



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20174741	3 1 - Fatal 2 - Injury 3 - PDO	1 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	01	01 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
18		GARFIELD HTS	12302017	0204	SAT

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.429753	-81.615904

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	E N - Northbound 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>
		N.S. E.W	GARFIELD	BL	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>
50	S N.S. E.W			N.S. E.W	4788	

Reference Point Used	Crash Location	Reference Point Used	Location of First Harmful Event
3 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	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	4 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	03 Primary Secondary			* Secondary Condition Only

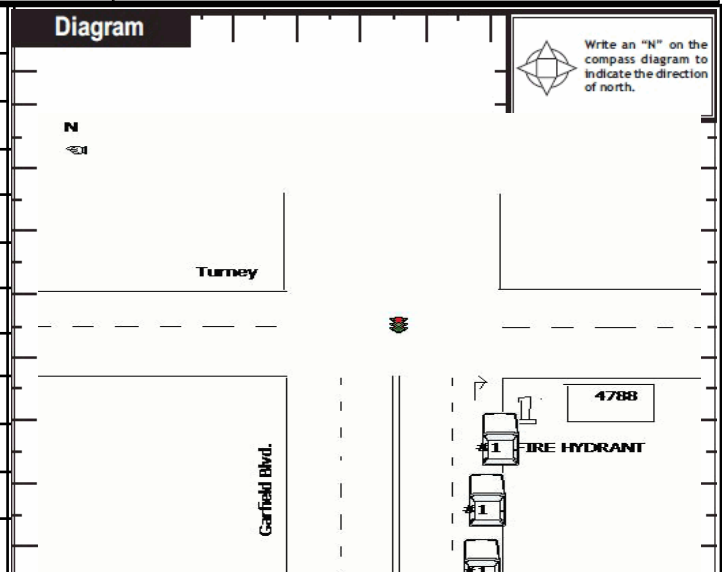
Manner of Crash Collision/Impact	Weather
9 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	6 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light conditions	School Bus Related
2 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	<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 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 WAS TRAVELING EAST ON GARFIELD BLVD. RAN OFF THE ROAD AND STRUCK A FIRE HYDRANT NEAR 4788 TURNEY RD. GREY PLASTIC PART WITH PART# 63851ZK30 A WAS FOUND IN ROAD.



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"/>	12302017	0204	0209	0216	0233	90	107
Officer's Name *	Officer's Badge Number	Checked By	Page of					
J. Holiday	028	S13 N. Rossi						



# Unit

Local Report Number \*

2 0 1 7 4 7 4 1

Unit Number <b>01</b>		Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver ) <b>JACKSON DAMON LAMONT EDWARD</b>		Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )		Damage Scale <b>3</b>																																																																																											
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>4688 WALFORD RD APT WARRENSVL HTS OH 44128 5116</b>						1 - None																																																																																											
LP State <b>OH</b>	License Plate Number <b>GOOF2X</b>	Vehicle Identification Number <b>1N4BA41E08C803592</b>		# Occupants <b>01</b>	2 - Minor																																																																																												
Vehicle Year <b>2008</b>	Vehicle Make <b>NISSAN Nissan</b>	Vehicle Model <b>MAX Maxima</b>	Vehicle Color <b>GRY Gray</b>	3 - Functional	4 - Disabling	9 - Unknown																																																																																											
<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 <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>	Trafficway Description <b>1</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 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown <input checked="" type="checkbox"/> Hit / Skip Unit																																																																																													
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	HM Class Number	Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>03</b>	Special Function <b>01</b>	Most Damaged Area <b>02</b>	Action <b>3</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	1 - Personal	2 - Commercial	3 - Government	<input type="checkbox"/> In Emergency Response	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	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	21 - Bus/Van (9-15 Seats, Inc Driver)	22 - BUS(16+ Seats, Inc Driver)	23 - Animal with Rider	24 - Animal with Buggy, Wagon, Surrey	25 - Bicycle/Pedacyclist	26 - Pedestrian/Skater	27 - Other Non-Motorist																																																						
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)	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	99 - Unknown	1 - Non-Contact	2 - Non-Collision	3 - Striking	4 - Struck	5 - Striking/Struck	9 - Unknown																																																							
Pre-Crash Actions <b>01</b>	Motorist	Non-Motorist	Contributing Circumstances	Vehicle Defects	Sequence of Events	Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object	Unit Speed	Posted Speed	Traffic Control	Unit Direction																																																																																						
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	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	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	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	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	01 - 08	02 - 49	03 -	04 -	05 -	06 -	01 - Pedestrian	02 - Pedalcycle	03 - Railway Vehicle (Train,Engine)	04 - Animal - Farm	05 - Animal - Deer	06 - Animal - Other	07 - Motor Vehicle in Transport	08 - Pedestrian	09 - Fire Hydrant	10 - Work Zone Maintenance Equipment	11 - Wall, Building, Tunnel	12 - Other Fixed Object	01 - 25	02 - 25	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	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 | 7 | 4 | 1 | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number   0   1	Name: Last, First, Middle JACKSON DAMON LA	Date of Birth   1   2   2   5   1   9   9   5	Age 22	Gender   M   F - Female M - Male
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Address, City, State, Zip 4688 WALFORD RD APT WARRENSVL HTS OH 44128 5116	Contact Phone - include area code
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Injuries   1	Injured Taken By   1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used   9   9	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position   0   1	Air Bag Usage   1	Ejection   1	Trapped   1
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OL State   O   H	Operator License Number TY591405	OL Class   4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition   1	Alcohol/Drug Suspected   1	Alcohol Test Status 	Alcohol Test Type 	Alcohol Test Value 	Drug Test Status 	Drug Test Type 
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Offense Charged ( Local Code )	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By   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 <input type="checkbox"/>	Seating Position 	Air Bag Usage 	Ejection 	Trapped 
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OL State 	Operator License Number	OL Class 	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 	Alcohol/Drug Suspected 	Alcohol Test Status 	Alcohol Test Type 	Alcohol Test Value 	Drug Test Status 	Drug Test Type 
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Offense Charged ( Local Code )	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 
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<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>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used <b>99 - Unknown Safety Equipment</b>	<b>Non-Motorist</b> 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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Unit Number 	Name: Last, First, Middle HICKMAN JUAN	Date of Birth   0   4   1   4   1   9   9   7	Age 20	Gender   M   F - Female M - Male
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Address, City, State, Zip 828 MCKINNEY WARR HTS OH 44128	Contact Phone - include area code 216-224-3091
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Injuries 	Injured Taken By 	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	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
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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 <input type="checkbox"/>	Seating Position 	Air Bag Usage 	Ejection 	Trapped 
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