



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

2 | 0 | 2 | 2 | 2 | 9 | 3 | 7 |

- PHOTOS TAKEN
- SECONDARY CRASH
- OH-2
- OH-1P
- OTHER
- Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME *

GARFIELD HEIGHTS

NCIC *

0 | 1 | 8 | 2 | 0 |

HIT/SKIP
1 - Solved
2 - Unsolved

NUMBER OF UNITS
0 | 2 |

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
9 | 9 |

COUNTY *
1 | 8 |

LOCALITY *
1 - CITY *
2 - VILLAGE *
3 - TOWNSHIP *
1 |

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME
1 | 0 | 0 | 4 | 2 | 0 | 2 | 2 | 1 | 5 | 5 | 0 |

CRASH SEVERITY
3 | 1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY

ROUTE TYPE
ROUTE NUMBER

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
3 |

LOCATION ROAD NAME
88th

ROAD TYPE
S | T |

LATITUDE DECIMAL DEGREE

ROUTE TYPE
ROUTE NUMBER

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS
5220

ROAD TYPE

LONGITUDE DECIMAL DEGR

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 |

DIRECTION
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

ROUTE TYPE
IR - INTERSTATE ROUTE (TP)
US - FEDERAL US ROUTE
SR - STATE ROUTE
CR - NUMBERED COUNTY ROUTE

ROAD TYPE
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 APPRO
 WITHIN INTERCHANGE ARE

NUMBER OF APPROACH

ROADWAY
 ROADWAY DIVIDE

LOCATION OF FIRST HARMFUL EVE
9 | 9 |
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
7 - ON RAMP
9 - CROSSOVER
10 - DRIVEWAY / ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS
13 - BIKE LANE

MANNER OF CRASH COLLISION/IMPACT
5 |
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

DIRECTION OF TRAV
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

MEDIAN TYPE
1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
3 - DIVIDED, DEPRESSED MEDIAN
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)

- WORK ZONE RELATED
- WORKERS PRESENT
- LAW ENFORCEMENT
- 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
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA

CONTOUR
1 |

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE

CONDITIONS
1 |

1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT
OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN

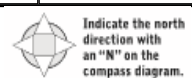
SURFACE
2 |

1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER /UNKNOWN

LIGHT CONDITIO
1 |
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING

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 - FREEZING RAIN OR FREEZING DRIZZLE
99 - OTHER / UNKNOWN

NARRATIVE
SEE OH-2 NARRATIVE.



CRASH REPORTED DATE/TIME
1 | 0 | 0 | 4 | 2 | 0 | 2 | 2 | 1 | 5 | 5 | 0 |

DISPATCH DATE/TIME
1 | 0 | 0 | 4 | 2 | 0 | 2 | 2 | 1 | 5 | 5 | 0 |

ARRIVAL DATE/TIME
1 | 0 | 0 | 4 | 2 | 0 | 2 | 2 | 1 | 5 | 5 | 5 |

SCENE CLEARED DATE/TIME
1 | 0 | 0 | 4 | 2 | 0 | 2 | 2 | 1 | 6 | 4 | 5 |

REPORT TAKEN B
 POLICE AGENCY

TOTAL TIME ROADWAY
0 |

OTHER INVESTIGATION
1 | 5 |

TOTAL MINUTES
6 | 5 |

OFFICER'S NAME *
P. Monnollv

OFFICER'S BADGE NUMBER*
0 | 4 | 6 |

CHECKED BY OFFICER'S NAME*

CHECKED BY OFFICER'S BADGE NUMBER*

SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO OOPS)

OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
TROYER WILMA P

OWNER ADDRESS: STREET, CITY, STATE, () Same As Driver
869 SCHNEIDERS CROSSING DOVER OH 44266

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

DAMAGE

DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # JOL1667 VEHICLE IDENTIFICATION # 1G2ZLH315N174254409 VEHICLE YEAR 2007 VEHICLE MAKE Pontiac

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 126017122 VEHICLE COLOR RED VEHICLE MODEL G6

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GC () HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

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

UNIT TYPE 0 1

1 - PASSENGER CAR
2 - PASSENGER VAN (MINIVAN)
3 - SPORT UTILITY VEHICLE
4 - PICK UP
5 - CARGO VAN
7 - MOTORCYCLE 2-WHEELED
8 - MOTORCYCLE 3-WHEELED
9 - AUTOCYCLE
10 - MOPEL OR MOTORIZED BICYCLE
12 - GOLF CART
13 - SNOWMOBILE
14 - SINGLE UNIT TRUCK
15 - SEMI-TRACTOR
16 - FARM EQUIPMENT
17 - MOTORHOME
18 - LIMO (LIVERY VEHICLE)
19 - BUS (16+ PASSENGERS)
20 - OTHER VEHICLE
21 - HEAVY EQUIPMENT
22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE
23 - PEDESTRIAN/SKATE R
24 - WHEELCHAIR (ANY TYPE)
25 - OTHER NON-MOTORIST
26 - BICYCLE
27 - TRAIN
99 - UNKNOWN OR HITS KIP

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER /

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

SPECIAL FUNCTION 0 1

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 /UNK NOWN

CARGO BODY TYPE 0 1

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 9 9

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/TIVE
9 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 9 9

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 3

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 OUTSIDE DISABLED VEHICLE

INITIAL POINT OF CONTACT

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

CONTRIBUTING CIRCUMSTANCES 0 1

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

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

EVENT(S)

SEQUENCE OF EVENTS

1 1 4

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

TRAFFIC

OF THROUGH LANES

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 8

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

UNIT SPEED 2

POSTED SPEED 1 5

DETECTED SPEED 1

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

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

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

VEHICLE

LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE
INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR VEHICLE MODEL
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY
US DOT # TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS VEHICLE WEIGHT GVWR/GC WTS: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
HAZARDOUS MATERIAL: MATERIAL CLASS # PLACARD RELEASED

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

UNIT TYPE: 2 3
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATE R
2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 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
OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?
1 - YES 2 - NO 9 - OTHER /
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 /UNK NOWN

CARGO BODY TYPE:
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:
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

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

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
PRE-CRASH ACTION:
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 OUTSIDE DISABLED VEHICLE

INITIAL POINT OF CONTACT

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

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

TRAFFIC

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

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

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

OF THROUGH LANES:

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

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: MOST HARMFUL EVENT:

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED: POSTED SPEED:

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

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 2 9 3 7

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE WISE GEORGIO CARLOS		DATE OF BIRTH 0 8 1 0 2 0 0 1	AGE 2 1	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 5220 E 88TH ST APT GARFIELD HTS OH 44125			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURE D TAKEN	EMS AGENCY (NA ME) GHFD SQUAD 1	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS 4	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1 1
ALCOHOL TEST		DRUG TEST(S)			
STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4					

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE BRASDOVICH DENNIS J		DATE OF BIRTH 0 1 1 6 1 9 4 6	AGE 7 6	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 9306 SOUTH HIGHLAND AVE GARFIELD HTS OH 44125			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 3	INJURE D TAKEN 2	EMS AGENCY (NA ME) GHFD SQUAD 1	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS 4	ENDORSEME NT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTE	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG	CONDITION 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 DISTRACTE	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN 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
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 2 9 3 7

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 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SAFETY EQUIPMENT USED 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	SEATING POSITION 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)	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			
GENDER			
F - FEMALE M - MALE U - OTHER/UNKNOWN			

WITNESS	NAME: LAST, FIRST, MIDDLE BROWN BRYAN LEE	DATE OF BIRTH 0 7 2 7 1 9 9 6		AGE 2 6	GENDER M
	ADDRESS: STREET, CITY, STATE 13980 SUMMIT AVE 103 MAPLE HEIGHTS OH 44137		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 20222937	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 10 D 04 Y 2022
IN COUNTY OF 18	CRASH LOCATION 3 88th ST	
<p>UNIT 1 WAS BACKING OUT A PARKING SPOT IN THE LOT OF 5220 EAST 88th ST AND STRUCK A PEDESTRIAN THAT WAS WALKING E/B THROUGH THE LOT BEHIND UNIT 1. THE PEDESTRIAN (DENNIS BRASDOVICH) STATED HE WAS WALKING THROUGH THE LOT LOOKING FOR CHANGE WHEN HE WAS STRUCK AND KNOCKED TO THE GROUND. HE IS HEARING IMPAIRED AND NEVER SAW UNIT 1 BACKING UP. A WITNESS STATED UNIT 1 STARTED BACKING UP AND IT APPEARED AS IF BRASDOVICH WALKED TOWARDS THE VEHICLE. BRASDOVICH COMPLAINED OF A LEFT KNEE INJURY AND WAS TRANSPORTED TO MARYMOUNT VIA GHFD SQUAD 1.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 046