**TRAFFIC CRASH REPORT**

**LOCAL INFORMATION**
- **LOCATION ROAD NAME:** 13409 YORK
- **REPORTING AGENCY NAME:** GARFIELD HEIGHTS
- **NCIC:** 01820
- **LOCATION:** GARFIELD HTS

**DATE/TIME**
- **CRASH REPORTED DATE/TIME:** 01/19/2007 - 0820
- **CRASH DATE/TIME:** 01/19/2007 - 0820

**CRASH SEVERITY**
- **TOTAL:** 5 - FATAL
- 2 - SERIOUS INJURY
- 3 - MINOR INJURY
- 1 - PROPERTY DAMAGE ONLY

**LOCATION/DETAILS**
- **ON-RAMP:** 13409 YORK
- **CRASH COLLISION/IMPACT:** 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
- **CRASH COLLISION/IMPACT:** 2 - REAR-ENDED
- **CRASH COLLISION/IMPACT:** 3 - HEAD-ON
- **CRASH COLLISION/IMPACT:** 4 - REAR-TO-FRONT
- **CRASH COLLISION/IMPACT:** 5 - BACKING
- **CRASH COLLISION/IMPACT:** 6 - ANGLE
- **CRASH COLLISION/IMPACT:** 7 - SIDEWALK, OPPOSITE DIRECTION
- **CRASH COLLISION/IMPACT:** 8 - SIDEWALK, SAME DIRECTION
- **CRASH COLLISION/IMPACT:** 9 - OTHER/UNKNOWN

**LIGHT CONDITION**
- **DAYLIGHT:** 1
- **DARK-LIGHTED ROADWAY:** 3
- **DARK - ROADWAY NOT LIGHTED:** 4
- **LIGHTING:** 5

**WEATHER**
- **SUN:** 1
- **SKY:** 2
- **CLOUDS:** 3
- **RAIN:** 4
- **SNOW:** 5
- **SNOW:** 6
- **FOG:** 7
- **SLEET:** 8
- **HAIL:** 9

**NARRATIVE**

DRIVER OF UNIT 2 STATES SHE WAS TRAVELING W/B ON YORK AND DROPPED HER PHONE. SHE BENT DOWN TO PICK UP HER PHONE AND SWERVE TO THE RIGHT STRIKING UNIT 1. UNIT 1 WAS PARKED ALONG THE NORTH CURB IN FRONT OF 13409 YORK. INITIAL CONTACT OF THE VEHICLES CAUSED DAMAGE TO THE DRIVER SIDE MIRROR TO UNIT 1 AND PASSENGER SIDE MIRROR OF UNIT 2 ALONG WITH SCRATCHES TO THE SIDE OF BOTH VEHICLES.
**Event Information**

- **Owner Name:** Lugo Reyes
- **Owner Address:** 13409 York Blvd, Garfield Hts, OH 44125
- **Insurance Company:** Geico
- **License Plate:** HPE3089
- **Vehicle Identification:** WBAPK5S5X19A15117171
- **Vehicle Year:** 2019
- **Vehicle Make:** BMW

**Sequence of Events**

- Overturn/Killover
- Fire/Electric Shock
- Impact Attenuator
- Slip or Sway
- Collision with Fixed Object - Struck

**Events**

- Equipment Failure
- Separation of Units
- Impact Attenuator
- Slip or Sway
- Collision with Fixed Object - Struck

**Collaborative Events**

- Impact Attenuator
- Slip or Sway
- Collision with Fixed Object - Struck

**Hazards**

- Material Released
- Placard
- Special Defect

**Damage**

- Damage Scale
- Damage
- Functional Damage
- Non-Collision Damage

**Damaged Areas**

- Indicate all that apply

**Utility**

- Commercial Carrier
- Owner Address
- Owner Phone

**Vehicle**

- Unit Type
- Equipment
- Number of Occupants
- Vehicle Weight

**Owner**

- Name, Address, City, State, Zip
- Commercial Carrier Name, Address, City, State, Zip

**Insurance**

- Verified
- Commercial
- Government

**Unit #**

- Owner Name
- Owners Address
- Commercial Carrier Name
- License Plate

**Event(s)**

- Date: 01/19
- Location: OH1U
- Duration: 09:20-10:30

**Product Information**

- Vehicle Make
- Vehicle Model
- Vehicle Color
- Unit Type

**Special Function**

- Interlock Device Equipped
- Hit/Stop Unit

**Sequence**

- Step 1
- Step 2
- Step 3
- Step 4

**Diagrams**

- Diagram 1
- Diagram 2

**Additional Information**

- Local Report Number
- Damage Scale
- Damage
- Functional Damage
- Non-Collision Damage

**Traffic**

- Traffic Flow
- Traffic Control
- Rail Grade Crossing

**Flow**

- Roundabout
- Stop Sign
- Flasher

**Rail Grade Crossing**

- Unit/Non-Motorist Direction

**Speed**

- Unit Speed
- Detected Speed
- Posted Speed

**Page**

- Page of 2
### Motorist / Non-Motorist

**Unit #: 9**

**Name:** DAVIS, LANIECE

**Address:** 13924 MAPLELEAF DR, GARFIELD HTS, OH 44125

**Date of Birth:** 1/1/19

**Age:** 31

**Gender:** F

**Driver's License Number:** D10573998

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**Injuries:**

- **Type:**
  - 1 - Fatal
  - 2 - Suspected Serious Injury
  - 3 - Suspected Minor Injury
  - 4 - Possible Injury
  - 5 - No Apparent Injury

- **Injured in:**
  - 1 - Not Transported / Treated at Scene
  - 2 - EMS
  - 3 - Police
  - 4 - Other / Unknown

**Safety Equipment:**

- **On Vehicle:**
  - 1 - Not Deployed
  - 2 - Deployed Front
  - 3 - Deployed Side
  - 4 - Deployed Front / Side
  - 5 - Not Applied
  - 6 - Deployment Unknown

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**Injury:**

- **Seating Position:**
  - 1 - Driver
  - 2 - Passenger
  - 3 - Passenger / Other
  - 4 - Not Applied

**Air Bag Usage:**

- **Driver:**
  - 1 - Not Deployed
  - 2 - Deployed
  - 3 - Totally Deployed
  - 4 - Not Deployed

**Air Bag Type:**

- 1 - Class A
- 2 - Class B
- 3 - Class C
- 4 - Regular Class
- 5 - M / C Moped Only
- 6 - No Valid OL

**Air Bag Status:**

- 1 - None
- 2 - Blood
- 3 - Urine
- 4 - Breath

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**Test Status:**

- 1 - Alcohol Interlock
- 2 - Manual Operation
- 3 - Electronic Communication
- 4 - Faint Wave
- 5 - Excessive Blood
- 6 - Excessive Alcohol
- 7 - Other Activity
- 8 - Other Distraction

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**Drug Test(s):**

- 1 - None
- 2 - Blood
- 3 - Urine
- 4 - Other

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**Condition:**

- 1 - Apparent Normal
- 2 - Physical Impairment
- 3 - Emotional (e.g., Depressed, Anger Disturbed)
- 4 - Illness
- 5 - Fatigue
- 6 - Other

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**OUI / DRUG SUSPECTED CONDITION:**

- 1 - Alcohol
- 2 - Other Drug

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**Operator License Number:**

- 1 - Regular Class
- 2 - Class B
- 3 - Class C
- 4 - Class D
- 5 - M / C Moped Only
- 6 - No Valid OL

**Operator License Type:**

- 1 - Alcohol Interlock
- 2 - Manual Operation
- 3 - Electronic Communication
- 4 - Faint Wave
- 5 - Excessive Blood
- 6 - Excessive Alcohol
- 7 - Other Activity
- 8 - Other Distraction

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**Air Bag Status:**

- 1 - None
- 2 - Blood
- 3 - Urine
- 4 - Other

**Drug Test(s):**

- 1 - None
- 2 - Blood
- 3 - Urine
- 4 - Other

**Condition:**

- 1 - Apparent Normal
- 2 - Physical Impairment
- 3 - Emotional (e.g., Depressed, Anger Disturbed)
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