

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION TAKE 5		2 0 2 3 1 9 1 7			
		REPORTING AGENCY NAME * GARFIELD HEIGHTS		NCIC * 0 1 8 2 0	HITSKIP 1 - Solved 2 - Unsolved 2	NUMBER OF UNITS 0 2	INITIAL EDDOR 98 - ANIMAL 99 - UNKNOWN 0 2
COUNTY * 1 8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 7 1 9 2 0 2 3 1 1 2 6		CRASH SEVERITY 3	
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME TURNEY	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 4 1 . 4 2 0 2 7 4		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) WALLINGFORD	ROAD TYPE R D	LONGITUDE DECIMAL DEGREES 8 1 . 6 0 8 1 3 1		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE 1 - Miles 2 - Feet 3 - Yards	DISTANCE 1 - Miles 2 - Feet 3 - Yards	ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	MANNER OF CRASH COLLISION/IMPACT 2	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN		
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 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 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 1	SURFACE 2		
LIGHT CONDITION 1	WEATHER 1	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 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
NARRATIVE UNIT 1 WAS SOUTHBOUND ON TURNEY STOPPED TO TURN LEFT ONTO WALLINGFORD WHEN STRUCK FROM BEHIND BY UNIT 2. THE DRIVER OF UNIT 2 FAILED TO STOP AND CONTINUED SOUTH ON TURNEY.							
CRASH REPORTED DATE/TIME 0 7 1 9 2 0 2 3 1 1 2 6		DISPATCH DATE/TIME 0 7 1 9 2 0 2 3 1 1 3 9		ARRIVAL DATE/TIME 0 7 1 9 2 0 2 3 1 1 3 9		SCENE CLEARED DATE/TIME	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME * J. Marks	CHECKED BY OFFICER'S NAME * N. Rossi	SUPPLEMENT <input type="checkbox"/> (CORRECTION = ADDITION)		
OFFICER'S BADGE NUMBER * R P T 1 	CHECKED BY OFFICER'S BADGE NUMBER * S 1 3 						

UNIT # <u>01</u>	OWNER NAME: LAST, FIRST, MIDDLE <u>DEJERNETTE NAUTICA MARIE</u>	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE _____	(<input type="checkbox"/> Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP <u>2536 E 36 ST CLEVELAND OH 44115</u>			(<input type="checkbox"/> Same As Driver)	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____	

DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE <u>2</u>	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

LP STATE <u>OH</u>	LICENSE PLATE # <u>JGX8721</u>	VEHICLE IDENTIFICATION # <u>1G1A1L515F9177377085</u>	VEHICLE YEAR <u>2007</u>	VEHICLE MAKE <u>Chevrolet</u>
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>PROGRESSIVE</u>	INSURANCE POLICY # <u>964400853</u>	VEHICLE COLOR <u>RED</u>	VEHICLE MODEL <u>Cobalt</u>
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # _____	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS <u>01</u>	VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
TYPE OF USE		HAZARDOUS MATERIAL		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<input type="checkbox"/> MATERIAL RELEASED CLASS # _____ PLACARD ID # _____ <input type="checkbox"/> PLACARD _____		

DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	

UNIT TYPE <u>01</u>	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIANSKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# of TRAILING UNITS _____	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN <u>2</u>				
SPECIAL FUNCTION <u>01</u>	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER				
CARGO BODY TYPE <u>01</u>	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL				
VEHICLE DEFECTS <u>01</u>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN				

NON-MOTORIST LOCATION AT IMPACT <u>01</u>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS				
ACTION <u>04</u>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN				
CONTRIBUTING CIRCUMSTANCES <u>01</u>	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				

INITIAL POINT OF CONTACT	
06	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

SEQUENCE OF EVENTS	EVENTS
1 <u>20</u>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT
2	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN
3	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE
4	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
5	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
6	
1	FIRST HARMFUL EVENT
1	MOST HARMFUL EVENT

TRAFFIC	
TRAFFICWAY FLOW <u>2</u>	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD <u>4</u>	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK	
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 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	

UNIT / NON-MOTORIST DIRECTION	
FROM <u>1</u> TO <u>3</u>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED <u>0</u>	DETECTED SPEED <u>1</u> 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED <u>35</u>	

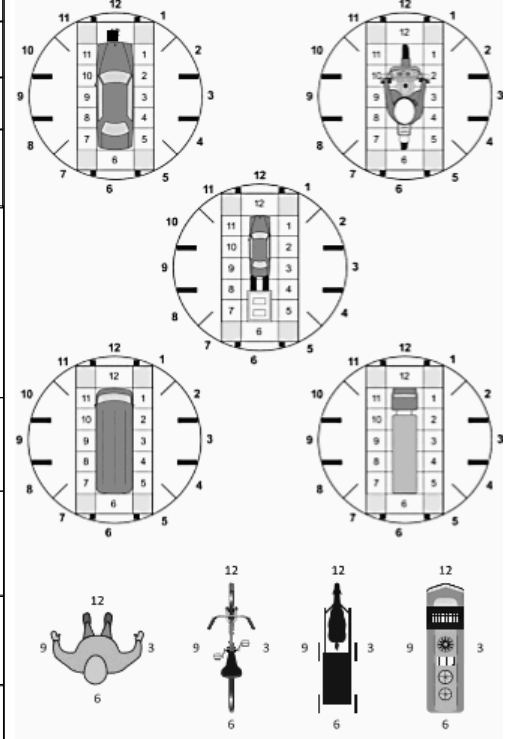
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OWNER INFORMATION: UNIT # 02, OWNER NAME: WILFONG TIMOTHY L, OWNER ADDRESS: 4972 E 84TH ST, GARFIELD HTS OH 44125

DAMAGE SECTION: DAMAGE SCALE, 2 - MINOR DAMAGE, 9 - UNKNOWN

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE # PMD1237, VEHICLE IDENTIFICATION # 1FTRF12247K92860, VEHICLE YEAR 2007, VEHICLE MAKE Ford

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INSURANCE: STATE FARM, POLICY # 3521056SFP35, VEHICLE COLOR WHI, VEHICLE MODEL TK

VEHICLE TYPE: 04 - PASSENGER VAN (MINIVAN), AUTONOMOUS MODE: 0 - NO AUTOMATION

SPECIAL FUNCTION: 01 - NO CARGO BODY TYPE, CARGO BODY TYPE: 01 - NO CARGO BODY TYPE

VEHICLE DEFECTS: 01 - TURN SIGNALS, 01 - HEAD LAMPS

NON-MOTORIST LOCATION AT IMPACT: 03 - INTERSECTION - MARKED CROSSWALK

ACTION: 03 - STRIKING, PRE-CRASH ACTION: 01 - STRAIGHT AHEAD

CONTRIBUTING CIRCUMSTANCES: 08 - UNSAFE SPEED, 08 - IMPROPER TURN

INITIAL POINT OF CONTACT: 12 - NO DAMAGE, 13 - TOP

SEQUENCE OF EVENTS: 1 - OVERTURN/ROLLOVER, 2 - FIRE/EXPLOSION

EVENTS: 1 - OVERTURN/ROLLOVER, 2 - FIRE/EXPLOSION, 3 - IMMERSION

COLLISION WITH FIXED OBJECT - STRUCK: 25 - IMPACT ATTENUATOR, 31 - GUARDRAIL END

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE PLATE # PMD1237, VEHICLE IDENTIFICATION # 1FTRF12247K92860

TRAFFIC SECTION: TRAFFICWAY FLOW, TRAFFIC CONTROL

TRAFFICWAY FLOW: 2 - TWO-WAY, TRAFFIC CONTROL: 6 - NO CONTROL

RAIL GRADE CROSSING: 1 - NOT INVOLVED, 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2

UNIT SPEED: 15, POSTED SPEED: 35

DETECTED SPEED: 1 - STATED/ESTIMATED SPEED, 3 - UNDETERMINED

FIRST HARMFUL EVENT: 1, MOST HARMFUL EVENT: 1

