

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 3 | 2 | 6 | 5 | 4 |

- PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     OH-1P     OTHER  
 Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME \*

GARFIELD HEIGHTS

NCIC \*  
0 | 1 | 8 | 2 | 0

HITSKIP  
1 - Solved  
2 - Unsolved

NUMBER OF UNITS  
0 | 1

INITIALS OF REPORTER  
9 | 9

COUNTY \*  
1 | 8

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

CRASH DATE/TIME \*  
0 | 9 | 3 | 0 | 2 | 0 | 2 | 3 | 1 | 1 | 0 | 2 | 3 |

CRASH SEVERITY  
5

ROUTE TYPE  
ROUTE NUMBER

PREFIX  
LOCATION ROAD NAME  
480 west

ROAD TYPE  
LATITUDE DECIMAL DEGREES  
4 | 1 | 3 | 9 | 6 | 0 | 6 | 9

CRASH SEVERITY  
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 #)  
24.0

ROAD TYPE  
LONGITUDE DECIMAL DEGREES  
8 | 1 | 5 | 4 | 1 | 5 | 3 | 5

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #  
2

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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
NUMBER OF APPROACHES

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS  
HW - HIGHWAY  
LA - LANE  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE  
7 - ON RAMP  
8 - OFF RAMP  
9 - CROSSOVER  
10 - DRIVEWAY / ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
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 - OTHER / UNKNOWN

DIRECTION OF TRAVEL  
4  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

MEDIAN TYPE  
2  
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  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 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  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER / UNKNOWN

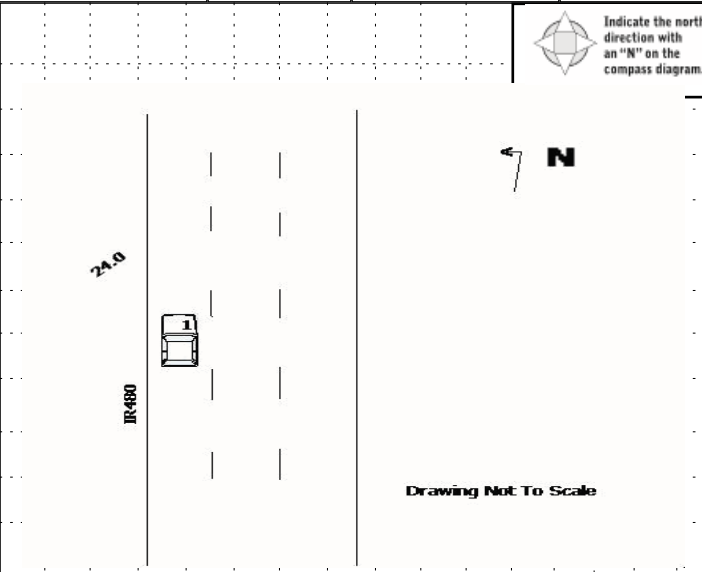
CONDITIONS  
1  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

SURFACE  
1  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
9 - OTHER / UNKNOWN

LIGHT CONDITION  
1  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER  
1  
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

UNIT 1 WAS TRAVELING IN THE LEFT FAST LANE ON IR 480 WEST AT 24.0 WHEN DEBRIS FROM A SEPARATE ACCIDENT STRUCK UNIT 1 CAUSING MINOR DAMAGE.



CRASH REPORTED DATE/TIME  
0 | 9 | 3 | 0 | 2 | 0 | 2 | 3 | 1 | 1 | 0 | 2 | 3 |

DISPATCH DATE/TIME  
0 | 9 | 3 | 0 | 2 | 0 | 2 | 3 | 1 | 1 | 0 | 2 | 4 |

ARRIVAL DATE/TIME  
0 | 9 | 3 | 0 | 2 | 0 | 2 | 3 | 1 | 1 | 0 | 2 | 8 |

SCENE CLEARED DATE/TIME  
0 | 9 | 3 | 0 | 2 | 0 | 2 | 3 | 1 | 1 | 0 | 4 | 1 |

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0

OTHER INVESTIGATION TIME  
2 | 5

TOTAL MINUTES  
3 | 8

OFFICER'S NAME \*  
B. Cramer  
OFFICER'S BADGE NUMBER \*  
0 | 3 | 1

CHECKED BY OFFICER'S NAME \*  
R. Dodge  
CHECKED BY OFFICER'S BADGE NUMBER \*  
S | 2 | 2

SUPPLEMENT  
CORRECTION - ADDITION

20232654

UNIT # 01, OWNER NAME: BRADEN-DORSEY CANDISE SIMONE, OWNER PHONE: [blank], OWNER ADDRESS: 23300 FELCH ST, WARRENSVIL HTS OH 44128

DAMAGE SECTION: DAMAGE SCALE 2 (NONE), 3-FUNCTIONAL DAMAGE, 4-DISABLING DAMAGE

LP STATE OH, LICENSE PLATE # KDL1106, VEHICLE IDENTIFICATION # 1FMCUJ9G66L1UC36726, VEHICLE YEAR 2020, VEHICLE MAKE Ford, INSURANCE COMPANY GRANGE, POLICY # 486032U, VEHICLE COLOR GRY, MODEL Escape

DAMAGED AREA(S) SECTION: INDICATE ALL THAT APPLY. Includes diagrams of vehicle damage locations (top, side, rear) and checkboxes for damage types like NO DAMAGE, TOP, UNDERCARRIAGE, etc.

TYPE OF USE: COMMERCIAL, GOVERNMENT, EMERGENCY RESPONSE. US DOT #, TOWED BY: COMPANY NAME. HAZARDOUS MATERIAL checkboxes. VEHICLE WEIGHT and OCCUPANTS (02).

UNIT TYPE: 03 (PASSENGER CAR). # OF TRAILING UNITS. WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 (YES).

SPECIAL FUNCTION: 01 (NONE). CARGO BODY TYPE: 01 (NO CARGO BODY TYPE). VEHICLE DEFECTS: 01 (TURN SIGNALS).

NON-MOTORIST LOCATION AT IMPACT: 01 (INTERSECTION - MARKED). ACTION: 04 (NON-COLLISION). CONTRIBUTING CIRCUMSTANCES: 01 (NONE).

INITIAL POINT OF CONTACT: 13 (TOP), 14 (UNDERCARRIAGE), 15 (VEHICLE NOT AT SCENE).

SEQUENCE OF EVENTS: 1 (OVERTURN/ROLLOVER), 2 (FIRE/EXPLOSION), 3 (IMMERSION), 4 (JACKKNIFE). COLLISION WITH FIXED OBJECT - STRUCK: 25 (IMPACT ATTENUATOR).

TRAFFIC SECTION: TRAFFICWAY FLOW 1 (ONE-WAY), TRAFFIC CONTROL 6 (SIGNAL), RAIL GRADE CROSSING 3 (INVOLVED - PASSIVE CROSSING).

EVENT(S) SECTION: FIRST HARMFUL EVENT 1, MOST HARMFUL EVENT 1. COLLISION WITH FIXED OBJECT - STRUCK: 25 (IMPACT ATTENUATOR).

UNIT / NON-MOTORIST DIRECTION: FROM 3 TO 4. UNIT SPEED 60, POSTED SPEED 60. DETECTED SPEED 1 (STATED/ESTIMATED SPEED).



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	0	2	3	2	6	5	4		

<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE BRADEN-DORSEY CANDISE SIMONE			DATE OF BIRTH 0 7 0 9 1 9 6 4			AGE	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 23300 FELCH ST WARRENSVIL HTS OH 44128				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1
<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION
<b>OCCUPANT</b>	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION

<b>INJURIES</b>	<b>SAFETY EQUIPMENT USED</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 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 PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
<b>INJURED TAKEN BY</b>			<b>EJECTION</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
<b>GENDER</b>			<b>TRAPPED</b>
F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		