



# Traffic Crash Report

|                       |  |                            |
|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 20174657              | 3 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
**ADVANCE AUTO PARTS**

|  |   |  |                                  |   |                       |   |
|--|---|--|----------------------------------|---|-----------------------|---|
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input checked="" type="checkbox"/> Private Property | Reporting Agency NCIC *<br>01820 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>02 | Unit in error<br>02 98 - Animal<br>99 - Unknown |
|--|---|--|----------------------------------|---|-----------------------|---|

|                |   |   |                          |                       |                   |
|----------------|---|---|--------------------------|-----------------------|-------------------|
| County *<br>18 | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township *<br>GARFIELD HTS | Crash Date *<br>12222017 | Time of Crash<br>1804 | Day of Week<br>FR |
|----------------|---|---|--------------------------|-----------------------|-------------------|

|                                      |           |                          |           |
|--------------------------------------|-----------|--------------------------|-----------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
|                                      |           | 41.42441                 | -81.61185 |

|   |  |                                |                            |   |
|---|--|--------------------------------|----------------------------|---|
| Roadway Division<br><input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | Divided Lane Direction of Travel<br><input type="checkbox"/> N - Northbound<br><input type="checkbox"/> S - Southbound | E - Eastbound<br>W - Westbound | Number of Thru Lanes<br>02 | 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 | Location Route Number | Loc. Prefix<br>N.S.<br>E.W | Location Road name<br>TURNEY | Location Road Type 2<br>RD | 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><input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards | Dir From Ref<br>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>5016 | Reference Road Type 2 |
|--|-----------------------------|------------------------|------------------------|---------------------------|--|-----------------------|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Reference Point Used<br>3 - 1 - Intersection<br>2 - Mile Post<br>3 - House Number | Crash Location<br>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 | <input type="checkbox"/> Intersection Related | Location of First Harmful Event<br>6 - 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 |
|---|--|---|--|---|--|

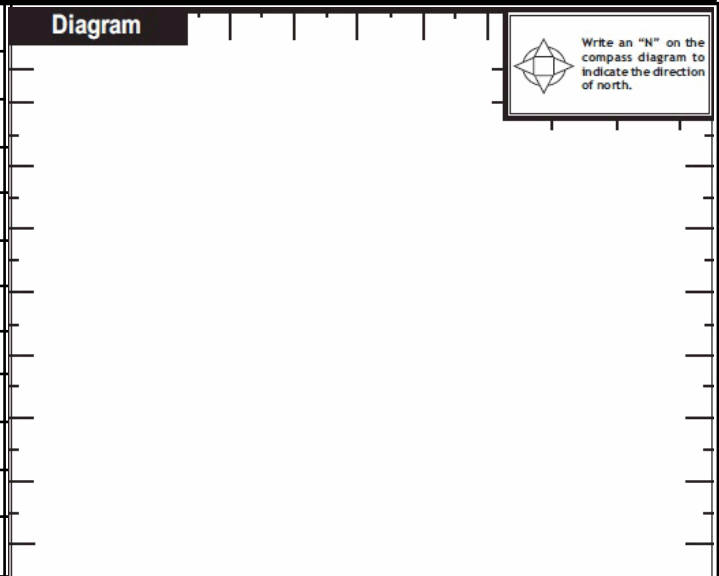
|   |   |   |  |  |                            |
|---|---|---|--|--|----------------------------|
| Road Contour<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary<br>Secondary<br>02 | 01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - 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>4 - 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>4 - 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 | <input type="checkbox"/> School Bus Related<br><input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |
|--|---|---|

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Work Zone Related<br><input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> 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  
SEE OH-2



Report Taken By  Police Agency  Motorist  Supplement (Correction or Addition to an Existing Report Sent to ODPS)

|                                 |                             |                       |                      |                      |                                |                      |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|----------------------|
| Date Crash Reported<br>12222017 | Time Crash Reported<br>1804 | Dispatch Time<br>1815 | Arrival Time<br>1838 | Time Cleared<br>1930 | Other Investigation Time<br>60 | Total Minutes<br>112 |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|----------------------|

|                            |                               |                           |         |
|----------------------------|-------------------------------|---------------------------|---------|
| Officer's Name *<br>C. Lee | Officer's Badge Number<br>007 | Checked By<br>L10 M. Kaye | Page of |
|----------------------------|-------------------------------|---------------------------|---------|

|  |   |  |  |   |
|--|---|--|--|---|
| Unit Number<br><b>01</b>   | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>FLEET GELCO T</b>   | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )  | Damage Scale<br><b>2</b>   | Damaged Area<br>  |
| Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>3 CAPITAL DR EDEN PRAIRIE MN 55334</b>   |   |  |  |   |
| LP State<br><b>OH</b>  | License Plate Number<br><b>HFA1656</b>  | Vehicle Identification Number<br><b>1G1JG6SHX4171390</b>   | # Occupants<br><b>00</b>   |   |
| Vehicle Year<br><b>2017</b>  | Vehicle Make<br><b>CHEV Chevrolet</b>   | Vehicle Model<br><b>SPR Sprint</b>   | Vehicle Color<br><b>WHI White</b>  |   |
| <input type="checkbox"/> Proof of Insurance Shown  | Insurance Company   | Policy Number  | Towed By   |   |
| Carrier Name, Address, City, State, Zip  |   |  | Carrier Phone - include area code  |   |
| US DOT   | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b>   | Trafficway Description<br><b>1</b>   |   |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released  | 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  | 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 Class Number  |   | 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   |   |
| Non-Motorist Location Prior to Impact<br><b>01</b>   |   | Type of Use<br><b>2</b>  | Unit Type<br><b>02</b>   |   |
| 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 |   | 1 - Personal<br>2 - Commercial<br>3 - Government<br><br><input type="checkbox"/> In Emergency Response   | Passenger Vehicle (less than 9 passengers)<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        |   |
|  |   |  | Med/Heavy Trucks or Combo Units>10k lbs<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>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)  |   |
| Special Function<br><b>01</b>  |   |  | Most Damaged Area<br><b>07</b>   |   |
| 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.  | 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   |   |
|  |   |  | Impact Area<br><b>07</b>   |   |
|  |   |  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other   |   |
|  |   |  | 99 - Unknown<br><b>4</b>   |   |
|  |   |  | 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>10</b>   |   | Motorist   |  | Non-Motorist  |
| 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  |
| 99 - Unknown   |   |  |  | 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   |   | Motorist   |  | Non-Motorist  |
| Primary<br><b>01</b>   |   | 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   |  | 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   |
| Secondary<br><b>00</b>   |   | 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 |  | 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 |
| 99 - Unknown   |   |  |  |   |
| Sequence of Events   |   | Non-Collision Events   |  | Collision With Fixed Object   |
| 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>  |   | 01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift  |  | 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  |
| First Harmful Event <b>1</b> Most Harmful Event <b>1</b>   |   | 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   |  | 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox  |
| 99 - Unknown   |   | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision  |  | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object  |
| Collision with Person, Vehicle or Object Not Fixed   |   | Collision With Fixed Object  |  |   |
| 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  |   | 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  |  |   |
|  |   | 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  |  |   |
| Unit Speed<br><b>0</b>   |   | Posted Speed<br><b>15</b>  |  | Traffic Control<br><b>12</b>  |
| <input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated   |   | 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone  |  | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings  |
|  |   | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported  |  | Unit Direction<br>From <b>4</b> To <b>3</b>   |
|  |   |  |  | 1 - North<br>2 - South<br>3 - East<br>4 - West  |
|  |   |  |  | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown   |



# Unit

Local Report Number \*

2 0 1 7 4 6 5 7

|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| Unit Number<br><b>0 2</b>  |  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>LITTLEJOHN CINDEY PATHRESSE</b>  |  | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>216-647-9932</b>   |  | Damage Scale<br><b>2</b>  |  | Damaged Area<br>  |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>15512 WALVERN BLVD MAPLE HEIGHTS OH 44137</b>   |  |  |  |  |  | 1 - None  |  |   |  |
| LP State<br><b>OH</b>  |  | License Plate Number<br><b>HAR7978</b>   |  | Vehicle Identification Number<br><b>2 C N F L C E C X B 6 2 6 6 9 6 2</b>  |  | # Occupants<br><b>0 1</b>   |  | 2 - Minor   |  |
| Vehicle Year<br><b>2 0 1 1</b>   |  | Vehicle Make<br><b>CHEV Chevrolet</b>  |  | Vehicle Model<br><b>EQX Equinox</b>  |  | Vehicle Color<br><b>GLD Gold</b>  |  | 3 - Functional  |  |
| <input type="checkbox"/> Proof of Insurance Shown  |  | Insurance Company  |  | Policy Number  |  | Towed By  |  | 4 - Disabling   |  |
| Carrier Name, Address, City, State, Zip  |  |  |  |  |  | Carrier Phone - include area code   |  |   |  |
| US DOT   |  | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs.  |  | Cargo Body Type<br><b>0 1</b>  |  | Trafficway Description<br><b>1</b>  |  | 9 - Unknown   |  |
| HM Placard ID No.  |  | <input type="checkbox"/> Hazardous Material Released   |  | 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  |  | 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   |  |   |  |
| <input type="checkbox"/> HM Class Number   |  |  |  | 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 checked="" type="checkbox"/> Hit / Skip Unit   |  |   |  |
| Non-Motorist Location Prior to Impact<br><b>0 1</b>  |  | Type of Use<br><b>1</b>  |  | Unit Type<br><b>0 6</b>  |  | Med/Heavy Trucks or Combo Units>10k lbs   |  | Bus/Van/Limo (9 or More Including Driver)   |  |
| 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 |  | 1 - Personal<br>2 - Commercial<br>3 - Government<br><br><input type="checkbox"/> In Emergency Response   |  | 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  |  | 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   |  | 21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br><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                            |  |
| Special Function<br><b>0 1</b>   |  | 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>0 4</b>   |  | Action<br><b>3</b>  |  |
| 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  |  |  |  |  |  | 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  |  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other  |  |
| Pre-Crash Actions<br><b>0 6</b>  |  | Motorist   |  | Non-Motorist   |  |   |  |   |  |
| 99 - Unknown   |  | 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  |  | 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   |  | Motorist   |  | Non-Motorist   |  | Vehicle Defects   |  |   |  |
| Primary<br><b>0 1</b>  |  | 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 |  | 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 |  | 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 |  | <b>0 1</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 |  |
| Secondary<br><b>0 0</b>  |  | 99 - Unknown   |  |  |  |   |  |   |  |
| Sequence of Events   |  | Non-Collision Events   |  | Collision With Fixed Object  |  |   |  |   |  |
| 1 <b>2 0</b> 2 <b>0 0</b> 3 <b>0 0</b> 4 <b>0 0</b> 5 <b>0 0</b> 6 <b>0 0</b>  |  | 01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift  |  | 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  |  | 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  |  | 10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |  |
| First Harmful Event <b>1</b>   |  | Most Harmful Event <b>1</b>  |  | 99 - Unknown   |  |   |  |   |  |
| Collision with Person, Vehicle or Object Not Fixed   |  | Collision With Fixed Object  |  |  |  |   |  |   |  |
| 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  |  | 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  |  | 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   |  | 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox  |  | 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>5</b>   |  | Posted Speed<br><b>1 5</b>   |  | Traffic Control<br><b>1 2</b>  |  | Unit Direction<br>From <b>1</b> To <b>3</b>   |  |   |  |
| <input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated   |  | 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone  |  | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings   |  | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported   |  | 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 | 4 | 6 | 5 | 7 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|   |  |   |   |  |  |  |  |  |   |                         |                       |
|---|--|---|---|--|--|--|--|--|---|-------------------------|-----------------------|
| Unit Number<br>0   2  | Name: Last, First, Middle<br>LITTLEJOHN SADIE AN   | Date of Birth<br>0   9   1   7   1   9   8   9  | Age<br>28   | Gender<br>F - Female<br>M - Male   |  |  |  |  |   |                         |                       |
| Address, City, State, Zip<br>19413 LIBBY RD MAPLE HTS OH 44125  |  |   | Contact Phone - include area code<br>216-278-3365   |  |  |  |  |  |   |                         |                       |
| Injuries<br>1   | Injured Taken By<br>[ ]  | 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>OH  | Operator License Number<br>TH104077  | OL Class<br>[ ]   | No Valid OL<br><input checked="" 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<br>.   | Drug Test Status<br>1   | Drug Test Type<br>1   |
| Offense Charged ( <input checked="" type="checkbox"/> Local Code )<br>4510.11a  |  | Offense Description<br>DUS  |   |  | Citation Number<br>G20174657   |  | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 [ ]  |   |                         |                       |
| Unit Number<br>[ ]  | Name: Last, First, Middle  | Date of Birth<br>[ ]  | Age   | Gender<br>F - Female<br>M - Male   |  |  |  |  |   |                         |                       |
| Address, City, State, Zip   |  |   | Contact Phone - include area code   |  |  |  |  |  |   |                         |                       |
| Injuries<br>[ ]   | Injured Taken By<br>[ ]  | EMS Agency  | Medical Facility Injured Taken To   | Safety Equipment Used<br>[ ]   | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/>              | Seating Position<br>[ ]  | Air Bag Usage<br>[ ]                               | Ejection<br>[ ]  | Trapped<br>[ ]  |                         |                       |
| OL State<br>[ ]   | Operator License Number  | OL Class<br>[ ]   | No Valid OL<br><input type="checkbox"/>   | M/C End<br><input type="checkbox"/>  | Condition<br>[ ]   | Alcohol/Drug Suspected<br>[ ]  | Alcohol Test Status<br>[ ]                         | Alcohol Test Type<br>[ ]   | Alcohol Test Value<br>.   | Drug Test Status<br>[ ] | Drug Test Type<br>[ ] |
| Offense Charged ( <input type="checkbox"/> Local Code )   |  | Offense Description   |   |  | Citation Number  |  | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>[ ]  |   |                         |                       |
| <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 |   | <b>99 - Unknown Safety Equipment</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used |  | <b>Non-Motorist</b><br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)  |  | 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 |  |   | <b>07 - Third - Left Side (Motorcycle Side Car)</b><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) |  |  | <b>12 - Passenger in Unenclosed Cargo Area</b><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                                     |  | <b>6 - Fell Asleep, Fainted, Fatigued</b><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 |  |  |   |                         |                       |
| Unit Number<br>[ ]  | Name: Last, First, Middle  | Date of Birth<br>[ ]  | Age   | Gender<br>F - Female<br>M - Male   |  |  |  |  |   |                         |                       |
| Address, City, State, Zip   |  |   | Contact Phone - include area code   |  |  |  |  |  |   |                         |                       |
| Injuries<br>[ ]   | Injured Taken By<br>[ ]  | EMS Agency  | Medical Facility Injured Taken To   | Safety Equipment Used<br>[ ]   | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/>              | Seating Position<br>[ ]  | Air Bag Usage<br>[ ]                               | Ejection<br>[ ]  | Trapped<br>[ ]  |                         |                       |
| Unit Number<br>[ ]  | Name: Last, First, Middle  | Date of Birth<br>[ ]  | Age   | Gender<br>F - Female<br>M - Male   |  |  |  |  |   |                         |                       |
| Address, City, State, Zip   |  |   | Contact Phone - include area code   |  |  |  |  |  |   |                         |                       |
| Injuries<br>[ ]   | Injured Taken By<br>[ ]  | EMS Agency  | Medical Facility Injured Taken To   | Safety Equipment Used<br>[ ]   | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/>              | Seating Position<br>[ ]  | Air Bag Usage<br>[ ]                               | Ejection<br>[ ]  | Trapped<br>[ ]  |                         |                       |

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

|   |  |                                       |
|---|--|---------------------------------------|
| LOCAL REPORT NUMBER<br>20174657   | REPORTING AGENCY<br>GARFIELD HEIGHTS           | DATE OF CRASH<br>M 12   D 22   Y 2017 |
| IN COUNTY OF<br>18  | CRASH LOCATION<br>TURNEY RD ADVANCE AUTO PARTS |                                       |
| <p>Officer Lee #007, was dispatched to 5016 Turney Rd. ( Advance Auto) for a report of a hit skip. Upon my arrival, I was met a the front counter by a male identified as Kalen O. Morgan. Kalen, stated on the above date at around 1430 hours, a female came into the store asking who did the white vehicle outside belong to. Kalen stated he informed the female that it was the company's car. Kalen stated she advised him that a female just hit the car and left the scene. Kalen stated the female provided him with a photo that she took on her cell phone of the vehicle that left the scene. The vehicle returned to a female that resides in Maple Hts, in which I respond to that location. The vehicle involved in the hit skip was not on scene however when I was knocking on the rear door, a female arrived on scene in the vehicle. The female was identified as Sadie A. LittleJohn, I asked Sadie what took place in the parking lot on Turney Rd. Sadie stated while she was attempting to making a left hand turn into a parking space. She noticed a vehicle to the left of her was over the line which caused her to pull closer to the white vehicle that was parked to the right. Sadie stated that caused her passenger side front and rear door made contact with the rear driver side rear fender and bumper. Sadie stated when she got out of the vehicle she did not noticed any damage so she left the scene.</p> |  |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>   |  | BADGE NUMBER<br>007                   |