

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property | | LOCAL INFORMATION REPORTING AGENCY NAME * NCIC * GARFIELD HEIGHTS 0 1 8 2 0 | | 2 0 2 2 1 3 9 3 | | | |
| COUNTY * LOCALITY * LOCATION: CITY, VILLAGE, TOWNSHIP * 1 8 1 GARFIELD HTS | | CRASH DATE/TIME 0 5 1 8 2 0 2 2 0 9 4 2 | | CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY | | | |
| ROUTE TYPE ROUTE NUMBER PREFIX LOCATION ROAD NAME ROAD TYPE S R 1 4 Broadway R D | | ROUTE TYPE ROUTE NUMBER PREFIX REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE) ROAD TYPE Garfield P K | | LATITUDE DECIMAL DEGREE 4 1 . 4 3 1 6 5 | | | |
| REFERENCE POINT DIRECTION ROUTE TYPE ROAD TYPE 1 - INTERSECTION 3 IR - INTERSTATE ROUTE (TP) AL - ALLEY HW - HIGHWAY RD - ROAD 2 - MILE POST 1 - NORTH US - FEDERAL US ROUTE AV - AVENUE LA - LANE SQ - SQUARE 2 - SOUTH SR - STATE ROUTE BL - BOULEVARD MP - MILEPOST ST - STREET 3 - EAST CR - NUMBERED COUNTY CR - CIRCLE OV - OVAL TE - TERRACE 4 - WEST ROUTE DR - DRIVE PI - PIKE TL - TRAIL HE - HEIGHTS PL - PLACE WA - WAY | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACH | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDE | | | |
| DISTANCE FROM REFERENCE DISTANCE UNIT OF MEASURE 1 0 0 2 Miles | | LOCATION OF FIRST HARMFUL EYE MANNER OF CRASH COLLISION/IMPACT 0 1 1 - ON ROADWAY 9 - CROSSOVER 7 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 2 - ON SHOULDER 10 - DRIVEWAY / ALLEY ACCESS 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 2 - REAR-END 3 - HEAD-ON 4 - ON ROADSIDE CROSSING 2 - REAR-END 3 - HEAD-ON 5 - ON GORE 12 - SHARED USE PATHS 2 - REAR-END 3 - HEAD-ON 6 - OUTSIDE TRAFFICWAY OR TRAILS 13 - BIKE LANE 2 - REAR-END 3 - HEAD-ON | | DIRECTION OF TRAV MEDIAN TYPE 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - SOUTH 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - EAST 3 - DIVIDED, DEPRESSED MEDIAN 4 - WEST 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) | | | |
| <input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK | | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA | | | |
| LIGHT CONDITIO 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING | | 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 | | CONTOUR CONDITIONS SURFACE 3 1 2 1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - CURVE LEVEL 3 - SNOW 3 - BRICK/BLOCK 4 - CURVE GRADE 4 - ICE 4 - SLAG, GRAVEL, STONE 5 - SAND, MUD, DIRT 5 - DIRT OIL, GRAVEL 9 - OTHER / UNKNOWN 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | | | |
| NARRATIVE UNIT # 1 WAS TRAVELING NORTH ON SR 14 (BROADWAY) IN THE INSIDE LANE APPROXIMATELY 100' SOUTH OF GARFIELD PKWY. UNIT # 2 WAS TRAVELING NORTH ON SR 14 (BROADWAY) IN THE OUTSIDE LANE APPROXIMATELY 100' SOUTH OF GARFIELD.PKWY. AS A RESULT, THE RIGHT BACK REAR OF UNIT # 1 AND THE LEFT FRONT OF UNIT # 2 COLLIDED. UNIT # 1 WAS AT FINAL REST PARKED FACING NORTH ON SR 14 (BROADWAY) UPON ARRIVAL. UNIT # 1 CONTINUED TO ANOTHER LOCATION ON SR 14 (BROADWAY) AND DISCOVERED THE DAMAGE. SEE OH-2 | | | | | | | |
| CRASH REPORTED DATE/TIME 0 5 1 8 2 0 2 2 0 9 4 2 | | DISPATCH DATE/TIME 0 5 1 8 2 0 2 2 0 9 4 8 | | ARRIVAL DATE/TIME 0 5 1 8 2 0 2 2 1 1 0 0 2 | | | |
| TOTAL TIME ROADWAY OTHER INVESTIGATION 0 1 0 0 | | TOTAL MINUTES OFFICER'S NAME * 1 1 4 R. Cramer | | SCENE CLEARED DATE/TIME CHECKED BY OFFICER'S NAME * 0 5 1 8 2 0 2 2 1 1 0 1 6 D. Bailey | | | |
| OFFICER'S BADGE NUMBER * 0 3 7 | | CHECKED BY OFFICER'S BADGE NUMBER * 1 0 7 | | REPORT TAKEN B POLICE AGENCY SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO OOPS) | | | |

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE LADD JAMES C (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
16201 SUNNY GLENN AVE CLEVELAND OH 44128

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP ()

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE ()

VEHICLE

LP STATE OH LICENSE PLATE # GSR3820 VEHICLE IDENTIFICATION # 1F66F5DY5G0A03656 VEHICLE YEAR 2016 VEHICLE MAKE Other/Unknown

INSURANCE VERIFIED INSURANCE COMPANY Geico INSURANCE POLICY # 6098576835 VEHICLE COLOR MAR VEHICLE MODEL Other/Unknown

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC WTS: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD RELEASED

UNIT TYPE 17

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION: 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMU 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE 21 - MAIL CARRIER 99 - OTHER / UNKNOW NOWN

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - HEAD LAMPS 3 - TAIL LAMPS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED 8 - POLE 9 - CARGO TANK 10 - FLAT BED 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

VEHICLE DEFECTS: 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DIFF/TWIF 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT: 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADS IDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION: 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING DISABLED 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

CONTRIBUTING CIRCUMSTANCES: 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

EVENTS: 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT

20221393

DAMAGE

DAMAGE SCALE

2 1 - NONE 2 - MINOR DAMAGE DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING 9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

- NO DAMAGE [0] - UNDERCARRIAGE [1] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

04 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE

TRAFFIC

TRAFFICWAY FLOW: 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 6 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES: 4

RAIL GRADE CROSSING: 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED: 20

POSTED SPEED: 35

DETECTED SPEED: 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
Buckey Waste Industries

OWNER ADDRESS: STREET, CITY, STATE, () Same As Driver
1350 Kelly Ave. Akron OH 44306

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP () Same As Driver
Buckey Waste Indust. 1350 Kelly Ave Akron OH 44306

OWNER PHONE: INCLUDE AREA CODE () Same As Driver

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # PWU4306 VEHICLE IDENTIFICATION # 1XPFD810XX6D6471786 VEHICLE YEAR 2006 VEHICLE MAKE Peterbilt

INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 02294571-1 VEHICLE COLOR BLU VEHICLE MODEL Other/Unknw

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY

US DOT # 979160 TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC WTR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. 3

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD

UNIT TYPE 15

OF TRAILING UNITS 1

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHE ELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATE R

2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHE ELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)

3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST

4 - PICK UP 10 - MOPEL OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE

5 - CARGO VAN 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HITS KIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER /

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER

2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE

3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT

4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMU

CARGO BODY TYPE 14

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED 8 - POLE 9 - CARGO TANK 10 - FLAT BED 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

VEHICLE DEFECTS 22

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DIFF/TWIF 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 9

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADS IDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION 9

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTO RIST 21 - STANDING DISABLED VEHICLE

CONTRIBUTING CIRCUMSTANCES 22

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR

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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES 4

RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 20

POSTED SPEED 35

DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 1 3 9 3

MOTORIST / NON-MOTORIST

UNIT # 01 NAME: LAST, FIRST, MIDDLE LADD JAMES C
 DATE OF BIRTH 06131945 AGE 76 GENDER M
 ADDRESS: STREET, CITY, STATE, ZIP 16201 SUNNY GLENN AVE CLEVELAND OH 44128
 CONTACT PHONE - INCLUDE AREA CODE
 INJURIES 5 INJURE D TAKEN EMS AGENCY (NA ME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 04 DOT-COMPLIANT MC HELMET SEATING POSITION 01 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1
 OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER
 OL CLASS 4 ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTE 1 ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION 1 STATUS 1 ALCOHOL TEST TYPE 1 VALUE STATUS 1 DRUG TEST(S) TYPE 1 RESULT SELECT UP TO 4

MOTORIST / NON-MOTORIST

UNIT # 02 NAME: LAST, FIRST, MIDDLE MCFARLAND TIMOTHY LEE
 DATE OF BIRTH 01151977 AGE 45 GENDER M
 ADDRESS: STREET, CITY, STATE, ZIP 772 WORK DR AKRON OH 44320
 CONTACT PHONE - INCLUDE AREA CODE
 INJURIES 5 INJURE D TAKEN EMS AGENCY (NA ME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 04 DOT-COMPLIANT MC HELMET SEATING POSITION 01 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1
 OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE OFFENSE DESCRIPTION CITATION NUMBER
 OL CLASS 1 ENDORSEMENT RESTRICTION SELECT UP TO 3 DRIVER DISTRACTE 1 ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION 1 STATUS 1 ALCOHOL TEST TYPE 1 VALUE STATUS 1 DRUG TEST(S) TYPE 1 RESULT SELECT UP TO 4

MOTORIST / NON-MOTORIST

UNIT # NAME: LAST, FIRST, MIDDLE
 DATE OF BIRTH AGE GENDER
 ADDRESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA CODE
 INJURIES INJURE D TAKEN EMS AGENCY (NA ME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 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 DISTRACTE ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG CONDITION STATUS ALCOHOL TEST TYPE VALUE STATUS DRUG TEST(S) TYPE RESULT SELECT UP TO 4

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

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT

2 0 2 2 | 1 3 9 3

| | | | | | | | | | |
|-----------------|---|---|-----------------------------------|---|---|---|----------------------------------|-------------------------------|--------------------------|
| OCCUPANT | 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 _____ | DOT-COMPLIANT MC HELMET _____ | SEATING POSITION _____ | AIR BAG USAGE _____ | EJECTION _____ |
| OCCUPANT | 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 _____ | DOT-COMPLIANT MC HELMET _____ | SEATING POSITION _____ | AIR BAG USAGE _____ | EJECTION _____ |
| OCCUPANT | 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 _____ | DOT-COMPLIANT MC HELMET _____ | SEATING POSITION _____ | AIR BAG USAGE _____ | EJECTION _____ |
| OCCUPANT | 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 _____ | DOT-COMPLIANT MC HELMET _____ | SEATING POSITION _____ | AIR BAG USAGE _____ | EJECTION _____ |

| | | | |
|--|--|--|---|
| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
| 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) | 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY | | | EJECTION |
| 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 |
| GENDER | | | TRAPPED |
| F - FEMALE M - MALE U - OTHER/UNKNOWN | | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS |

| | | | | |
|----------------|--|---|---|------------------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE LADD YBONNE L | DATE OF BIRTH 0 8 2 8 1 9 4 8 | AGE 7 3 | GENDER F |
| | ADDRESS: STREET, CITY, STATE 16201 SUNNY GLEN AVE CLEVELAND OH 44128 | | CONTACT PHONE - INCLUDE AREA CODE _____ _____ _____ _____ _____ _____ | |
| WITNESS | NAME: LAST, FIRST, MIDDLE _____ | DATE OF BIRTH _____ _____ _____ _____ _____ _____ | AGE _____ _____ | GENDER _____ |
| | ADDRESS: STREET, CITY, STATE _____ | | CONTACT PHONE - INCLUDE AREA CODE _____ _____ _____ _____ _____ _____ | |
| WITNESS | NAME: LAST, FIRST, MIDDLE _____ | DATE OF BIRTH _____ _____ _____ _____ _____ _____ | AGE _____ _____ | GENDER _____ |
| | ADDRESS: STREET, CITY, STATE _____ | | CONTACT PHONE - INCLUDE AREA CODE _____ _____ _____ _____ _____ _____ | |

OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| | | |
|--|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 20221393 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 05 D 18 Y 2022 |
| IN COUNTY OF 18 | CRASH LOCATION SR 14 | |
| <p>This officer spoke with Mrs. Ladd near crash scene and followed her to another location to locate her husband / and vehicle.</p> <p>Driver of Unit # 1 stated, felt a shake and thought it was a tire on the roadway. Upon reaching the truck wash, he located the damage on vehicle and spoke with wife (Mrs. Ladd), who was following in separate vehicle. The other vehicle must have come into my lane.</p> <p>Driver of Unit # 2 stated, the other vehicle came into his lane.</p> <p>Due to conflicting statements and no independent witnesses, no citations were issued .</p> <p>The trailer plate for Unit # 2 was OH - TRR9711</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 037 |