

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

|   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> Private Property  |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>   |  | NCIC *<br><b>0 1 8 2 0</b>   |  | LOCAL REPORT NUMBER *<br><b>2 0 2 2 1 9 4 4</b>  |  | HIT/SKIP<br>1 - Solved<br>2 - Unsolved<br><input type="checkbox"/>  |  | NUMBER OF UNITS<br><b>0 1</b>  |  | UNIT IN ERROR<br><small>98 - ANIMAL<br/>99 - UNKNOWN</small><br><b>0 1</b> |  |  |  |  |  |
| COUNTY *<br><b>1 8</b>  |  | LOCALITY *<br>1 - CITY *<br>2 - VILLAGE *<br>3 - TOWNSHIP *<br><b>1</b>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>   |  | CRASH DATE/TIME<br><b>0 7 0 5 2 0 2 2 0 7 0 1</b>  |  |   |  | CRASH SEVERITY<br><b>5</b> 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY   |  |  |  |  |  |  |  |
| ROUTE TYPE<br><b>S R</b>  |  | ROUTE NUMBER<br><b>1 7</b>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | LOCATION ROAD NAME<br><b>GRANGER</b>   |  | ROAD TYPE<br><b>R D</b>   |  | LATITUDE DECIMAL DEGREE<br><b>4 1 . 4 1 7 0 3</b>  |  |  |  |  |  |  |  |
| ROUTE TYPE<br><input type="checkbox"/>  |  | ROUTE NUMBER<br><input type="checkbox"/>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE NO.)<br><b>OVERDRIVE</b>  |  | ROAD TYPE<br><b>W A</b>   |  | LONGITUDE DECIMAL DEGREE<br><b>8 1 . 6 1 9 2 0</b>   |  |  |  |  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br><b>1</b>  |  | DIRECTION<br><small>REFERENCE</small><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br><input type="checkbox"/>            |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY<br>DR - DRIVE    PI - PIKE    TL - TRAIL<br>HE - HEIGHTS    PL - PLACE    WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE ARE    NUMBER OF APPROACH<br><b>2</b>  |  |  |  |  |  |  |  |  |  |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/>   |  | DISTANCE UNIT OF MEASURE<br>1 - Miles<br>2 - Feet<br><input type="checkbox"/>   |  | ROUTE TYPE<br><input type="checkbox"/>   |  | ROAD TYPE<br><input type="checkbox"/>  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDE  |  |  |  |  |  |  |  |  |  |
| LOCATION OF FIRST HARMFUL EYE<br><b>0 2</b><br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>7 - ON RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE   |  | MANNER OF CRASH COLLISION/IMPACT<br><b>1</b><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 TRAV<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> WORK ZONE<br><input type="checkbox"/> RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT<br><input type="checkbox"/> ACTIVE SCHOOL ZON  |  | 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><input type="checkbox"/>   |  | 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><input type="checkbox"/> |  | CONTOUR<br><b>2</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE  |  | CONDITIONS<br><b>2</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT<br>OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN   |  | SURFACE<br><b>2</b><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 CONDITIO<br><b>1</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING  |  | WEATHER<br><b>4</b><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                                     |  |  |  | CONTAINER<br><input type="checkbox"/>  |  | CONTAINER<br><input type="checkbox"/>   |  | CONTAINER<br><input type="checkbox"/>  |  |  |  |  |  |  |  |
| NARRATIVE<br>UNIT # 1 WAS TRAVELING SOUTH ON SR 17 ( GRANGER ) NEAR OVERDRIVE WAY. UNIT # 1 APPROACHED SLOWED / STOPPED TRAFFIC. AS A RESULT, UNIT # 1 TOOK EVASIVE ACTION TO THE RIGHT.. UNIT # 1 WENT OVER A CURB, OFF ROAD TO THE RIGHT.. THE FRONT OF UNIT # 1 COLLIDED WITH A TRAFFIC SIGN. UNIT # 1 WAS AT FINAL REST UPON ARRIVAL FACING IN A NORTH WEST DIRECTION ON THE RIGHT OFF ROAD SHOULDER AREA.<br>NOTE: WITNESS AND DRIVER OF UNIT # 1 STATED; A GAGGLE OF GEESE CROSSED THE ROAD AND VEHICLES SLOWED / STOPPED. SEE OH-2 |  |   |  |  |  |  |  |   |  |  |  | <p>Indicate the north direction with an "N" on the compass diagram.</p>    |  |  |  |  |  |
| CRASH REPORTED DATE/TIME<br><b>0 7 0 5 2 0 2 2 0 7 0 1</b>  |  |   |  | DISPATCH DATE/TIME<br><b>0 7 0 5 2 0 2 2 0 7 0 3</b>   |  |  |  | ARRIVAL DATE/TIME<br><b>0 7 0 5 2 0 2 2 0 7 1 1</b>   |  |  |  | SCENE CLEARED DATE/TIME<br><b>0 7 0 5 2 0 2 2 0 7 1 6</b>                  |  |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> |  |
| TOTAL TIME ROADWAY<br><b>0</b>  |  | OTHER INVESTIGATION<br><input type="checkbox"/>   |  | TOTAL MINUTES<br><b>4 5</b>  |  | OFFICER'S NAME *<br><b>R. Cramer</b>   |  |   |  | CHECKED BY OFFICER'S NAME *<br><b>R. Dodge</b>   |  |  |  | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)<br><input type="checkbox"/> |  |  |  |
| OFFICER'S BADGE NUMBER *<br><b>0 3 7</b>  |  |   |  | CHECKED BY OFFICER'S BADGE NUMBER *<br><b>S 2 2</b>  |  |  |  | REPORT TAKEN BY<br><input type="checkbox"/>   |  | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)<br><input type="checkbox"/>   |  |  |  |  |  |  |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**SORDI VICTOR EMANUEL**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**73 PARKWAY DR OLMSTED TWP OH 44138**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP (  Same As Driver )  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JAK2675 VEHICLE IDENTIFICATION # 3K1PF1241A1D21LE234472 VEHICLE YEAR 2020 VEHICLE MAKE Kia

INSURANCE VERIFIED  INSURANCE COMPANY Erie INSURANCE POLICY # Q03 6208812 VEHICLE COLOR BLK VEHICLE MODEL Forte

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY  US DOT # Private

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

UNIT TYPE 01

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 11 - MOTORHOME 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HITS KIP

# OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN

1 - YES 2 - NO 9 - OTHER / AUTONOMOUS MODE LEVEL

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

4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMU

CARGO BODY TYPE 01

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 01

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 01

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - 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

12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION 03

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

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 09

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 4 3 1 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT

2 0 8 5 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR

3 3 7 1 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

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 3

LOCAL REPORT

20221944

DAMAGE

DAMAGE SCALE

4 1 - NONE 2 - MINOR 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

1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

13 - TOP

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 3 TO 4

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

UNIT SPEED

0

POSTED SPEED

3 5

DETECTED SPEED

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 2 1 9 4 4

|   |   |   |   |   |                         |
|---|---|---|---|---|-------------------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>SORDI VICTOR EMANUEL |   | DATE OF BIRTH<br>0 5 0 8 1 9 4 5                | AGE<br>7 7  | GENDER<br>M             |
| ADDRESS: STREET, CITY, STATE, ZIP<br>73 PARKWAY DR OLMSTED TWP OH 44138 |   |   | CONTACT PHONE - INCLUDE AREA CODE               |   |                         |
| INJURIES<br>5   | INJURE D TAKEN                                    | EMS AGENCY (NA ME)                                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | DOT-COMPLIANT MC HELMET |
| OL STATE  | OPERATOR LICENSE NUMBER                           | OFFENSE CHARGED                                     | LOCAL CODE                                      | OFFENSE DESCRIPTION   | CITATION NUMBER         |
| OL CLASS<br>4   | ENDORSEME NT                                      | RESTRICTION SELECT UP TO 3                          | DRIVER<br>DISTRACTE 1                           | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1 1        |
|   |   | ALCOHOL TEST  |   | DRUG TEST(S)  |                         |
|   |   | STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |   |   |                         |

|                                   |                           |   |   |  |                         |
|-----------------------------------|---------------------------|---|---|--|-------------------------|
| 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 |
| OL STATE                          | OPERATOR LICENSE NUMBER   | OFFENSE CHARGED                                     | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER         |
| OL CLASS                          | ENDORSEME NT              | RESTRICTION SELECT UP TO 3                          | DRIVER<br>DISTRACTE                             | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUAN<br>OTHER DRUG | CONDITION               |
|                                   |                           | ALCOHOL TEST  |   | DRUG TEST(S)   |                         |
|                                   |                           | STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |   |  |                         |

|                                   |                           |   |   |  |                         |
|-----------------------------------|---------------------------|---|---|--|-------------------------|
| 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 |
| OL STATE                          | OPERATOR LICENSE NUMBER   | OFFENSE CHARGED                                     | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER         |
| OL CLASS                          | ENDORSEME NT              | RESTRICTION SELECT UP TO 3                          | DRIVER<br>DISTRACTE                             | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUAN<br>OTHER DRUG | CONDITION               |
|                                   |                           | ALCOHOL TEST  |   | DRUG TEST(S)   |                         |
|                                   |                           | STATUS TYPE VALUE STATUS 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                  |
| <b>INJURED TAKEN BY</b>                        | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 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  | <b>CONDITION</b>   | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        | 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  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |
| 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       |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |
| 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 9 4 4

|                 |   |   |   |   |   |   |  |   |                            |
|-----------------|---|---|---|---|---|---|--|---|----------------------------|
| <b>OCCUPANT</b> | <b>UNIT #</b><br>[ ]  | <b>NAME: LAST, FIRST, MIDDLE</b><br>[ ] [ ] [ ] |   |   | <b>DATE OF BIRTH</b><br>[ ] [ ] [ ] [ ] [ ] [ ]   |   |  | <b>AGE</b><br>[ ] [ ]                   | <b>GENDER</b><br>[ ] [ ]   |
|                 | <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   |   |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   |  |   |                            |
|                 | <b>INJURIES</b><br>[ ] [ ]  | <b>INJURED TAKEN BY</b><br>[ ] [ ]              | <b>EMS AGENCY (NAME)</b><br>[ ] [ ] [ ] [ ] | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | <b>SAFETY EQUIPMENT USED</b><br>[ ] [ ] [ ] [ ]   | <b>DOT-COMPLIANT MC HELMET</b><br>[ ] [ ] | <b>SEATING POSITION</b><br>[ ] [ ] [ ] [ ] | <b>AIR BAG USAGE</b><br>[ ] [ ] [ ] [ ] | <b>EJECTION</b><br>[ ] [ ] |

|  |  |  |   |
|--|--|--|---|
| <b>INJURIES</b>  | <b>SAFETY EQUIPMENT USED</b>   | <b>SEATING POSITION</b>  | <b>AIR BAG USAGE</b>  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<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 (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 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) | 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 |
| <b>INJURED TAKEN BY</b>  |  |  | <b>EJECTION</b>   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |  |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| <b>GENDER</b>  |  |  | <b>TRAPPED</b>  |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

|                |  |   |   |                          |
|----------------|--|---|---|--------------------------|
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b><br>CUMMONS STEVEN MATTHEW                             | <b>DATE OF BIRTH</b><br>0 8 2 6   1 9 7 9       | <b>AGE</b><br>[ ] [ ]   | <b>GENDER</b><br>M       |
|                | <b>ADDRESS: STREET, CITY, STATE</b><br>422 MYRTLE ST RAVENNA OH 44266                  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |                          |
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b><br>[ ] [ ] [ ] [ ] [ ] [ ]                            | <b>DATE OF BIRTH</b><br>[ ] [ ] [ ] [ ] [ ] [ ] | <b>AGE</b><br>[ ] [ ]   | <b>GENDER</b><br>[ ] [ ] |
|                | <b>ADDRESS: STREET, CITY, STATE</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |                          |
| <b>WITNESS</b> | <b>NAME: LAST, FIRST, MIDDLE</b><br>[ ] [ ] [ ] [ ] [ ] [ ]                            | <b>DATE OF BIRTH</b><br>[ ] [ ] [ ] [ ] [ ] [ ] | <b>AGE</b><br>[ ] [ ]   | <b>GENDER</b><br>[ ] [ ] |
|                | <b>ADDRESS: STREET, CITY, STATE</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |                          |

# OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

|   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>20221944   | REPORTING AGENCY<br>GARFIELD HEIGHTS | DATE OF CRASH<br>M 07   D 05   Y 2022 |
| IN COUNTY OF<br>18  | CRASH LOCATION<br>SR 17              |                                       |
| Owner of Sign ( Flashing low gear )<br><br><br>ODOT<br><br>5500 Transportation Blvd<br><br>GH OH 44125<br><br>216- 581-2100 |                                      |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>   |                                      | BADGE NUMBER<br>037                   |