|  | CRASH                                 | LOCAL REPORT NUMBER *  |                                    |  |  |   |  |   |  |  |  |
|--|---------------------------------------|--|------------------------------------|--|--|---|--|---|--|--|--|
|  | H-3                                   |  |                                    |  |  |   |  |   |  |  |  |
| G SECONDARY CRASH  |                                       | EPORTING AGENCY NAM  |                                    | 0.1  | NCIC*                                      | HIT/SKIP                                    |  |   |  |  |  |
|  |                                       | GARFIELD   | HEIGHTS                            |  | 2 - Unsolved<br>CRASH DA                   |   | 0 1 98 - ANIMAL<br>99 - UNKNOWN<br>CRASH SEVERITY                                |   |  |  |  |
| 1- CITY *  | CATION: CITY, VILLAC                  |  | 00002                              | 5<br>1 - FATAL<br>2 - SERIOUS INJURY   |  |   |  |   |  |  |  |
| ROUTE TYPE ROUTE NUMBER  | PREFIX                                | 1 - NORTH<br>2 - SOUTH   | LOCATION ROAD NAM                  | IE   |  | SUSPECTED<br>3 - MINOR INJURY<br>SUSPECTED  |  |   |  |  |  |
|  |                                       | 3 - EAST<br>4 - WEST   | RANSPO                             | RTATION  | BL   | 4 1.4 1                                     | 4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE                                       |   |  |  |  |
| ROUTE TYPE ROUTE NUMBER  | PREFIX                                | 1 - NORTH<br>2 - SOUTH<br>3 - FAST   |                                    | NAME (ROAD, MILEPOST, HOUSE #)   | ROAD TYPE                                  | LONGITUDE DECIMAL                           | ONLY   |   |  |  |  |
|  |                                       | 4 - WEST 5   |                                    | 8 1 . 6 1  | 5 8 6 5                                    |   |  |   |  |  |  |
| REFERENCE POINT     DIRECTION       1 - INTERSECTION     1 - NORTH   | IR - INTERST                          |  | AL - ALL                           |  | RD - ROAD                                  |   | INTERSECTION RELATED   | )   |  |  |  |
| 3 - HOUSE # 2 - SOUTH<br>3 - HOUSE # 2 - SOUTH<br>3 - EAST<br>4 - WEST   | US - FEDER/<br>SR - STATE             | AL US ROUTE<br>ROUTE   | AV - AVE<br>BL - BOU<br>CR - CIF   | JLEVARD MP - MILEPOST  | SQ - SQUARE<br>ST - STREET<br>TE - TERRACE |   |  |   |  |  |  |
| DISTANCE DISTANCE  |                                       | RED COUNTY ROUTE<br>RED TOWNSHIP   | CT - CO<br>DR - DR<br>HE - HE      | VE PI - PIKE   | TL - TRAIL<br>WA - WAY                     |   | ROADWAY  | NUMBER OF APPROACHES  |  |  |  |
| 1 - Miles<br>2 - Feet<br>3 - Yards   |                                       |  |                                    |  | ROADWAY DIVIDED                            |   |  |   |  |  |  |
| L OCATION ~ EIDST HADMEIII EV  |                                       |  |                                    | OF CRASH COLLISION/IMPACT  |  | DIRECTION OF TRAVEL                         |  | MEDIAN TYPE   |  |  |  |
| 0 4<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>10 - DRIVEWAY /<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>11 - RAILWAY GF | ALLEY                                 |  | DT COLLISION<br>ETWEEN<br>VO MOTOR | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE   |  | 1 - NORTH<br>2 - SOUTH                      | (<4 FE   | ED FLUSH MEDIAN<br>EET)   |  |  |  |
| 5 - ON GORE CROSSING<br>6 - OUTSIDE 12 - SHARED US<br>TRAFFICWAY OR TRAILS   |                                       | TR   | EHICLES IN<br>RANSPORT<br>EAR-END  | 7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION   |  | 3 - EAST<br>4 - WEST                        | (≥4 F6<br>3 - DIVID  | ED, DEPRESSED MEDIAN  |  |  |  |
| 7 - ON RAMP 13 - BIKE LANE<br>8 - OFF RAMP 14 - TOLL BOOTH<br>99 - OTHER / UN  |                                       | 3 - HE   | EAD-ON                             | 9 - OTHER / UNKNOWN  |  |   | (ANY   | ED, RAISED MEDIAN<br>TYPE)<br>R / UNKNOWN                                 |  |  |  |
|  |                                       |  |                                    |  |  |   |  |   |  |  |  |
| WORK ZONE RELATED  | WORK ZONE                             | ТҮРЕ   |                                    | LOCATION OF CRASH IN WORK ZO<br>1 - BEFORE THE 1ST WORK ZOI  | NE   | CONTOUR                                     | CONDITIONS   | SURFACE   |  |  |  |
| WORKERS PRESENT  | NE SHIFT/CROSSON<br>ORK ON SHOULDER   | _1   | 1                                  | 2  |  |   |  |   |  |  |  |
|  | OR MEDIAN<br>TERMITTENT OR MO<br>THER | VING WORK  |                                    | 3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | 1 - STRAIGHT LEVEL<br>2 - STRAIGHT          | 1 - DRY<br>2 - WET   | 1 - CONCRETE<br>2 - BLACKTOP,   |  |  |  |
| ACTIVE SCHOOL ZONE   |                                       |  | WEA                                | тисо   |  | GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE | 3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,                                      | BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK                                 |  |  |  |
| 1- DAYLIGHT<br>2- DAWNOUSK<br>3- DARK - LIGHTED ROADWAY<br>4- DARK - ROADWAY NOT LIGHTED<br>5- DARK - UNKYOWN ROADWAY LIGHTING       | 2                                     | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, 1<br>4 - RAIN<br>5 - SLEET, HAIL |                                    | 6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / LINKKNOWN |  | 9 - OTHER<br>/UNKNOWN                       | OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | 4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER<br>/UNKNOWN           |  |  |  |
| 9 - OTHER / UNKNOWN  |                                       |  |                                    |  |  |   |  |   |  |  |  |
|  |                                       |  |                                    | ·  |  |   | · · · · · ·  |   |  |  |  |
| UNIT 1 WAS NORTHBOUND  | ON TRA                                | NSPORTA  | ATION                              |  |  |   |  | Indicate the north<br>direction with<br>an "N" on the<br>compass diagram. |  |  |  |
| CROSSING GRANGER AND   | DISOBE                                | YED A RO   | DAD                                | Late re  | port taken ti                              | ne station                                  | : : : <b> </b>   |   |  |  |  |
| CLOSED DO NOT ENTER SI   | GN AND                                | DROVE C  | OVER THE                           |  | •  |   |  |   |  |  |  |
| CURB AT 5265 TRANSPORT   | ATION A                               | ND RAN C   | VER THE                            |  |  |   |  |   |  |  |  |
| CURB AND FLOWER BED D  | AMAGIN                                | IG LANDS   | CAPE                               |  |  |   |  |   |  |  |  |
| LIGHTING ALMOST STRIKI   | -                                     | -  | -                                  |  |  |   |  |   |  |  |  |
| WORKER WHO GOT A LICE  |                                       |  |                                    |  |  |   |  |   |  |  |  |
| HVE1973 .  |                                       |  |                                    |  |  |   |  |   |  |  |  |
|  |                                       |  |                                    |  |  |   |  |   |  |  |  |
| THE OWNER OF THE PROP  | ERTYA                                 | Γ·5265 · · · ·   |                                    |  |  |   |  |   |  |  |  |
| TRANSPORTATION HAS VIE   | DEO WHI                               | ICH WAS A  | ATTACHED                           | )  |  |   |  |   |  |  |  |
| TO THIS CALL<br>CRASH REPORTED DATE/TIME   |                                       | DISPATCH DATE/TIME   | E                                  | ARRIVAL DATE/TIME  |  | SCENE CLEAF                                 | RED DATE/TIME  | REPORT TAKEN BY   |  |  |  |
| 09112023 0926  | 0 9 1 1                               | 12023  | 0 9 4 3                            | 09112023   | 0 9 4 3                                    | <u> 0 9 1 1 2 0 2</u>                       | 2 3   0 9 5 5  | POLICE AGENCY<br>MOTORIST   |  |  |  |
| TOTAL TIME ROADWAY OTHER INVESTIGATION<br>CLOSED TIME  | TOTAL<br>MINUTES                      | OFFICER'S NAME<br>J. Marks   |                                    |  | CHECKED BY OF<br>T. Baon                   | FICER'S NAME*                               |  |   |  |  |  |
|  | .1.2.                                 |  |                                    |  |  |   | NUMBER*  | (CORRECTION on ADDITION<br>to an auxiliar server server to core           |  |  |  |
|  | 1 2                                   |  |                                    |  |  |   |  |   |  |  |  |

|                                       |   |  |   |  |   |   |   |   |   |  | 2.0  | 0 2 3 2   |   |   |  |  |  |  |
|---------------------------------------|---|--|---|--|---|---|---|---|---|--|--|---|---|---|--|--|--|--|
| UNIT#                                 | -   | R NAME: LAST, FIRST, MIDDLI<br>BARNES BR   | -   |  | ame As Drive  | er)   | OWNER PI  | HONE: INCLUDE AREA CODE   | ( 🗆 Same  | As Driver)   |  |   | DAMAG<br>DAMAGE   | E   |  |  |  |  |
| OWNER ADDF                            | RESS: STREET  | , CITY, STATE, ZIP<br>TURNEY R   | D   | ( 🛛 Same As  | Driver)   | GARFIE  | LD HT   | S OH  | 44125   |  |  | 1 - NONE<br>2 - MINOR DAMAGE                        | 9 - UNKNOWN   | 3 - FUNCTIONAL<br>4 - DISABLING D   |  |  |  |  |
| COMMERCIAL                            | CARRIER: NAM  | IE, ADDRESS, CITY, STATE, ZIP  |   |  |   |   | COMMERCI  | AL CARRIER PHONE: INCL  | UDE AREA CODE   |  |  |   | DAMAGED   | ARFA(S)   |  |  |  |  |
|                                       |   | se plate #<br>E1973  | 15  | 5.F.NYF  |   | TIFICATION #<br>$ C_1B_1O_1O_1G_1 $   | 2:3:6:  | VEHICLE YEAR  |   |  |  | 12  | INDICATE ALL  |   | 12   |  |  |  |
|                                       | SURANCE<br>ERIFIED  | INSURANCE COMPANY  | ,   |  | INSURANC  | CE POLICY #   |   | VEHICLE COLOR<br>BLK  | <br>Pilot   | CLE MODEL  | 10 11  | 12  | 2   | 10  |  |  |  |  |
| Сомме                                 | TYPE OF USE US DOT #  |  |   |  |   |   |   | BY: COMPANY NAME  | •   |  |  |   | 3   | •   |  |  |  |  |
|                                       |   | ■ HIT/SKIP UNIT  |   | OCCUPANTS  | 1 - ≤1(   | 0K LBS.<br>001 - 26K LBS.   | MATERIAL RELEASED CLASS# PLACARD ID#  |   |   |  |  |   |   |   |  |  |  |  |
|                                       | 2 - PASSE<br>3 - SPORT<br>4 - PICK U  | VAN  | 8 - MOTO<br>9 - AUTO<br>10 - MOPE<br>BICYC  | ED OR MOTORIZED<br>CLE<br>'ERRAIN VEHICLE                                      | 15 - SEMI-T   | MOBILE<br>E UNIT TRUCK<br>TRACTOR<br>EQUIPMENT  | 19 - BUS (16<br>20 - OTHER<br>21 - HEAVY<br>22 - ANIMAL   |   | 23 - PEDESTRIAN<br>24 - WHEELCHAI<br>25 - OTHER NON<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN C | R (ANY TYPE)<br>MOTORIST   |  | 10<br>9<br>8  |   |   | 12 1   |  |  |  |
| 2                                     | WAS VEHI<br>WHEN CR   | ILING UNITS<br>CLE OPERATING IN AUTONC<br>ASH OCCURED?<br>2 - NO 9 - OTHER / UNKNO | WN  | AUTONOM<br>MODE LEV  | OUS   |   | 4 - HIGH<br>5 - FULL  | MATION<br>AUTOMATION<br>AUTOMATION  | 9 - UNKNOWN   |  |  |   | 3   | 10<br>9<br>8  |  |  |  |  |
| 0 1<br>SPECIAL<br>FUNCTION            | 2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 5 - BUS-TRANSITICOMMUTER 10 - AMBULANCE   |  |   |  |   | RY<br>UTILITY<br>RUCTION EQUIPMENT  | 19 - TOV  | VING<br>W REMOVAL   | 21 - MAIL CARRIE<br>99 - OTHER /UNK   |  | 7  | 6 5<br>6 5  | 12  | 12  | 6<br>5<br>12   |  |  |  |
| 0 1<br>CARGO BOI<br>TYPE              | U     / NOT APPLICABLE     MOTOR VEHICLE       2 - BUS     4 - LOGGING     6       CARGO BODY     7     7   |  |   |  | CHASSIS<br>6 - CARGO \<br>7 - GRAIN/C   | /AN/ENCLOSED BOX<br>HIPS/GRAVEL   | 10 - FLA<br>11 - DUI  | Igo tank<br>It Bed<br>NP  | 12 - CONCRETE MI<br>13 - AUTO TRANSF<br>14 - GARBAGE/REF<br>99 - OTHER / UNKN                       | ORTER<br>FUSE<br>IOWN  | , N  | j,  | ,   | , <b>(</b>  | 3 9 <b>%</b> 3<br>⊡<br>⊕                                     |  |  |  |
| VEHICLE<br>DEFECTS                    | 1 - TURN SI<br>2 - HEAD LA<br>3 - TAIL LAN  | MPS  | 4. BRAKES 7. WORN OR SLICK TIRES   5. STEERING 8. TRAILER EQUIPMENT   6. TIRE BLOWOUT DEFECTIVE |  |   |   |   | OR TROUBLE<br>ABLED FROM PRIOR<br>DENT  | 99 - OTHER / UNKN   | IOWN   |  |   | 6   | 6   | 6  |  |  |  |
| NON-MOTORIST<br>LOCATION AT<br>IMPACT | 1 - INTERSE<br>MARKED<br>CROSSW<br>2 - INTERSE<br>UNMARK<br>CROSSW  | IALK<br>CTION -<br>ED  | 4 - MIDBLOO<br>CROSSV   | ECTION - OTHER<br>ICK - MARKED<br>WALK<br>. LANE-OTHER LOCATIO                 | 8 - SIDEWAI   | ER/ROADSIDE   | 9 - MEDIAWCROSSING ISLAND 12 - FIRST RESPONDER<br>10 - DRIVEWA XACCESS AT INDICENT SOCIE<br>11 - SHARED USE PATHS OR 99 - OTHER / UNKNOWN<br>TRAILS |   |   |  | -NO DAMAGE [0] -UNDERCARRIAGE [14] -TOP [13] -UNIT NOT AT SCENE [16] |   |   |   |  |  |  |  |
| 3<br>Action                           | 1 - NON-COI<br>2 - NON-COI<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH ST<br>& STRUC<br>9 - OTHER   | NTACT<br>LLISION<br>S<br>PRE-CRASH<br>ACTION<br>K                                  | 4 - OVERTA<br>5 - MAKING  |  | 8 - ENTERIN<br>9 - LEAVING<br>10 - PARKED<br>11 - SLOWIN<br>IN TRAFI  | 7 - MAKING U-TURN     13 - NEGOTATING A CURVE     18 - APPROACH       8 - ENTERING TRAFFIC LANE     14 - ENTERING OR CROSSING     19 - STANDING       9 - LEAVING TRAFFIC LANE     SPECIFIED LOCATION     20 - OTHER NOI       10 - PARKED     15 - WALKING, RUNNING,     21 - STANDING       11 - SLOWING OR STOPPED     JOGGING, FLAYING     DISABLED       10 - TRAFFIC     16 - WORKING     99 - OTHER / UN       10 - PARKED     JOGGING, FLAYING     DISABLED       11 - SLOWING OR STOPPED     JOGGING, PLAYING     DISABLED       10 - TRAFFIC     16 - WORKING     99 - OTHER / UN       12 - DRIVERLESS     17 - PUSHING VEHICLE     Stational Actional Actiona Actional Actional Actional Actiona Actional Actiona |   |   |   |  | 99   | 0 - NO DAMAG<br>1-12 - REFER<br>DIAGRAI<br>13 - TOP | INITIAL POINT OF CONTACT<br>GE 14- UNDERCARRIAGE<br>170 UNIT 15- VEHICLE NOT AT SCENE |   |  |  |  |  |
|                                       | 1 - NONE<br>2 - FAILURE<br>3 - RAN RED<br>4 - RAN STO<br>5 - UNSAFE<br>6 - IMPROPE<br>8   | LIGHT<br>P SIGN<br>SPEED   | 11 - DROVE  | WING TOO<br>ACDA<br>PER LANE   | A PARKE<br>14 - STOPPE<br>ILLEGALI  | NG TO AVOID   | 18 - OPE<br>EQU<br>19 - LOA<br>FALL   | DN OBSTRUCTION<br>RATING DEFECTIVE<br>IPMENT<br>D SHIFTING/<br>ING(SPILLING<br>OOPER CROSSING | 21 - LYING IN ROA<br>22 - NOT DISCERI<br>23 - OPENING DO<br>ROADWAY<br>99 - OTHER IMPRI<br>ACTION   | IABLE<br>OR INTO   | 1 2  | - ONE-WAY<br>- TWO-WAY<br>UGH LANES                 | 6   | TRAFFIC CO<br>ROUNDABOUT<br>SIGNAL<br>FLASHER<br>RAIL GRADE C<br>1 - NOT INVOLVED | 4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL<br>ROSSING |  |  |  |
| SEQUENCE C                            | F EVENTS  |  |   |  |   | EVENTS  |   |   |   |  |  | 2   | 1   | 2 - INVOLVED - AC<br>3 - INVOLVED - PA  |  |  |  |  |
| <sup>1</sup> 9 9<br><sup>2</sup> 1    | 1 - OVERTURINROLLOVER 6 - EQUIPMENT FAILURE 1 2 - FREEXPLOSION 7 - SEPARATION OF 3. IMMERSION UNITS 4 - JACKRONIFE 8 - RAN OFF ROAD RIGHT 1 5 - CARGO / EQUIPMENT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 1 |  |   | OPPOSIT<br>TRAVEL<br>12 - DOWNHI<br>13 - OTHER I<br>14 - PEDEST<br>15 - PEDALC | EVENTS       11 - CROSS CENTERLINE -<br>OPPOSITE DIRECTION OF<br>TRAVEL     16 - RALLWAY VEHICLE     22 - WORK ZONE<br>MAINTENANCE       12 - DOWNHILL RUNAWAY     18 - ANIMAL - DEER     23 - STRUCK BY FALLING,<br>SHIETING CARGO OR<br>13 - OTHER NON-COLLISION     20 - MOTOR VEHICLE IN<br>TRANSPORT     SHIETING CARGO OR<br>MOTOR VEHICLE IN<br>14 - PEDESTRINN<br>15 - PEDALCYCLE     21 - PARKED MOTOR VEHICLE     VEHICLE<br>24 - OTHER MOVABLE<br>OBJECT |   |   |   | alling,<br>Rgo or<br>It in<br>Motor   | I     3 - INVOLVED - PASSIVE CROSSING       UNIT / NON-MOTORIST DIRECTION       1 - NORTH       5 - NORTHEAST       2 - SOUTH       6 - NORTHWEST       3 - EAST       7 - SOUTHEAST       9       1 - VWEST       8 - SOUTHWEST |  |   |   |   |  |  |  |  |
| 4<br>                                 | / CRASH<br>26 - BRIDGE<br>STRUCT<br>27 - BRIDGE   | URE<br>PIER OR ABUTMENT  | 33 - MEDIAN   | BLE BARRIER<br>N CABLE BARRIER<br>N GUARDRAIL                                  | 37 - TRAFFIC<br>38 - OVERHE<br>39 - LIGHT/LU<br>40 - UTILITY I  | AD SIGN POST<br>IMINARIES SUPPORT   | 43 - CUR<br>44 - DITCI<br>45 - EMB/<br>46 - FENC<br>47 - MAILI  | H<br>ANKMENT<br>CE  | 50 -WORKZONE M<br>EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL                            |  |  | IT SPEED  |   | DETEC   | 9 - OTHER / UNKNOWN  |  |  |  |
| <sup>5</sup>                          | 28 - BRIDGE<br>29 - BRIDGE<br>30 - GUARDF   | PARAPET<br>RAIL  | 35 - MEDIAN<br>BARRIEF  | I CONCRETE   | 41 - ULINER F<br>SUPPOR<br>42 - CULVER  | т   | 48 - TREE   |   | 54 - OTHER FIXED<br>99 - OTHER / UNK  |  |  |   | 1   | 1 - STATED/E<br>2 - CALCULA<br>3 - UNDETER  |  |  |  |  |
| L 1                                   |   | iarmful event  |   | 1  | MOST HARMF  | UL EVENT  |   |   |   |  |  | 2 5   | PAGE  | 0   |  |  |  |  |

|  |  |  | OT  |                   |                              |                                  |   | LOCAL REPORT | NUMBER  |              |  |
|--|--|--|---|-------------------|------------------------------|----------------------------------|---|--------------|---|--------------|--|
| OF PUBLIC SAFETY<br>BAPETY · BERVICE · PROTECTION          | MOTORIST / N   |  | 31  |                   |                              | 2                                | 2 0 2 3                                     | 2 4          | 5 6   |              |  |
|  |  |  |   |                   |                              |                                  | DATE OF B                                   | RTH          | AGE   | GENDER       |  |
| ADDRESS: STREET, CITY, STATE, ZIP                          | NOWN   |  |   |                   |                              |                                  | ACT PHONE - INCLUDE AREA CODI               |              |   | U            |  |
| I<br>S<br>T  |  |  |   | ОН                |                              | L                                |   |              |   |              |  |
| INJURIES INJURED EI<br>TAKEN<br>BY                         | MS AGENCY (NAME)   | INJURED TAKEN TO: MEDI                         | ICAL FACILITY (NAME, CITY)                | SAFETY EC<br>USED | UIPMENT                      |                                  | SEATING POS                                 | SITION AIR E | BAG USAGE EJECTION  | TRAPPED      |  |
| OL STATE OPERATOR LIC                                      | ENSE NUMBER  | OFFENSE  | CHARGED                                   | LOCAL             | OFFENSE DESCRIP              |                                  |   |              |   |              |  |
|  |  |  |   |                   |                              |                                  |   |              |   |              |  |
| OL CLASS ENDORSEMENT<br>SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3                                       | DRIVER<br>DISTRACTED                           | ALCOHOL / DRUG SUSPEC                     |                   | CONDITION                    | ALC<br>STATUS TYPE               | OHOL TEST<br>VALUE                          | STATUS       | DRUG TEST(S)<br>TYPE RESULT SELE                                      | LECT UP TO 4 |  |
|  |  | BY   |   | MARIJUANA         |                              |                                  |   |              |   |              |  |
| UNIT # NAME: LAST, FIR                                     | ST, MIDDLE   | I  |   |                   |                              |                                  | DATE OF BI                                  | RTH          | AGE   | GENDER       |  |
|  |  |  |   |                   |                              |                                  |   |              |   |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                          |  |  |   |                   |                              | CONTA                            | ACT PHONE - INCLUDE AREA CODE               |              |   | 1            |  |
| INJURIES INJURED E   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDI                         | ICAL FACILITY (NAME, CITY)                | SAFETY EC         | UIPMENT                      | DOT-com                          | SEATING POS                                 | ITION AIR B  | AG USAGE EJECTION   | TRAPPED      |  |
|  |  |  |   |                   |                              | MC HELM                          |   |              |   |              |  |
| OL STATE OPERATOR LIC                                      | ENSE NUMBER  | OFFENSE  | CHARGED                                   | LOCAL<br>CODE     | OFFENSE DESCRIP              | TION                             |   | CITAT        | ION NUMBER  |              |  |
| OL CLASS ENDORSEMENT<br>SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3                                       | DRIVER<br>DISTRACTED                           | ALCOHOL / DRUG SUSPEC                     | TED               | CONDITION                    | ALC                              | OHOL TEST                                   |              | DRUG TEST(S)  |              |  |
| acLEU 107 10 2   |  | DISTRACTED<br>BY                               |   | MARUJUANA         |                              | STATUS TYPE                      | VALUE                                       | STATUS       | TYPE RESULT SELEC   | ECT UP TO 4  |  |
| UNIT # NAME: LAST, FIRS                                    | ST, MIDDLE   |  | OTHER DRUG                                | l                 |                              |                                  | DATE OF BI                                  | RTH          |   | GENDER       |  |
|  |  |  |   |                   |                              |                                  |   |              |   |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP                          |  |  |   |                   |                              | CONT                             | ACT PHONE - INCLUDE AREA CODE               |              |   |              |  |
| INJURIES INJURED E   | EMS AGENCY (NAME)  | INJURED TAKEN TO: MEDIC                        | CAL FACILITY (NAME, CITY)                 | SAFETY EQ         | UIPMENT                      |                                  | SEATING POS                                 |              | AG USAGE EJECTION   | TRAPPED      |  |
|  | - · · · · · · · · · · · · · · · · · · ·                          |  |   | USED              |                              | DOT-com<br>MC HELM               | PLIANT                                      |              |   |              |  |
| OL STATE OPERATOR LIC                                      | ENSE NUMBER  | OFFENSE (                                      | CHARGED                                   | LOCAL<br>CODE     | OFFENSE DESCRIP              | PTION                            |   |              |   |              |  |
| O OL CLASS ENDORSEMENT                                     |  | DRIVER   |   |                   |                              |                                  |   |              |   |              |  |
| R SELECT UP TO 2   | RESTRICTION SELECT UP TO 3                                       | DISTRACTED<br>BY                               | ALCOHOL / DRUG SUSPEC                     | MARIJUANA         | CONDITION                    | STATUS TYPE                      | OHOL TEST<br>VALUE                          | STATUS       | DRUGITEST(S)<br>TYPE RESULT SELE                                      | .ECT UP TO 4 |  |
|  |  |  | OTHER DRUG                                | l                 |                              |                                  |   |              |   |              |  |
| INJURIES<br>1 - FATAL                                      | SEATING POSITION<br>1 - FRONT - LEFT SIDE<br>(MOTORCYCLE DRIVER) | AIR BAG<br>1 - NOT DEPLOYED                    | 0L0<br>1 - CLASS A                        | CLASS             | 1 - ALCOHOL                  | L RESTRICTION(S)<br>. INTERLOCK  | DRIVER DIS<br>1 - NOT DISTRACTED            | TRACTION     | 1 - NONE GIVEN  |              |  |
| 2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                             | 2 - CLASS B                               |                   |                              | ASTATE ONLY                      | 2 - MANUALLY OPERATIN<br>ELECTRONIC COMMU   |              | 2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED<br>SAMPLE / UNUSABLE |              |  |
| - POSSIBLE INJURY  | 3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE                 | 3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / | 3 - CLASS C<br>/ SIDE 4 - REGULAR CLASS ( | (OHIO = D)        | 3 - CORRECT<br>4 - FARM WA   |                                  | DEVICE (TEXTING, TYP<br>DIALING)            | 'ING,        |   |              |  |
| - NO APPARENT INJURY                                       | (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE                    | 5 - NOT APPLICABLE                             | 5 - M / C MOPED ONLY                      |                   | 5 - EXCEPT C                 |                                  | 3 - TALKING ON HANDS-                       |              | 4 - TEST GIVEN, RESULTS KNOWN   |              |  |
|  | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN                         | 6 - NO VALID OL                           |                   | & CLASS E                    | B BUS                            | COMMUNICATION DE<br>4 - TALKING ON HAND-H   |              | 5 - TEST GIVEN, RESULTS UNKNOWN                                       |              |  |
| INJURED TAKEN BY   | 7 - THIRD - LEFT SIDE<br>(MOTORCYCLE SIDE CAR)                   |  |   |                   |                              | IRACTOR-TRAILER<br>DIATE LICENSE | COMMUNICATION DE                            |              |   |              |  |
| /TREATED AT SCENE  | 8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE                     |  |   |                   | RESTRICT<br>9 - LEARNER      |                                  | 5 - OTHER ACTIVITY WIT<br>ELECTRONIC DEVICE |              |   | 2/05         |  |
| - POLICE   | 10 - SLEEPER SECTION OF  | EJECTION<br>1 - NOT EJECTED                    | OL END                                    | ORSEMENT          | RESTRIC                      | TIONS                            | 6 - PASSENGER<br>7 - OTHER DISTRACTION      | INSIDE       | ALCOHOL TEST TY   | ΥPE          |  |
| - OTHER / UNKNOWN  | TRUCK CAB<br>11 - PASSENGER IN OTHER                             | 2 - PARTIALLY EJECTED                          | M - MOTORCYCLE                            |                   | ONLY                         | TO DAYLIGHT                      | THE VEHICLE                                 |              | 2 - BLOOD   |              |  |
|  | ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS,                  | 3 - TOTALLY EJECTED                            | P - PASSENGER                             |                   | 11 - LIMITED<br>12 - LIMITED | TO EMPLOYMENT                    | 8 - OTHER DISTRACTION<br>THE VEHICLE        | IS OUTSIDE   | 3 - URINE   |              |  |
| SAFETY EQUIPMENT   | PICK-UP WITH CAP)<br>12 - PASSENGER IN                           | 4 - NOT APPLICABLE                             | N - TANKER                                |                   | 13 - MECHAN                  | ICAL DEVICES                     | 9 - OTHER / UNKNOWN                         |              | 4 - BREATH  |              |  |
| 1 - NONE USED  | UNENCLOSED   |  | Q - MOTOR SCOOTER                         |                   | CONTROL                      | BRAKES, HAND<br>.S, OR OTHER     |   |              | 5 - OTHER   |              |  |
| 2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED      | CARGO AREA<br>13 - TRAILING UNIT                                 | 1 - NOT TRAPPED                                | R - THREE-WHEEL MO                        | UIORCYCLE         |                              | EDEVICES)<br>Y VEHICLES ONLY     |   |              |   |              |  |
| 4 - SHOULDER & LAP BELT USED                               | 14 - RIDING ON VEHICLE<br>EXTERIOR                               | 2 - EXTRICATED BY                              | S - SCHOOL BUS<br>T - DOUBLE & TRIPLE     | TRAILERS          | 15 - MOTOR                   | VEHICLES                         |   |              | DRUG TEST TYPE<br>1 - NONE  | Æ            |  |
| 5 - CHILD RESTRAINT SYSTEM -<br>FORWARD FACING             | EXTERIOR<br>(NON-TRAILING UNIT)                                  | MECHANICAL MEANS                               | X - TANKER / HAZMAT                       |                   | WITHOU"<br>16 - OUTSIDE      | T AIR BRAKES<br>E MIRROR         |   |              | 2 - BLOOD   |              |  |
| 6 - CHILD RESTRAINT SYSTEM -<br>REAR FACING                | 15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN                        | 3 - FREED BY<br>NON-MECHANICAL MEANS           |   |                   | 17 - PROSTH                  |                                  | 1 - APPARENTLY NORM                         |              | 3 - URINE   |              |  |
| 7 - BOOSTER SEAT   |  |  |   |                   | 18 - OTHER                   |                                  | 2 - PHYSICAL IMPAIRMENT 4 - OTHER           |              |   |              |  |
| 8 - HELMET USED<br>9 - PROTECTIVE PADS USED                |  |  |   |                   |                              |                                  | 3 - EMOTIONAL (E.G. DE                      | PRESSED,     |   |              |  |
| (ELBOWS, KNEES, ETC.)                                      |  |  | GE  | NDER              |                              |                                  | ANGRY, DISTURBED)                           |              | DRUG TEST RESULT<br>1 - AMPHETAMINES                                  | T(S)         |  |
| 10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN     |  |  | F - FEMALE                                |                   |                              |                                  | 4 - ILLNESS<br>5 - FELL ASLEEP, FAINT       | ED           | 2 - BARBITURATES  |              |  |
| / BICYCLE ONLY   |  |  | M - MALE                                  |                   |                              |                                  | 5 - FELL ASLEEP, FAINT<br>FATIGUED, ETC.    | ,            | 3 - BENZODIAZEPINES   |              |  |
| 99 - OTHER / UNKNOWN                                       |  |  | U - OTHER/UNKNOW                          | N                 |                              |                                  | 6 - UNDER THE INFLUEN<br>MEDICATIONS / DRUG |              | 4 - CANNABINOIDS<br>5 - COCAINE                                       |              |  |
|  |  |  |   |                   |                              |                                  | / ALCOHOL                                   | 3            | 6 - OPIATES / OPIOIDS   |              |  |
|  |  |  |   |                   |                              |                                  | 9 - OTHER / UNKNOWN                         |              | 7 - OTHER<br>8 - NEGATIVE RESULTS                                     |              |  |
|  |  |  |   |                   |                              |                                  |   |              |   |              |  |
|  |  |  |   |                   |                              |                                  |   |              |   |              |  |
|  |  |  |   |                   |                              |                                  |   |              |   |              |  |



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

|             | _ REPOR |     | /BER |     |     |    | GARFIELD HEIGHTS                    |        |     |      |      |                     |      |     |      |     |      |      |     | DATE OF CRASH<br>M 09 D 07 Y 2023 |       |   |  |  |
|-------------|---------|-----|------|-----|-----|----|-------------------------------------|--------|-----|------|------|---------------------|------|-----|------|-----|------|------|-----|-----------------------------------|-------|---|--|--|
| IN CO<br>18 | UNTY O  | F   |      |     |     |    | CRASH                               | LOCATI | ION |      |      |                     |      |     |      |     |      |      |     | -                                 |       |   |  |  |
| THI         | E DA    | MA  | GED  | PR  | OPE | RT | Y IS OWNED BY LLOYD GAUGE INC. 5265 |        |     |      |      |                     |      |     |      |     | 5    |      |     |                                   |       |   |  |  |
| TR          | ANS     | POF | RTAT | ION | BL\ | /D | GARF                                | FIEL   | D H | TS C | OHIO | 441                 | 25 F | NOH | NE # | 216 | -287 | -970 | )5  |                                   |       |   |  |  |
| -           |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
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|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
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|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      |     |                                   |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      |                     |      |     |      |     |      |      | 1 - | <b>D C T :</b>                    |       |   |  |  |
|             |         |     |      |     |     |    |                                     |        |     |      |      | OFFICER'S SIGNATURE |      |     |      |     |      |      |     | DGE N<br>RPT1                     | UMBER | ł |  |  |



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL<br>20 | . REPO<br>23245 |        | <b>/</b> BER |        |        | F     | GARFIELD HEIGHTS M |         |        |       |       |        |        |        |            |       |        |        | DATE OF CRASH<br>M 09 D 07 Y 2023 |          |       |   |  |
|-------------|-----------------|--------|--------------|--------|--------|-------|--------------------|---------|--------|-------|-------|--------|--------|--------|------------|-------|--------|--------|-----------------------------------|----------|-------|---|--|
| IN CO<br>18 | UNTY C          | )F     |              |        |        | (     | CRASH              | LOCAT   | ION    |       |       |        |        |        |            |       |        |        |                                   | -        |       |   |  |
| l wa        | as al           | ole to | o loc        | ate a  | and    | spea  | k to               | the o   | drive  | r of  | Unit  | 1 He   | e ad   | lvised | d tha      | t the | e flag | gger a | at S                              |          |       |   |  |
| Hig         | hlan            | d tol  | d hir        | n to   | find   | his v | vay                | throu   | igh tl | he c  | onsti | uctio  | on.    | Busi   | ness       | owr   | ner i  | ndica  | ated                              |          |       |   |  |
| that        | t the           | y wis  | shed         | only   | y to l | nave  | res                | titutio | on fo  | r daı | nage  | ed lig | ghts   | and    | no fi      | urthe | er po  | lice   |                                   |          |       |   |  |
| invo        | olver           | nent   | Un           | it 1 v | was    | advi  | sed                | and v   | will c | onta  | ct ov | vner   |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
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|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
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|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
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|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        |        |        |            |       |        |        |                                   |          |       |   |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        | R'S SI | GNATUR | F          |       |        |        | RA                                |          | JMBER | 1 |  |
|             |                 |        |              |        |        |       |                    |         |        |       |       |        | 10 01  |        | · <b>L</b> |       |        |        |                                   | 09<br>09 |       |   |  |