



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20180419	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information MARATHON BROADWAY/METOR B AND G		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-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	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	02072018	0700	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.424372	-81.583238

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	E N - Northbound 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	BROADWAY	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	14218	

Reference Point Used	Crash Location	Reference Point Used	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	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	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	Road Conditions	Road Conditions
1 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	03 - 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

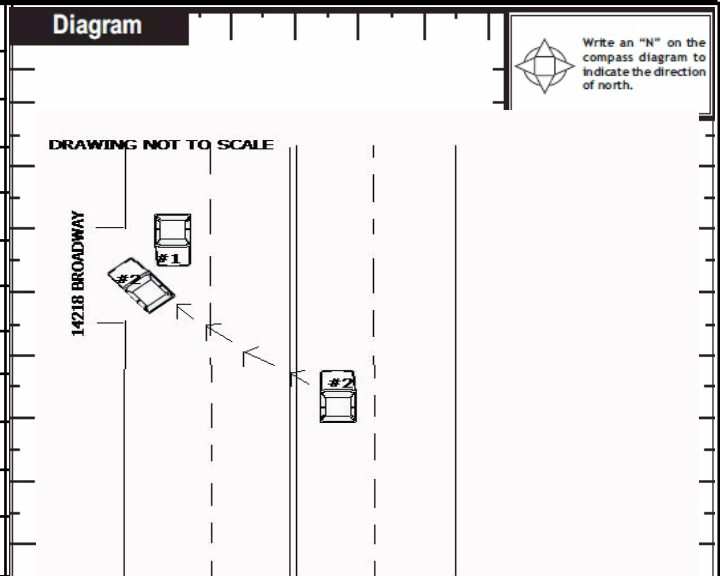
Manner of Crash Collision/Impact	Weather
6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	6 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - 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 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<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"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 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 E/B AT 14218 BROADWAY WHEN UNIT#2 TRAVELING W/B MADE A LEFT TURN IN FRONT OF UNIT#1 TO TURN INTO THE GAS STATION AT 14218 BROADWAY. UNIT#1 STRUCK UNIT#2 ON THE PASSENGER REAR SIDE WHICH SPUN UNIT#2 AROUND AND HIT UNIT#1 ON THE DRIVER FRONT. UNIT#1 HAD DAMAGE TO DRIVER FRONT AND UNIT#2 HAD DAMAGE TO PASSENGER SIDE REAR AND FRONT.



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"/>	02072018	0700	0705	0707	0725	45	63
Officer's Name *	Officer's Badge Number	Checked By	Page of					
A. Nero	020	L09 T. Murphy						



Unit

Local Report Number *

2 0 1 8 0 4 1 9

Unit Number 01	Owner Name: Last, First, Middle PINKSTON REBECCA R <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code 216-855-1272 <input checked="" type="checkbox"/> Same As Driver	Damage Scale 3	Damaged Area 															
Owner Address, City, State, Zip 4748 BURLEIGH GARFIELD HTS OH 44125 <input checked="" type="checkbox"/> Same As Driver																			
LP State OH	License Plate Number HEU2887	Vehicle Identification Number 5X X G T 4 L 3 8 H G 1 5 2 8 9 5	# Occupants 04																
Vehicle Year 2017	Vehicle Make KIA Kia Motors Corpora	Vehicle Model OPT Optima	Vehicle Color BLK Black																
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company SAFE AUTO	Policy Number	Towed By																
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code																
US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 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	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																
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">09 - Pole</td> <td style="width:33%;">10 - Cargo Tank</td> <td style="width:33%;">11 - Flat Bed</td> </tr> <tr> <td>12 - Dump</td> <td>13 - Concrete Mixer</td> <td>14 - Auto Transporter</td> </tr> <tr> <td>15 - Garbage/Refuse</td> <td>16 - Truck/Tractor(Bobtail)</td> <td>17 - Tractor/Semi-Trailer</td> </tr> <tr> <td>18 - Tractor/Double</td> <td>19 - Tractor/Triples</td> <td>20 - Other Med/Heavy Vehicle</td> </tr> <tr> <td>99 - Other/Unknown</td> <td colspan="2"><input type="checkbox"/> Hit / Skip Unit</td> </tr> </table>			09 - Pole	10 - Cargo Tank	11 - Flat Bed	12 - Dump	13 - Concrete Mixer	14 - Auto Transporter	15 - Garbage/Refuse	16 - Truck/Tractor(Bobtail)	17 - Tractor/Semi-Trailer	18 - Tractor/Double	19 - Tractor/Triples	20 - Other Med/Heavy Vehicle	99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit	
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Unit

Local Report Number *

2 0 1 8 0 4 1 9

Unit Number 02		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) SWALLOW JEFFREY		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 440-821-9413		Damage Scale 4		Damaged Area 	
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 10186 RIDGEVIEW CT STREETSBORO OH 44241 6602									
LP State OH		License Plate Number HHS8686		Vehicle Identification Number 5NPEB4AC5DH788735				# Occupants 01	
Vehicle Year 2013		Vehicle Make HYUN Hyundai		Vehicle Model SON Sonata		Vehicle Color SIL Alum/Silver			
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company FARMERS		Policy Number		Towed By			
Carrier Name, Address, City, State, Zip								Carrier Phone - include area code	
US DOT		Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 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		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	
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Motorist / Non-Motorist / Occupant

Local Report Number *

2	0	1	8	0	4	1	9												
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Motorist/Non-Motorist

Unit Number 01	Name: Last, First, Middle PINKSTON REBECCA R	Date of Birth 06131988	Age 29	Gender F F - Female M - Male							
Address, City, State, Zip 4748 BURLEIGH GARFIELD HTS OH 44125			Contact Phone - include area code 216-855-1272								
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 SW742146	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 02	Name: Last, First, Middle SWALLOW JEFFREY	Date of Birth 05291977	Age 40	Gender M F - Female M - Male							
Address, City, State, Zip 10186 RIDGEVIEW CT STREETSBORO OH 44241 6602			Contact Phone - include area code 440-821-9413								
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 RT719086	OL Class 2	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 01	Name: Last, First, Middle PINKSCON LUCAS	Date of Birth 09032009	Age 8	Gender M F - Female M - Male					
Address, City, State, Zip 4748 BURLEIGH GARFIELD HTS OH 44125			Contact Phone - include area code 216-855-1272						
Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 03	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 05	Air Bag Usage 1	Ejection 1	Trapped 1

Occupant

Unit Number 01	Name: Last, First, Middle ERKINS AYDEN	Date of Birth 12022013	Age 4	Gender M F - Female M - Male					
Address, City, State, Zip 4748 BURLEIGH GARFIELD HTS OH 44125			Contact Phone - include area code 216-855-1272						
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 06	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number *

2 | 0 | 1 | 8 | 0 | 4 | 1 | 9 | | | | |

Occupant	Unit Number 0 1	Name: Last, First, Middle ERKINS JABARI	Date of Birth 0 4 2 6 2 0 1 2	Age 5	Gender M F - Female M - Male											
	Address, City, State, Zip 4748 BURLEIGH GARFIELD HTS OH 44125			Contact Phone - include area code 216-855-1272												
	Injuries 3	Injured Taken By 1	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 1	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 4	Air Bag Usage 1	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											
	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						
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	Address, City, State, Zip			Contact Phone - include area code												
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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						
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