

# 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 * <b>GARFIELD HEIGHTS</b> <b>01820</b>		<b>20223088</b>		
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COUNTY * <b>18</b>	LOCALITY * <b>1</b> 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>	CRASH DATE/TIME <b>11020202022 2032</b>	CRASH SEVERITY <b>3</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY
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ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>MCCRACKEN</b>	ROAD TYPE <b>R D</b>	LATITUDE DECIMAL DEGR <b>41.421953</b>
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS <b>E. 98</b>	ROAD TYPE <b>S T</b>	LONGITUDE DECIMAL DEGR <b>81.616240</b>

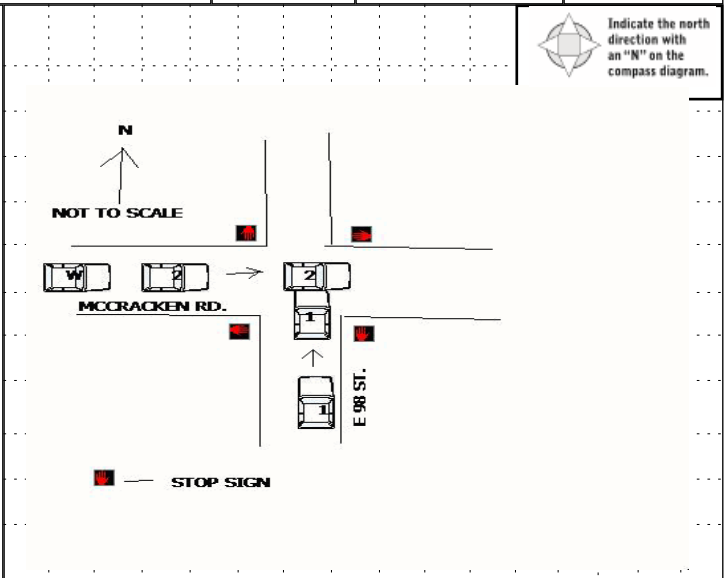
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST <b>1</b>	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST <b>1</b>	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - 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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH <b>4</b>
DISTANCE FROM REFERENCE <b>4</b>	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet <b>2</b>	ROADWAY <input type="checkbox"/> ROADWAY DIVIDE		

LOCATION OF FIRST HARMFUL EVE <b>01</b> 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 <b>6</b> 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 <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE <b>1</b> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
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<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	CONTOUR <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	CONDITIONS <b>1</b> 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE <b>2</b> 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN
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LIGHT CONDITIO <b>4</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING	WEATHER <b>1</b> 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
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NARRATIVE  
 DRIVER OF UNIT 1 STATED THAT SHE WAS GOING NORTH ON E. 98 ST. AT MCCRACKEN AND WAS STOPPED AT THE STOP SIGN. SHE STATED THAT WHEN SHE PROCEEDED THROUGH THE INTERSECTION. UNIT 2 RAN THE STOP SIGN AND WAS STRUCK BY HER VEHICLE. DRIVER OF UNIT 2 STATED THAT SHE WAS GOING EAST ON MCCRACKEN AT E. 98 ST. AND WAS STOPPED AT THE STOP SIGN. SHE STATED THAT WHEN SHE PROCEEDED THROUGH THE INTERSECTION UNIT 1 RAN THE STOP SIGN AND STRUCK HER VEHICLE.



CRASH REPORTED DATE/TIME <b>11020202022 2032</b>	DISPATCH DATE/TIME <b>11020202022 2033</b>	ARRIVAL DATE/TIME <b>11020202022 2034</b>	SCENE CLEARED DATE/TIME <b>11020202022 2048</b>	REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/>
TOTAL TIME ROADWAY <b>0</b>	OTHER INVESTIGATION <b>30</b>	TOTAL MINUTES <b>44</b>	OFFICER'S NAME * <b>P. Stockhausen</b>	CHECKED BY OFFICER'S NAME * <b>T. Baon</b>
			OFFICER'S BADGE NUMBER * <b>025</b>	CHECKED BY OFFICER'S BADGE NUMBER * <b>S20</b>

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE BOOKER YVETTE N (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
4748 E 86TH ST GARFIELD HTS OH 44125  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**VEHICLE**

LP STATE OH LICENSE PLATE # HEB8086 VEHICLE IDENTIFICATION # 1C4PJM8N2KD1818270 VEHICLE YEAR 2019 VEHICLE MAKE Jeep  
 INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 953783205 VEHICLE COLOR BLK VEHICLE MODEL Cherokee  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY  US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME N/A  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC \_\_\_\_\_ HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD \_\_\_\_\_  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

**VEHICLE**

UNIT TYPE 03 # OF TRAILING UNITS \_\_\_\_\_  
 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

**VEHICLE**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 AUTONOMOUS MODE LEVEL \_\_\_\_\_  
 1 - YES 2 - NO 9 - OTHER / \_\_\_\_\_  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 9 - UNKNOWN

**VEHICLE**

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 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 10 - AMBULANCE

**VEHICLE**

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**

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

**VEHICLE**

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 19 - OTHER /

**VEHICLE**

ACTION 03 PRE-CRASH ACTION 01  
 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 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

**VEHICLE**

CONTRIBUTING CIRCUMSTANCES 04  
 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

**EVENT(S)**

SEQUENCE OF 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

**EVENT(S)**

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  
20223088

**DAMAGE**

DAMAGE SCALE  
2 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**

12 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 4 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

**TRAFFIC**

# OF THROUGH LANES 2 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** 15 **DETECTED SPEED** 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
**POSTED SPEED** 25

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**PETTIS AUBREY SIRDEAR**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**4945 E 81ST ST GARFIELD HTS OH 44125**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP (  Same As Driver )

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # P741185 VEHICLE IDENTIFICATION # 3GNCKJKSBXK1363889 VEHICLE YEAR 2019 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 960733147 VEHICLE COLOR BLK VEHICLE MODEL Trax

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY

US DOT # N/A TOWED BY: COMPANY NAME N/A

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 CLASS # PLACARD  RELEASED

UNIT TYPE 03

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
		17 - MOTORHOME		99 - UNKNOWN OR HITS KIP

# OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER /

AUTONOMOUS MODE LEVEL: 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL 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	99 - OTHER /UNK NOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS-TRANSIT/COMMU	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE	

CARGO BODY TYPE 01

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

VEHICLE DEFECTS 01

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

NON-MOTORIST LOCATION AT IMPACT 01

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

ACTION 04 PRE-CRASH ACTION 01

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

CONTRIBUTING CIRCUMSTANCES 01

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

SEQUENCE OF EVENTS

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

COLLISION WITH FIXED OBJECT - STRUCK

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT

20223088

DAMAGE

DAMAGE SCALE

3 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

03 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 4 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES 2

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

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED 15

POSTED SPEED 25

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



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER							
2	0	2	2	3	0	8	8

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> BOOKER YVETTE N		<b>DATE OF BIRTH</b> 03141974		<b>AGE</b> 48	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4748 E 86TH ST GARFIELD HTS OH 44125					<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 5	<b>INJURE D TAKEN</b> 1	<b>EMS AGENCY (NA ME)</b> GHFD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> MARYMOUNT	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEME NT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER</b> D 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: 1		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT SELECT UP TO 4	

<b>UNIT #</b> 02	<b>NAME: LAST, FIRST, MIDDLE</b> PETTIS AUBREY SIRDEAR		<b>DATE OF BIRTH</b> 06121993		<b>AGE</b> 29	<b>GENDER</b> F				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 4945 E 81ST ST GARFIELD HTS OH 44125					<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b> 3	<b>INJURE D TAKEN</b> 2	<b>EMS AGENCY (NA ME)</b> GHFD	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> MARYMOUNT	<b>SAFETY EQUIPMENT USED</b> 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 01	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b> 4	<b>ENDORSEME NT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER</b> D 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS: 1 TYPE: 1 VALUE: 1		<b>DRUG TEST(S)</b> STATUS: 1 TYPE: 1 RESULT SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>		<b>DATE OF BIRTH</b>		<b>AGE</b>	<b>GENDER</b>				
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>					<b>CONTACT PHONE - INCLUDE AREA CODE</b>					
<b>INJURIES</b>	<b>INJURE D TAKEN</b>	<b>EMS AGENCY (NA ME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>		<b>LOCAL CODE</b>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>			
<b>OL CLASS</b>	<b>ENDORSEME NT</b>	<b>RESTRICTION SELECT UP TO 3</b>	<b>DRIVER</b>	<b>ALCOHOL / DRUG SUSPECTED</b>		<b>CONDITION</b>	<b>ALCOHOL TEST</b>		<b>DRUG TEST(S)</b>	

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	3	0	8	8		

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	TRAPPED
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	TRAPPED	
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	TRAPPED	
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	TRAPPED	

<p><b>INJURIES</b></p> <p>1 - FATAL</p> <p>2 - SUSPECTED SERIOUS INJURY</p> <p>3 - SUSPECTED MINOR INJURY</p> <p>4 - POSSIBLE INJURY</p> <p>5 - NO APPARENT INJURY</p>	<p><b>SAFETY EQUIPMENT USED</b></p> <p>1 - NONE USED - VEHICLE OCCUPANT</p> <p>2 - SHOULDER BELT ONLY USED</p> <p>3 - LAP BELT ONLY USED</p> <p>4 - SHOULDER &amp; LAP BELT USED</p> <p>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING</p> <p>6 - CHILD RESTRAINT SYSTEM - REAR FACING</p> <p>7 - BOOSTER SEAT</p> <p>8 - HELMET USED</p> <p>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)</p> <p>10 - REFLECTIVE CLOTHING</p> <p>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY</p> <p>99 - OTHER / UNKNOWN</p>	<p><b>SEATING POSITION</b></p> <p>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</p> <p>2 - FRONT - MIDDLE</p> <p>3 - FRONT - RIGHT SIDE</p> <p>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</p> <p>5 - SECOND - MIDDLE</p> <p>6 - SECOND - RIGHT SIDE</p> <p>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</p> <p>8 - THIRD - MIDDLE</p> <p>9 - THIRD - RIGHT SIDE</p> <p>10 - SLEEPER SECTION OF TRUCK CAB</p> <p>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</p> <p>12 - PASSENGER IN UNENCLOSED CARGO AREA</p> <p>13 - TRAILING UNIT</p> <p>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</p>	<p><b>AIR BAG USAGE</b></p> <p>1 - NOT DEPLOYED</p> <p>2 - DEPLOYED FRONT</p> <p>3 - DEPLOYED SIDE</p> <p>4 - DEPLOYED BOTH FRONT/SIDE</p> <p>5 - NOT APPLICABLE</p> <p>9 - DEPLOYMENT UNKNOWN</p>
<p><b>INJURED TAKEN BY</b></p> <p>1 - NOT TRANSPORTED / TREATED AT SCENE</p> <p>2 - EMS</p> <p>3 - POLICE</p> <p>9 - OTHER / UNKNOWN</p>		<p><b>EJECTION</b></p> <p>1 - NOT EJECTED</p> <p>2 - PARTIALLY EJECTED</p> <p>3 - TOTALLY EJECTED</p> <p>4 - NOT APPLICABLE</p>	
<p><b>GENDER</b></p> <p>F - FEMALE</p> <p>M - MALE</p> <p>U - OTHER/UNKNOWN</p>		<p><b>TRAPPED</b></p> <p>1 - NOT TRAPPED</p> <p>2 - EXTRICATED BY MECHANICAL MEANS</p> <p>3 - FREED BY NON-MECHANICAL MEANS</p>	

WITNESS	NAME: LAST, FIRST, MIDDLE	MELTON LENZELL				DATE OF BIRTH			AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

# OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20223088	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 10   D 20   Y 2022
IN COUNTY OF 18	CRASH LOCATION	
<p>DRIVER OF UNIT 2 PROVIDED A PHONE NUMBER FOR A WITNESS, WHO WAS NO LONGER ON SCENE. I SPOKE TO THE WITNESS OVER THE PHONE WHO STATED THAT HE WAS IN HIS OWN VEHICLE TRAVELING BEHIND UNIT 2. HE STATED THAT UNIT 1 RAN THE STOP SIGN AND STRUCK UNIT 2. I WAS UNABLE TO DETERMINE THE VERACITY OF THIS CLAIM BECAUSE THE WITNESS WAS NOT ON SCENE WHEN OFFICERS ARRIVED.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 025