

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 4 | 0 | 7 | 1 | 2 |

- PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME *

GARFIELD HEIGHTS

NCIC *
0 | 1 | 8 | 2 | 0

HITSKIP
1 - Solved
2 - Unsolved

NUMBER OF UNITS
0 | 1

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
0 | 1

COUNTY *
1 | 8

LOCALITY *
1

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME *
0 | 3 | 2 | 1 | 2 | 0 | 2 | 4 | 0 | 6 | 4 | 7

CRASH SEVERITY
3

1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE
S | R

ROUTE NUMBER
1 | 7

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

LOCATION ROAD NAME
Granger

ROAD TYPE
R | D

LATITUDE DECIMAL DEGREES
4 | 1 | 4 | 1 | 7 | 0 | 6 | 2

ROUTE TYPE

ROUTE NUMBER

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
1 Overdrive

ROAD TYPE
W | A

LONGITUDE DECIMAL DEGREES
8 | 1 | 6 | 0 | 7 | 2 | 9 | 4

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
1

DIRECTION
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
4

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

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES

DISTANCE
5 | 0 | 0

DISTANCE
1 - Miles
2 - Feet
3 - Yards
2

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE EVENT
0 | 1

1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE
7 - ON RAMP
8 - OFF RAMP
9 - CROSSOVER
10 - DRIVEWAY / ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT
1

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

MEDIAN 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

- WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER
4 - IN MEDIAN
5 - INTERMITTENT OR MOVING WORK
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
4

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER / UNKNOWN

CONDITIONS
4

1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN

SURFACE
2

1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER / UNKNOWN

LIGHT CONDITION
3

1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN

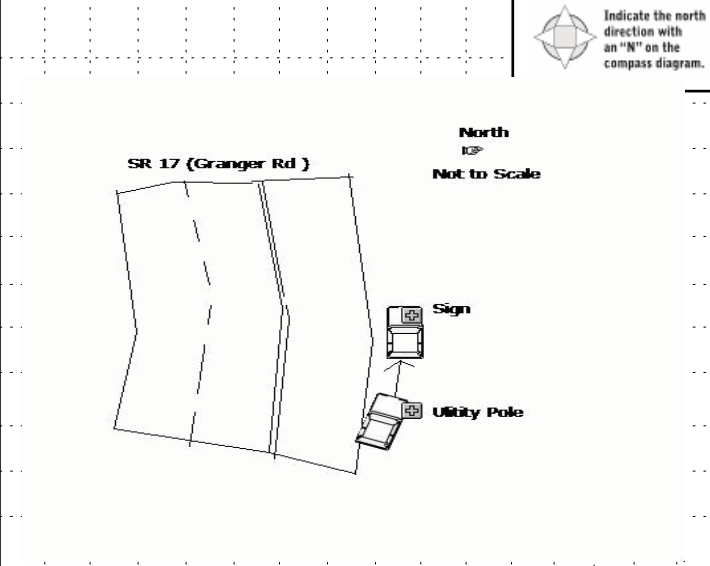
WEATHER
2

1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE
4 - RAIN
5 - SLEET, HAIL
6 - SNOW
7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - FREEZING RAIN OR FREEZING DRIZZLE
99 - OTHER / UNKNOWN

ROADWAY

NARRATIVE

UNIT # 1 WAS TRAVELING WEST ON SR 17 (GRANGER RD) APPROXIMATELY 500' WEST OF 1 OVERDRIVE WAY. UNIT # 1 ATTEMPTED TO SLOW AND SLID. AS A RESULT, UNIT # 1 COLLIDED WITH THE CURB. TRAVELED OFF THE ROAD TO THE RIGHT. THE RIGHT FRONT COLLIDED WITH A UTILITY POLE. UNIT # 1 CONTINUED WESTWARD AND COLLIDED WITH A TRAFFIC CONTROL SIGN. UNIT # 1 WAS AT FINAL REST UPON ARRIVAL.



CRASH REPORTED DATE/TIME
0 | 3 | 2 | 1 | 2 | 0 | 2 | 4 | 0 | 6 | 4 | 7

DISPATCH DATE/TIME
0 | 3 | 2 | 1 | 2 | 0 | 2 | 4 | 0 | 6 | 4 | 7

ARRIVAL DATE/TIME
0 | 3 | 2 | 1 | 2 | 0 | 2 | 4 | 0 | 6 | 5 | 5

SCENE CLEARED DATE/TIME
0 | 3 | 2 | 1 | 2 | 0 | 2 | 4 | 0 | 7 | 4 | 9

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
5 | 4

OTHER INVESTIGATION TIME
5 | 0

TOTAL MINUTES
1 | 0 | 4

OFFICER'S NAME *
R. Cramer

OFFICER'S BADGE NUMBER*
0 | 3 | 7

CHECKED BY OFFICER'S NAME*
D. Bailey

CHECKED BY OFFICER'S BADGE NUMBER*
L | 0 | 7

SUPPLEMENT
(CORRECTION - ADDITION)

OWNER INFORMATION

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)
STARR MICHELLE ALICIA

OWNER PHONE: INCLUDE AREA CODE (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
10415 GRACE AVE 18 GARFIELD HTS OH 44125

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 INFORMATION

LP STATE O H LICENSE PLATE # ELPUMA6 VEHICLE IDENTIFICATION # 1C4PJM1B5LD569035 VEHICLE YEAR 2020 VEHICLE MAKE Jeep

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR BLK VEHICLE MODEL Other/Unknw

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME Interstate Towing

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

- NO DAMAGE [0] - TOP [13] - UNDERCARRIAGE [14] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

VEHICLE TYPE

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

UNIT TYPE 0 3

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

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

0 1

CARGO BODY TYPE

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

0 1

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

0 1

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

0 1

ACTION

1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING & STRUCK
9 - OTHER / UNKNOWN
0 - BACKING
1 - CHANGING LANES
2 - OVERTAKING/PASSING
3 - MAKING RIGHT TURN
4 - MAKING LEFT TURN
5 - STRAIGHT AHEAD
6 - LEFT OF CENTER
7 - FOLLOWING TOO CLOSE/ACDA
8 - IMPROPER LANE CHANGING
9 - IMPROPER PASSING
10 - DROVE OFF ROAD
11 - IMPROPER BACKING
12 - MAKING U-TURN
13 - ENTERING TRAFFIC LANE
14 - LEAVING TRAFFIC LANE
15 - PARKED
16 - SLOWING OR STOPPED IN TRAFFIC
17 - DRIVERLESS
18 - NEGOTIATING A CURVE
19 - ENTERING OR CROSSING SPECIFIED LOCATION
20 - WALKING, RUNNING, JOGGING, PLAYING
21 - WORKING
22 - PUSHING VEHICLE
23 - APPROACHING OR LEAVING VEHICLE
19 - STANDING
20 - OTHER NON-MOTORIST
21 - STANDING OUTSIDE DISABLED VEHICLE
99 - OTHER / UNKNOWN

0 1

INITIAL POINT OF CONTACT

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

0 1

CONTRIBUTING CIRCUMSTANCES

1 - NONE
2 - FAILURE TO YIELD
3 - RAN RED LIGHT
4 - RAN STOP SIGN
5 - UNSAFE SPEED
6 - IMPROPER TURN
7 - 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

9 9

TRAFFIC

TRAFFICWAY FLOW

1 - ONE-WAY
2 - TWO-WAY

2

TRAFFIC CONTROL

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

6

SEQUENCE OF EVENTS

EVENTS

1 4 3 1 - OVERTURN/ROLLOVER
2 0 8 2 - FIRE/EXPLOSION
3 4 0 3 - IMMERSION
4 3 7 4 - JACKKNIFE
5 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT
6 1 6 - EQUIPMENT FAILURE
7 3 7 - SEPARATION OF UNITS
8 3 8 - RAN OFF ROAD RIGHT
9 3 9 - RAN OFF ROAD LEFT
10 3 10 - CROSS MEDIAN
11 3 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL
12 3 12 - DOWNHILL RUNAWAY
13 3 13 - OTHER NON-COLLISION
14 3 14 - PEDESTRIAN
15 3 15 - PEDALCYCLE
16 3 16 - RAILWAY VEHICLE
17 3 17 - ANIMAL - FARM
18 3 18 - ANIMAL - DEER
19 3 19 - ANIMAL - OTHER
20 3 20 - MOTOR VEHICLE IN TRANSPORT
21 3 21 - PARKED MOTOR VEHICLE
22 3 22 - WORK ZONE MAINTENANCE EQUIPMENT
23 3 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 3 24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT - STRUCK

25 3 7 25 - IMPACT ATTENUATOR / CRASH CUSHION
26 3 7 26 - BRIDGE OVERHEAD STRUCTURE
27 3 7 27 - BRIDGE PIER OR ABUTMENT
28 3 7 28 - BRIDGE PARAPET
29 3 7 29 - BRIDGE RAIL
30 3 7 30 - GUARDRAIL FACE
31 3 7 31 - GUARDRAIL END
32 3 7 32 - PORTABLE BARRIER
33 3 7 33 - MEDIAN CABLE BARRIER
34 3 7 34 - MEDIAN GUARDRAIL BARRIER
35 3 7 35 - MEDIAN CONCRETE BARRIER
36 3 7 36 - MEDIAN OTHER BARRIER
37 3 7 37 - TRAFFIC SIGN POST
38 3 7 38 - OVERHEAD SIGN POST
39 3 7 39 - LIGHT/LUMINARIES SUPPORT
40 3 7 40 - UTILITY POLE
41 3 7 41 - OTHER POST, POLE OR SUPPORT
42 3 7 42 - CULVERT
43 3 7 43 - CURB
44 3 7 44 - DITCH
45 3 7 45 - EMBANKMENT
46 3 7 46 - FENCE
47 3 7 47 - MAILBOX
48 3 7 48 - TREE
49 3 7 49 - FIRE HYDRANT
50 3 7 50 - WORKZONE MAINTENANCE EQUIPMENT
51 3 7 51 - WALL
52 3 7 52 - BUILDING
53 3 7 53 - TUNNEL
54 3 7 54 - OTHER FIXED OBJECT
99 3 7 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 3

OF THROUGH LANES ON ROAD 3

RAIL GRADE CROSSING

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

1

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

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

UNIT SPEED 20

POSTED SPEED 35

DETECTED SPEED

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

1

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 4 0 7 1 2

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE STARR MICHELLE ALICIA		DATE OF BIRTH 0 3 0 6 1 9 6 4	AGE 6 0	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 10415 GRACE AVE 18 GARFIELD HTS OH 44125			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Marymount	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION: 0 1 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS 4	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		DRUG TEST(S)	
		STATUS 1		TYPE 1	
		VALUE 1		STATUS 1	
		TYPE 1		RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION
		ALCOHOL TEST		DRUG TEST(S)	
		STATUS		TYPE	
		VALUE		STATUS	
		TYPE		RESULT SELECT UP TO 4	

UNIT #	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION
		ALCOHOL TEST		DRUG TEST(S)	
		STATUS		TYPE	
		VALUE		STATUS	
		TYPE		RESULT SELECT UP TO 4	

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 / UNSABLE
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		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - DEPLOYMENT UNKNOWN		7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	EJECTION	OL ENDORSEMENT	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
SAFETY EQUIPMENT		3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	CONDITION	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	TRAPPED	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			X - TANKER / HAZMAT	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)
7 - BOOSTER SEAT				18 - OTHER	9 - OTHER / UNKNOWN	1 - AMPHETAMINES
8 - HELMET USED			GENDER			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			F - FEMALE			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING			M - MALE			4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			U - OTHER/UNKNOWN			5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

LOCAL REPORT NUMBER 20240712	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 03 D 21 Y 2024
IN COUNTY OF 18	CRASH LOCATION SR 17	
<p>Utility pole # 539742 damaged</p> <p>FirstEnergy Corp</p> <p>76 S Main Akron OH 44308</p> <p>No parking Sign</p> <p>City Garfield Hts</p> <p>5407 Turney RD Garfield Hts, OH 44125</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 037