

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ 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			
COUNTY * 1 8		LOCALITY * 1	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 9 2 6 2 0 2 6 1 3 0 4	
ROUTE TYPE 1		ROUTE NUMBER 1	
PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME MCCRACKEN	
ROAD TYPE R D		ATTITUDE (NORMAL DEGREE) 4 1 4 2 3 7 5 6	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 13600		LONGITUDE DECIMAL DEGREES 8 1 5 8 5 1 2 1	
REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 3		DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST 3	
DISTANCE EDPM DECEASED/PC 2 0 0		DISTANCE 1 UNIT PER MILE/FOOT 1-Miles 2-Feet 3-Yards 2	
IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS 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 ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES 1	
ROADWAY ☐ ROADWAY DIVIDED			
LOCATION OF FIRST UADMED II EVENT 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE 5- ON GORE 6- OUTSIDE 7- ON RAMP 8- OFF RAMP 1- CROSSOVER 10- DRIVEWAY / ALLEY ACCESS 11- RAILWAY GRADE CROSSING 12- SHARED USE PATHS OR TRAILS 13- BIKE LANE 14- TOLL BOOTH 99- OTHER / UNKNOWN 1 1		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 1	
DIRECTION OF TRAVEL 1- NORTH 2- SOUTH 3- EAST 4- WEST 1		MEDIAN TYPE 1- DIVIDED FLUSH MEDIAN (<4 FEET) 2- DIVIDED FLUSH MEDIAN (24 FEET) 3- DIVIDED, DEPRESSION MEDIAN 4- DIVIDED, RAISED MEDIAN (ANY TYPE) 9- OTHER / UNKNOWN 1	
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 1	
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 1		CONTOUR 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER UNKNOWN 2	
CONDITIONS 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN 1		SURFACE 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER /UNKNOWN 1	
LIGHT CONDITION 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN 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	
NARRATIVE UNIT 1 WAS TRAVELING E/B ON MCCRACKEN AT THE RAILROAD CROSSING NEAR 13600 MCCRACKEN RD. THE RAILROAD SIGNAL WAS FLASHING RED AND THE SIGNAL ARMS WERE DOWN. UNIT 1 WENT AROUND THE RAILROAD BARRICADES AND WAS STRUCK BY NORFOLK SOUTHERN TRAIN #3 999. INCIDENT CAUGHT ON CITY CAMERAS AND UPLOADED INTO REPORT.			
CRASH REPORTED DATE/TIME 0 9 2 6 2 0 2 6 1 3 0 4			
DISPATCH DATE/TIME 0 9 2 6 2 0 2 6 1 3 0 5			
ARRIVAL DATE/TIME 0 9 2 6 2 0 2 6 1 3 0 7			
SCENE CLEARED DATE/TIME 0 9 2 6 2 0 2 6 1 3 0 9			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0	
TOTAL MINUTES 3 4		OFFICER'S NAME * P. Stockhausen	
OFFICER'S BADGE NUMBER * 0 2 5		CHECKED BY OFFICER'S NAME * R. Dodge	
CHECKED BY OFFICER'S BADGE NUMBER * L 1 9		REPORT TAKEN BY POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION=ADDITION DO NOT WRITE IN THESE SPACES)	

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OTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE PHILLIPS		MICHAEL		EUGENE		DATE OF BIRTH 11251977				AGE 48		GENDER M								
	ADDRESS: STREET, CITY, STATE, ZIP 13809 S PARKWAY DR GARFIELD OH 44125								CONTACT PHONE - INCLUDE AREA CODE 														
	INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY (NAME) GHFD		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT		SAFETY EQUIPMENT USED 01		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 4		EJECTION 1		TRAPPED 1				
	OL STATE 		OPERATOR LICENSE NUMBER 			OFFENSE CHARGED 331.39			LOCAL CODE ■		OFFENSE DESCRIPTION DUTIES AT RR X					CITATION NUMBER G20262002							
	OL CLASS 6		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE VALUE 1		STATUS 1		TYPE 1		RESULT SELECT UP TO 4 	
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