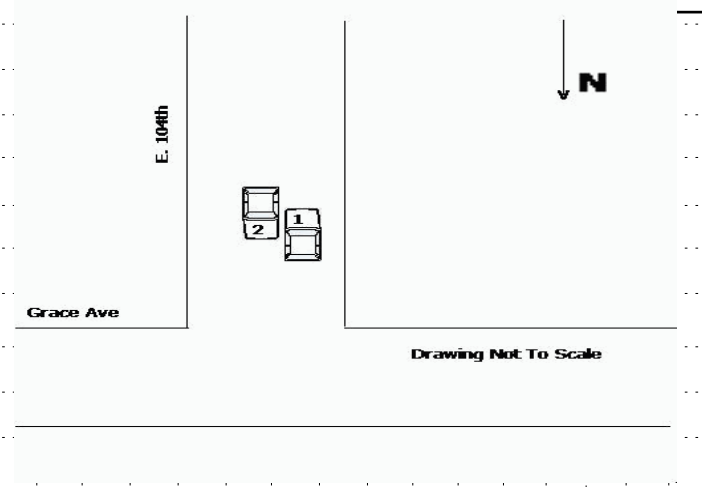


TRAFFIC CRASH REPORT

*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-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		NCIC * 01820		LOCAL REPORT NUMBER * 20232071		HITSKIP 1 - Solved 2 - Unsolved 2	NUMBER OF UNITS 02	UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN 02
COUNTY * 18	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 08042023 1736		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
ROUTE TYPE [] [] [] [] [] [] [] [] [] []		ROUTE NUMBER [] [] [] [] [] [] [] [] [] []		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST []	LOCATION ROAD NAME E.104	ROAD TYPE [S] [T]	LATITUDE (DEGREE) (MINUTE) (SECOND) 41.420231		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE [] [] [] [] [] [] [] [] [] []		ROUTE NUMBER [] [] [] [] [] [] [] [] [] []		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST []	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) GRACE	ROAD TYPE [A] [V]	LONGITUDE (DEGREE) (MINUTE) (SECOND) 81.611380				
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST [] [] [] []		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	
DISTANCE 1 - Miles 2 - Feet 3 - Yards [] [] [] [] [] [] [] [] [] []		DISTANCE 1 - Miles 2 - Feet 3 - Yards [] [] [] [] [] [] [] [] [] []		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES [] [] [] [] [] [] [] [] [] []		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED		ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF CRASH COLLISION/IMPACT 01		MANNER OF CRASH COLLISION/IMPACT 8		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST [] [] [] []		MEDIUM TYPE 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 1		CONDITIONS 1		SURFACE 2	
LIGHT CONDITION 3		WEATHER 1		WEATHER 1		WEATHER 1		WEATHER 1		WEATHER 1	
NARRATIVE UNIT 1 WAS TRAVELING SOUTHBOUND ON E. 104 NEAR GRACE. UNIT 2 WAS TRAVELING NORTHBOUND ON E. 104. UNIT 2 FAILED TO YIELD TO UNIT 1 WHO HAD THE RIGHT OF WAY AND SIDE SWIPED UNIT 1, KNOCKING OFF THE DRIVER'S SIDE MIRROR. UNIT 2 STOPPED, WHERE DRIVER SPOKE WITH DRIVER OF UNIT 1. DRIVER OF UNIT 2 THEN FLED SCENE WITHOUT EXCHANGING INFORMATION WITH DRIVER OF UNIT 1.		NARRATIVE UNIT 1 WAS TRAVELING SOUTHBOUND ON E. 104 NEAR GRACE. UNIT 2 WAS TRAVELING NORTHBOUND ON E. 104. UNIT 2 FAILED TO YIELD TO UNIT 1 WHO HAD THE RIGHT OF WAY AND SIDE SWIPED UNIT 1, KNOCKING OFF THE DRIVER'S SIDE MIRROR. UNIT 2 STOPPED, WHERE DRIVER SPOKE WITH DRIVER OF UNIT 1. DRIVER OF UNIT 2 THEN FLED SCENE WITHOUT EXCHANGING INFORMATION WITH DRIVER OF UNIT 1.		NARRATIVE UNIT 1 WAS TRAVELING SOUTHBOUND ON E. 104 NEAR GRACE. UNIT 2 WAS TRAVELING NORTHBOUND ON E. 104. UNIT 2 FAILED TO YIELD TO UNIT 1 WHO HAD THE RIGHT OF WAY AND SIDE SWIPED UNIT 1, KNOCKING OFF THE DRIVER'S SIDE MIRROR. UNIT 2 STOPPED, WHERE DRIVER SPOKE WITH DRIVER OF UNIT 1. DRIVER OF UNIT 2 THEN FLED SCENE WITHOUT EXCHANGING INFORMATION WITH DRIVER OF UNIT 1.		NARRATIVE UNIT 1 WAS TRAVELING SOUTHBOUND ON E. 104 NEAR GRACE. UNIT 2 WAS TRAVELING NORTHBOUND ON E. 104. UNIT 2 FAILED TO YIELD TO UNIT 1 WHO HAD THE RIGHT OF WAY AND SIDE SWIPED UNIT 1, KNOCKING OFF THE DRIVER'S SIDE MIRROR. UNIT 2 STOPPED, WHERE DRIVER SPOKE WITH DRIVER OF UNIT 1. DRIVER OF UNIT 2 THEN FLED SCENE WITHOUT EXCHANGING INFORMATION WITH DRIVER OF UNIT 1.		NARRATIVE UNIT 1 WAS TRAVELING SOUTHBOUND ON E. 104 NEAR GRACE. UNIT 2 WAS TRAVELING NORTHBOUND ON E. 104. UNIT 2 FAILED TO YIELD TO UNIT 1 WHO HAD THE RIGHT OF WAY AND SIDE SWIPED UNIT 1, KNOCKING OFF THE DRIVER'S SIDE MIRROR. UNIT 2 STOPPED, WHERE DRIVER SPOKE WITH DRIVER OF UNIT 1. DRIVER OF UNIT 2 THEN FLED SCENE WITHOUT EXCHANGING INFORMATION WITH DRIVER OF UNIT 1.		NARRATIVE UNIT 1 WAS TRAVELING SOUTHBOUND ON E. 104 NEAR GRACE. UNIT 2 WAS TRAVELING NORTHBOUND ON E. 104. UNIT 2 FAILED TO YIELD TO UNIT 1 WHO HAD THE RIGHT OF WAY AND SIDE SWIPED UNIT 1, KNOCKING OFF THE DRIVER'S SIDE MIRROR. UNIT 2 STOPPED, WHERE DRIVER SPOKE WITH DRIVER OF UNIT 1. DRIVER OF UNIT 2 THEN FLED SCENE WITHOUT EXCHANGING INFORMATION WITH DRIVER OF UNIT 1.	
CRASH REPORTED DATE/TIME 08042023 1736		DISPATCH DATE/TIME 08042023 1742		ARRIVAL DATE/TIME 08042023 1750		SCENE CLEARED DATE/TIME 08042023 1815		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		SUPPLEMENT (CORRECTION - ADDITION) <input type="checkbox"/>	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 45		TOTAL MINUTES 70		OFFICER'S NAME * B. Cramer		CHECKED BY OFFICER'S NAME* T. Baon		OFFICER'S BADGE NUMBER* 031	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 45		TOTAL MINUTES 70		OFFICER'S BADGE NUMBER* 031		CHECKED BY OFFICER'S BADGE NUMBER* S20		SUPPLEMENT (CORRECTION - ADDITION) <input type="checkbox"/>	



OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)
JONES JAHI PAKI

OWNER PHONE: INCLUDE AREA CODE (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
20748 DONNY BROOK RD 2 MAPLE HEIGHTS OH 44137

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 O H LICENSE PLATE # **KCJ7682** VEHICLE IDENTIFICATION # 1G1PH5S97B724641Z VEHICLE YEAR 2011 VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **930715244** VEHICLE COLOR **GRY** VEHICLE MODEL **Impala**

TYPE OF USE
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1

VEHICLE WEIGHT GVWR/GVWR
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 - TOP [13]
3 - UNDERCARRIAGE [14]
4 - ALL AREAS [15]
5 - UNIT NOT AT SCENE [16]

UNIT TYPE 0 1

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? 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 0 1

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 0 1

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

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

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 4

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN
0 1 PRE-CRASH ACTION
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

1 1

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

CONTRIBUTING CIRCUMSTANCES 0 1

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

EVENT(S)

SEQUENCE OF EVENTS

1 2 0

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

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 1 TO 2

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

UNIT SPEED 2 5

POSTED SPEED 2 5

DETECTED SPEED 1

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

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE DEAR SHARELL N <input type="checkbox"/> Same As Driver	OWNER PHONE: INCLUDE AREA CODE <input type="checkbox"/> Same As Driver
OWNER ADDRESS: STREET, CITY, STATE, ZIP 5244 E 104TH ST GARFIELD HEIGHT OH 44125 <input type="checkbox"/> Same As Driver		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

DAMAGE

DAMAGE SCALE

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

2

LP STATE OH	LICENSE PLATE # JCV2822	VEHICLE IDENTIFICATION # 1G1ZS58N717F1071576	VEHICLE YEAR 2007	VEHICLE MAKE Chevrolet
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR TAN	VEHICLE MODEL Malibu
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GVWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
TYPE OF USE		TOWED BY: COMPANY NAME		
<input type="checkbox"/> HAZARDOUS MATERIAL		<input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID #		

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

- 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		99 - UNKNOWN OR HIT/SKIP

of TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

1 - YES 2 - NO 9 - OTHER / UNKNOWN

2

AUTONOMOUS MODE LEVEL

0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
2 - PARTIAL 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
			11 - DUMP	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	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	12 - DRIVERLESS		

INITIAL POINT OF CONTACT

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

1 1

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

TRAFFIC

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

SEQUENCE OF EVENTS

EVENTS
1 2 0
2
3
4
5
6
1

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**

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

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

1

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

25

DETECTED SPEED

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

1

POSTED SPEED

25

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 3 2 0 7 1

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE JONES JAH I PAKI	DATE OF BIRTH 1 0 0 2 1 9 6 9	AGE 5 3	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 20748 DONNY BROOK RD 2 MAPLE HEIGHTS OH 44137		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
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
OL CLASS 1	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 STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1		DRUG TEST(S)

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE UNK UNK	DATE OF BIRTH	AGE	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP UNK UNK OH		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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
CONDITION 9		ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1		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
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 ALCOHOL MARIJUANA OTHER DRUG
CONDITION		ALCOHOL TEST 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
INJURED TAKEN BY		EJECTION		TRAPPED		ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE		1 - NOT EJECTED		1 - NOT TRAPPED		1 - NONE
2 - EMS		2 - PARTIALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		2 - BLOOD
3 - POLICE		3 - TOTALLY EJECTED		3 - FREED BY NON-MECHANICAL MEANS		3 - URINE
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE				4 - BREATH
SAFETY EQUIPMENT		TRAPPED				5 - OTHER
1 - NONE USED		1 - NOT TRAPPED				DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED		2 - EXTRICATED BY MECHANICAL MEANS				1 - NONE
3 - LAP BELT ONLY USED		3 - FREED BY NON-MECHANICAL MEANS				2 - BLOOD
4 - SHOULDER & LAP BELT USED						3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING						4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING						CONDITION
7 - BOOSTER SEAT						1 - APPARENTLY NORMAL
8 - HELMET USED						2 - PHYSICAL IMPAIRMENT
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)						3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
10 - REFLECTIVE CLOTHING						4 - ILLNESS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.
99 - OTHER / UNKNOWN						6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
						9 - OTHER / UNKNOWN
						DRUG TEST RESULT(S)
						1 - AMPHETAMINES
						2 - BARBITURATES
						3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20232071	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 04 Y 2023
IN COUNTY OF 18	CRASH LOCATION	
<p>Officer B.Cramer located the suspect vehicle in the drive of 5244 E.104. This officer knocked several times with negative results. Note left for owner to contact this officer. Voice mail full. Suspect vehicle had fresh damage on drivers side mirror and drivers side door.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 031