

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

| | | | |
|--|---|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property | <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | LOCAL INFORMATION DRESSLER REPORTING AGENCY NAME * GARFIELD HEIGHTS |
| COUNTY * 1 8 LOCALITY * 1 LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | | NCIC * 0 1 8 2 0 |
| HIT/SKIP 1 - Solved 2 - Unsolved | | NUMBER OF UNITS 0 1 | UNIT IN ERROR <small>98 - ANIMAL 99 - UNKNOWN</small> 0 1 |

| | | |
|---|----------------------------|---|
| CRASH DATE/TIME 1 1 1 1 0 2 0 2 2 1 7 1 5 | CRASH SEVERITY 5 | 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY |
|---|----------------------------|---|

| | | | | | |
|--|--|------------------------------------|---|-------------------------|--|
| ROUTE TYPE <input type="checkbox"/> | ROUTE NUMBER <input type="checkbox"/> | PREFIX <input type="checkbox"/> | LOCATION ROAD NAME DRESSLER | ROAD TYPE R D | LATITUDE DECIMAL DEGR 4 1 . 4 3 0 2 2 |
| ROUTE TYPE <input type="checkbox"/> | ROUTE NUMBER <input type="checkbox"/> | PREFIX 3 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS 142 | ROAD TYPE S T | LONGITUDE DECIMAL DEGR 8 1 . 5 8 4 5 3 |

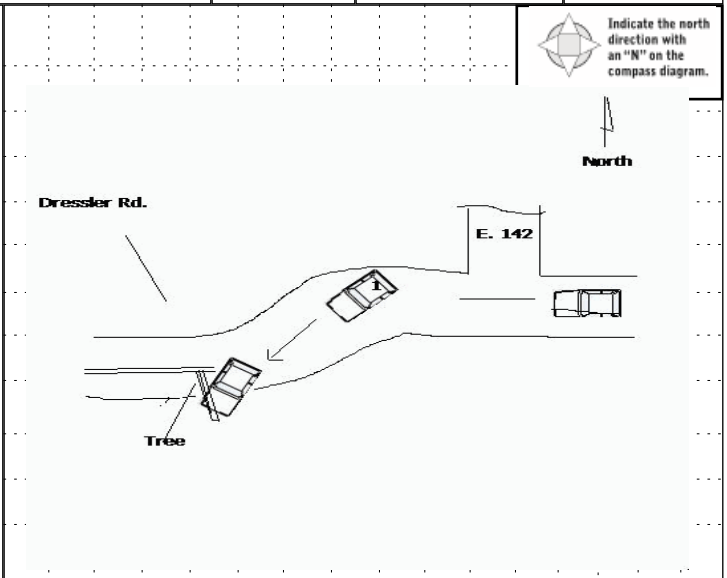
| | | | | |
|--|---|---|--|---|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1 | DIRECTION <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small> 4 | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE | ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH ROADWAY <input type="checkbox"/> ROADWAY DIVIDE |
| DISTANCE FROM REFERENCE 1 5 0 | DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 2 | | | |

| | | |
|---|---|--|
| LOCATION OF FIRST HARMFUL EVE 0 4 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 1 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 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST MEDIAN TYPE <input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) <input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) <input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN <input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |
|---|---|--|

| | | | | | |
|--|---|--|---|---|--|
| <input type="checkbox"/> WORK ZONE 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 3 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 2 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING | WEATHER 2 1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN | | | | |

NARRATIVE

UNIT # 1 WAS WESTBOUND ON DRESSLER RD, WHEN IT LOST CONTROL CAUSING IT GO LEFT OF CENTER. UNIT #1 THEN WENT OFF THE LEFT SIDE OF THE ROADWAY AND STRUCK A TREE.



| | | | | | |
|--|--|---|---|---|--|
| CRASH REPORTED DATE/TIME 1 1 1 1 0 2 0 2 2 1 7 1 5 | DISPATCH DATE/TIME 1 1 1 1 0 2 0 2 2 1 7 1 7 | ARRIVAL DATE/TIME 1 1 1 1 0 2 0 2 2 1 7 2 8 | SCENE CLEARED DATE/TIME 1 1 1 1 0 2 0 2 2 1 8 0 0 | REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> | |
| TOTAL TIME ROADWAY 0 | OTHER INVESTIGATION <input type="checkbox"/> | TOTAL MINUTES 3 2 | OFFICER'S NAME * B. Foxx | CHECKED BY OFFICER'S NAME* N. Rossi | |
| | | OFFICER'S BADGE NUMBER* 0 3 0 | CHECKED BY OFFICER'S BADGE NUMBER* S 1 3 | | |

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)
CURRIE TUNISIA KAHILL

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
4634 E 88TH 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 # H0H5093 VEHICLE IDENTIFICATION # K1NDEPC1A1A3M723101347 VEHICLE YEAR 2021 VEHICLE MAKE Kia

INSURANCE VERIFIED INSURANCE COMPANY Liberty mutual INSURANCE POLICY # AOV 281 782301 40 VEHICLE COLOR MAR VEHICLE MODEL Seltos

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 02 US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD _____ RELEASED

UNIT TYPE 01

| | | | | |
|-----------------------------|---------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN/SKATEBOARD |
| 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 |
| | | 17 - MOTORHOME | | 99 - UNKNOWN OR HITS KIP |

OF TRAILING UNITS _____

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 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 | 99 - OTHER / UNKNOW |
| 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 05

| | | | | |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 1 - TURN SIGNALS | 4 - BRAKES | 7 - WORN OR SLICK TIRES | 9 - MOTOR TROUBLE | 99 - OTHER / UNKNOWN |
| 2 - HEAD LAMPS | 5 - STEERING | 8 - TRAILER EQUIPMENT DEFECTIVE | 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 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER/ROADS IDE | 10 - DRIVEWAY ACCESS | 99 - OTHER / |
| | 5 - TRAVEL LANE-OTHER | 8 - SIDEWALK | 11 - SHARED USE PATHS | |

ACTION 03 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 05

| | | | | |
|----------------------|------------------------------|--|--------------------------------------|--------------------------------|
| 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

| EVENTS | EVENTS | EVENTS | EVENTS | 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 | |
| | | | 21 - PARKED MOTOR VEHICLE | |

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

20223324

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

11

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

2

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

35

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 3 2 4

| | | | | | | | | | | |
|---|--|----------------------------|---|---|------------------------------|-------------------------|-----------------------------------|--|--------------|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE CURRIE TUNISIA KAHILL | | DATE OF BIRTH 0 7 2 9 1 9 8 0 | | AGE 4 2 | GENDER F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4634 E 88TH ST GARFIELD HTS OH 44125 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES 5 | INJURE D TAKEN | EMS AGENCY (NA ME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 1 | DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED 331.34a | LOCAL CODE | OFFENSE DESCRIPTION FAILURE TO CONTROL | CITATION NUMBER G20222620 | | | | | |
| 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 | STATUS 1 | ALCOHOL TEST TYPE VALUE STATUS | DRUG TEST(S) 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG | CONDITION | STATUS | ALCOHOL TEST TYPE VALUE STATUS | DRUG TEST(S) 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 | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> 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 |

OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| | | |
|--|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 20223324 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 11 D 10 Y 2022 |
| IN COUNTY OF 18 | CRASH LOCATION DRESSLER | |
| <p>Damage- Unit # 1. 2021 Kia Seltos sustained heavy damage to the front bumper, hood, left headlight assembly and fender.</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 030 |