OHIO DEPARTMENT TRAFFIC CRASH REPORT "DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *					
PHOTOS TAKEN OH-2 OH-3 LOCAL INFORMATION									2 0 2 4 0 0 0 5				
OH-1P OTHER REPORTING AGENCY NAME*							HIT/SKIP 1 - Solved 2 - Unsolved	NIIMRED OF IIMITS	0 1 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALIT	ITY' LOCALITY' IOCATION CITY WILLIAGE TANABURDI							CRASH DA	CRASH SEVERITY				
1 8 1	8 1 1 3-CITY* GARFIELD HTS							0101202	5 1 - FATAL 2 - SERIOUS INJURY				
ROUTE TYPE	ROUTE NUMBER	2	- NORTH - SOUTH - EAST	LOCATION ROAD NAM	D NAME ROAD TYPE			I ATITIDE DECIMA	SUSPECTED 3 - MINOR INJURY SUSPECTED				
I R	<u> </u>		4-WEST I-480 East					4 1 1 4 1	4 1 2 7 5 2				
ROUTE TYPE				1 - NORTH 2 - SOUTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) RC 3 - EAST				LONGITUDE DECIMAL	ONLY				
BEEEEE NOT DOWN	4-WEST Transportation				ROAD	TVDE	LB L	8 1 1 6 1	INTERSECTION RELATE				
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST	DIRECTION DESCRIPTION 1 - NORTH 2 - SOUTH	IR - INTERSTAT US - FEDERAL I	. ,	AL - ALLE AV - AVE	EY HW - HI	GHWAY R	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH					
1 3 - HOUSE #	4 3-EAST 4-WEST	SR - STATE ROI CR - NUMBERE	UTE D COUNTY ROUTE	BL - BOU CR - CIRI CT - COL	LEVARD MP - MII CLE OV - OV IRT PK - PAI	LEPOST S /AL T RKWAY T	T - STREET E - TERRACE L - TRAIL	☐ WITHIN INTERCH	NUMBER OF APPROACHES				
DISTANCE EDAM DECEDEMAG	DISTANCE I MIT OF MEASURE 1 - Miles	TR - NUMBEREI ROUTE	D TOWNSHIP	DR - DRI HE - HEIG			/A - WAY		ROADWAY				
[7]0]0	2 - Feet 3 - Yards							ROADWAY DIVID	ED				
0 1 1 1-0N ROAD		3	1 - NOT	MANNER T COLLISION	of CRASH COLLISION/ 4 - REAR-TO-REAR			DIRECTION OF TRAVEL		MEDIAN TYPE			
3 - IN MEDIA 4 - ON ROAD 5 - ON GORE	IN ACCESS DSIDE 11 - RAILWAY G	RADE	TWO VEH	TWEEN O MOTOR HICLES IN	5 - BACKING 6 - ANGLE 7 - SIDESWIPE SAI	us pipsotion		3 1- NORTH 2- SOUTH 3- EAST	(<4 FE 2 - DIVID	ED FLUSH MEDIAN			
6 - OUTSIDE TRAFFICI 7 - ON RAMP	12 - SHARED US WAY OR TRAILS 13 - BIKE LANE	SE PATHS	TRA 2 - REA 3 - HEA		8 - SIDESWIPE, OP 9 - OTHER / UNKN	POSITE DIRECTION		4 - WEST	4 - DIVID	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN			
8 - OFF RAM	IP 14 - TOLL BOOT 99 - OTHER / UN								(ANY 9 - OTHE	I YPE) R / UNKNOWN			
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT	2 - L	WORK ZONE TYPE ANE CLOSURE ANE SHIFT/CROSSOVER FORK ON SHOULDER			WARNING S	IE 1ST WORK ZONE	E :	contour 1	conditions	SURFACE			
PRESENT		OR MEDIAN NTERMITTENT OR MOVIN	IG WORK		3 - TRANSITION 4 - ACTIVITY AI 5 - TERMINATION	N AREA REA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
ACTIVE SCHOOL ZONE 5 - OTHER						2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,	2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK					
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTE 4 - DARK - ROADN 5 - DARK - UNKNO	2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS					9-OTHER /UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHERUNKNOWN	4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER JUNKNOWN					
NARRATIVE UNIT 01 WAS	FOUND ON I-4	 480 EAST	BOUND							Indicate the north direction with an "N" on the			
APPROXIMAT	ELY 700 YARD	OS EAST C)F				}		<u> </u>	compass diagram.			
TRANSPORTA	ATION BLVD (OFF THE F	ROAD WA	Y RIGHT.		•							
UNIT 01 MADE													
									_				
	CALIFED THE LIGHT POLE TO FALL INTO THE DOAD												
ACROSS LANES 3 AND 4. UNIT 01 WAS UNOCCUPIED													
AT THE TIME OF OFFICER ARRIVING ON SCENE:													
WITNESS (TYKEIS ALLEN) STATED UNIT 01 DROVE OFF													
THE ROAD WAY RIGHT STRIKING THE LIGHT POLE;													
	AND MALE DRIVER FLED SOUTH BOUND FROM THE												
VEHICLE													
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME SCENE CLEARED DATE/TIME SCENE CLEA								POLICE AGENCY					
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	officer's NAME				CHECKED BY OF	III MOTORIST					
4 0 1	3,0,,	9 0 1	IVIAIIO IVIII	OFFICER'S BAD	GE NUMBER*		,	CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER*					
ا للثلث ا			I	$\lfloor 0 \rfloor 1 \rfloor 3 \rfloor$			I	$\lfloor S \rfloor 2 \rfloor 1 \rfloor$		1			

	OH OF SAPET	IIO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION		LOCAL REPORT NUMBER								
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE ZDANEVYCH	·	ne As Driver) OROVYCH	OWNER PH	HONE: INCLUDE AREA CODE	(Same As Driver)	DAMAGE DAMAGE SCALE				
MNER		ESS: STREET, CITY, STATE, ZIP	(☐ Same As D	•	OH 44130			1 - NONE 3 - FUNCTIONAL DAMAGE 4 - DISABILING DAMAGE 9 - LINKNOWN				
0	8280 COMMERCIAL CA	DOGWOOD ARRIER: NAME, ADDRESS, CITY, STATE, ZIP	LN	PARMA	COMMERCIA	AL CARRIER PHONE: INCLUDE			9 - UNKNOWN			
								DAMAGED AREA(S) INDICATE ALL THAT APPLY				
	LP STATE				VEHICLE YEAR VEHICLE MAKE Saab			11 12 1 11 12 1				
		INSURANCE COMPANY INSURANCE POLICY # VERIFIED		VEHICLE COLOR VEHICLE MODEL SIL Other/Unknow			10 12	2 10 11 1 2				
	П соммери	TYPE of USE US DOT # COMMERCIAL ☐ GOVERNMENT ☐ RESPONSE US DOT # RESPONSE		1	BY: COMPANY NAME	-1	9 9 3	3 9 9 3				
	INTERLO	VEHICLE WEIGHT GWWRIGGWR ITERLOCK # OCCUPANTS		HAZARDOUS MATERIAL MATERIAL RELEASED CLASS# PLACARD			7 5 5	7 5 4				
	DEVICE EQUIPPE	■ HIT/SKIP UNIT	0,1	2 - 10,001 - 26K LBS. 3 - >26K LBS.		PLACARD	CLASS# FEACARD ID#	7 6 5	11 12 7 6 5			
	19191	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK				+ PASSENGERS) VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST	10/	11 1 2			
		4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT		WITH RIDER OR	26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9 3 3				
9		6 - VAN (9-15 SEATS)	(ATV / UTV)	17 - MOTORHOME				12	7 6 5 12			
VEHICLE		# OF TRAILING UNITS						10 11 12	2 10 11 12			
	^	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	_ 9	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO	DITIONAL DMATION LAUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 9 3			
		1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL			5 - FULL	AUTOMATION		8 7 5	3 7			
	0 1			12 - MILITARY	16 - FAR 17 - MOV 18 - SNO 19 - TOW	NING DW REMOVAL	21 - MAIL CARRIER 99 - OTHER /UNKNOWN	7 6 5				
		CIAL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT			ETY SERVICE PATROL			12 12 12				
	$ \ \ 0 \ \ 1 \ $	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER NOTOR VEHICLE CHASSIS 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER CHASSIS		CHASSIS	8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER		n M n	★ 1 ■				
	CARGO BODY TYPE	2 - BUS Y	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLA 11 - DUN	NI DED	14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN	, 603	9 3 9 3 9			
	VEUR	1. TURN SIGNALS 4. BRAKES 7. WORN OR SLICK TIRES 4. BRAKES 7. WORN OR SLICK TIRES 4. BRAKES 8. TRAILER EQUIPMENT		9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR ACCIDENT			6	6 6 6				
	DEFECTS	DEFECTS 1-INTERSECTION- 3-INTERSECTION-OTHER 6-BICYCLE LANE		6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER		- NO DAMAGE [0]	UNDERCARRIAGE [14]				
	LOCATION AT				10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - SHARED USE PATHS OR TRAILS 47 INCIDENT SCENE 99 - OTHER / UNKNOWN TRAILS			- TOP [13] - ALL AREAS [15]				
		CROSSWALK 1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE			NITIAL POINT OF CONTACT				
	9	2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 9 9 PRE-CRASH	2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED	14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE			1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE				
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	- MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC.		GING, PLAYING RKING	DISABLED VEHICLE 99 - OTHER / UNKNOWN	1 2 1-12 - REFER TO DIAGRAM	D UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN			
		9 - OTHER / UNKNOWN		12 - DRIVERLESS	17 - PUS	HING VEHICLE		13 - TOP				
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION		ON OBSTRUCTION RATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL			
		3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED	CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	EQUIPMENT 23 - OPENING DOOR INTO 19 - LOAD SHIFTING/ ROADWAY 19 - LOAD SHIFTING/ ROADWAY			1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN			
		6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPF	ROPER CROSSING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	3 - FLASHER 6 - NO CONTROL			
	CIRCUMSTANCES							# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED			
VENT(S)	SEQUENCE OF	EVENTS		EVENTS				4	2 - INVOLVED - ACTIVE CROSSING 1 3 - INVOLVED - PASSIVE CROSSING			
ш		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		WAY VEHICLE MAL - FARM	22 - WORK ZONE MAINTENANCE					
		3 - IMMERSION 4 - JACKKNIFE	UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	18 - ANIMAL - DEER 23 - S		EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR	Uł	NIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
	2 $\begin{bmatrix} 0 & 8 \end{bmatrix}$	5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOTOR VEHICLE IN ANYTHING SET IN TRANSPORT MOTION BY A MOTOR 21 - PARKED MOTOR VEHICLE VEHICLE		MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST			
	³ 3 9	3 3 9		COLLISION WITH FIXED OBJECT	- STRUCK		24 - OTHER MOVABLE OBJECT	FROM 4 TO	3 4 - WEST 8 - SOUTHWEST			
		25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST			43 - CURB 50 -WORKZONE MAINTENANCE 44 - DITCH EQUIPMENT			UNIT SPEED	9 - OTHER / UNKNOWN			
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMBA 46 - FENC	ANKMENT CE	51 - WALL 52 - BUILDING 53 - TUNNEL	Sini oi EED	DETECTED SPEED			
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAILI 48 - TREE 49 - FIRE		54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	0	3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
	6, , ,	50 - GUANDRAIL PAUE	36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED			
								6 O				
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OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / NO	N-MOTORIS	ST.						EPORT NUMBER			
₩						2	0 2 4		0 0 5			
NAME: LIST, RIST, MIDOLE UNKNOWN UNKNOWN								DATE OF BIRTH AGE GENDER				
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE					
/ INJURIES INJURED EM	S AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQU			SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
BY L				USED	9 9	DOT-COMPLIAN MC HELMET	^т	1	4	1	_1_	
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE CI	HARGED	LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER	l		
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE		CONDITION	ALCOHO TYPE	OL TEST VALUE	STATU		JG TEST(S) RESULT	T SELECT UP TO 4	
		9	ALCOHOL MAR	RUUANA	9 1	النال	• — —	_1_				
UNIT# NAME: LAST, FIRST	, MIDDLE				,		DATE OF BI	RTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE	<u> </u>				
ADDRESS: SIREET, CITY, STATE, ZIP						L	TIONE - INCLUDE AREA CODE					
TAKEN BY	IS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQU USED	JIPMENT	DOT-COMPLIANT	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE CH	HARGED	LOCAL	DEFENSE DESCRIPTION	MC HELMET			CITATION NUMBER			
				CODE								
OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTEI	D JUANA	CONDITION STATUS	ALCOHO TYPE	L TEST VALUE	STATUS	_	JG TEST(S) RESULT	SELECT UP TO 4	
			OTHER DRUG	L								
UNIT # NAME: LAST, FIRST	MIDDLE						DATE OF BI	RTH		AGE	GENDER	
ADDRESS: STREET, CITY, STATE, ZIP						CONTACT	PHONE - INCLUDE AREA CODE	<u> </u>				
INJURIES INJURED EN	IS AGENCY (NAME)	INJURED TAKEN TO: MEDICA	AL FACILITY (NAME, CITY)	SAFETY EQU USED	PMENT	DOT-COMPLIANT	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE OPERATOR LICES	NSE NUMBER	OFFENSE CH	HARGED	LOCAL	OFFENSE DESCRIPTION	MC HELMET			CITATION NUMBER			
				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARI	D LII IANA	CONDITION	ALCOHO TYPE	L TEST VALUE	STATUS	_	JG TEST(S) RESULT	SELECT UP TO 4	
			OTHER DRUG	L			- 🗆 🗆					
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	OL CLASS A	ASS	OL RESTRICTI 1 - ALCOHOL INTERLOCK		DRIVER DIS	TRACTION	1 - NONE	TEST STA	TUS	
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE ONL	.Y	2 - MANUALLY OPERATIN ELECTRONIC COMMU			REFUSED		
8 - SUSPECTED MINOR INJURY 8 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / S	3 - CLASS C HIDE 4 - REGULAR CLASS (OH	IIO = D)	3 - CORRECTIVE LENSES 4 - FARM WAIVER	3	DEVICE (TEXTING, TYP			GIVEN, CONTAMIN LE / UNUSABLE	NATED	
- NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	,	5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A	3	3 - TALKING ON HANDS-F			GIVEN, RESULTS I		
IN HIDED TAKEN DV	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTOR-TR	RAILER	COMMUNICATION DE	ELD	5 - TEST	GIVEN, RESULTS I	UNKNOWN	
INJURED TAKEN BY - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIATE LICEN RESTRICTIONS		COMMUNICATION DE	H AN				
2 - EMS	9 - THIRD - RIGHT SIDE	EJECTION	OL ENDORS	SEMENT	9 - LEARNER'S PERMIT RESTRICTIONS		ELECTRONIC DEVICE 6 - PASSENGER			ALCOHOL TE	ST TYPE	
3 - POLICE 9 - OTHER / UNKNOWN	TRUCK CAB	1 - NOT EJECTED 2 - PARTIALLY EJECTED	H - HAZMAT M - MOTORCYCLE		10 - LIMITED TO DAYLIGH ONLY	łT	7 - OTHER DISTRACTION THE VEHICLE	INSIDE	1 - NONE 2 - BLOC			
	ENCLOSED CARGO AREA	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO EMPLOY 12 - LIMITED - OTHER	MENT	8 - OTHER DISTRACTION THE VEHICLE	IS OUTSIDE	3 - URIN			
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER		13 - MECHANICAL DEVICE (SPECIAL BRAKES, HAN		9 - OTHER / UNKNOWN		4 - BREA 5 - OTHE			
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	Q - MOTOR SCOOTER R - THREE-WHEEL MOTO	ORCYCLE	CONTROLS, OR OTHER ADAPTIVE DEVICES)				5-UIHE			
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT	1 - NOT TRAPPED 2 - EXTRICATED BY	S - SCHOOL BUS		14 - MILITARY VEHICLES 15 - MOTOR VEHICLES	ONLY				DRUG TEST	ТҮРЕ	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS	T - DOUBLE & TRIPLE TR X - TANKER / HAZMAT	RAILERS	WITHOUT AIR BRAKE	:S			1 - NONE 2 - BLOO			
6 - CHILD RESTRAINT SYSTEM - REAR FACING		3 - FREED BY NON-MECHANICAL MEANS	A* IMMER/ RAZMAT		16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		COND 1 - APPARENTLY NORMA		3 - URINE			
7 - BOOSTER SEAT	SS CINEAR SIMILORN				18 - OTHER		2 - PHYSICAL IMPAIRME	NT	4 - OTHE	₹		
8 - HELMET USED 9 - PROTECTIVE PADS USED							3 - EMOTIONAL (E.G. DEF ANGRY, DISTURBED)	PRESSED,		DRUG TEST RE	ESULT(S)	
(ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING			F - FEMALE	ER			4 - ILLNESS			IETAMINES ITURATES	.,,	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE				5 - FELL ASLEEP, FAINTI FATIGUED, ETC.	ED,	3 - BENZ	ODIAZEPINES		
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN				6 - UNDER THE INFLUEN MEDICATIONS / DRUG		4 - CANN 5 - COCA	ABINOIDS INE		
							/ ALCOHOL		6 - OPIAT 7 - OTHE	TES / OPIOIDS		
							9 - OTHER / UNKNOWN			TIVE RESULTS		

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Ñ	OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
	SAPETY - SE	RVICE - PROTECTION		112007	(3521(36)))		2 0 2 4	0 0 0	5					
	UNIT #	NAME: LAST, FIF	R\$T, MIDDLE	DATE	OF BIRTH		AGE	GENDER						
IPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE										
OCCUPAN														
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
							MC HELMET							
	UNIT#	NAME: LAST, FIF	RST, MIDDLE	DATE	OF BIRTH		AGE	GENDER						
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CCUPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE	AREA CODE		1 1				
0	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY				USED	DOT-COMPLIANT MC HELMET			الحال				
Ī	UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE	OF BIRTH		AGE	GENDER			
IPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE	AREA CODE						
1000														
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
							MC HELMET							
	UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE	OF BIRTH		AGE	GENDER			
Ŀ											<u> </u>			
CUPAN	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE	AREA CODE						
ŏ	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED			
		TAKEN BY				USED	DOT-COMPLIANT MC HELMET				1 1			
f		IN.	JURIES		SAFETY EQUIPMENT USED	SEATI	NG POSITION		AIR BA	G USAGE				
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE			3 - LAP BELT OI 4 - SHOULDER 5 - CHILD REST FORWARD F. 6 - CHILD REST REAR FACIN 7 - BOOSTER S 8 - HELMET US! 9 - PROTECTIVI (ELBOWS, KN 10 - REFLECTIV	CUPANT SELT ONLY USED NULY USED & LAP BELT USED RAINT SYSTEM- ACING RAINT SYSTEM- G G EAT ED E PADS USED WEES, ETC.)	1 - FRONT - LEFT SIDE (MOTORCYC 2-FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCY 5-SECOND - RIGHT SIDE 6 - SECOND - RIGHT SIDE 7 - THIRD - RIGHT SIDE 9 - THIRD - MIDDLE 9 - THIRD - MIDDLE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENLLC (MONTRALING UNIT, BUS, PICKL) 12 - PASSENGER IN UNITO 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (MONTRALING UNIT) 15 - NON-MOTORIST 15 - NON-MOTORIST 15 - NON-MOTORIST 16 - RIGHT SIDE 16 - RIGHT SIDE 17 - RIGHT SIDE 17 - RIGHT SIDE 18 - RIGHT SIDE 18 - RIGHT SIDE 19 - RIGHT SIDE 19 - RIGHT SIDE 10 - RIGHT SIDE 11 - RIGHT SIDE 12 - RIGHT SIDE 13 - RIGHT SIDE 14 - RIGHT SIDE 15 - RIGHT SIDE 16 - RIGHT SIDE 17 - RIGHT SIDE 17 - RIGHT SIDE 18 - RIGHT SIDE 18 - RIGHT SIDE 19 - RIGHT SIDE 10 - RIGHT SIDE 11 - RIGHT SI	3 - DEPLO 4 - DEPLO 5 - NOT AI 9 - DEPLO 1 - NOT E	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED						
	9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHERUNKNOWN				PEDESTRIAN SLLY KKOOWN	99 - OTHER / UNKNOWN			3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
WITNESS	NAME: LAST, FIRST, PEAK ADDRESS: STREET 4561 RC	r, CITY, STATE, ZIP	TYKE		ALLEN			OF BIRTH 3 1 9 9		6	GENDER M			
	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
WITNESS								DATE OF DIKTH						
MTM	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE						
WITNESS	NAME: LAST, FIRST,				DATE OF BIRTH AGE GENDER									
MIT	ADDRESS: STREET	, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
									1 1					

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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20240005	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 01 Y 2024					
IN COUNTY OF 18	CRASH LOCATION IR 480						
There were several vehic	cles damaged from the downed light pole in the i	oadway,					
along I-480 East. The follow	ving are the listed vehicles that were damaged.						
- (Q789804) Owner Jamie N	Mitchell, Flat front passenger tire, passenger real	-view					
mirror.							
- (HXD7788) Owner Anthon	y Nettles, Flat front passenger side tire.						
- (JUJ1085) Owner Delia Fl	ores, driver side flat tire.						
- (JLR1381) Owner Dominic	Pertz, driver side rear tire flat, rear suspension	damage.					
- (KCH8401) Owner Alex M	arron, front driver side tire flat, front driver side d	amage.					
- (HEU4690) Owner Christo	pher Scott, passenger side tire flat.						
All vehicle owners were pro	vided report numbers.						
		1					
	OFFICER'S SIGNATURE	BADGE NUMBER					