

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN  <input type="checkbox"/> SECONDARY CRASH  <input type="checkbox"/> Private Property	<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION <b>13312 ROCKSIDE</b> REPORTING AGENCY NAME * <b>GARFIELD HEIGHTS</b>	NCIC * <b>01820</b>	LOCAL REPORT NUMBER * <b>20231095</b>	HITSKIP <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved	NUMBER OF UNITS <b>02</b>	UNIT IN EDDP <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN
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COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *	CRASH DATE/TIME *	CRASH SEVERITY
<b>18</b>	<b>1</b>	<b>GARFIELD HTS</b>	<b>04232023 1652</b>	<b>5</b> 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY

LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE (DEG/ MIN/ SEC)	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE (DECIMAL DEGREES)	
				<b>ROCKSIDE</b>	<b>R D</b>	<b>41.424414</b>	
				<b>TURNEY</b>	<b>R D</b>	<b>81.612719</b>	

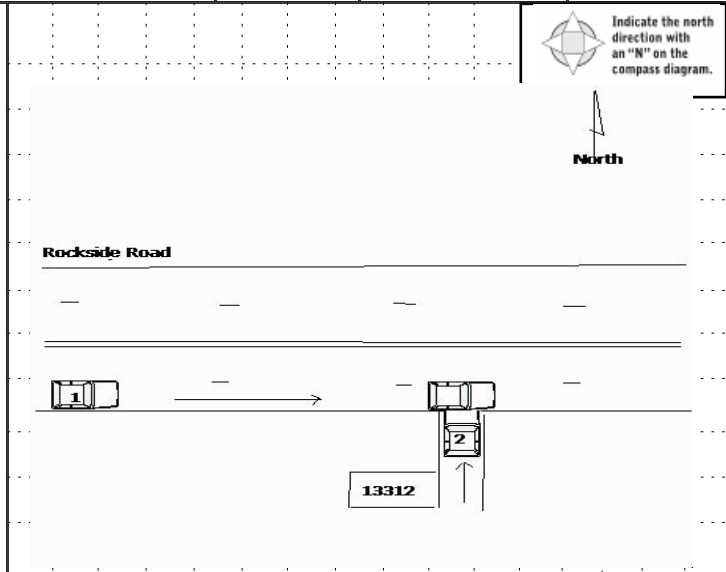
REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	ROAD TYPE	ROAD TYPE	INTERSECTION RELATED
<b>1</b>	<b>3</b>	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - 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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH  <input type="checkbox"/> WITHIN INTERCHANGE AREA  <input type="checkbox"/> ROADWAY DIVIDED
DISTANCE	DISTANCE	NUMBER OF APPROACHES				
<b>200</b>	<b>2</b>	<b>ROADWAY</b>				

LOCATION - FIRST DAMAGE EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
<b>01</b> 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP	<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	<b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	<b>1</b> 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT  <input type="checkbox"/> 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 <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	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 CONDITION <b>1</b> 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	WEATHER <b>2</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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UNIT #1 WAS EASTBOUND ON ROCKSIDE RD. UNIT #2 WAS EXITING SOUTHBOUND FROM A PRIVATE DRIVE (13312 ROCKSIDE), WHEN IT FAILED TO YIELD AND WAS STRUCK BY UNIT #1.



CRASH REPORTED DATE/TIME	DISPATCH DATE/TIME	ARRIVAL DATE/TIME	SCENE CLEARED DATE/TIME	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
<b>04232023 1652</b>	<b>04232023 1654</b>	<b>04232023 1709</b>	<b>04232023 1735</b>	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME*
<b>0</b>		<b>26</b>	<b>B. Foxx</b>	<b>N. Rossi</b>
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			<b>030</b>	<b>S13</b>

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**CARDWELL KATHERINE A**  
 OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver  
**32077 S ROUNDHEAD DR SOLON OH 44139**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JJP6960 VEHICLE IDENTIFICATION # 3N1C1P5D1V51L1519020 VEHICLE YEAR 2020 VEHICLE MAKE Nissan  
 INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 95263571 VEHICLE COLOR GRY VEHICLE MODEL Kicks  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 02 VEHICLE WEIGHT GVWR/GVWR 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

UNIT TYPE 01 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 1- YES 2- NO 9- OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0- NO AUTOMATION 1- DRIVER ASSISTANCE 3- CONDITIONAL AUTOMATION 9- UNKNOWN  
 2- PARTIAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION

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 22- OTHER UNKNOWN  
 3- ELECTRONIC RIDE SHARING 8- BUS - SHUTTLE 13- POLICE 18- SNOW REMOVAL 23- OTHER UNKNOWN  
 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 01 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 7- GRAIN/CHIPS/GRAVEL 9- CARGO TANK 10- FLAT BED 13- AUTO TRANSPORTER  
 14- GARBAGE/REFUSE 99- OTHER / UNKNOWN

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 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 OR LEAVING VEHICLE  
 2- INTERSECTION - UNMARKED CROSSWALK 4- MIDBLOCK - MARKED CROSSWALK 7- SHOULDER/ROADSIDE 10- DRIVEWAY ACCESS AT INCIDENT SCENE  
 5- TRAVEL LANE-OTHER LOCATION 8- SIDEWALK 11- SHARED USE PATHS OR TRAILS 99- OTHER / UNKNOWN

ACTION 4 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 22- OTHER / UNKNOWN  
 9- OTHER / UNKNOWN 6- MAKING LEFT TURN 12- DRIVERLESS 17- PUSHING VEHICLE

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

SEQUENCE OF EVENTS 1 2 0 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 25- OTHER FIXED OBJECT 99- OTHER / UNKNOWN  
 5- CARGO / EQUIPMENT LOSS OR SHIFT 10- CROSS MEDIAN 15- PEDALCYCLE 20- MOTOR VEHICLE IN TRANSPORT 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 NUMBER 20231095

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

DAMAGED AREA(S) INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - 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 99- UNKNOWN

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

# OF THROUGH LANES ON ROAD 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 35 POSTED SPEED 35 DETECTED SPEED 1 1- STATED/ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED

OWNER INFORMATION

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**DYE JAMAUN RAMELL**

OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**4335 NORTHFIELD RD APT 104 WARRENSVILLE HT OH 44128**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

1 - NONE  
2 - MINOR DAMAGE  
9 - UNKNOWN

3 - FUNCTIONAL DAMAGE  
4 - DISABLING DAMAGE

9

VEHICLE IDENTIFICATION # 2G2W1P52244113711727

VEHICLE YEAR 2004 VEHICLE MAKE **Pontiac**

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_

VEHICLE COLOR **SIL** VEHICLE MODEL **Other/Unknw**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01

VEHICLE WEIGHT GVWR/GCWR: 1- <10K LBS., 2- 10,001 - 26K LBS., 3- >26K LBS.

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

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

1 - NO DAMAGE [0]  2 - UNDERCARRIAGE [14]   
 3 - TOP [13]  4 - ALL AREAS [15]   
 5 - UNIT NOT AT SCENE [16]

UNIT TYPE 01

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE

11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT

16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER 99 - OTHER UNKNOWN

SPECIAL FUNCTION 01

CARGO BODY TYPE 01

VEHICLE DEFECTS

1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS

4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT

7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE

9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT

99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 3

ACTION 01

PRE-CRASH ACTION 01

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK

3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION

6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK

9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS

12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

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 6 - MAKING LEFT TURN

7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS

13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE

18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

INITIAL POINT OF CONTACT

12

0 - NO DAMAGE  
1-12 - REFER TO UNIT DIAGRAM  
13 - TOP

14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 02

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

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY  
2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER

4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1

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

SEQUENCE OF EVENTS

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 10 - CROSS MEDIAN

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 VEHICLE 24 - OTHER MOVABLE OBJECT

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO \_\_\_\_\_

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

5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0

POSTED SPEED 25

DETECTED SPEED

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 1 0 9 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE CARDWELL MELANIE GRACE		DATE OF BIRTH 0 2 1 6 2 0 0 6	AGE 1 7	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 33170 AURORA RD APT 4 SOLON OH 44139			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
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
ALCOHOL TEST		DRUG TEST(S)			
STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
1	1		1	1	

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE DYE JAMAUN RAMELL		DATE OF BIRTH 1 1 2 2 1 9 7 8	AGE 4 4	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 4335 NORTHFIELD RD APT 104 WARRENSVILLE H' OH 44128			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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS 6	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
ALCOHOL TEST		DRUG TEST(S)			
STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4
1	1		1	1	

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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	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
ALCOHOL TEST		DRUG TEST(S)			
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
<b>INJURED TAKEN BY</b>		6 - SECOND - RIGHT SIDE	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)	9 - DEPLOYMENT UNKNOWN	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	<b>EJECTION</b>	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
<b>SAFETY EQUIPMENT</b>		3 - TOTALLY EJECTED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT		5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER		<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	<b>TRAPPED</b>	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY		2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS		16 - OUTSIDE MIRROR		4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID		<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT				18 - OTHER		1 - AMPHETAMINES
8 - HELMET USED						2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)						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

LOCAL REPORT NUMBER
2   0   2   3   1   0   9   5

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
	1	ROBINSON	EDWARD		1   0   0   4   2   0   0   4	1   8	M			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
14809 BRUNSWICK MAPLE HTS OH 44137										
OCCUPANT	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
OCCUPANT	5				0   4	<input type="checkbox"/>	0   3	1	1	1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE			DATE OF BIRTH	AGE	GENDER			
OCCUPANT										
OCCUPANT	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
OCCUPANT						<input type="checkbox"/>				

<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		

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

# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20231095	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 04   D 23   Y 2023
IN COUNTY OF 18	CRASH LOCATION 13312 ROCKSIDE	
<p>Damage - Unit #1. 2020 Nissan Kicks, sustained moderated damage to passenger side doors and rear quarter panel.</p> <p style="text-align: center;">Unit # 2. 2004 Pontiac Grand Prix with possible moderate damage to front bumper.</p> <p>Traffic citation and damage to Unit #2 will be supplemented at a later date.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 030