



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20180183	3 - 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"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	02	02 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	01172018	1635	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.421267	-81.615531

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	02	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 ¹	Location Route Number	Loc. Prefix	Location Road name	Location Road Type ²	Route Types ¹
		N.S. E.W.	S. HIGHLAND	AV	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 ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N.S. E.W.			N.S. E.W.	9819	

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Location of First Harmful Event
3 - 1 - Intersection 2 - Mile Post 3 - House Number	01 - 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	9819	1 - 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

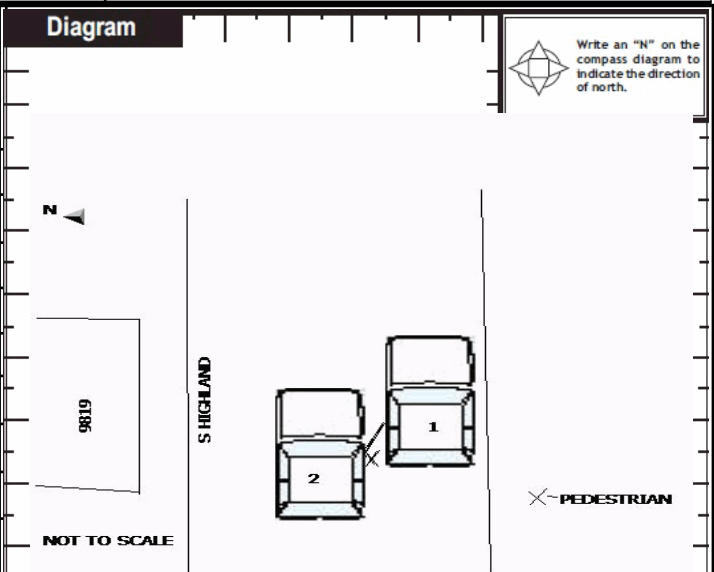
Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level	01 - 01 - Primary 02 - Secondary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

Manner of Crash Collision/Impact	Weather
7 - 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	2 - 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	1 - 1 - Primary 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 Zone 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"/> 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
SEE OH-2



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
01172018	1635	1638	1644	1653	45	54

Officer's Name *	Officer's Badge Number	Checked By	Page of
B. Cwiklinski	009	L07 D. Bailey	



Unit

Local Report Number *

2 0 1 8 0 1 8 3

Unit Number 0 2	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) MARCHETTI CARL R	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 3	Damaged Area 	
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 8609 MACOMB AVE GARFIELD HTS OH 44125			1 - None		
LP State OH	License Plate Number EJ62JF	Vehicle Identification Number 1 B 4 G P 4 4 R 5 T B 4 6 0 6 2 6	# Occupants 0 2		
Vehicle Year 1 9 9 6	Vehicle Make DODG Dodge	Vehicle Model CAR Caravan	Vehicle Color SIL Alum/Silver		
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company ALLSTATE	Policy Number 926758702	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 0 1 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 1 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 <input type="checkbox"/> Hit / Skip Unit		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released				
HM Class Number					
Non-Motorist Location Prior to Impact 0 1 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 0 5 99 - Unknown or Hit/Skip 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	Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs 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	
Special Function 0 1 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)	Most Damaged Area 0 4 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	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Pre-Crash Actions 0 1 99 - Unknown	Motorist 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	Non-Motorist 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
Contributing Circumstances Primary 0 9 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 0 0 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		
Sequence of Events 1 2 1 2 0 0 3 0 0 4 0 0 5 0 0 6 0 0 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision				
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object		Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object			
Unit Speed 1 5 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 2 5	Traffic Control 0 1 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 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	



Unit

Local Report Number *

2 | 0 | 1 | 8 | 0 | 1 | 8 | 3 | | | | |

Unit Number 011		Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) WOODS ANASTASIA SHANICE		Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)		Damage Scale 3	
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 9819 S HIGHLAND GARFIELD HTS OH 44125						1 - None	
LP State OH	License Plate Number GTY9325	Vehicle Identification Number 5XYKTD A23CG226023		# Occupants 02		2 - Minor	
Vehicle Year 2012	Vehicle Make KIA	Kia Motors Corpora	Vehicle Model SOR	Sorento	Vehicle Color SIL	Alum/Silver	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By			4 - Disabling	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 01	01 - No Cargo Body Type/Not Applicable	09 - Pole	Trafficway Description 1	1 - Two-Way, Not Divided	2 - Two-Way, Not Divided, Continuous Left Turn Lane
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	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
HM Class Number	10 - Flat Bed	11 - Cargo Tank	12 - Dump	13 - Concrete Mixer	14 - Auto Transporter	15 - Garbage/Refuse	99 - Other/Unknown
Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	Passenger Vehicle (less than 9 passengers)	Med/Heavy Trucks or Combo Units>10k lbs	Bus/Van/Limo (9 or More Including Driver)	23 - Animal with Rider	24 - Animal with Buggy, Wagon, Surrey
01 - Intersection - Marked Crosswalk	1 - Personal	01 - Sub-Compact	02 - Compact	13 - Single Unit Truck or Van 2axle, 6 tires	21 - Bus/Van (9-15 Seats, Inc Driver)	25 - Bicycle/Pedacyclist	26 - Pedestrian/Skater
02 - Intersection - No Crosswalk	2 - Commercial	03 - Mid Size	04 - Full Size	14 - Single Unit Truck 3+ axles	22 - BUS(16+ Seats, Inc Driver)	27 - Other Non-Motorist	
03 - Intersection - Other	3 - Government	05 - Minivan	06 - Sports Utility Vehicle	15 - Single Unit Truck/Trailer			
04 - Midblock - Marked Crosswalk	<input type="checkbox"/> In Emergency Response	07 - Pickup	08 - Van	16 - Truck/Tractor(Bobtail)			
05 - Travel Lane - Other Location		09 - Motorcycle	10 - Motorized Bicycle	17 - Tractor/Semi-Trailer			
06 - Bicycle Lane		11 - Snowmobile/ATV	12 - Other Passenger Vehicle	18 - Tractor/Double			
07 - Shoulder/Roadside				19 - Tractor/Triples			
08 - Sidewalk				20 - Other Med/Heavy Vehicle			
09 - Median/Crossing Island							
10 - Driveway Access							
11 - Shared-Use Path or Trail							
12 - Non-Trafficway Area							
99 - Other/Unknown							
Special Function 01	01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area 07	01 - None	08 - Left Side	99 - Unknown
02 - Taxi	10 - Fire	18 - Farm Equipment	18 - Farm Equipment	02 - Center Front	09 - Left Front		
03 - Rental Truck (Over 10K Lbs)	11 - Highway/Maintenance	19 - Motorhome	19 - Motorhome	03 - Right Front	10 - Top and Windows		
04 - Bus - School (Public or Private)	12 - Military	20 - Golf Cart	20 - Golf Cart	04 - Right Side	11 - Undercarriage		
05 - Bus - Transit	13 - Police	21 - Train	21 - Train	05 - Right Rear	12 - Load/Trailer		
06 - Bus - Charter	14 - Public Utility	22 - Other (Explain in Narrative)	22 - Other (Explain in Narrative)	06 - Rear Center	13 - Total (All Areas)		
07 - Bus - Shuttle	15 - Other Government			07 - Left Rear	14 - Other		
08 - Bus - Other	16 - Construction Equip.						
Pre-Crash Actions 10	Motorist	Non-Motorist	Action 4	1 - Non-Contact	2 - Non-Collision	3 - Striking	4 - Struck
01 - Straight Ahead	07 - Making U-Turn	13 - Negotiating a Curve	15 - Entering or Crossing Specified Location	5 - Striking/Struck	9 - Unknown		
02 - Backing	08 - Entering Traffic Lane	14 - Other Motorist Action	16 - Walking, Running, Jogging, Playing, Cycling				
03 - Changing Lanes	09 - Leaving Traffic Lane		17 - Working				
04 - Overtaking/Passing	10 - Parked		18 - Pushing Vehicle				
05 - Making Right Turn	11 - Slowing or Stopped in Traffic		19 - Approaching or Leaving Vehicle				
06 - Making Left Turn	12 - Driverless		20 - Standing				
Contributing Circumstances	Motorist	Non-Motorist	Vehicle Defects 01	01 - Turn Signals	02 - Head Lamps	03 - Tail Lamps	04 - Brakes
Primary 01	01 - None	11 - Improper Backing	22 - None	05 - Steering	06 - Tire Blowout	07 - Worn or Slick tires	08 - Trailer Equipment Defective
Secondary 01	02 - Failure to Yield	12 - Improper Start From Parked Position	23 - Improper Crossing	09 - Motor Trouble	10 - Disabled From Prior Accident	11 - Other Defects	
03 - Ran Red Light	03 - Ran Red Light	13 - Stopped or Parked Illegally	24 - Darting				
04 - Ran Stop Sign	04 - Ran Stop Sign	14 - Operating Vehicle in Negligent Manner	25 - Lying and/or Illegally in Roadway				
05 - Exceeded Speed Limit	05 - Exceeded Speed Limit	15 - Swerving to Avoid (Due to External Conditions)	26 - Failure to Yield Right of Way				
06 - Unsafe Speed	06 - Unsafe Speed	16 - Wrong Side/Wrong Way	27 - Not Visible (Dark Clothing)				
07 - Improper Turn	07 - Improper Turn	17 - Failure to Control	28 - Inattentive				
08 - Left of Center	08 - Left of Center	18 - Vision Obstruction	29 - Failure to Obey Traffic Signs /Signals/Officer				
09 - Followed Too Closely/ACDA	09 - Followed Too Closely/ACDA	19 - Operating Defective Equipment	30 - Wrong Side of the Road				
10 - Improper Lane Change /Passing/Off Road	10 - Improper Lane Change /Passing/Off Road	20 - Load Shifting/Falling/Spilling	31 - Other Non-Motorist Action				
20 - Motor Vehicle in Transport	21 - Other Improper Action	21 - Other Improper Action					
Sequence of Events	Non-Collision Events	Collision With Fixed Object	Collision With Person, Vehicle or Object Not Fixed	Collision With Person, Vehicle or Object Not Fixed	Collision With Person, Vehicle or Object Not Fixed	Collision With Person, Vehicle or Object Not Fixed	Collision With Person, Vehicle or Object Not Fixed
1 20	01 - Overturn/Rollover	25 - Impact Attenuator/Crash Cushion	14 - Pedestrian	15 - Pedalcycle	16 - Railway Vehicle (Train,Engine)	17 - Animal - Farm	18 - Animal - Deer
2 01	02 - Fire/Explosion	26 - Bridge Overhead Structure	20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle	22 - Work Zone Maintenance Equipment	23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle	24 - Other Movable Object
3 01	03 - Immersion	27 - Bridge Pier or Abutment		25 - Impact Attenuator/Crash Cushion	26 - Bridge Overhead Structure	27 - Bridge Pier or Abutment	28 - Bridge Parapet
4 01	04 - Jackknife	28 - Bridge Parapet		26 - Bridge Overhead Structure	27 - Bridge Pier or Abutment	28 - Bridge Parapet	29 - Bridge Rail
5 01	05 - Cargo/Equipment Loss or Shift	29 - Bridge Rail		27 - Bridge Pier or Abutment	28 - Bridge Parapet	29 - Bridge Rail	30 - Guardrail Face
6 01		30 - Guardrail Face		28 - Bridge Parapet	29 - Bridge Rail	30 - Guardrail Face	31 - Guardrail End
		31 - Guardrail End		29 - Bridge Rail	30 - Guardrail Face	31 - Guardrail End	32 - Portable Barrier
		32 - Portable Barrier		30 - Guardrail Face	31 - Guardrail End	32 - Portable Barrier	
				31 - Guardrail End	32 - Portable Barrier		
				32 - Portable Barrier			
Unit Speed 0	Posted Speed 25	Traffic Control 01	01 - No Controls	07 - Railroad Crossbucks	13 - Crosswalk Lines	Unit Direction From 4 To 3	1 - North
<input checked="" type="checkbox"/> Stated		02 - Stop Sign	08 - Railroad Flashers	08 - Railroad Flashers	14 - Walk/Don't Walk	2 - South	5 - Northeast
<input type="checkbox"/> Estimated		03 - Yield Sign	09 - Railroad Gates	09 - Railroad Gates	15 - Other	3 - East	6 - Northwest
		04 - Traffic Signal	10 - Construction Barricade	10 - Construction Barricade	16 - Not Reported	4 - West	7 - Southeast
		05 - Traffic Flashers	11 - Person (Flagger, Officer)	11 - Person (Flagger, Officer)			8 - Southwest
		06 - School Zone	12 - Pavement Markings	12 - Pavement Markings			9 - Unknown



Motorist / Non-Motorist / Occupant

Local Report Number *

2	0	1	8	0	1	8	3												
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Motorist/Non-Motorist

Unit Number 02	Name: Last, First, Middle MARCHETTI CARL R	Date of Birth 09141949	Age 68	Gender M F - Female M - Male							
Address, City, State, Zip 8609 MACOMB AVE GARFIELD HTS OH 44125			Contact Phone - include area code								
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RF573750	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	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		Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1			

Motorist/Non-Motorist

Unit Number 00	Name: Last, First, Middle WOODS ANASTASIA SF	Date of Birth 03221989	Age	Gender F F - Female M - Male							
Address, City, State, Zip 9819 S HIGHLAND GARFIELD HTS OH 44125			Contact Phone - include area code								
Injuries 3	Injured Taken By 9	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number SW736095	OL Class	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	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		Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1			

Injuries	Injured Taken By	Safety Equipment Used	99 - Unknown Safety Equipment
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	Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	Non-Motorist 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

Seating Position	Air Bag Usage
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

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

Alcohol Test Status	Alcohol Test Type	Drug Test Status	Drug Test Type	Driver Distracted By
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

Occupant

Unit Number 02	Name: Last, First, Middle MARCHETTI AUSTIN	Date of Birth 08252006	Age 11	Gender M F - Female M - Male					
Address, City, State, Zip 8609 MACOMB CLEVELAND OH 44105			Contact Phone - include area code						
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 03	Air Bag Usage 1	Ejection 1	Trapped 1

Occupant

Unit Number 01	Name: Last, First, Middle CALLOWAY ZIARE	Date of Birth 12142012	Age 5	Gender F F - Female M - Male					
Address, City, State, Zip 9819 S HIGHLAND GARFIELD HTS OH 44125			Contact Phone - include area code						
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 07	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number *

2 | 0 | 1 | 8 | 0 | 1 | 8 | 3 | | | | |

Occupant

Occupant

Occupant

Occupant

Occupant

Occupant

Unit Number 0 1	Name: Last, First, Middle CALLOWAY NIZIR	Date of Birth 0 6 2 1 2 0 1 1	Age 6	Gender M F - Female M - Male
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Address, City, State, Zip 9819 S HIGHLAND GARFIELD HTS OH 44125	Contact Phone - include area code
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 6	Air Bag Usage 1	Ejection 1	Trapped 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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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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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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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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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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Injuries 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 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 Non-Motorist 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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Seating Position 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	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown	Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means
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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20180183	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 17 Y 2018
IN COUNTY OF 18	CRASH LOCATION S. HIGHLAND AV	
<p>Unit 1 was parked in front of 9819 S Highland. Unit 2 was e/b on S Hlghland. Unit 1 driver exited her vehicle and went to the rear driver's side door. She then opened the door and removed her child from his car seat. She was about to have him exit the car when she noticed Unit 2 appraoch her. She pushed her child back in the car when Unit 2 struck her left elbow and then the rear driver's side door.</p> <p>Unit 2 states that while e/b on S Highland he was approaching Unit 1 when she opened the rear driver's side door all the way and right when he was passing Unit 1 and Unit 2 struck Unit 1 and the driver who was outside Unit 1</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 009