

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 3 | 0 | 5 | 3 | 3

PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     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 | 1**    UNIT IN ERROR  
 98 - ANIMAL    99 - UNKNOWN  
**0 | 1**

COUNTY \* **1 | 8**    LOCALITY \* **1**  
 1 - CITY \*  
 2 - VILLAGE \*  
 3 - TOWNSHIP \*

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
**GARFIELD HTS**

CRASH DATE/TIME \*  
**0 | 2 | 2 | 2 | 0 | 2 | 3 | 1 | 4 | 0 | 7**

CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
**5**

ROUTE TYPE **L | R**    ROUTE NUMBER **4 | 8 | 0**

PREFIX    LOCATION ROAD NAME    ROAD TYPE **H | W**

LATITUDE DECIMAL DEGREES  
**4 | 1 | . | 4 | 1 | 8 | 8 | 2**

CRASH SEVERITY (continued)

ROUTE TYPE    ROUTE NUMBER    PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**22.3**    ROAD TYPE **M | P**

LONGITUDE DECIMAL DEGREES  
**8 | 1 | . | 5 | 9 | 2 | 2 | 2**

CRASH SEVERITY (continued)

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
**2**

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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES

DISTANCE FROM REFERENCE    DISTANCE UNIT OF MEASURE  
 1 - Miles  
 2 - Feet  
 3 - Yards

ROUTE TYPE    ROAD TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 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    PL - PLACE    WA - WAY  
 HE - HEIGHTS

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EYE  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFICWAY  
 7 - ON RAMP  
 8 - OFF RAMP  
**0 | 6**

MANNER OF CRASH COLLISION/IMPACT  
 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  
**1**

DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
**4**

MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (4-7 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER / UNKNOWN  
**9**

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA

CONTOUR  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER / UNKNOWN  
**1**

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

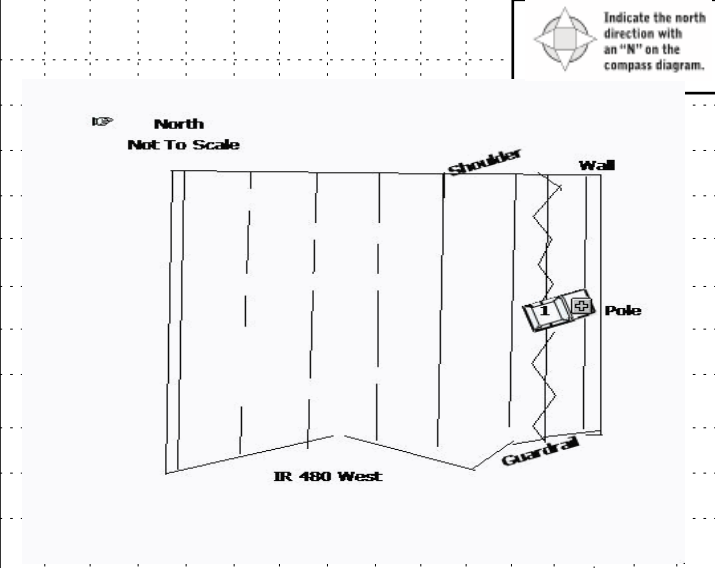
SURFACE  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER / UNKNOWN  
**2**

LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
**1**

WEATHER  
 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  
**4**

CONTOUR (continued)

NARRATIVE  
 UNIT # 1 WAS TRAVELING WEST ON IR 480 NEAR MILE POST 22.3 IN THE OUTSIDE LANE. UNIT # 1 FAIL TO MAINTAIN CONTROL. AS A RESULT, UNIT # 1 TRAVELED THROUGH THE SHOULDER AND OFF THE ROAD TO THE RIGHT. THE FRONT COLLIDED WITH A GUARD RAIL, LIGHT POLE, THEN THE SOUND WALL. UNIT # 1 ROTATED CLOCKWISE, PARTIALLY OVERTURNING AND COMING TO FINAL REST OF THE DRIVERS' SIDE OF VEHICLE FACING IN A SOUTHEASTERN DIRECTION.  
 BWC  
 NOTE: SEE OH -2



CRASH REPORTED DATE/TIME  
**0 | 2 | 2 | 2 | 0 | 2 | 3 | 1 | 4 | 0 | 7**

DISPATCH DATE/TIME  
**0 | 2 | 2 | 2 | 0 | 2 | 3 | 1 | 4 | 0 | 8**

ARRIVAL DATE/TIME  
**0 | 2 | 2 | 2 | 0 | 2 | 3 | 1 | 4 | 1 | 4**

SCENE CLEARED DATE/TIME  
**0 | 2 | 2 | 2 | 0 | 2 | 3 | 1 | 5 | 2 | 4**

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
**0**

OTHER INVESTIGATION TIME  
**2 | 0**

TOTAL MINUTES  
**9 | 0**

OFFICER'S NAME \*  
**R. Cramer**  
 OFFICER'S BADGE NUMBER\*  
**0 | 3 | 7**

CHECKED BY OFFICER'S NAME\*  
**D. Bailey**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
**L | 0 | 7**

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
 City Wide Auto Mart

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver  
 6325 Broadway CLEVELAND OH 44105

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # 24607 VEHICLE IDENTIFICATION # WJ03PE81C4D5794072 VEHICLE YEAR 2012 VEHICLE MAKE DaimlerChrysler

INSURANCE VERIFIED  INSURANCE COMPANY Erie INSURANCE POLICY # Q075880052 VEHICLE COLOR WHI VEHICLE MODEL Other

TYPE OF USE:  COMMERCIAL  GOVERNMENT  EMERGENCY RESPONSE  IN EMERGENCY RESPONSE # OCCUPANTS 01

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Interstate

HAZARDOUS MATERIAL:  MATERIAL CLASS # \_\_\_\_\_ PLACARD \_\_\_\_\_  RELEASED

UNIT TYPE 05

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

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL 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 / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 20 - SAFETY SERVICE PATROL  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT

CARGO BODY TYPE 06

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN 11 - DUMP

VEHICLE DEFECTS

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 - MIDLANE - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 3

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTION 01

1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR LEAVING SCENE  
 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 99

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 - ANIMAL - FARM 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 - DROVE OFF ROAD 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

SEQUENCE OF EVENTS

EVENTS

1 08 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 VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 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

EVENT(S)

1 08 2 30 3 39 4 51 5 \_\_\_\_\_ 6 \_\_\_\_\_

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 4

LOCAL REPORT

2 0 2 3 0 5 3 3

DAMAGE

DAMAGE SCALE

4

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

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

Legend:

- NO DAMAGE [0]
- UNDERCARRIAGE [14]
- TOP [13]
- ALL AREAS [15]
- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

1 2

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

TRAFFIC

TRAFFICWAY FLOW

1 1 2 6

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

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

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

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

UNIT SPEED 0

POSTED SPEED 0

DETECTED SPEED

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 0 5 3 3

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE FRYER GERALD F		DATE OF BIRTH 1 1 1 6 1 9 7 4		AGE 4 8	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 575 JESSE L JACKSON PL CLEVELAND OH 44108					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 3	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.34a	LOCAL CODE ■	OFFENSE DESCRIPTION Fail to control	CITATION NUMBER G20230336				
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 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 TYPE RESULT SELECT UP TO 4	DRUG TEST(S)	

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	<input type="checkbox"/> 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	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	CONDITION	STATUS	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	DRUG TEST(S)	

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	<input type="checkbox"/> 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	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	CONDITION	STATUS	ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	DRUG TEST(S)	

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 UNKNOWN
6 - SECOND - RIGHT SIDE	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - LEFT SIDE			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
8 - THIRD - MIDDLE	8 - THIRD - MIDDLE	EJECTION	H - HAZMAT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
9 - THIRD - RIGHT SIDE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	M - MOTORCYCLE	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
10 - SLEEPER SECTION OF TRUCK CAB	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	P - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	N - TANKER	11 - LIMITED TO EMPLOYMENT		5 - OTHER
12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	Q - MOTOR SCOOTER	12 - LIMITED - OTHER		
13 - TRAILING UNIT	13 - TRAILING UNIT	TRAPPED	R - THREE-WHEEL	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		DRUG TEST TYPE
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	MOTORCYCLE	14 - MILITARY VEHICLES ONLY		1 - NONE
15 - NON-MOTORIST	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	CONDITION	2 - BLOOD
99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	1 - APPARENTLY NORMAL	3 - URINE
			X - TANKER / HAZMAT	17 - PROSTHETIC AID	2 - PHYSICAL IMPAIRMENT	4 - OTHER
				18 - OTHER	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	DRUG TEST RESULT(S)
			GENDER		4 - ILLNESS	1 - AMPHETAMINES
			F - FEMALE		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	2 - BARBITURATES
			M - MALE		9 - OTHER / UNKNOWN	3 - BENZODIAZEPINES
			U - OTHER/UNKNOWN			4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2 0 2 3 0 5 3 3

<b>OCCUPANT</b>	<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>INJURED TAKEN BY</b> _____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> _____	<b>DOT-COMPLIANT MC HELMET</b> _____	<b>SEATING POSITION</b> _____	<b>AIR BAG USAGE</b> _____	<b>EJECTION</b> _____
<b>OCCUPANT</b>	<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>INJURED TAKEN BY</b> _____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> _____	<b>DOT-COMPLIANT MC HELMET</b> _____	<b>SEATING POSITION</b> _____	<b>AIR BAG USAGE</b> _____	<b>EJECTION</b> _____
<b>OCCUPANT</b>	<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>INJURED TAKEN BY</b> _____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> _____	<b>DOT-COMPLIANT MC HELMET</b> _____	<b>SEATING POSITION</b> _____	<b>AIR BAG USAGE</b> _____	<b>EJECTION</b> _____
<b>OCCUPANT</b>	<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>INJURED TAKEN BY</b> _____	<b>EMS AGENCY (NAME)</b> _____	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> _____	<b>SAFETY EQUIPMENT USED</b> _____	<b>DOT-COMPLIANT MC HELMET</b> _____	<b>SEATING POSITION</b> _____	<b>AIR BAG USAGE</b> _____	<b>EJECTION</b> _____

<b>INJURIES</b> 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	<b>SAFETY EQUIPMENT USED</b> 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	<b>SEATING POSITION</b> 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) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	
<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		<b>EJECTION</b> 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
<b>GENDER</b> F - FEMALE M - MALE U - OTHER/UNKNOWN		<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		

<b>WITNESS</b>	<b>NAME: LAST, FIRST, MIDDLE</b> JEBRIN IBRAHIM YOUSEF	<b>DATE OF BIRTH</b> 0 7 0 7 1 9 9 0	<b>AGE</b> 3 2	<b>GENDER</b> M
	<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 10209 RUNNYMEDE AVE GARFIELD HEIGHT OH 44125		<b>CONTACT PHONE - INCLUDE AREA CODE</b> _____	
<b>WITNESS</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>WITNESS</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> _____	

# OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20230533	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 02   D 22   Y 2023
IN COUNTY OF 18	CRASH LOCATION IR 480	
Owner of Damaged Property		
ODOT		
5555 Transportation Blvd		
Garfield Hts Oh 44125		
Guard rail		
Light pole		
Sound wall		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 037