

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 | | 2 0 2 2 3 6 3 5 | | | |
| | | REPORTING AGENCY NAME * GARFIELD HEIGHTS | | NCIC * 0 1 8 2 0 | | HIT/SKIP 1 - Solved 2 - Unsolved 2 | NUMBER OF UNITS 0 1 |
| COUNTY * 1 8 | LOCALITY * 1 | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | CRASH DATE/TIME 1 2 1 3 2 0 2 2 1 3 1 0 | | CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREE 4 1 . 4 3 8 6 1 3 | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS) | ROAD TYPE | LONGITUDE DECIMAL DEGR - 8 1 . 5 9 0 9 3 4 | | |
| 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 | ROAD TYPE HW - HIGHWAY RD - ROAD 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 type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE <input type="checkbox"/> ROADWAY DIVIDE | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet | MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON | | 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 <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 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 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | SURFACE 2 2 - CONCRETE 3 - BRICK/BLOCK ASPHALT 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 WITNESS STATED THAT UNIT 1 WAS TRAVELING N/B ON EAST 131ST AND DROVE OFF THE ROADWAY TO THE RIGHT AND STRUCK A SPEED LIMIT SIGN ON THE TREE LAWN OF 4437 E. 131. UNIT 1 THEN CONTINUED N/B ON EAST 131 AFTER STRIKING THE SIGN. WITNESS WAS WALKING ON SIDEWALK NEAR LOCATION WITH HER YOUNG CHILD AND WAS ALMOST STRUCK BY UNIT 1. | | | |
| CRASH REPORTED DATE/TIME 1 2 1 3 2 0 2 2 1 3 1 0 | | DISPATCH DATE/TIME 1 2 1 3 2 0 2 2 1 3 1 1 | | ARRIVAL DATE/TIME 1 2 1 3 2 0 2 2 1 3 1 8 | | SCENE CLEARED DATE/TIME 1 2 1 3 2 0 2 2 1 3 5 5 | REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> |
| TOTAL TIME ROADWAY 0 | OTHER INVESTIGATION | TOTAL MINUTES 3 7 | OFFICER'S NAME * P. Monnollv | CHECKED BY OFFICER'S NAME * M. Kaye | | SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO OOPS) <input type="checkbox"/> | |
| | | OFFICER'S BADGE NUMBER * 0 4 6 | | CHECKED BY OFFICER'S BADGE NUMBER * C H 1 | | | |

OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver OWNER PHONE: INCLUDE AREA CODE () 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

VEHICLE

LP STATE _____ LICENSE PLATE # _____ VEHICLE IDENTIFICATION # _____ VEHICLE YEAR _____ VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR **AME** VEHICLE MODEL **Other/Unknw**

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 WTS: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD RELEASED

UNIT TYPE: 0 1 # 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 - MOPED 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 |

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 | 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: 0 1

| | | | | |
|---|--|----------------------------------|----------------|-----------------------|
| 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: 1 1 1

| | | | | |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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: 3

| | | | | |
|---------------------------------------|---------------------------------|------------------------|----------------------------|--|
| 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: 3 PRE-CRASH ACTION: 0 9

| | | | | |
|----------------------------|------------------------|------------------------------------|--|-------------------------------------|
| 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 - OPENING DOOR INTO ROADWAY |

CONTRIBUTING CIRCUMSTANCES: 1 1 1

| | | | | |
|----------------------|------------------------------|--|-------------------------------------|--------------------------------|
| 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 <u>0 8</u> | 1 - OVERTURN/ROLLOVER | 6 - EQUIPMENT FAILURE | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| 2 <u>3 7</u> | 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 _____ | 3 - IMMERSION | 8 - RAN OFF ROAD RIGHT | 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER | |
| 4 _____ | 4 - JACKKNIFE | 9 - RAN OFF ROAD LEFT | 14 - PEDESTRIAN | 19 - ANIMAL - OTHER | |
| 5 _____ | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | |
| 6 _____ | | | | 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 | |

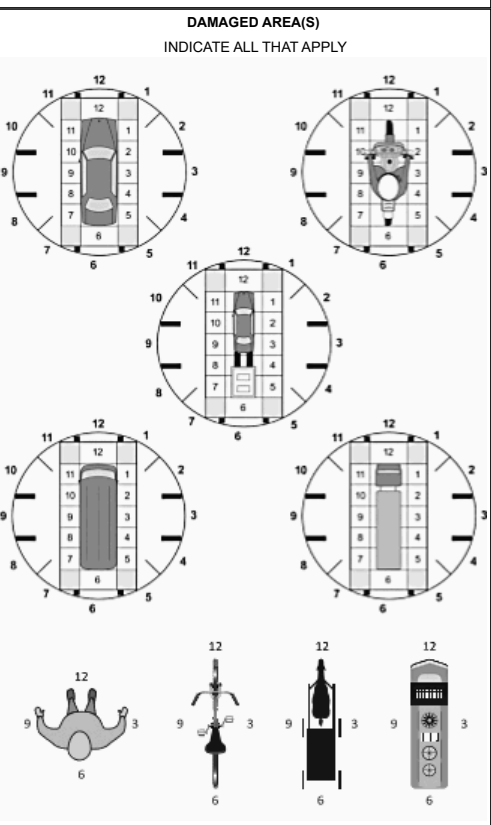
FIRST HARMFUL EVENT: 2 MOST HARMFUL EVENT: 2

DAMAGE

DAMAGE SCALE: 9

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

9 - UNKNOWN



INITIAL POINT OF CONTACT: 1 5

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

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

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: 2 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: 3 0

POSTED SPEED: 2 5

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

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 2 3 6 3 5

| | | | | |
|---|--------------------------------------|-----------------------------------|---|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE UNKNOWN | DATE OF BIRTH | AGE | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP OH | | CONTACT PHONE - INCLUDE AREA CODE | | |
| INJURIES 5 | INJURE D TAKEN | EMS AGENCY (NA ME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 9 9 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEME NT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTE 9 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| DOT-COMPLIANT MC HELMET | | SEATING POSITION 0 1 | AIR BAG USAGE 9 | EJECTION 1 |
| TRAPPED 1 | | CITATION NUMBER | | |

| | | | | |
|-----------------------------------|---------------------------|-----------------------------------|---|--|
| 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEME NT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTE | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG |
| DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION |
| TRAPPED | | CITATION NUMBER | | |

| | | | | |
|-----------------------------------|---------------------------|-----------------------------------|---|--|
| 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 |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION |
| OL CLASS | ENDORSEME NT | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTE | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG |
| DOT-COMPLIANT MC HELMET | | SEATING POSITION | AIR BAG USAGE | EJECTION |
| TRAPPED | | CITATION NUMBER | | |

| 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 3 6 3 5

| | | | | | | | | | | |
|-----------------|---|---|-----------------------------------|---|---|---|--------------------------------------|-----------------------------------|------------------------------|-----------------------------|
| 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 ____ ____ |
| 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 ____ ____ |
| 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 ____ ____ |
| 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 ____ ____ |

| | | | |
|---|--|---|---|
| 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 | | | |
| EJECTION | | | |
| 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | | | |
| TRAPPED | | | |
| 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | |

| | | | | |
|----------------|---|---|---|----------------------------|
| WITNESS | NAME: LAST, FIRST, MIDDLE MOORE HOPE EZALIA | DATE OF BIRTH 0 9 0 5 1 9 7 4 | AGE 4 8 | GENDER F |
| | ADDRESS: STREET, CITY, STATE 13500 THORNHURST AVE GARFIELD HTS OH 44105 | | 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

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|-----------------------------------|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 20223635 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 12 D 13 Y 2022 |
| IN COUNTY OF 18 | CRASH LOCATION 3 131st ST | |
| THE OWNER OF THE DAMAGED SIGN IS: | | |
| CITY OF GARFIELD HTS | | |
| 5407 TURNEY RD | | |
| GARFIELD HTS, OH 44125 | | |
| (216) 475-1100 | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 046 |