


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

19028579

|   |  |   |  |   |  |   |  |   |  |  |  |  |  |   |  |
|---|--|---|--|---|--|---|--|---|--|--|--|--|--|---|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY   |  | LOCAL INFORMATION   |  | REPORTING AGENCY NAME*<br>BEACHWOOD POLICE  |  | NCIC*<br>01802  |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED   |  | NUMBER OF UNITS<br>02                    |  | UNIT IN ERROR<br>01 98 - ANIMAL<br>99 - UNKNOWN     |  |
| COUNTY*<br>18   |  | LOCALITY*<br>1 1-CITY<br>2-VILLAGE<br>3-TOWNSHIP  |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>BEACHWOOD   |  | CRASH DATE / TIME*<br>06/27/2019 15:27  |  | CRASH SEVERITY<br>5 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |  |  |  |  |   |  |
| ROUTE TYPE<br>SR  |  | ROUTE NUMBER<br>175   |  | PREFIX<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST  |  | LOCATION ROAD NAME<br>CEDAR RD  |  | ROAD TYPE<br>RD   |  | LATITUDE DECIMAL DEGREES<br>41.501804  |  | LONGITUDE DECIMAL DEGREES<br>- 81.497312 |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |  | DIRECTION FROM REFERENCE<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                |  | NUMBER OF APPROACHES                     |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |
| DISTANCE FROM REFERENCE<br>330  |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS  |  |   |  |   |  |   |  |  |  |  |  |   |  |
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP   |  | 9 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN  |  | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>N - NORTH<br>S - SOUTH<br>E - EAST<br>W - WEST   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |  |  |  |  |  |   |  |
| <input checked="" type="checkbox"/> WORK ZONE RELATED<br><input checked="" type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN |  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN       |  |  |  |   |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN  |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  |   |  |   |  |   |  |  |  |  |  |   |  |
| Unit 1 (a stolen vehicle) was westbound on the south sidewalk of Cedar Road fleeing from police units approximately 320 feet east of Richmond Road. Unit 2 was stopped in traffic on Cedar Road facing eastbound in the curb lane next to unit 1. The passenger side of unit 1 sideswiped the passenger side of unit 2. Unit 1 then fled the scene without providing any information required by law. |  |   |  |   |  |   |  |   |  |  Indicate the north direction with an "N" on the compass diagram. |  |  |  |   |  |
| CRASH REPORTED DATE / TIME<br>06/27/2019 15:27  |  | DISPATCH DATE / TIME<br>06/27/2019 15:27  |  | ARRIVAL DATE / TIME<br>06/27/2019 15:27   |  | SCENE CLEARED DATE / TIME<br>06/27/2019 15:51   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |  |  |  |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME<br>45  |  | TOTAL MINUTES<br>69   |  | OFFICER'S NAME*<br>MATTHEW PAGE<br>OFFICER'S BADGE NUMBER*<br>064   |  | CHECKED BY OFFICER'S NAME*<br>RICHARD KEMER<br>CHECKED BY OFFICER'S BADGE NUMBER*<br>065  |  | SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO oops)  |  |  |  |   |  |

EVENT(s)

LOCAL REPORT NUMBER

19028579

DAMAGE

DAMAGE SCALE

2

1 - NONE

3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE

4 - DISABLING DAMAGE

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

5





# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

19028579

|  |   |                            |   |  |  |  |                    |  |              |
|--|---|----------------------------|---|--|--|--|--------------------|--|--------------|
| UNIT #<br>01   | NAME: LAST, FIRST, MIDDLE<br>JONES JAQUAN |                            | DATE OF BIRTH<br>11/13/1999                     |  | AGE<br>19  | GENDER<br>M                              |                    |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1754 URBANA RD CLEVELAND OH 44112 |   |                            | CONTACT PHONE - INCLUDE AREA CODE               |  |  |  |                    |  |              |
| INJURIES<br>5  | INJURED TAKEN BY<br>[ ]                   | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>99  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1                    | AIR BAG USAGE<br>9 | EJECTION<br>1  | TRAPPED<br>1 |
| OL STATE   | OPERATOR LICENSE NUMBER                   |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |  | CITATION NUMBER    |  |              |
| OL CLASS   | ENDORSEMENT                               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>8                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|  |   |                            |   |  |  |  |                    |  |              |
|--|---|----------------------------|---|--|--|--|--------------------|--|--------------|
| UNIT #<br>02   | NAME: LAST, FIRST, MIDDLE<br>WAGNER NATALIE MARIE |                            | DATE OF BIRTH<br>06/03/1973                       |  | AGE<br>46  | GENDER<br>F                              |                    |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>9951 BEVERLY LN STREETSBO RO OH 44241 |   |                            | CONTACT PHONE - INCLUDE AREA CODE<br>440-532-2377 |  |  |  |                    |  |              |
| INJURIES<br>5  | INJURED TAKEN BY<br>[ ]                           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)   | SAFETY EQUIPMENT USED<br>1   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>1                    | AIR BAG USAGE<br>1 | EJECTION<br>1  | TRAPPED<br>1 |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER                           |                            | OFFENSE CHARGED                                   | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |  | CITATION NUMBER    |  |              |
| OL CLASS   | ENDORSEMENT                                       | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                         | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|                                   |                           |                            |   |                          |  |                  |                 |              |         |
|-----------------------------------|---------------------------|----------------------------|---|--------------------------|--|------------------|-----------------|--------------|---------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE |                            | DATE OF BIRTH<br>/ /                            |                          | 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     | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER   |                            | OFFENSE CHARGED                                 | LOCAL CODE               | OFFENSE DESCRIPTION                              |                  | CITATION NUMBER |              |         |
| OL CLASS                          | ENDORSEMENT               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED | CONDITION  | ALCOHOL TEST     |                 | DRUG TEST(S) |         |

|  |   |   |   |   |  |   |
|--|---|---|---|---|--|---|
| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION   | TEST STATUS   |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTION OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                            |
| INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | OL ENDORSEMENT<br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |   |  | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| SAFETY EQUIPMENT<br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |   | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   |   | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN   | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   |
|  |   |   |   |   |  | DRUG TEST RESULT(S)<br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |

# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250663



# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250664





# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250665



# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250666





# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250667



# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250668



# BEACHWOOD POLICE DEPARTMENT

Report # 19028579

Description: NEW PICTURE250669

