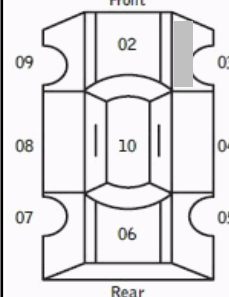
<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	Location of Crash in Work Zone 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area
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Narrative  
UNIT'S 1 & 2 WERE BOTH WESTBOUND ON IR 480. UNIT # 1 WAS STOPPED DUE TO HEAVY TRAFFIC, WHEN IT WAS STRUCK IN THE REAR BY UNIT # 2.



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 10232017	Time Crash Reported 1546	Dispatch Time 1548	Arrival Time 1555	Time Cleared 1645	Other Investigation Time 0	Total Minutes 50
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Officer's Name * B. Foxx	Officer's Badge Number 030	Checked By L09 T. Murphy	Page of
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Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>MARTIN ALEXUS A</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>216-278-6129</b>	Damage Scale <b>3</b>	Damaged Area 																																																
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>14910 TOKAY AVE MAPLE HTS OH 44137</b>			1 - None																																																	
LP State <b>OH</b>	License Plate Number <b>E743434</b>	Vehicle Identification Number <b>3FAHP07Z47R186130</b>	# Occupants <b>02</b>																																																	
Vehicle Year <b>2007</b>	Vehicle Make <b>FORD Ford</b>	Vehicle Model <b>FUS Fusion</b>	Vehicle Color <b>MAR Maroon/Burgundy</b>																																																	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>PROGRESSIVE</b>	Policy Number	Towed By																																																	
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Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>14917 HUMMEL RD BROOKPARK OH 44142 2051</b>			1 - None		
LP State <b>OH</b>	License Plate Number <b>FRN3816</b>	Vehicle Identification Number <b>1J4GL48K77W505862</b>	# Occupants <b>01</b>		
Vehicle Year <b>2007</b>	Vehicle Make <b>JEEP Jeep</b>	Vehicle Model <b>LOC Liberty/Chrkee See Nameplat</b>	Vehicle Color <b>BLU Blue</b>		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>STATE FARM</b>	Policy Number <b>906 6509 C17-35</b>	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 <b>01</b> 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 <b>3</b> 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		
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# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 7 | 3 | 7 | 6 | 1 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Unit Number 0   2	Name: Last, First, Middle MARTIN ALEXUS A	Date of Birth 0   1   2   0   1   9   9   2	Age 25	Gender F - Female M - Male
Address, City, State, Zip 14910 TOKAY AVE MAPLE HTS OH 44137			Contact Phone - include area code 216-278-6129	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4
OL State OH	Operator License Number TR274497	OL Class 4	No Valid OL	M/C End
Offense Charged 333.03	Offense Description A.C.D.A	Citation Number G20174338	Hands-Free Device Used	Driver Distracted By 1

Unit Number 0   1	Name: Last, First, Middle BOEHM LAWRENCE N	Date of Birth 0   1   1   5   1   9   7   3	Age 44	Gender M - Male F - Female
Address, City, State, Zip 14917 HUMMEL RD BROOKPARK OH 44142 2051			Contact Phone - include area code 330-636-1574	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4
OL State OH	Operator License Number RD590418	OL Class 4	No Valid OL	M/C End
Offense Charged	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By 1

<b>Injuries</b>	<b>Injured Taken By</b>	<b>Safety Equipment Used</b>	<b>99 - Unknown Safety Equipment</b>
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	<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>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

<b>Seating Position</b>	<b>Air Bag Usage</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	1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown

<b>Ejection</b>	<b>Trapped</b>	<b>Operator License Class</b>	<b>Condition</b>	<b>Alcohol/Drug Suspected</b>
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 Only	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

<b>Alcohol Test Status</b>	<b>Alcohol Test Type</b>	<b>Drug Test Status</b>	<b>Drug Test Type</b>	<b>Driver Distracted By</b>
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

Unit Number 0   2	Name: Last, First, Middle MARTIN KATHY M	Date of Birth 0   1   2   5   1   9   9   4	Age 23	Gender F - Female M - Male
Address, City, State, Zip 15816 CORSICA AVE CLEVELAND OH 44110 1439			Contact Phone - include area code 216-414-3624	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4
Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
Address, City, State, Zip			Contact Phone - include area code	
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used

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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