

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	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 0 1 2 0						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 1 1 3 2 0 2 6 1 3 4 3		CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME 81		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 4 1 . 4 2 6 6 9 4	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4876		ROAD TYPE 		LONGITUDE DECIMAL DEGREES - 8 1 . 6 3 0 1 5 7	
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		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	
DISTANCE 		DISTANCE 		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION - FIRST QUADRANT EVENT 0 6 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP		DIRECTION 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 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 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	
<input type="checkbox"/> 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 3 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 2 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 2 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									
NARRATIVE UNIT#1 WAS TRAVELING SOUTH AT 4876 E 81 ST.U#1 FAILED TO MAINTAIN CONTROL AS A RESULT,U#1 TRAVEL OFF THE ROAD TO THE RIGHT, OVER THE CURB, AND THE RIGHT FRONT COLLIDED WITH A TREE. U#1 THEN OVERTURNED AS IT CONTINUED TO TRAVEL IN A SOUTHERN DIRECTION, COMING TO FINAL REST FACING IN NORTHEASTERN DIRECTION ON ITS ROOF.B WC NOTE:DRIVER STATED, I WAS WAS DRIVING AND FELL ALSEEP.BWC											
CRASH REPORTED DATE/TIME 0 1 1 3 2 0 2 6 1 3 4 3		DISPATCH DATE/TIME 0 1 1 3 2 0 2 6 1 3 4 4		ARRIVAL DATE/TIME 0 1 1 3 2 0 2 6 1 3 4 9		SCENE CLEARED DATE/TIME 0 1 1 3 2 0 2 6 1 4 2 2		REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 5 8		OFFICER'S NAME * R. Cramer		CHECKED BY OFFICER'S NAME* D. Bailey		SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)	
						OFFICER'S BADGE NUMBER* 0 3 7		CHECKED BY OFFICER'S BADGE NUMBER* L 0 7			

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UNIT # 01	NAME: LAST, FIRST, MIDDLE BURNETT										NAME: LAST, FIRST, MIDDLE TRAYVON										NAME: LAST, FIRST, MIDDLE RAKELL										DATE OF BIRTH 12132001										AGE 24										GENDER M														
	ADDRESS: STREET, CITY, STATE, ZIP 4966 E 81ST ST GARFIELD HTS OH 44125																														CONTACT PHONE - INCLUDE AREA CODE 																																		
	INJURIES 3					INJURED TAKEN BY 1					EMS AGENCY (NAME) GHFD										INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 										SAFETY EQUIPMENT USED 04					<input type="checkbox"/> DOT-COMPLIANT MC HELMET					SEATING POSITION 01					AIR BAG USAGE 4					EJECTION 1					TRAPPED 1									
	OL STATE 					OPERATOR LICENSE NUMBER 										OFFENSE CHARGED 331.34a										LOCAL CODE ■					OFFENSE DESCRIPTION Fail to control															CITATION NUMBER G20260065																			
	OL CLASS 6					ENDORSEMENT SELECT UP TO 2 					RESTRICTION SELECT UP TO 3 										DRIVER DISTRACTED BY 9					ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG										CONDITION 5					STATUS 1					ALCOHOL TEST TYPE 1 VALUE					STATUS 1					TYPE 1					RESULT SELECT UP TO 4 				
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