**Narrative:**

Units #1 and #2 were traveling northbound on Turney Road in the passing lane. Unit #1 stopped behind both vehicles had a considerable amount of previously existing damage.

### Crash Report Details

- **Date:** 01/19/2019
- **Time:** 7:22 AM
- **Location:** Garfield Heights
- **Reporting Agency:** HHSY7001 OH1
- **Crash Number:** 02810
- **Police Officer:** C. Bruno
- **Supplement Officer:** T. Murphy

---

### Accident Details

- **Roadway Name:** Turney Road
- **Light Condition:** 1 - Daylight
- **Lighting:** 1 - Clear
- **Weather:** 1 - Snow

---

### Police Activity

- **Police Activity Date/Time:** 01/19/2019 7:22 AM
- **Supplement Number:** 02810
- **Supplement Officer:** T. Murphy

---

### Additional Information

- **Units:** 1
- **Dispatch Time:** 01/19/2019 7:22 AM
- **Arrival Time:** 01/19/2019 7:22 AM
- **Scene Cleared Time:** 01/19/2019 7:22 AM

---

### Crash Report Summary

- **Crash Severity:** 5 - Fatal
- **Reference Point:** 1 - Intersection
- **Route Type:** 1 - North
- **Location Road Name:** Turney Road
- **Road Type:** HEMPSTEAD
- **Latitude:** 41° 11' 16.86"
- **Longitude:** 81° 16' 0.21"

---

### Roadway Information

- **Roadway Closed:** Yes
- **Secondary Crash:** Yes
- **Other Investigated:** Yes
- **Total Time:** 7 minutes 22 seconds
- **Officer's Name:** C. Bruno
- **Officer's Badge Number:** 02810
- **Supplement Officer's Name:** T. Murphy
- **Supplement Officer's Badge Number:** L0195

---

### Notes

- **Notes:**
  - Units #1 and #2 were traveling northbound on Turney Road in the passing lane. Unit #1 stopped behind both vehicles had a considerable amount of previously existing damage.
### Owner Information

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOUMBIA AMARA</td>
<td>14391 LIS A MALE HS</td>
<td>MAPLE HTS</td>
<td>OH</td>
<td>44137</td>
</tr>
</tbody>
</table>

### Material Released

- Class: [Blank]
- Placard: [Blank]
- Hazardous Material: [Blank]

### Vehicle Information

- **Make:** Hyundai
- **Model:** Santa Fe
- **Year:** 2019
- **Color:** [Blank]
- **Type:** [Blank]

### Owner Telephone

- Carrier: State Farm
- Local Report Number: [Blank]
- Area Code: [Blank]
- Phone Number: [Blank]

### Commercial Information

- **License Plate #:** GZJ674
- **Insured Company:** State Farm
- **Policy #:** C274354F2535
- **State:** OH

### Event Details

#### Sequence of Events

1. **Event:** Oversize/Overload
   - **Description:** [Blank]
2. **Event:** Impaired Driving
   - **Description:** [Blank]
3. **Event:** Non-Motorist
   - **Description:** [Blank]
4. **Event:** Collision
   - **Description:** [Blank]

#### Contributing Circumstances

- **Speed:** [Blank]
- **Weather:** [Blank]
- **Road Surface:** [Blank]
- **Lighting:** [Blank]

#### Events

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overload</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Impaired Driving</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Non-Motorist</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Collision</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

#### Final Events

- **Event:** Oversize/Overload
  - **Description:** [Blank]
- **Event:** Impaired Driving
  - **Description:** [Blank]
- **Event:** Non-Motorist
  - **Description:** [Blank]
- **Event:** Collision
  - **Description:** [Blank]

### Damage

- **Damage:** [Blank]
- **Damage Scale:** [Blank]

### Damaged Areas

- **Type:** [Blank]

### Unit Information

- **Unit #:** [Blank]
- **Type:** [Blank]
- **Device Equipped:** [Blank]
- **Hit/Drop Unit:** [Blank]
- **# of Units:** [Blank]

### Damage

- **Damage:** [Blank]
- **Damage Scale:** [Blank]

### Damaged Areas

- **Type:** [Blank]

### Initial Point of Contact

- **Type:** [Blank]
- **Description:** [Blank]

### Traffic

- **Type:** [Blank]
- **Control:** [Blank]
- **Speed:** [Blank]
- **Location:** [Blank]

### Rail Grade Crossing

- **Type:** [Blank]
- **Location:** [Blank]
- **Control:** [Blank]
- **Speed:** [Blank]

### Unit/Non-Motorist Direction

- **Type:** [Blank]
- **Location:** [Blank]
- **Control:** [Blank]
- **Speed:** [Blank]
### MOTORIST / NON-MOTORIST

<table>
<thead>
<tr>
<th>UNIT #</th>
<th>NAME</th>
<th>AGE</th>
<th>GENDER</th>
<th>ADDRESS</th>
<th>CONTACT PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 1</td>
<td>CORNELIA HUNT SHARON REI</td>
<td>29</td>
<td>F</td>
<td>OAKVIEW BLVD GARFIELD HTS OH 44125</td>
<td>(216) 555-1234</td>
</tr>
<tr>
<td>01 2</td>
<td>MCCLELLAN AARON DE</td>
<td>17</td>
<td>M</td>
<td>TAYLOR RD E CLEVELAND OH 44112</td>
<td>(216) 555-1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALCOHOL TEST TYPE</th>
<th>DRIVER DISTRACTION</th>
<th>RESULT</th>
<th>STATUS DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 1</td>
<td>1 - NONE GIVEN</td>
<td>00</td>
<td>0 - TEST FAILED.</td>
</tr>
<tr>
<td>01 2</td>
<td>1 - NONE GIVEN</td>
<td>00</td>
<td>0 - TEST FAILED.</td>
</tr>
</tbody>
</table>

### INJURIES

- 1 - FATAL
- 2 - SUSPECTED SERIOUS INJURY
- 3 - SUSPECTED MINOR INJURY
- 4 - POSSIBLE INJURY
- 5 - NO APPARENT INJURY

### SAFETY EQUIPMENT

- 1 - NONE USED
- 2 - SHOULDER BELT ONLY USED
- 3 - LAP BELT ONLY USED
- 4 - SHOULDER & LAP BELT USED
- 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING
- 6 - CHILD RESTRAINT SYSTEM - REAR FACING
- 7 - Booster seat
- 8 - Helmet used
- 9 - Protective face mask (gloves, masks, etc.)
- 10 - Reflective clothing
- 11 - Lighting - Pedestrian
- 12 - Bicycle only
- 13 - Other / Unknown

### OPERATOR LICENSE NUMBER

- 01 1: 333.03 ACDA
- 01 2: 10-82602

### ALCOHOL / DRUG SUSPECTED CONDITION

- 1 - NONE
- 2 - BLOOD
- 3 - URINE
- 4 - BREATHE

### OFFENSE DESCRIPTION

- 1 - APPARENTLY NORMAL
- 2 - PHYSICAL IMPAIRMENT
- 3 - EMOTIONAL, S.E.D., DEPRESSED, ANXIOUS, DISTURBED
- 4 - ILLNESS
- 5 - FELL, AILSEEP, PAINTED, FATIGUED, ETC.
- 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
- 7 - OTHER
- 8 - OTHER / UNKNOWN

### OTHER DRUG

- 2 - OTHER "DRUG TEST(S)"

### ALCOHOL TEST TYPE

- 01 1: 1 - NONE GIVEN
- 01 2: 1 - NONE GIVEN

### Test Status

- 1 - NONE GIVEN
- 2 - TEST REFUSED
- 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
- 4 - TEST GIVEN, RESULTS KNOWN
- 5 - TEST GIVEN, RESULTS UNKNOWN
- 6 - OTHER
- 7 - BLOOD
- 8 - URINE
- 9 - BREATHE

### MEDICATIONS / DRUGS

- 1 - NONE
- 2 - BLOOD
- 3 - URINE
- 4 - OTHER

### DRUG TEST TYPE

- 1 - NONE
- 2 - BLOOD
- 3 - URINE
- 4 - OTHER

### ALCOHOL INTERLOCK DEVICE

- 1 - NONE
- 2 - BLOOD

### CAUTIONARY NOTES

- 1 - APPEARANCES
- 2 - BARBITURATES
- 3 - BENZOZEPINES
- 4 - CANNABINOIDS
- 5 - COCAINE
- 6 - OPERATIVES / OPERICES
- 7 - OTHER
- 8 - OTHER / UNKNOWN
<table>
<thead>
<tr>
<th>UNIT #</th>
<th>OCCUPANT</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>DOUMBIA SHERRI NICOLE</td>
<td>01/19/93</td>
<td>22</td>
<td>F</td>
</tr>
</tbody>
</table>

**Address:**
14391 Lisa Dr, Maple Heights OH 44173

**Injuries Taken by:**
EMS Agency Name

**Injured Taken To:**
Medical Facility Name and City

**Safety Equipment Used:**
- DOT-Compliant MC Helmet
- Seating Position
- Air Bag Usage

**Ejection:**
- Not Deployed
- Deployed Front
- Deployed Side
- Deployed Both Front/Side
- Not Applicable

**Trapped:**
- Not Trapped
- Extricated by Mechanical Means
- Freed by Non-Mechanical Means

---

**Injuries:**
1. Fatal
2. Suspected Serious Injury
3. Suspected Minor Injury
4. Possible Injury
5. No Apparent Injury

**Seating Position:**
- Front - Left Side (Motorcycle Driver)
- Front - Middle
- Front - Right Side
- Second - Left Side (Motorcycle Passenger)
- Second - Middle
- Second - Right Side
- Third - Left Side (Motorcycle Side Car)
- Third - Middle
- Third - Right Side
- SLEEPER SECTION OF TRUCK CAB
- TRAILING UNIT
- RACING ON VEHICLE EXTERIOR
- NON TRAILING UNIT

**Air Bag Usage:**
- Not Deployed
- Deployed Front
- Deployed Side
- Deployed Both Front/Side
- Not Applicable

**Ejection:**
- Not Ejected
- Partially Ejected
- Totally Ejected
- Not Applicable

**Trapped:**
- Not Trapped
- Extricated by Mechanical Means
- Freed by Non-Mechanical Means