UNIT 1 WAS TRAVELING ON GRANGER RD. IN THE CURB LANE, AT TRANSPORTATION BLVD., STOPPED FOR THE RED LIGHT. UNIT 2 WAS TRAVELING BEHIND UNIT 1 AND UNIT 2 STRUCK UNIT 1 FROM THE REAR.

\[\text{Image of crash report diagram}\]

\[\text{Image of crash report image}\]
### Vehicle Identification
- **License Plate**: OH-1U-19
- **VIN**: 3N1CEEF99KL403705
- **Make**: Nissan
- **Model**: Versa
- **Year**: 2016

### Commercial Carrier
- **Name**: Hsy8304 Oh1U
- **Address**: Silver Rd
- **Phone**: 13613
- **Area Code**: 44125

### Additional Information
- **Type of Use**: Commercial Carrier
- **Vehicle Type**: Commercial

### Midsegment
- **Sequence**: 1
- **Contributing Defects**:
  - Body Type
  - Impact
  - Special
- **Defects**:
  - 1 - Overtaken
  - 2 - Fire/Explosion
  - 3 - Jackknife
  - 4 - RAN STOP SIGN
  - 5 - BUS-TRANSIT/COMMUTER
  - 6 - Equipment Failure
  - 7 - Overturn/Rollover

### Initial Point of Contact
- **Type of Event**: 0 - No Damage
- **Location**: Ohio 19

### Traffic
- **Control**: 1 - Roundabout
- **Speed**: 2 - Two-way

### Damaged Areas
- **Indicate All That Apply**:
  - 1 - No Damage
  - 2 - Undercarrige
  - 3 - Damage to Anything Set in Specified Location
  - 4 - Damage to Anything Set in Undercarrige
  - 5 - Damage to Anything Set in Roadway
  - 6 - Damage to Anything Set in Roadway
  - 7 - Damage to Anything Set in Roadway

### Damaged Objects
- **Type**:
  - 1 - Bridge Rail
  - 2 - Bridge Parapet
  - 3 - Guardian Rail

### Accident Details
- **Date**: 2019-04-30
- **Time**: 09:00
- **Weather Conditions**: Clear

### Other Information
- **Local Report Number**: 201904300900
- **Reported by**: Garfield Hts
- **Company Name**: Grainge
- **Vehicle Make**: Nissan
- **Vehicle Model**: Versa

### Event Details
- **Sequence of Events**:
  - 1 - Overtaken
  - 2 - Fire/Explosion
  - 3 - Jackknife
  - 4 - RAN STOP SIGN
  - 5 - BUS-TRANSIT/COMMUTER

### Damage Scale
- **Primary Damage**: 3 - Functional Damage
- **Secondary Damage**: 4 - Disabling Damage
- **Unknown Damage**: 5 - Unknown

### Damaged Location
- **Location**: Ohio 19
- **Area**: South
- **Description**:
  - 1 - No Damage
  - 2 - Undercarrige
  - 3 - Damage to Anything Set in Specified Location
  - 4 - Damage to Anything Set in Undercarrige
  - 5 - Damage to Anything Set in Roadway

### Traffic Flow
- **Control**: 1 - Roundabout
- **Speed**: 2 - Two-way
- **Sign**: 3 - Flasher
- **Yield**: 4 - No Control

### Rail Grade Crossing
- **Location**: 1 - Not Involved
- **Involved - Active Crossing**: 2 - Involved - Active Crossing
- **Involved - Passive Crossing**: 3 - Involved - Passive Crossing

### Unit Speed
- **Speed**: 1 - Stated/Estimated Speed
- **Calculated/EDR**: 2 - Modeled
- **Post EDR**: 3 - Undetermined
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>State</th>
<th>Zip</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
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</thead>
<tbody>
<tr>
<td>HUFF ATIA M</td>
<td>5155 CATO AVE</td>
<td>MAPLE HTS OH 44137</td>
<td></td>
<td></td>
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<tr>
<td>GUTIERREZ TAVARES JOHN RO</td>
<td>13613 SILVER RD</td>
<td>GARFIELD HTS OH 44125</td>
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**Unit 9**

<table>
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<th>State</th>
<th>Zip</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
</table>

**Identification**

- Operator License Number: OL H HUFF ATIA M 09041981 F

**Emergency/Medical**

- Total Injuries: Other / Unknown
- No Injuries

**Property Damage**

- Damage to Property: No Damage

**Evidence**

- Alcohol / Drug Suspected Condition: Alcohol / Marajuana
- Alcohol/Drug Test: Positive

**Location**

- Location Description: Other / Unknown

**Witnesses**

- Type of Witness: No Witnesses

**Vehicle**

- Make: Other / Unknown
- Model: Other / Unknown

**Vehicle Identification**

- Vehicle Number: Other / Unknown
- Vehicle Description: Other / Unknown

**Additional Information**

- Test Status: Other / Unknown
- Test Type: Other / Unknown

---

**Unit 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>State</th>
<th>Zip</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
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</thead>
</table>

**Identification**

- Operator License Number: OL H GUTIERREZ TAVARES JOHN RO 0201981 F

**Emergency/Medical**

- Total Injuries: Other / Unknown
- No Injuries

**Property Damage**

- Damage to Property: No Damage

**Evidence**

- Alcohol / Drug Suspected Condition: Alcohol / Marajuana
- Alcohol/Drug Test: Positive

**Location**

- Location Description: Other / Unknown

**Witnesses**

- Type of Witness: No Witnesses

**Vehicle**

- Make: Other / Unknown
- Model: Other / Unknown

**Vehicle Identification**

- Vehicle Number: Other / Unknown
- Vehicle Description: Other / Unknown

**Additional Information**

- Test Status: Other / Unknown
- Test Type: Other / Unknown
## OCCUPANT / WITNESS ADDENDUM

### UNIT # 1
- **Name:** RUSS SANDRA J
- **Date of Birth:** 5/5/19
- **Address:** 3812 STRANDHILL RD CLEVELAND OH 44128
- **Gender:** F
- **Emergency Agency:** EMS
- **Injured Taken To:** MEDICAL FACILITY
- **Safety Equipment Used:**
  - **Helmet:** DOT
  - **Seat Belt:** Used
- **Seating Position:** Front - Left Side
- **Air Bag Usage:** Deployed Front
- **Ejection:** Not Deployed
- **Trapped:** Not Trapped

### UNIT # 2
- **Name:** POPE DWAYNE LOUIS
- **Date of Birth:** 1/1/99
- **Address:** 7117 RAMBLEHURST RD UP SYLVANIA OH 43560
- **Gender:** M
- **Emergency Agency:** EMS
- **Injured Taken To:** MEDICAL FACILITY
- **Safety Equipment Used:**
  - **Helmet:** DOT
  - **Seat Belt:** Used
- **Seating Position:** Front - Middle
- **Air Bag Usage:** Deployed Front
- **Ejection:** Partially Ejected
- **Trapped:** Extricated by Mechanical Means

### INJURIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 - Fatal</td>
<td>FATAL</td>
</tr>
<tr>
<td>2 - Suspected Serious Injury</td>
<td>SUSPECTED SERIOUS INJURY</td>
</tr>
<tr>
<td>3 - Suspected Minor Injury</td>
<td>SUSPECTED MINOR INJURY</td>
</tr>
<tr>
<td>4 - Possible Injury</td>
<td>POSSIBLE INJURY</td>
</tr>
<tr>
<td>5 - No Apparent Injury</td>
<td>NO APPARENT INJURY</td>
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### INJURED TAKEN BY

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<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1 - Not Transported / Treated at Scene</td>
<td>NOT TRANSPORTED / TREATED AT SCENE</td>
</tr>
<tr>
<td>2 - EMS</td>
<td>EMS</td>
</tr>
<tr>
<td>3 - Police</td>
<td>POLICE</td>
</tr>
<tr>
<td>9 - Other / Unknown</td>
<td>OTHER / UNKNOWN</td>
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</table>

### GENDER

<table>
<thead>
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<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>F - Female</td>
<td>FEMALE</td>
</tr>
<tr>
<td>M - Male</td>
<td>MALE</td>
</tr>
<tr>
<td>U - Other / Unknown</td>
<td>OTHER / UNKNOWN</td>
</tr>
</tbody>
</table>

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### UNIT # 3
- **Name:**
- **Date of Birth:**
- **Address:**
- **Gender:**

### UNIT # 4
- **Name:**
- **Date of Birth:**
- **Address:**
- **Gender:**

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**Local Report Number:** 20194399