



RAYMOND/RIVETTE Traffic Crash Report

00286

Local Report Number *

06286

Crash Severity

2 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

201812 9568

☐ Photos Taken ☐ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other	☒ Under State Reportable Dollar Amount	☐ Private Property	Reporting Agency NCIC * CLP000	Reporting Agency Name * Cleveland AD	Number of Units 02	Unit in error 02 98 - Animal 99 - Unknown
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County * 18	☒ City * ☐ Village * ☐ Township *	City, Village, Township * Cleveland	Crash Date * 105112018	Time of Crash 10730	Day of Week Fri
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Degrees / Minutes / Seconds Latitude 41° 29' 34.34"	Longitude -81° 40' 77.66"	OR Decimal Degrees Latitude Longitude
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Roadway Division ☒ Divided ☐ Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 02	Road Types or Milepost ² AL - Alley CR - Circle HE - Heights AV - Avenue CT - Court HW - Highway BL - Boulevard DR - Drive LA - Lane	MP - Milepost PL - Place ST - Street PK - Parkway RD - Road TE - Terrace PI - Pike SQ - Square TL - Trail
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Location Route Type ¹ 5R	Location Route Number 77	Loc Prefix N, S, E, W	Location Road Name NW	Route Types ¹ IR - Interstate Route (Inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference ☐ Miles ☐ Feet ☐ Yards	Dir From Ref N, S, E, W	Reference Route Type ¹	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #) 9th	Reference Road Type ² ST
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01 - Not an intersection 02 - Four-way intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	☐ Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
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Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level	4 - Curve Grade 9 - Unknown	Road Conditions Primary 01 Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
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* Secondary Condition Only

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 - 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 - Other/Unknown
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Road Surface 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block	4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions Primary 1 Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare*	9 - Unknown	☐ School Zone Related ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved
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* Secondary Condition Only

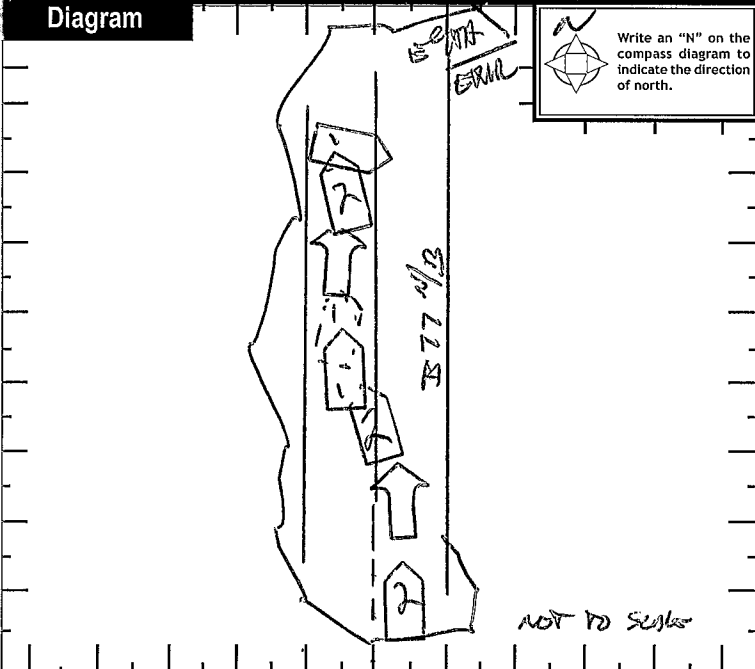
☐ Work Zone Related	☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median	4 - Intermittent or Moving Work 5 - Other	Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area	4 - Activity Area 5 - Termination Area
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Narrative

Driver of unit #1 states that she was traveling N on E 77 at 6:40 PM when she was rear-ended by unit #2.

Driver of unit #2 states that he was changing lanes when he struck unit #1.

Diagram



Report Taken By ☒ Police Agency ☐ Motorist	☐ Supplement (Correction or Addition to an Existing Report Sent to ODPs)	Date Crash Reported 1051120118	Time Crash Reported 10740	Dispatch Time 10743	Arrival Time 10750	Time Cleared 10915	Other Investigation Time 60	Total Minutes 155
Officer's Name * DANFORD	Officer's Badge Number 945	Checked By [Signature]	9196	Page 1 of 4				



UNIT

LOCAL REPORT NUMBER

06286

UNIT NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER STANDS, JOSEAN AL PHANISO	OWNER PHONE NUMBER - INC. AREA CODE () SAME AS DRIVER	DAMAGE SCALE 4	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR					
OWNER ADDRESS: CITY, STATE, ZIP () SAME AS DRIVER 999 E 76th ST CLEVELAND, OHIO 44103 2077									
LP STATE OH	LICENSE PLATE NUMBER GAV9758	VEHICLE IDENTIFICATION NUMBER 15G2C21534575873853	# OCCUPANTS 02						
VEHICLE YEAR 2010	VEHICLE MAKE SAHNN	VEHICLE MODEL SAHNN	VEHICLE COLOR GRAY						
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY VILINB INS.	POLICY NUMBER 354683375	TOWED BY						
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE					
US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. 1	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 01	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY 5						
HM PLACARD ID NO.	HM CLASS NUMBER	HAZARDOUS MATERIAL RELEASED	HIT / SKIP UNIT						
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN					TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT IN EMERGENCY RESPONSE	UNIT TYPE 06 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)					MOST DAMAGED AREA 07 IMPACT AREA 07	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN		
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06286

UNIT NUMBER 102	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) RANNEY, JESSIE DANIEL	OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER) 216 210 5954	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER) 405 Anna Dr. BIRDA, OH 44017 2426				
LP STATE OH	LICENSE PLATE NUMBER AFN 5476	VEHICLE IDENTIFICATION NUMBER 3FA6P0HR2DA154570	# OCCUPANTS 02	
VEHICLE YEAR 2013	VEHICLE MAKE Ford	VEHICLE MODEL Fusion	VEHICLE COLOR Gray	
PROOF OF INSURANCE SHOWN []	INSURANCE COMPANY GIBCO	POLICY NUMBER 4500-21-23-21	TOWED BY K-M TOWING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE- INCLUDE AREA CODE
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

06286

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE SAUNDRA R. RAYMOND	DATE OF BIRTH 09/16/1954	AGE 63	GENDER F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP 7203 PARK AVE CLEVELAND, OH 44105		CONTACT PHONE- INCLUDE AREA CODE 216 600-7927								
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY CLEVELAND #7	MEDICAL FACILITY INJURED TAKEN TO UNIVERSITY HOSP	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE 01A	OL CLASS 4	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED () LOCAL CODE		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1		1

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE RIVISTO, JESSIE DANIEL	DATE OF BIRTH 07/17/1993	AGE 24	GENDER M - MALE F - FEMALE						
ADDRESS, CITY, STATE, ZIP 405 ANNE DR BEREA, OH 44017		CONTACT PHONE- INCLUDE AREA CODE 216 240-8954								
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE 01A	OL CLASS 4	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED () LOCAL CODE 431.34A		OFFENSE DESCRIPTION Failure to control operating vehicle		CITATION NUMBER 246 9954		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1		1

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER	
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE		07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A 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 16 - OTHER 99 - UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE KING, MINNIEA	DATE OF BIRTH 12/30/2009	AGE 8	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 7203 PARK AVE CLEVELAND, OH 44105		CONTACT PHONE- INCLUDE AREA CODE 216 600 7927							
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY CLEVELAND #7	MEDICAL FACILITY INJURED TAKEN TO UNIVERSITY HOSP	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE KING, MINNIEA	DATE OF BIRTH 07/17/1993	AGE 24	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 1555 834 CLEVELAND, OH 44105		CONTACT PHONE- INCLUDE AREA CODE 216 609 6524							
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1