

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 3 | 0 | 7 | 4 | 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

HITSKIP
1 - Solved
2 - Unsolved
2

NUMBER OF UNITS
0 | 1

INITIALS IN EDDP
98 - ANIMAL
99 - UNKNOWN
0 | 1

COUNTY *
1 | 8

LOCALITY *
1

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME *
0 | 3 | 1 | 8 | 2 | 0 | 2 | 3 | 0 | 2 | 2 | 3

CRASH SEVERITY
5

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

ROUTE TYPE
ROUTE NUMBER
PREFIX

LOCATION ROAD NAME
E. 131

ROAD TYPE
S | T

LATITUDE (DEGREE) (MINUTE) (SECOND)
4 | 1 | 4 | 1 | 6 | 7 | 9 | 9

CRASH SEVERITY (continued)

ROUTE TYPE
S | R

ROUTE NUMBER
1 | 4

PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
BROADWAY AVE

ROAD TYPE
A | V

LONGITUDE (DEGREE) (MINUTE) (SECOND)
8 | 1 | 5 | 9 | 2 | 2 | 4

CRASH SEVERITY (continued)

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

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

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

ROAD TYPE
AL - ALLEY
AV - AVENUE
BL - BOULEVARD
CR - CIRCLE
CT - COURT
DR - DRIVE
HE - HEIGHTS
HW - HIGHWAY
LA - LANE
MP - MILEPOST
OV - OVAL
PK - PARKWAY
PI - PIKE
PL - PLACE
RD - ROAD
SQ - SQUARE
ST - STREET
TE - TERRACE
TL - TRAIL
WA - WAY

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

DISTANCE
1 | 0 | 0

DISTANCE
1 - Miles
2 - Feet
3 - Yards
2

ROUTE TYPE (continued)

ROADWAY
 ROADWAY DIVIDED

LOCATION - FIRST DAMAGE EVENT
0 | 4

1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE
7 - ON RAMP
8 - OFF RAMP
9 - CROSSOVER
10 - DRIVEWAY / ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN

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

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

MEDIAN TYPE
1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - DIVIDED FLUSH MEDIAN (24 FEET)
3 - DIVIDED, DEPRESSION MEDIAN
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
9 - OTHER / UNKNOWN

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
2

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

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
1

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

LIGHT CONDITION
3

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

WEATHER
1

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

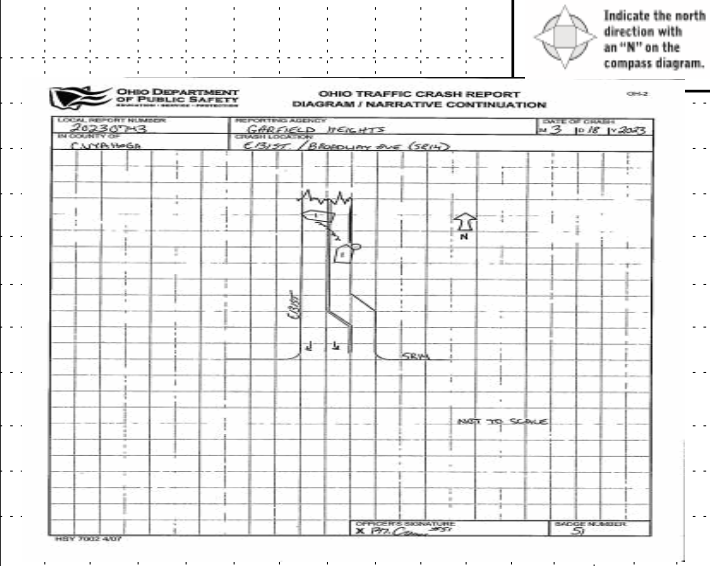
CONTOUR (continued)

CONDITIONS (continued)

SURFACE (continued)

NARRATIVE

UNIT 1 WAS TRAVELING NORTHBOUND ON E. 131ST STREET FROM BROADWAY AVE. UNIT 1 RAN OFF THE ROAD RIGHT AND THEN STRUCK A UTILITY POLE (#2359 08). UNIT 1 THEN ROLLED OVER AND CAME TO REST ON ITS PASSENGER SIDE. UNIT 1'S FINAL REST WAS IN THE SOUTHBOUND LANE OF E. 131. THE DRIVER OF UNIT 1 FLED THE SCENE OF THE CRASH PRIOR TO POLICE/FIRE ARRIVAL.



CRASH REPORTED DATE/TIME
0 | 3 | 1 | 8 | 2 | 0 | 2 | 3 | 0 | 2 | 2 | 3

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

ARRIVAL DATE/TIME
0 | 3 | 1 | 8 | 2 | 0 | 2 | 3 | 0 | 2 | 2 | 8

SCENE CLEARED DATE/TIME
0 | 3 | 1 | 8 | 2 | 0 | 2 | 3 | 0 | 3 | 3 | 4

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
4 | 5

OTHER INVESTIGATION TIME
2 | 0

TOTAL MINUTES
8 | 6

OFFICER'S NAME *
J. Pietraszkiewicz

OFFICER'S BADGE NUMBER *
0 | 0 | 7

CHECKED BY OFFICER'S NAME *
R. Dodge

CHECKED BY OFFICER'S BADGE NUMBER *
S | 2 | 2

SUPPLEMENT
(CORRECTION = ADDITION)

OWNER # 0 1 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
THOMAS TRAVIS DASHAWN
OWNER PHONE: INCLUDE AREA CODE () Same As Driver
OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
13820 REXWOOD AVE GARFIELD HTS OH 44105
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH LICENSE PLATE # JJS2321 VEHICLE IDENTIFICATION # 1C4PJM1A581HW584031 VEHICLE YEAR 2017 VEHICLE MAKE Jeep
INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR BLK VEHICLE MODEL Cherokee
TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
US DOT # TOWED BY: COMPANY NAME INTERSTATE TOWING
HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD ID #

DAMAGED AREA(S)
INDICATE ALL THAT APPLY
[Diagrams showing vehicle damage locations on a clock-face scale from 1 to 12. Includes diagrams for front, rear, and side views.]
- NO DAMAGE [0] - UNDERCARRIAGE [14]
- TOP [13] - ALL AREAS [15]
- UNIT NOT AT SCENE [16]

UNIT TYPE: 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER
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 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
6 - VAN (9-15 SEATS) 17 - MOTORHOME 16 - FARM EQUIPMENT 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: 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 19 - TOWING
5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE: 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

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: 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/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION: 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 OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE

CONTRIBUTING CIRCUMSTANCES: 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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED 12 - IMPROPER BACKING

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

SEQUENCE OF EVENTS
EVENTS
1 0 8 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
2 4 3 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 4 0 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
5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER / UNKNOWN

TRAFFIC
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY
TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

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

OF THROUGH LANES ON ROAD 2
RAIL GRADE CROSSING 1
1 - NOT INVOLVED
2 - INVOLVED - ACTIVE CROSSING
3 - INVOLVED - PASSIVE CROSSING

FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 4

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

UNIT SPEED 0
POSTED SPEED 2 5
DETECTED SPEED 3
1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 3 0 7 4 3

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE UNKNOWN UNKNOWN	DATE OF BIRTH	AGE 1 2 3	GENDER U
ADDRESS: STREET, CITY, STATE, ZIP UNKNOWN UNKNOWN UNKNOWN OH 12345		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	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	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS		TYPE	VALUE	STATUS
TYPE		VALUE	STATUS	TYPE
RESULT SELECT UP TO 4				

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS		TYPE	VALUE	STATUS
TYPE		VALUE	STATUS	TYPE
RESULT SELECT UP TO 4				

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
ALCOHOL TEST		DRUG TEST(S)		
STATUS		TYPE	VALUE	STATUS
TYPE		VALUE	STATUS	TYPE
RESULT SELECT UP TO 4				

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY		EJECTION		ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJECTED	H - HAZMAT	6 - INTERMEDIATE LICENSE RESTRICTIONS	6 - PASSENGER	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	3 - TOTALLY EJECTED	P - PASSENGER	8 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	N - TANKER	9 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	4 - BREATH
SAFETY EQUIPMENT		TRAPPED		10 - LIMITED TO EMPLOYMENT		5 - OTHER
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	1 - NONE	1 - NONE
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - BLOOD	2 - BLOOD
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	3 - URINE	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - OTHER	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				17 - PROSTHETIC AID	1 - APPARENTLY NORMAL	1 - AMPHETAMINES
8 - HELMET USED				18 - OTHER	2 - PHYSICAL IMPAIRMENT	2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)					3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING					4 - ILLNESS	4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - COCAINE
99 - OTHER / UNKNOWN					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - OPIATES / OPIOIDS
					9 - OTHER / UNKNOWN	7 - OTHER
						8 - NEGATIVE RESULTS

LOCAL REPORT NUMBER 20230743	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 03 D 18 Y 2023
IN COUNTY OF 18	CRASH LOCATION	
<p>The owner of utility pole # 235908 is as follows:</p> <p>First Energy Corp.</p> <p>6896 Brecksville Rd.</p> <p>Brecksville, Ohio 44141</p> <p>(800) 589-3101</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 007