



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20174128	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information SUNOCO	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
	01820	GARFIELD HEIGHTS	02	02 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	GARFIELD HTS	11152017	1711	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.417015	-81.606650

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	04	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>
SR	17	N.S. E.W	GRANGER	RD	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	<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles <input type="checkbox"/> Yards	W N.S. E.W		N.S. E.W	TURNEY	RD

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

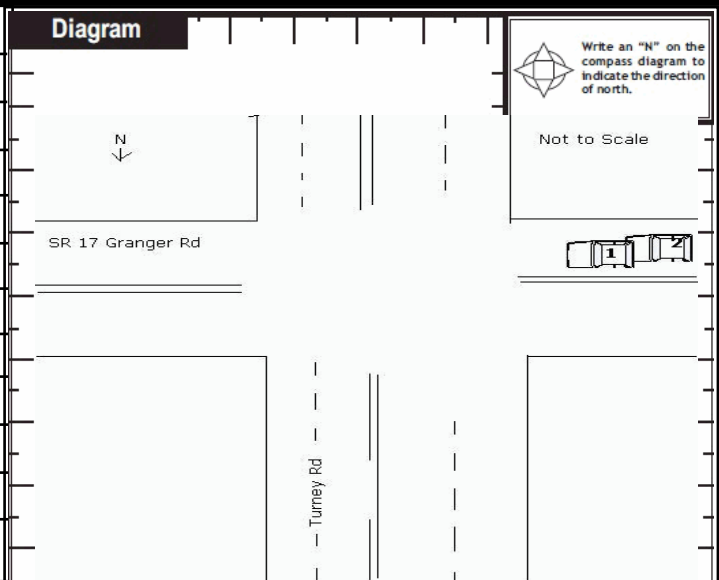
Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - Straight Level 2 - Straight Grade 3 - Curve Level	02 Primary Secondary			* Secondary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

Manner of Crash Collision/Impact	Weather
2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 1 - Not Collision Between Two Motor Vehicles In Transport 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	4 - 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

Road Surface	Light conditions	School Bus Related
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 - 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"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

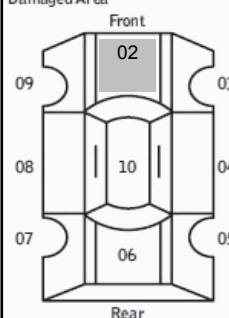
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder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

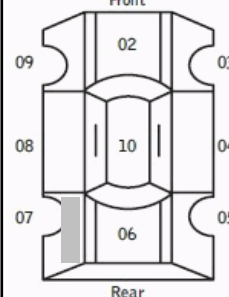
**Narrative**  
 UNIT #1 AND #2 WERE TRAVELLING E/B ON GRANGER ROAD IN THE CURB LANE. UNIT #1 WAS STOPPED WITH TRAFFIC. UNIT #2 STRUCK UNIT #1 FROM BEHIND. THE DRIVER OF UNIT #2 STATED HE WAS LOOKING AT HIS GPS FOR A GAS STATION WHEN HIS VEHICLE HIT UNIT #1. BWC



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"/>	11152017	1711	1713	1800	1820	20	40

Officer's Name *	Officer's Badge Number	Checked By	Page of
C. Bruno	021	L09 T. Murphy	

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>HUDECEK CEMENT INC</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>216-956-6744</b>	Damage Scale <b>3</b>	Damaged Area 	
Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>6678 BIG CRK PKWY MIDDLEBURG HTS OH 44129</b>			1 - None		
LP State <b>OH</b>	License Plate Number <b>PAN7528</b>	Vehicle Identification Number <b>1B7MC36C2TS717164</b>	2 - Minor		
Vehicle Year <b>1996</b>	Vehicle Make <b>DODG Dodge</b>	Vehicle Model <b>R50 Ram 50</b>	3 - Functional		
Vehicle Color <b>RED Red</b>	Proof of Insurance Shown <input checked="" type="checkbox"/> Insurance Company <b>WESTFIELD GROUP</b>		4 - Disabling		
Policy Number <b>CWP048785</b>		Towed By		9 - Unknown	
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>1</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		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number	Non-Motorist Location Prior to Impact <b>01</b> 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 <b>2</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>07</b> 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	
Special Function <b>01</b> 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)	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	
Pre-Crash Actions <b>11</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action	Most Damaged Area <b>02</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Contributing Circumstances <b>09</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>35</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</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	Unit Direction From <b>4</b> To <b>3</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>ULEE APRIL M</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>440-361-0587</b>	Damage Scale <b>3</b>	Damaged Area 																																																																																			
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LP State <b>OH</b>	License Plate Number <b>GKU4771</b>	Vehicle Identification Number <b>1N4AL2AP2CC136948</b>	# Occupants <b>03</b>																																																																																				
Vehicle Year <b>2012</b>	Vehicle Make <b>NISSAN Nissan</b>	Vehicle Model <b>ALT Altima</b>	Vehicle Color <b>BLK Black</b>																																																																																				
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			50 - Work Zone Maintenance Equipment																																																																																				
			51 - Wall, Building, Tunnel																																																																																				
			52 - Other Fixed Object																																																																																				
Unit Speed <b>0</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</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>4</b> To <b>3</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 | 4 | 1 | 2 | 8 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0   2	Name: Last, First, Middle GRAY LEON M	Date of Birth 0   9   2   1   1   9   8   4	Age 33	Gender M F - Female M - Male							
Address, City, State, Zip 14121 ELSETTA AVE CLEVELAND OH 44135			Contact Phone - include area code 440-219-8380								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number SP878410	OL Class 4	No Valid OL	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 (Local Code) 333.03	Offense Description ACDA	Citation Number G20174793	Hands-Free Device Used	Driver Distracted By 5							

Unit Number 0   1	Name: Last, First, Middle ULEE APRIL M	Date of Birth 0   7   0   1   1   9   7   7	Age 40	Gender F F - Female M - Male							
Address, City, State, Zip 13701 WOODWARD BLVD GARFIELD HTS OH 44125			Contact Phone - include area code 440-361-0587								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RC924391	OL Class 4	No Valid OL	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 (Local Code)	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>									
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	99 - Unknown Safety Equipment								
		<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   1	Name: Last, First, Middle ANDERSON OLIVIA	Date of Birth 0   1   0   9   1   9   9   9	Age 18	Gender F F - Female M - Male
Address, City, State, Zip 13701 WOODWARD BL GARFIELD HTS OH 44125			Contact Phone - include area code 440-361-0587	

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   1	Name: Last, First, Middle HOLSTEIN ROBERT	Date of Birth 0   4   1   0   2   0   1   0	Age 7	Gender M F - Female M - Male
Address, City, State, Zip 13701 WOODWARD GARFIELD HTS OH 44125			Contact Phone - include area code 440-361-0587	

Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   7	DOT Compliant Motorcycle Helmet	Seating Position 0   6	Air Bag Usage 1	Ejection 1	Trapped 1
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