

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|  |  |   |  |   |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
|--|--|---|--|---|--|--|--|---|--|---|--|---|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property   |  | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER   |  | LOCAL INFORMATION<br><b>ANTENUCCI BLVD</b><br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>   |  | LOCAL REPORT NUMBER *<br><b>20231123</b>  |  | HITSKIP<br>1 - Solved<br>2 - Unsolved<br><input type="checkbox"/>   |  | NUMBER OF UNITS<br><input type="checkbox"/> 0 <input type="checkbox"/> 1  |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><input type="checkbox"/> 0 <input type="checkbox"/> 1   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| COUNTY *<br><input type="checkbox"/> 1 <input type="checkbox"/> 8  |  | LOCALITY *<br><input type="checkbox"/> 1  |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>  |  | CRASH DATE/TIME *<br><b>04272023 011101</b>  |  |   |  | CRASH SEVERITY<br><input type="checkbox"/> 5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/>   |  | ROUTE NUMBER<br><input type="checkbox"/>  |  | PREFIX<br><input type="checkbox"/>  |  | LOCATION ROAD NAME<br><b>ANTENUCCI</b>   |  | ROAD TYPE<br><input type="checkbox"/> B <input type="checkbox"/> L  |  | LATITUDE (DEGREE) DEGREE<br><b>41.411673</b>  |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/>   |  | ROUTE NUMBER<br><input type="checkbox"/>  |  | PREFIX<br><input type="checkbox"/> 4  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>TRANSPORTATION</b>   |  | ROAD TYPE<br><input type="checkbox"/> B <input type="checkbox"/> L  |  | LONGITUDE (DECIMAL) DEGREE<br><b>-81.611834</b>   |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| REFERENCE POINT<br><input type="checkbox"/> 1<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #  |  | DIRECTION<br><input type="checkbox"/> 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | ROUTE TYPE<br><input type="checkbox"/> IR - INTERSTATE ROUTE (TP)<br><input type="checkbox"/> US - FEDERAL US ROUTE<br><input type="checkbox"/> SR - STATE ROUTE<br><input type="checkbox"/> CR - NUMBERED COUNTY ROUTE<br><input type="checkbox"/> TR - NUMBERED TOWNSHIP ROUTE                          |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                            |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><input type="checkbox"/> ROADWAY DIVIDED |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| DISTANCE<br><input type="checkbox"/> 6 <input type="checkbox"/> 0<br>1 - Miles<br>2 - Feet<br>3 - Yards  |  | DISTANCE<br><input type="checkbox"/> 2<br>1 - Miles<br>2 - Feet<br>3 - Yards  |  | LOCATION OF CRASH COLLISION/IMPACT<br><input type="checkbox"/> 1<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  |  |  |   |  |   |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST                                   |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (24 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                    |  | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA  |  | CONTOUR<br><input type="checkbox"/> 3<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN |  | CONDITIONS<br><input type="checkbox"/> 1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |  | SURFACE<br><input type="checkbox"/> 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| LIGHT CONDITION<br><input type="checkbox"/> 3<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN |  | WEATHER<br><input type="checkbox"/> 2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  | NARRATIVE<br>WHILE UNIT #1 WAS TRAVELING W/B ON ANTENUCCI BLVD, THE VEHICLE DROVE OFF THE ROADWAY (RIGHT-SIDE) AND STRUCK THE CURB, A FIRE HYDRANT, A TRAFFIC SIGN AND UTILITY POLE (278999) CAUSING DAMAGE TO CITY PROPERTY AND HIS VEHICLE.   |  |  |  |   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| CRASH REPORTED DATE/TIME<br><b>04272023 011101</b>   |  |   |  |   |  |  |  |   |  | DISPATCH DATE/TIME<br><b>04272023 011101</b>  |  |   |  |   |  |  |  |  |  | ARRIVAL DATE/TIME<br><b>04272023 011115</b> |  |  |  |  |  |  |  |  |  | SCENE CLEARED DATE/TIME<br><b>04272023 011515</b> |  |  |  |  |  |  |  |  |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |  |
| TOTAL TIME ROADWAY CLOSED<br><input type="checkbox"/> 0  |  | OTHER INVESTIGATION TIME<br><input type="checkbox"/> 2 <input type="checkbox"/> 5   |  | TOTAL MINUTES<br><input type="checkbox"/> 6 <input type="checkbox"/> 5  |  | OFFICER'S NAME *<br><b>J. Lee</b>  |  |   |  | CHECKED BY OFFICER'S NAME *<br><b>V. Walker</b>   |  |   |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION - ADDITION)   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |
| OFFICER'S BADGE NUMBER *<br><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 0   |  | CHECKED BY OFFICER'S BADGE NUMBER *<br><input type="checkbox"/> L <input type="checkbox"/> 1 <input type="checkbox"/> 5   |  |   |  | DIAGRAM NOT TO SCALE<br>   |  |   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) HICKS EDWARD  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
13701 CHAPELSIDE AVE CLEVELAND OH 44120  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JUH9436 VEHICLE IDENTIFICATION # 31GCUKRE1C91EG561599Z VEHICLE YEAR 2014 VEHICLE MAKE Chevrolet  
 INSURANCE VERIFIED INSURANCE COMPANY LOYA INSURANCE INSURANCE POLICY # 98-573965312 VEHICLE COLOR WHI VEHICLE MODEL Silverado  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME INTERSTATE TOWING  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL  
 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS.  MATERIAL RELEASED CLASS # PLACARD ID #  
 PLACARD

UNIT TYPE 04 # OF TRAILING UNITS \_\_\_\_\_  
 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 19 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - PARTIAL AUTOMATION 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 4  
 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  
 3 - UNMARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION 4 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 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 05  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 22 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 21 - 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

SEQUENCE OF 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 43 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 49 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 37 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 40 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 51 - WALL  
 6 \_\_\_\_\_ 26 - BRIDGE OVERHEAD STRUCTURE 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 52 - BUILDING  
 27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN SUPPORT 44 - DITCH 53 - TUNNEL  
 28 - BRIDGE PARAPET 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 54 - OTHER FIXED OBJECT  
 29 - BRIDGE RAIL 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 99 - OTHER / UNKNOWN  
 30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 48 - TREE  
 42 - CULVERT 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 5

LOCAL REPORT NUMBER  
20231123

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

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

TRAFFIC  
 TRAFFICWAY FLOW 2 TRAFFIC CONTROL 6  
 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 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 3 TO 4  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED \_\_\_\_\_ DETECTED SPEED 3  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
 POSTED SPEED 02

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 1 1 2 3

|  |   |  |   |  |
|--|---|--|---|--|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>HICKS EDWARD | DATE OF BIRTH<br>0 1 1 2 1 9 7 7   | AGE<br>4 6                                      | GENDER<br>M  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>13701 CHAPELSIDE AVE CLEVELAND OH 44120 |   | CONTACT PHONE - INCLUDE AREA CODE  |   |  |
| INJURIES<br>5  | INJURED TAKEN BY                          | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 3   |
| OL STATE   | OPERATOR LICENSE NUMBER                   | OFFENSE CHARGED  | LOCAL CODE                                      | OFFENSE DESCRIPTION  |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2                | RESTRICTION SELECT UP TO 3   | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |
| CONDITION<br>1   |   | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4<br>2 1 1 1 |   | SEATING POSITION<br>0 1  |
| DOT-COMPLIANT MC HELMET  |   | AIR BAG USAGE<br>2   | EJECTION<br>1                                   | TRAPPED<br>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                                    |
| 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<br>ALCOHOL MARIJUANA OTHER DRUG |
| CONDITION                         |                            | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |   | SEATING POSITION   |
| DOT-COMPLIANT MC HELMET           |                            | AIR BAG USAGE   | EJECTION  | TRAPPED  |

|                                   |                            |   |   |  |
|-----------------------------------|----------------------------|---|---|--|
| 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<br>ALCOHOL MARIJUANA OTHER DRUG |
| CONDITION                         |                            | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |   | SEATING POSITION   |
| DOT-COMPLIANT MC HELMET           |                            | AIR BAG USAGE   | EJECTION  | TRAPPED  |

| 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 / UNSABLE |
| 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             |                              | 7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                      |
| 2 - EMS  | 8 - THIRD - MIDDLE                                  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 2 - BLOOD                                     |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE                              | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                     |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB                   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  |  | 4 - BREATH                                    |
| <b>SAFETY EQUIPMENT</b>                        |   | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   | <b>CONDITION</b>   | 5 - OTHER                                     |
| 1 - NONE USED                                  | 12 - PASSENGER IN UNENCLOSED CARGO AREA             | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   | 1 - APPARENTLY NORMAL  | <b>DRUG TEST TYPE</b>                         |
| 2 - SHOULDER BELT ONLY USED                    | 13 - TRAILING UNIT                                  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | 1 - NONE                                      |
| 3 - LAP BELT ONLY USED                         | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 2 - BLOOD                                     |
| 4 - SHOULDER & LAP BELT USED                   | 15 - NON-MOTORIST                                   | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 3 - URINE                                     |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 99 - OTHER / UNKNOWN                                | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - OTHER                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |   |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                    |
| 7 - BOOSTER SEAT                               |   |                                    |                              | 18 - OTHER   | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                              |
| 8 - HELMET USED                                |   |                                    | <b>GENDER</b>                |  |  | 2 - BARBITURATES                              |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |   |                                    | F - FEMALE                   |  |  | 3 - BENZODIAZEPINES                           |
| 10 - REFLECTIVE CLOTHING                       |   |                                    | M - MALE                     |  |  | 4 - CANNABINOIDS                              |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |   |                                    | U - OTHER/UNKNOWN            |  |  | 5 - COCAINE                                   |
| 99 - OTHER / UNKNOWN                           |   |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                         |
|  |   |                                    |                              |  |  | 7 - OTHER                                     |
|  |   |                                    |                              |  |  | 8 - NEGATIVE RESULTS                          |

|  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>20231123  | REPORTING AGENCY<br>GARFIELD HEIGHTS | DATE OF CRASH<br>M 04   D 27   Y 2023 |
| IN COUNTY OF<br>18   | CRASH LOCATION<br>ANTENUCCI BLVD     |                                       |
| <p>While Unit #1 was traveling W/B on Antenucci Blvd, at and unknown rate of speed, the vehicle suddenly drove off the roadway (right-side) and struck the curb, a fire hydrant, a traffic sign and utility pole (278999), causing damage to city property and his vehicle . No other vehicles on the roadway were involved.</p>   |                                      |                                       |
| <p>The driver of Unit #1 came to a stop after striking the utility pole. After contact was made with the driver and further investigation ensued, it was determined the driver/owner of Unit #1 was driving under the influence of alcohol and or drugs, he was placed under arrest for OVI without incident. He was then transported to the city jail for booking and his vehicle was towed by Interstate towing. The vehicle sustained heavy front end damage and had to be pulled away from the pole. Upon conducting an inventory of the vehicle, before it was towed away, a loaded firearm was located in the vehicle. It was taken into custody and logged into evidence by this officer.</p> |                                      |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>  |                                      | BADGE NUMBER<br>010                   |