

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|  |   |  |                        |
|--|---|--|------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> Private Property | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br><b>WALGREENS (ROCKSIDE)</b><br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b> | NCIC *<br><b>01820</b> |
| COUNTY * <b>18</b>   |   | LOCALITY * <b>1</b>  |                        |
| LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>   |   | CRASH DATE/TIME *<br><b>0520202023 0031</b>  |                        |
| CRASH SEVERITY<br><b>5</b>   |   | HITSKIP<br><input checked="" type="checkbox"/> 1 - Solved<br><input type="checkbox"/> 2 - Unsolved     |                        |
| NUMBER OF UNITS<br><b>02</b>   |   | UNIT IN EDDP<br><input type="checkbox"/> 98 - ANIMAL<br><input type="checkbox"/> 99 - UNKNOWN          |                        |

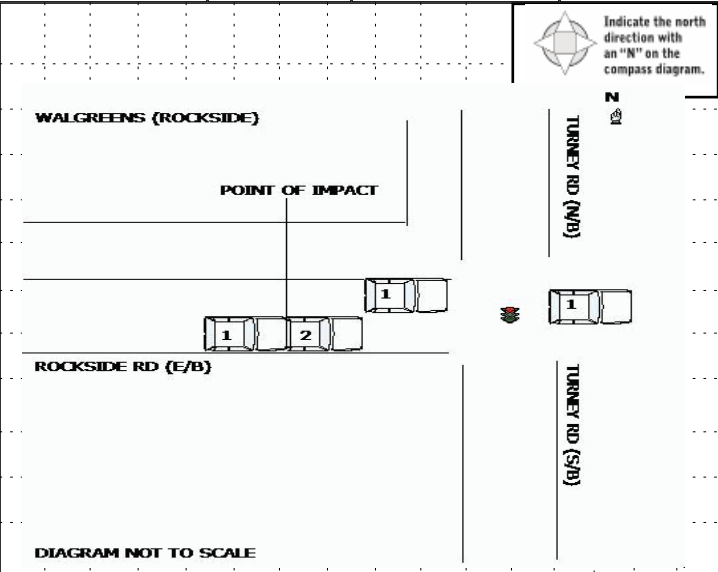
|  |                        |  |   |   |  |
|--|------------------------|--|---|---|--|
| COUNTY *<br><b>18</b>  | LOCALITY *<br><b>1</b> | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b> | CRASH DATE/TIME *<br><b>0520202023 0031</b> | CRASH SEVERITY<br><b>5</b>                    |  |
| ROUTE TYPE<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST |                        | LOCATION ROAD NAME<br><b>ROCKSIDE</b>                      |   | ROAD TYPE<br><b>R D</b>                       |  |
| ROUTE NUMBER<br><b>1</b>   |                        | PREFIX<br><b>2</b>   |   | LONGITUDE DECIMAL DEGREES<br><b>81.595545</b> |  |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>TURNEY</b>   |                        | ROAD TYPE<br><b>R D</b>                                    |   | LATITUDE DECIMAL DEGREES<br><b>41.401368</b>  |  |

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| REFERENCE POINT<br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE # | DIRECTION<br><input checked="" type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>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 checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA        |  | NUMBER OF APPROACHES<br><b>4</b>  |   |   |   |
| DISTANCE<br><input checked="" type="checkbox"/> 1 - Miles<br><input type="checkbox"/> 2 - Feet<br><input type="checkbox"/> 3 - Yards                      |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |   |   |   |

|   |   |   |
|---|---|---|
| LOCATION - FIRST DAMAGE EVENT<br><input checked="" type="checkbox"/> 1 - ON ROADWAY<br><input type="checkbox"/> 2 - ON SHOULDER<br><input type="checkbox"/> 3 - IN MEDIAN<br><input type="checkbox"/> 4 - ON ROADSIDE<br><input type="checkbox"/> 5 - ON GORE<br><input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY<br><input type="checkbox"/> 7 - ON RAMP<br><input type="checkbox"/> 8 - OFF RAMP | MANNER OF CRASH COLLISION/IMPACT<br><input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 - REAR-END<br><input type="checkbox"/> 3 - HEAD-ON<br><input type="checkbox"/> 4 - REAR-TO-REAR<br><input type="checkbox"/> 5 - BACKING<br><input type="checkbox"/> 6 - ANGLE<br><input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 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   |
| 9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN  |   | 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 checked="" type="checkbox"/> 1 - STRAIGHT LEVEL<br><input type="checkbox"/> 2 - STRAIGHT GRADE<br><input type="checkbox"/> 3 - CURVE LEVEL<br><input type="checkbox"/> 4 - CURVE GRADE<br><input type="checkbox"/> 9 - OTHER / UNKNOWN | CONDITIONS<br><input checked="" type="checkbox"/> 1 - DRY<br><input type="checkbox"/> 2 - WET<br><input type="checkbox"/> 3 - SNOW<br><input type="checkbox"/> 4 - ICE<br><input type="checkbox"/> 5 - SAND, MUD, DIRT, OIL, GRAVEL<br><input type="checkbox"/> 6 - WATER (STANDING, MOVING)<br><input type="checkbox"/> 7 - SLUSH<br><input type="checkbox"/> 9 - OTHER/UNKNOWN | SURFACE<br><input checked="" type="checkbox"/> 1 - CONCRETE<br><input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT<br><input type="checkbox"/> 3 - BRICK/BLOCK<br><input type="checkbox"/> 4 - SLAG, GRAVEL, STONE<br><input type="checkbox"/> 5 - DIRT<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |
| LIGHT CONDITION<br><input checked="" type="checkbox"/> 1 - DAYLIGHT<br><input type="checkbox"/> 2 - DAWN/DUSK<br><input type="checkbox"/> 3 - DARK - LIGHTED ROADWAY<br><input type="checkbox"/> 4 - DARK - ROADWAY NOT LIGHTED<br><input type="checkbox"/> 5 - DARK - UNKNOWN ROADWAY LIGHTING<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |   | WEATHER<br><input checked="" type="checkbox"/> 1 - CLEAR<br><input type="checkbox"/> 2 - CLOUDY<br><input type="checkbox"/> 3 - FOG, SMOG, SMOKE<br><input type="checkbox"/> 4 - RAIN<br><input type="checkbox"/> 5 - SLEET, HAIL<br><input type="checkbox"/> 6 - SNOW<br><input type="checkbox"/> 7 - SEVERE CROSSWINDS<br><input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 9 - FREEZING RAIN OR FREEZING DRIZZLE<br><input type="checkbox"/> 99 - OTHER / UNKNOWN |  |  |  |

NARRATIVE:  
 WHILE UNIT#2 WAS STOPPED FACING E/B TRAFFIC AT THE LIGHT, NEAR THE INTERSECTION OF ROCKSIDE RD NEAR TURNEY RD. UNIT#1 WAS TRAVELING BEHIND UNIT#2 STRIKING THE REAR BUMPER AREA, CAUSING DAMAGE TO UNIT #2.



|  |  |  |   |   |
|--|--|--|---|---|
| CRASH REPORTED DATE/TIME<br><b>0520202023 0031</b> | DISPATCH DATE/TIME<br><b>0520202023 0119</b> | ARRIVAL DATE/TIME<br><b>0520202023 0123</b>      | SCENE CLEARED DATE/TIME<br><b>0520202023 0140</b> | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br><b>0</b>              | OTHER INVESTIGATION TIME<br><b>30</b>        | TOTAL MINUTES<br><b>47</b>                       | OFFICER'S NAME *<br><b>J. Lee</b>                 | CHECKED BY OFFICER'S NAME*<br><b>V. Walker</b>  |
| OFFICER'S BADGE NUMBER*<br><b>010</b>              |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>L15</b> |   |   |
| SUPPLEMENT (CORRECTION - ADDITION)                 |  |  |   |   |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver

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

**DAMAGE**

DAMAGE SCALE

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

3

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_

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 # \_\_\_\_\_  PLACARD

**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: 99

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 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 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

**CARGO BODY TYPE**

01

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

**VEHICLE DEFECTS**

01

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**

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

**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 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**

2

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

**SEQUENCE OF EVENTS**

120

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

**# OF THROUGH LANES ON ROAD**

2

**RAIL GRADE CROSSING**

1

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

**COLLISION WITH FIXED OBJECT - STRUCK**

1

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 4 TO 3

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

**UNIT SPEED**

025

**POSTED SPEED**

02

**DETECTED SPEED**

1

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

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) NIANG MAMADOU  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver ) 20628 PATTERSON PKWY HIGHLAND HILLS OH 44122  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # HKR5112 VEHICLE IDENTIFICATION # 1HGCM56613A141620 VEHICLE YEAR 2003 VEHICLE MAKE Honda  
 INSURANCE VERIFIED  INSURANCE COMPANY AllState INSURANCE POLICY # 9312342OUX VEHICLE COLOR SIL VEHICLE MODEL Accord  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 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 6 - VAN (9-15 SEATS) 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 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 18 - SNOW REMOVAL 19 - TOWING 99 - OTHER UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 14 - PUBLIC UTILITY 20 - SAFETY SERVICE PATROL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 15 - CONSTRUCTION EQUIPMENT  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE

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

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 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

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 12 - IMPROPER BACKING 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 6 - IMPROPER TURN

SEQUENCE OF EVENTS: 20 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 18 - ANIMAL - DEER 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 14 - PEDESTRIAN 15 - PEDALCYCLE 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 21 - PARKED MOTOR VEHICLE

COLLISION WITH FIXED OBJECT - STRUCK  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

LOCAL REPORT NUMBER: 20231369  
 DAMAGE: 3 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: 06 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE  
 1-12 - REFER TO UNIT DIAGRAM 99 - UNKNOWN  
 13 - TOP

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

UNIT SPEED: 0 DETECTED SPEED: 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
 POSTED SPEED: 02

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 1 3 6 9

|   |                                      |                            |   |  |  |   |               |              |         |
|---|--------------------------------------|----------------------------|---|--|--|---|---------------|--------------|---------|
| UNIT #<br>0 1                           | NAME: LAST, FIRST, MIDDLE<br>unknown |                            | DATE OF BIRTH                                   |  | AGE  | GENDER<br>U   |               |              |         |
| ADDRESS: STREET, CITY, STATE, ZIP<br>OH |                                      |                            | 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<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |               | DRUG TEST(S) |         |

|   |  |                            |   |  |  |   |                    |               |              |
|---|--|----------------------------|---|--|--|---|--------------------|---------------|--------------|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>NIANG MAMADOU |                            | DATE OF BIRTH<br>0 3 2 9 1 9 6 2                |  | AGE<br>6 1                                       | GENDER<br>M   |                    |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>20628 PATTERSON PKWY HIGHLAND HILLS OH 44122 |  |                            | 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 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1   | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE  | OPERATOR LICENSE NUMBER                    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION  | CITATION NUMBER                                  |   |                    |               |              |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS 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<br>ALCOHOL MARIJUANA<br>OTHER DRUG | CONDITION  | ALCOHOL TEST<br>STATUS 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 & 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   | 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  | <b>CONDITION</b>   | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |   |                                    |                              | 17 - PROSTHETIC AID  | 1 - APPARENTLY NORMAL  |  |
| 7 - BOOSTER SEAT                               |   |                                    |                              | 18 - OTHER   | 2 - PHYSICAL IMPAIRMENT  |  |
| 8 - HELMET USED                                |   |                                    |                              |  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     |  |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |   |                                    |                              |  | 4 - ILLNESS  |  |
| 10 - REFLECTIVE CLOTHING                       |   |                                    |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |   |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             |  |
| 99 - OTHER / UNKNOWN                           |   |                                    |                              |  | 9 - OTHER / UNKNOWN  |  |
|  |   |                                    | <b>GENDER</b>                |  |  | <b>DRUG TEST RESULT(S)</b>                     |
|  |   |                                    | F - FEMALE                   |  |  | 1 - AMPHETAMINES                               |
|  |   |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
|  |   |                                    | U - OTHER/UNKNOWN            |  |  | 3 - BENZODIAZEPINES                            |
|  |   |                                    |                              |  |  | 4 - CANNABINOIDS                               |
|  |   |                                    |                              |  |  | 5 - COCAINE                                    |
|  |   |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|  |   |                                    |                              |  |  | 7 - OTHER                                      |
|  |   |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

|   |  |                                       |
|---|--|---------------------------------------|
| LOCAL REPORT NUMBER<br>20231369   | REPORTING AGENCY<br>GARFIELD HEIGHTS   | DATE OF CRASH<br>M 05   D 20   Y 2023 |
| IN COUNTY OF<br>18  | CRASH LOCATION<br>WALGREENS (ROCKSIDE) |                                       |
| <p>While Unit#2 was stopped facing (E/B) at the traffic light, near the intersection of Rockside Rd/Turney Rd. Unit#1 was traveling E/B behind Unit#2, striking the rear bumper and trunk area, causing damage to Unit #2.</p> <p>After the accident occurred, both drivers decided to pull off the roadway and exchange information, but the driver of Unit #1 continued to drive away E/B on Rockside Rd leaving the scene after causing this accident. The driver of Unit #2 was unable to retrieve any vehicle (make/model) or driver(s) information from Unit #1 before driving away from scene.</p> |  |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>   |  | BADGE NUMBER<br>010                   |