



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20180338	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information
TURNEY @ 480 OVERPAS

<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 01820	Reporting Agency Name * GARFIELD HEIGHTS	Number of Units 02	Unit in error 02 98 - Animal 99 - Unknown
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County * 18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * GARFIELD HTS	Crash Date * 01312018	Time of Crash 1531	Day of Week WED
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Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.414178	-81.603971

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	E - Eastbound W - Westbound	Number of Thru Lanes 02	Road Types or Milepost ² AL - Alley AV - Avenue BL - Boulevard CR - Circle CT - Court DR - Drive HE - Heights HW - Highway LA - Lane MP - Milepost PK - Parkway PL - Place RD - Road SQ - Square ST - Street TE - Terrace TL - Trail WA - Way
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Location Route Type ¹ Route	Location Route Number	Loc. Prefix N.S. E,W	Location Road name TURNEY	Location Road Type ² RD	Route Types ¹ IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference 25	Dir From Ref <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref S N.S. E,W	Reference Route Type ¹	Reference Route Number	Ref Prefix N.S. E,W	Reference Name (Road, Milepost, House #) 5436	Reference Road Type ²
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Reference Point Used 3 - 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
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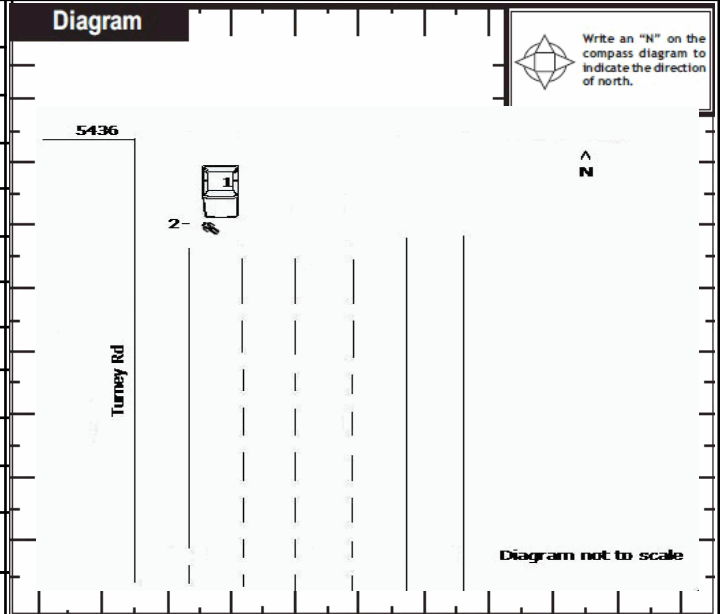
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	Weather 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
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Road Surface 2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 1 - Primary Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	9 - Unknown	<input type="checkbox"/> School Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	Location of Crash in Work Zone 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area
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Narrative
WITNESS TO THE INCIDENT ADVISED THAT HE HAD OBSERVED UNIT 1 STRIKE UNIT 2 (PEDESTRIAN) AS UNIT 2 ATTEMPTED TO RUN E/B ACROSS TURNEY RD FROM THE SIDEWALK ON THE WEST SIDE OF TURNEY. UNIT 1 THEN FAILED TO STOP AND CONTINUED S/B ON TURNEY RD UNTIL IT WAS EVENTUALLY LOCATED BY GHPD UNITS AND STOPPED (SEE ARREST REPORT) UNIT 2, SHEIANA IDOM STATED SHE WAS ATTEMPTING TO CROSS E/B OVER TURNEY RD, SHE STEPPED OFF OF THE SIDEWALK ON THE WEST SIDE OF THE ROAD AND ATTEMPTED TO RUN ACROSS FOUR LANES OF TRAFFIC. SHE DID NOT OBSERVE UNIT 1 AND STEPPED INTO THE



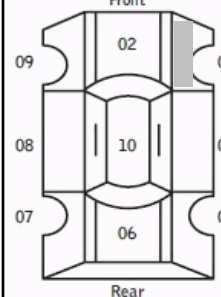
Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported 01312018	Time Crash Reported 1531	Dispatch Time 1532	Arrival Time 1538	Time Cleared 1627	Other Investigation Time 60	Total Minutes 109
Officer's Name * R. Fogle	Officer's Badge Number 035	Checked By L10 M. Kaye	Page of					

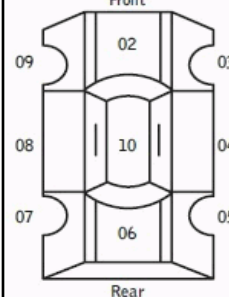


Unit

Local Report Number *

2 0 1 8 0 3 3 8

Unit Number 01		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) PUMA COLLEEN C		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) 9730 NORTH BLVD CHAGRIN FALLS OH 44023									
LP State OH		License Plate Number HGG8166		Vehicle Identification Number 1FMCU03G79KA30300		# Occupants 04			
Vehicle Year 2009		Vehicle Make FORD Ford		Vehicle Model ECP Escape		Vehicle Color GRY Gray			
<input type="checkbox"/> Proof of Insurance Shown		Insurance Company		Policy Number		Towed By A & H			
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 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		Traficway 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 Traficway <input checked="" type="checkbox"/> Hit / Skip Unit			
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					
HM Class Number									
Non-Motorist Location Prior to Impact 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 06 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 01 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 03 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 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 99 - Unknown 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		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 14 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 04 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 99 - Unknown 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 02 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 14 2 00 3 00 4 00 5 00 6 00 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		Collision With Fixed Object 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		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 30 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated		Posted Speed 35			
Traffic Control 12 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 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown			

Unit Number 0 2	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale <input type="checkbox"/>	Damaged Area 
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver)				
LP State	License Plate Number	Vehicle Identification Number	# Occupants	
Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color	
<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 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	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			
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Sequence of Events 1 2 0 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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			
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Unit Speed <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed	Traffic Control 1 2 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



Motorist / Non-Motorist / Occupant

Local Report Number *

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

Unit Number 02	Name: Last, First, Middle IDOM SHEIANA	Date of Birth 10252008	Age 9	Gender F F - Female M - Male							
Address, City, State, Zip 11514 BRADWELL GARFIELD HTS OH 44125			Contact Phone - include area code 216-255-0755								
Injuries 3	Injured Taken By 2	EMS Agency G.H. SQUAD 1	Medical Facility Injured Taken To METRO E.R.	Safety Equipment Used 00	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 00	Air Bag Usage 5	Ejection 4	Trapped 1		
OL State 00	Operator License Number 00	OL Class <input type="checkbox"/>	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 0.000	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input type="checkbox"/> Local Code)		Offense Description			Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 1			

Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle PUMA COLLEEN C	Date of Birth 02251958	Age 59	Gender F F - Female M - Male							
Address, City, State, Zip 9730 NORTH BLVD CHAGRIN FALLS OH 44023			Contact Phone - include area code								
Injuries 1	Injured Taken By 00	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 FL	Operator License Number P500103585650	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition 6	Alcohol/Drug Suspected 5	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value 0.000	Drug Test Status 5	Drug Test Type 3
Offense Charged (<input type="checkbox"/> Local Code) 4511.19A1a		Offense Description OVI			Citation Number G20180486		<input type="checkbox"/> Hands-Free Device Used	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 01	Name: Last, First, Middle STETTIN SAMANTHA L	Date of Birth 05031989	Age 28	Gender F F - Female M - Male					
Address, City, State, Zip 10422 PLYMOUTH AVE GARFIELD HTS OH 44125 2541			Contact Phone - include area code 440-339-6584						
Injuries 1	Injured Taken By 00	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 04	Air Bag Usage 5	Ejection 1	Trapped 1

Occupant

Unit Number 01	Name: Last, First, Middle PUMA LISA	Date of Birth 06301985	Age 32	Gender F F - Female M - Male					
Address, City, State, Zip 4948 E 110 ST GARFIELD HTS OH 44125			Contact Phone - include area code 440-339-6584						
Injuries 1	Injured Taken By 00	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 / Witness Addendum

Local Report Number *

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

Occupant	Unit Number [] []	Name: Last, First, Middle HALLAS DANIEL P	Date of Birth 0 2 2 4 1 9 8 4	Age 33	Gender M F - Female M - Male							
	Address, City, State, Zip 9801 SLADDEN AVE GARCIELD HTS OH 44125			Contact Phone - include area code 216-307-9279								
	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 1	Ejection 1	Trapped 1		
Occupant	Unit Number 0 1	Name: Last, First, Middle PUMA MASON	Date of Birth 0 6 1 1 2 0 1 1	Age 6	Gender M F - Female M - Male							
	Address, City, State, Zip 4948 E 110 GARFIELD HTS OH 44125			Contact Phone - include area code 440-339-6584								
	Injuries 1	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 3	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 5	Air Bag Usage 5	Ejection 1	Trapped 1		
Occupant	Unit Number [] []	Name: Last, First, Middle	Date of Birth [] [] [] [] [] [] [] []	Age	Gender [] F - Female [] M - Male							
	Address, City, State, Zip			Contact Phone - include area code								
	Injuries []	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used [] []	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [] []	Air Bag Usage []	Ejection []	Trapped []		
Occupant	Unit Number [] []	Name: Last, First, Middle	Date of Birth [] [] [] [] [] [] [] []	Age	Gender [] F - Female [] M - Male							
	Address, City, State, Zip			Contact Phone - include area code								
	Injuries []	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used [] []	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [] []	Air Bag Usage []	Ejection []	Trapped []		
Occupant	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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	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 []		
Occupant	Unit Number [] []	Name: Last, First, Middle	Date of Birth [] [] [] [] [] [] [] []	Age	Gender [] F - Female [] M - Male							
	Address, City, State, Zip			Contact Phone - include area code								
	Injuries []	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used [] []	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position [] []	Air Bag Usage []	Ejection []	Trapped []		
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		Ejection		Trapped			
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		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	
Page of												

OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20180338	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 31 Y 2018
IN COUNTY OF 18	CRASH LOCATION TURNEY RD TURNEY @ 480 OVERPAS	
<p>Idom added that as she began to run across the street she briefly observed what she thought was a silver vehicle strike her, knocking her backwards onto a snow bank along the west curb of Turney.</p> <p>The driver of unit 1 stated that she had believed she struck a dog that was running in the roadway and that she was "going back to pick up the dog".</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 035