OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *						
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION							[2 0 2 3 2 3 9 5							
SECONDARY CRASH			REPORTING AGENCY				HIT/SKIP 1 - Solved							
COUNTY* LC	Private Property CALITY*	LOCATION: ever	GARFIEL	_D HEIGI	HTS	0 1	2 - Unsolved CRASH DA		0 1 99 - UNKNOWN CRASH SEVERITY					
1 8	1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *		ELD HTS				0904202	4 1- FATAL 2- SERIOUS INJURY SUSPECTED						
ROUTE TYPE	ROUTE NUMBER	PREFI)	1 - NORTH 2 - SOUTH 3 - EAST	2 - SOUTH					I ATITION DECIMAL DECORES					
LOCATION		_ _	4-WEST E. 95TH STREET					4 1 . 4 2	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
ROUTE TYPE	ROUTE NUMBER	2 - SOUTH 3 - FAST			ROAD TYPE	LONGITUDE DECIMAL		ONLY						
REFERENCE	GARFIELD BLVD B_L						8 1 1 . 6 1	17 18 17 1						
NEFERENCE POINT DIRECTION			POINTE TYPE			SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL	☐ WITHIN INTERSE	ED L						
	1 - Miles 2 - Feet 3 - Yards							ROADWAY DIVID	ROADWAY DIVIDED					
	I OCATION AT EIDST HADMEI			h	MANNER OF CRASH CO	LLISION/IMPACT		DIRECTION OF TRAVEL MEDIAN TYPE						
U 4 2-0M 3-IN 4-0M 5-0M 6-0L TR 7-0M	ROADWAY 9 - CROSSC	1 - NOT COLLISION 4 - REAR-TO-REAR BETWEEN 5 - BACKING TWO MOTOR VEHICLES IN 7 - SIDESWIPE, SAME DIRECTION TRANSPORT 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON 9 - OTHER / UNKNOWN					1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	DED FLUSH MEDIAN FEET) DED FLUSH MEDIAN FEET) DED, DEPRESSED MEDIAN DED, RAISED MEDIAN TYPE) ER / UNKNOWN						
WORK ZONE RELL WORKERS PRESE LAW ENFORCEME PRESENT	ENT	WORK 2 1 - LANE CLOSURE 2 - LANE SHIFT/CRO 3 - WORK ON SHOU OR MEDIAN	OSSOVER		1 - B W 2 - A 3 - TI	ON OF CRASH IN WORK ZO EFORE THE 1ST WORK ZO /ARNING SIGN DVANCE WARNING AREA RANSITION AREA		contour 3	conditions 1	surface				
ACTIVE SCHOOL		4 - INTERMITTENT (5 - OTHER	OR MOVING WORK			CTIVITY AREA ERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,				
LIGHT CONDITION LIGHT CONDITION LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN-DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - LIGHTED ROADWAY NOT LIGHTED 5 - SALE - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - SALE - LIGHTED ROADWAY 5 - DARK - LIGHTED ROADWAY 6 - WATHER 4 - LIGHTE ROADWAY 7 - SEVERE CROSSWINDS 8 - BLUWING SAND, SOIL, DIRT, SNOW 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN								3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN						
NARRATIVE		2 5 4 2 5								Indicate the north direction with				
UNIT 1 WAS TRAVELING EASTBOUND ON GARFIELD In the compass diagram.														
BLVD. DRIVER OF UNIT 1 STATED HIS TIRE BLEW OUT.														
UNIT 1 STF	RUCK THE CUR	B AT TH	E CORNE	R OF E.	95TH									
STREET/ GARFIELD BLVD. UNIT 1 THEN TRAVELED										N W-E				
ACROSS THE ROADWAY AND STRUCK A METAL FENCE														
LOCATED AT 9615 GARFIELD BLVD (BOYS HOPE GIRLS														
HOPE). SEE SUPPLEMENTAL NARRATIVE FOR														
FURTHER INFORMATION.														
Garbeid Mord														
										not to dead				
	PORTED DATE/TIME		DISPATCH DATE			ARRIVAL DATE/TIME		1	RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY				
0 9 0 4 2 0	12 3 0 3 2 2 OTHER INVESTIGATION	(0 9 0	0 4 2 0 2 3 al officers		2 090	4 2 0 2 3		0 9 0 4 2 0 2 FFICER'S NAME*	2 3 0 4 1 5	MOTORIST				
CLOSED	TIME	MINUT	ES .	etraszkiewi			R. Dodg	е		SUPPLEMENT (CORRECTION ADDITION				
_0	3 0	3 0 7 7 0 0 7 1						CHECKED BY OFFICER'S BADGE	(CONNECTION or ADDITION to on Scatter Report six 1 to care					

<u> </u>	OHI OF MAPET	IO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION UNIT		LOCAL REPORT NUMBER							
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE TEAMER BE	· (■ San RANDON MIKEL	(Same As Driver)	DAMAGE DAMAGE SCALE						
ER _		SS: STREET, CITY, STATE, ZIP	(Same As D		1 - NONE 3 - FUNCTIONAL DAMAGE						
OWN	16000		4 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN							
C	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE										
	LP STATE	LICENSE PLATE #	V	VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY						
L	О Н	JUJ6417		E P 6 D C 2 1 4	_2_0_1_3	Nissan	11 12 1	11 12			
		IRANCE RIFIED INSURANCE COMPANY		INSURANCE POLICY#		VEHICLE COLOR RED	VEHICLE MODEL Altima	10	2 10 11 1 2		
		TYPE OF USE	IN EMERGENCY	US DOT#	1 '	BY: COMPANY NAME		9 9 3	3 9 9 3		
	COMMERC		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		ERSTATE TO		7 8 4 5	7 5 7		
	DEVICE EQUIPPE	☐ HIT/SKIP UNIT	0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED PLACARD		CLASS# PLACARD ID#	7 6 5	11 12 1 6 5		
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE	19 - BUS (16	+ PASSENGERS)	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE)	10/	11 1 2		
	0 1	3 - SPORT UTILITY VEHICLE 4 - PICK UP	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR		EQUIPMENT	25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN	9	9 3 3		
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT 17 - MOTORHOME			99 - UNKNOWN OR HIT/SKIP	_ 			
/EHICLE	1	# OF TRAILING UNITS	•					11 12	7 6 5 11 12 1		
VE		# OF I RAILING UNITS						10 12	2 10 11 1		
	0	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO	DITIONAL DMATION I AUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 9 3		
	2	1 - YES 2 - NO 9 - OTHER / UNKNO	NN AUTONOMOUS MODE LEVEL	AUTONOMOUS				8 7 4 5			
	0 1	1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER /UNKNOWN			7 6 5	7 .			
	SPECIAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE			13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			•	12 12 12		
	FUNCTION						12 - CONCRETE MIXER	12			
	0 1 / NOT APPLICABLE 1		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	MOTOR VEHICLE CHASSIS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX			9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE		9 3 9 1 3 9 8 3		
	CARGO BODY TYPE	<i>(</i>		7 - GRAIN/CHIPS/GRAVEL	11 - DUMP		99 - OTHER / UNKNOWN	03	→		
l	1 - TURN SIGNALS		8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR ACCIDENT			6	6 6 6			
1	DEFECTS	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MED	IAN/CROSSING ISLAND	12 - FIRST RESPONDER	- NO DAMAGE [0]	UNDERCARRIAGE [14]		
	NON-MOTORIST LOCATION AT	CROSSWALK CROSSWALK 8 - SIDEWALK 2 - INTERSECTION - TRAVEL LANG OTHER LOCATION						TOP [13]	- ALL AREAS [15]		
	IMPACT	UNMARKED CROSSWALK 1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEO	SOTIATING A CURVE	18 - APPROACHING		NITIAL POINT OF CONTACT		
	2	2 - NON-COLLISION 3 - STRIKING 1 3	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE		TERING OR CROSSING CIFIED LOCATION	OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	"	WINE FORT OF CONTACT		
	4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING			10 - PARKED 11 - SLOWING OR STOPPED		KING, RUNNING, GING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	0 1 0- NO DAMAGE	14 - UNDERCARRIAGE IT 15 - VEHICLE NOT AT SCENE		
		- BUTH'S HIKINGS 5 - MAKING NIGHT TURN IN TRAFFIC 16 - WORKING 8 & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE				99 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	99 - UNKNOWN			
					TRAFFIC						
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION			21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL		
		3 - RAN RED LIGHT 4 - RAN STOP SIGN	CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY	PPED OR PARKED EQUIPMENT 23 - OPENING DOOR INTO SALLY 19 - LOAD SHIFTING/ ROADWAY			1 - ONE-WAY	1 - ROUNDABOUT		
		5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		ROPER CROSSING	99 - OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
	ONTRIBUTING EIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING		
T(S)	EOUTNOT -	EVENTS						_	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING		
EVEN	SEQUENCE OF			EVENT\$		WWW.	00 W00W 70V-	_2_	3 - INVOLVED - PASSIVE CROSSING		
1	0 8 :	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMEDISION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANII	MAL - FARM MAL - DEER	22 - WORK ZONE MAINTENANCE EQUIPMENT	119	NIT / NON-MOTORIST DIRECTION		
		- JACKKNIFE		12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIN 20 - MOT	MAL - OTHER OR VEHICLE IN	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST		
2	4 3	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		NSPORT KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST		
3	1,1,			COLLISION WITH FIXED OBJEC	I STRUCK		24 - OTHER MOVABLE OBJECT	FROM 4 TO	3 4-WEST 8-SOUTHWEST		
	:	25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CUF		50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN		
4	4 3	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITC 45 - EMB 46 - FENI	ANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED		
	1.6.	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	46 - FENI 47 - MAIL 48 - TREI	BOX	53 - TUNNEL 54 - OTHER FIXED OBJECT	3,5, ,	1 1 - STATED/ESTIMATED SPEED		
		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT		HYDRANT	99 - OTHER / UNKNOWN		2 - CALCULATED / EDR		
6								POSTED SPEED	3 - UNDETERMINED		
	1		E					2 5			
HSY83	04 OH1U 1/19 [7	FIRST HARMFUL EVENT	_ 5 _ M	OST HARMFUL EVENT					PAGE OF		

OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER						
SAPETY - SERVICE - PROTECTION	WOTORIST / NO	JIN-IVIO I OR	131				_2	0 2 3	_ 2 _	3 9 5		
NAME: LAST, FRST, MODLE O 1 TEAMER BRANDON MIKEL								2 0 2 3 2 3 9 5 DATE OF BIRTH AGE GENDER 0 9 2 0 2 0 0 3 1 9 M				
ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				
10000	ERN BLVD EMS AGENCY (NAME)		IAPLE HEIGHTS DICAL FACILITY (NAME, CITY)	OH SAFETY E				SEATING POS	NOITIS	AIR BAG USAGE	EJECTION	TRAPPED
N 4	and real to the total of the to	model Palet 10. Me	SOLET (COURT)	USED	_0 _1	_ □	DOT-COMPLIA MC HELMET		1	2	1] 1
	CENSE NUMBER		E CHARGED	LOCAL CODE	OFFENSE DESCRIP					CITATION NUMBER		1
O OL CLASS ENDORSEMENT	I 331.34a ■ FAILURE TO						CONTROL G20231258 ALCOHOL TEST DRUG TEST(S)					
R SELECT UP TO 2		DISTRACTED BY	071150 00110	MARUUANA	. 6 .	STATUS	1 1 1	VALUE	STAT	US TYPE	RESUL	T SELECT UP TO 4
M UNIT# NAME: LAST, FI	EST, MIDDLE		OTHER DRUG					DATE OF BI	<u> </u>		AGE	GENDER
0 T 0												
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
I INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: ME	DICAL FACILITY (NAME, CITY)	SAFETY E	QUIPMENT			SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
N BY				USED			DOT-COMPLIA MC HELMET	NT				
OL STATE OPERATOR LIG	CENSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPT	TION				CITATION NUMBER		
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPEC	TED	CONDITION		ALCOH	OL TEST			JG TEST(S)	
R SELECT UP TO 2		BY	ALCOHOL M	ARIJUANA		STATUS	TYPE	VALUE	STATU	IS TYPE	RESUL	T SELECT UP TO 4
M UNIT # NAME: LAST, FIR	ST, MIDDLE		Onizitatio					DATE OF BI	RTH		AGE	GENDER
0 T 0												
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA CODE				
Т	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	DICAL FACILITY (NAME, CITY)	SAFETY EG	QUIPMENT			SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
0							DOT-COMPLIA MC HELMET	NT L				
OL STATE OPERATOR LIG	ENSE NUMBER	OFFENSE	CHARGED	CODE	OFFENSE DESCRIP	TION				CITATION NUMBER		
T O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPEC	TED	CONDITION	STATUS		OL TEST VALUE	STATI		JG TEST(S)	.T SELECT UP TO 4
i s		BY L	ALCOHOL M OTHER DRUG	ARIJUANA		L		• L	J		J L L	
INJURIES	SEATING POSITION	AIR BAG	OL (CLASS	OL	L RESTRICTIO	N(S)	DRIVER DIS	TRACTION		TEST ST	ATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT	1 - CLASS A 2 - CLASS B		1 - ALCOHOL DEVICE	INTERLOCK		1 - NOT DISTRACTED 2 - MANUALLY OPERATION	NG AN	1 - NONE	REFUSED	
3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		2 - CDL INTRA 3 - CORRECT			ELECTRONIC COMMU			GIVEN, CONTAM	INATED
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT	/ SIDE 4 - REGULAR CLASS (OHIO = D)	4 - FARM WAI	IVER		DEVICE (TEXTING, TYPE DIALING)	ring,		LE / UNUSABLE	
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT C 6 - EXCEPT C			3 - TALKING ON HANDS-I COMMUNICATION DE			GIVEN, RESULTS GIVEN, RESULTS	
IN HIDED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOW	6 - NO VALID OL		& CLASS B	BUS RACTOR-TRA	II FR	4 - TALKING ON HAND-H	ELD	0 1201	017211, 11200210	on a comm
INJURED TAKEN BY 1 - NOT TRANSPORTED	(MOTORCYCLE SIDE CAR)				8 - INTERMED	DIATE LICENSI		5 - OTHER ACTIVITY WIT				
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	EJECTION	OI ENDO	DRSEMENT	9 - LEARNER			ELECTRONIC DEVICE			ALCOHOL T	EST TYPE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	TION OF 1 - NOT EJECTED		H - HAZMAT				6 - PASSENGER 7 - OTHER DISTRACTION INSIDE		1 - NONE		
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		ONLY	TO DAYLIGHT		THE VEHICLE		2 - BLOO	D	
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED 12 - LIMITED -	TO EMPLOYM - OTHER	ENI	8 - OTHER DISTRACTION THE VEHICLE	15 UU I SIDE	3 - URIN		
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER			IICAL DEVICES BRAKES, HAND		9 - OTHER / UNKNOWN		4 - BREA 5 - OTHE		
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MO		CONTROL	S, OR OTHER				5-0111	:K	
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADAPTIVE 14 - MILITARY	DEVICES) Y VEHICLES O	NLY				DDUG TES	TIVDE
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES				1 - NONE	DRUG TEST TYPE 1 - NONE	
FORWARD FACING	(NON-TRAILING UNIT)	3 - FREED BY	X - TANKER / HAZMAT	X - TANKER / HAZMAT		16 - OUTSIDE MIRROR		CONDITION		2 - BLOOD		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEAN	s		17 - PROSTHE 18 - OTHER	ETIC AID		1 - APPARENTLY NORM		3 - URINE		
7 - BOOSTER SEAT					10 - OTHER			2 - PHYSICAL IMPAIRME	NT	4 - OTHE	R	
8 - HELMET USED 9 - PROTECTIVE PADS USED								3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED)	PRESSED,			
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING				NDER				4 - ILLNESS		1 - AMPI	DRUG TEST F ETAMINES	RESULT(S)
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE					5 - FELL ASLEEP, FAINT	ED,	2 - BARE	ITURATES	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE					FATIGUED, ETC.			ODIAZEPINES IABINOIDS	
SO OTHERY ORRIVOVIV			U - OTHER/UNKNOWN					6 - UNDER THE INFLUEN MEDICATIONS / DRUG		5 - COC/		
								/ ALCOHOL			TES / OPIOIDS	
								9 - OTHER / UNKNOWN		7 - OTHE 8 - NEGA	R TIVE RESULTS	

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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20232395	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 09 D 04 Y 2023									
IN COUNTY OF 18	CRASH LOCATION	N 00 D 04 1 2020									
	on Teamer) stated that he had consumed alcoholi	c									
beverages prior to the motor	or vehicle accident. An odor of an alcoholic bevera	age was									
detected on Brandon's brea	ath. SFSTs were administered on Brandon but it w	/as									
determined that Brandon w	vas ok. Brandon had a small cut on his lip but refu	sed									
medical attention. Brandon	was issued a summons for underage alcohol con	sumption									
	that he was on her insurance policy. Brandon's mo										
	al Insurance but could not provide a policy number										
crash scene.											
Property owner of destroye	ed fence:										
Boys Hope Girls Hope N	Non- Profit Organization										
9615 Garfield Blvd											
Garfield Heights, Ohio 4	14125										
(216) 441-3980											
	OFFICER'S SIGNATURE	BADGE NUMBER 007									