

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|   |                     |   |   |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |
|---|---------------------|---|---|---|---|--|--|--|--|--|--|---|---|--|--|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |                     | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input checked="" type="checkbox"/> Private Property |   | LOCAL INFORMATION<br><b>GARFIELD HTS RECREATION CENTER</b><br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS PD</b>   |   |  | 2   0   2   4   0   8   2   8  |  |  |  |  |   |   |  |  |  |  |  |
| COUNTY *<br>1   8   |                     | LOCALITY *<br>1   |   | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>  |   |  | CRASH DATE/TIME *<br>0   4   0   3   2   0   2   4   2   0   3   2   |  |  | CRASH SEVERITY<br>5   1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |   |   |  |  |  |  |  |
| LOCATION REFERENCE  | ROUTE TYPE<br>_____ |   | ROUTE NUMBER<br>_____   |   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | LOCATION ROAD NAME<br><b>TURNEY</b>  |  |  | ROAD TYPE<br><b>R   D  </b>  |  |   | LATITUDE DECIMAL DEGREES<br>4   1   .   4   1   5   8   5   8         |  |  |  |  |  |
|   | ROUTE TYPE<br>_____ |   | ROUTE NUMBER<br>_____   |   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>5411</b>   |  |  | ROAD TYPE<br>_____   |  |   | LONGITUDE DECIMAL DEGREES<br>8   1   .   6   0   1   7   2   4        |  |  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |                     | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |   | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |   |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |   |   |  |  |  |  |  |
| DISTANCE<br>1 - Miles<br>2 - Feet<br>3 - Yards  |                     | DISTANCE<br>1 - Miles<br>2 - Feet<br>3 - Yards  |   | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |   |  |  |  |  |  |  |   | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (24 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |                     | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>_____ OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |   |   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  |  | CONTOUR<br>4   1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN |  | CONDITIONS<br>2   1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                              |  | SURFACE<br>2   1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |   |  |  |  |  |  |
| LIGHT CONDITION<br>3   1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN        |                     |   | WEATHER<br>2   1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |   |   |  |  |  | NARRATIVE<br>DRIVER OF UNIT #1 WAS TRAVELLING N/B IN THE PARKING LOT OF 5411 TURNEY ROAD. IT ATTEMPTS TO EXIT THE LOT THROUGH THE GRANGER ROAD EXIT, UNIT #1 TRAVELLED OVER THE CURB TO THE LEFT OF THE EXIT AND STRUCK A 12 FOOT LIGHT POLE AND FENCE. SOON AFTER THE CRASH, AN UNKNOWN TOW COMPANY TOWED THE CAR FROM THE CRASH SCENE. THE DRIVER LEFT THE SCENE AND NEVER NOTIFIED POLICE OF THE CRASH. |  |  | <p>Indicate the north direction with an "N" on the compass diagram.</p>   |   |  |  |  |  |  |
| CRASH REPORTED DATE/TIME<br>0   4   0   4   2   0   2   4   0   8   2   3   |                     | DISPATCH DATE/TIME<br>0   4   0   4   2   0   2   4   0   8   2   4   |   | ARRIVAL DATE/TIME<br>0   4   0   4   2   0   2   4   0   8   3   1  |   | SCENE CLEARED DATE/TIME<br>0   4   0   4   2   0   2   4   0   9   0   0 |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST            |  |  |  |   |   |  |  |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |                     | OTHER INVESTIGATION TIME<br>4   5   |   | TOTAL MINUTES<br>7   4  |   | OFFICER'S NAME *<br><b>Z. Kovesti</b>                                    |  |  | CHECKED BY OFFICER'S NAME*<br><b>D. Bailey</b>   |  |  |   |   |  |  |  |  |  |
| OFFICER'S BADGE NUMBER*<br>0   5   5  |                     | CHECKED BY OFFICER'S BADGE NUMBER*<br>L   0   7   |   |   | <input type="checkbox"/> SUPPLEMENT<br><small>(CORRECTION = ADDITION)</small>   |  |  |  |  |  |  |   |   |  |  |  |  |  |

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) FORD LAMYA M  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
 4842 DERBYSHIRE DR NORTH RANDALL OH 44128  
 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

LP STATE OH LICENSE PLATE # JYV6529 VEHICLE IDENTIFICATION # K1M8J131A1L1L1U159124 VEHICLE YEAR 2020 VEHICLE MAKE Hyundai  
 INSURANCE VERIFIED  INSURANCE COMPANY STSTE FARM INSURANCE POLICY # 3826784-SFP-35 VEHICLE COLOR WHI VEHICLE MODEL Tucson  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 02 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME R & T TOWING (AAA)  
 HAZARDOUS MATERIAL:  MATERIAL RELEASED  PLACARD CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

UNIT TYPE 03  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 3  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

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

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

CONTRIBUTING CIRCUMSTANCES 99  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  
 6 - IMPROPER TURN

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

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

# OF THROUGH LANES ON ROAD 1  
**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED - ACTIVE CROSSING  
 3 - INVOLVED - PASSIVE CROSSING

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

FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

UNIT SPEED 20  
 POSTED SPEED 20  
**DETECTED SPEED** 1  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 4 0 8 2 8

| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>FORD LAMYA M | DATE OF BIRTH<br>0 2 1 9 2 0 0 1  | AGE<br>2 3                                      | GENDER<br>F   |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
|--|---|-----------------------------------|---|---|--------------|--|--------------|--|--|--------|------|-------|--------|------|---|--|--|---|--|-----------------------|--|--|--|--|
| ADDRESS: STREET, CITY, STATE, ZIP<br>4842 DERBYSHIRE DR NORTH RANDALL OH 44128   |   | CONTACT PHONE - INCLUDE AREA CODE |   |   |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| INJURIES<br>5  | INJURED TAKEN BY                          | EMS AGENCY (NAME)                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| OL STATE   | OPERATOR LICENSE NUMBER                   | OFFENSE CHARGED                   | LOCAL CODE                                      | OFFENSE DESCRIPTION   |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| OL CLASS<br>4  | ENDORSEMENT SELECT UP TO 2                | RESTRICTION SELECT UP TO 3        | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">ALCOHOL TEST</th> <th colspan="3">DRUG TEST(S)</th> </tr> <tr> <td>STATUS</td> <td>TYPE</td> <td>VALUE</td> <td>STATUS</td> <td>TYPE</td> </tr> <tr> <td>1</td> <td></td> <td></td> <td>1</td> <td></td> </tr> <tr> <td colspan="5">RESULT SELECT UP TO 4</td> </tr> </table> |   |                                   |   |   | ALCOHOL TEST |  | DRUG TEST(S) |  |  | STATUS | TYPE | VALUE | STATUS | TYPE | 1 |  |  | 1 |  | RESULT SELECT UP TO 4 |  |  |  |  |
| ALCOHOL TEST   |   | DRUG TEST(S)                      |   |   |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| STATUS   | TYPE                                      | VALUE                             | STATUS  | TYPE  |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| 1  |   |                                   | 1   |   |              |  |              |  |  |        |      |       |        |      |   |  |  |   |  |                       |  |  |  |  |
| 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               |
| <b>INJURED TAKEN BY</b>                        |  | <b>EJECTION</b>                    |                              | <b>ALCOHOL TEST TYPE</b>   |  |   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 1 - NOT EJECTED                    | H - HAZMAT                   | 6 - INTERMEDIATE LICENSE RESTRICTIONS  | 6 - PASSENGER  | 1 - NONE                                      |
| 2 - EMS  | 8 - THIRD - MIDDLE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 7 - LEARNER'S PERMIT RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 2 - BLOOD                                     |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE   | 3 - TOTALLY EJECTED                | P - PASSENGER                | 8 - LIMITED TO DAYLIGHT ONLY   | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 3 - URINE                                     |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB  | 4 - NOT APPLICABLE                 | N - TANKER                   | 9 - LIMITED TO EMPLOYMENT  | 9 - OTHER / UNKNOWN  | 4 - BREATH                                    |
| <b>SAFETY EQUIPMENT</b>                        |  | <b>TRAPPED</b>                     |                              | <b>CONDITION</b>   |  | 5 - OTHER                                     |
| 1 - NONE USED                                  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 1 - NOT TRAPPED                    | Q - MOTOR SCOOTER            | 10 - LIMITED TO DAYLIGHT ONLY  | 1 - APPARENTLY NORMAL  |   |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE   | 11 - LIMITED TO EMPLOYMENT   | 2 - PHYSICAL IMPAIRMENT  |   |
| 3 - LAP BELT ONLY USED                         | 13 - TRAILING UNIT   | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 12 - LIMITED - OTHER   | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     |   |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                    | T - DOUBLE & TRIPLE TRAILERS | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 4 - ILLNESS  | 1 - NONE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 15 - NON-MOTORIST  |                                    | X - TANKER / HAZMAT          | 14 - MILITARY VEHICLES ONLY  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BLOOD                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       | 99 - OTHER / UNKNOWN   |                                    |                              | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - URINE                                     |
| 7 - BOOSTER SEAT                               |  |                                    |                              | 16 - OUTSIDE MIRROR  | 9 - OTHER / UNKNOWN  | 4 - OTHER                                     |
| 8 - HELMET USED                                |  |                                    |                              | 17 - PROSTHETIC AID  |  |   |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    |                              | 18 - OTHER   |  |   |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  |   |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  |   |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  |   |
|  |  |                                    | <b>GENDER</b>                |  |  | <b>DRUG TEST RESULT(S)</b>                    |
|  |  |                                    | F - FEMALE                   |  |  | 1 - AMPHETAMINES                              |
|  |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                              |
|  |  |                                    | U - OTHER/UNKNOWN            |  |  | 3 - BENZODIAZEPINES                           |
|  |  |                                    |                              |  |  | 4 - CANNABINOIDS                              |
|  |  |                                    |                              |  |  | 5 - COCAINE                                   |
|  |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                         |
|  |  |                                    |                              |  |  | 7 - OTHER                                     |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                          |

# OCCUPANT / WITNESS ADDENDUM

|                               |
|-------------------------------|
| LOCAL REPORT NUMBER           |
| 2   0   2   4   0   8   2   8 |

|          |   |  |                   |   |  |  |                           |                    |               |
|----------|---|--|-------------------|---|--|--|---------------------------|--------------------|---------------|
| OCCUPANT | UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>FORTE KARAH L |                   |   | DATE OF BIRTH<br>0   4   2   8   2   0   0   0 |  |                           | AGE<br>2   3       | GENDER<br>F   |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>91 SOLON RD 4 BEDFORD OH 44146 |  |                   |   | CONTACT PHONE - INCLUDE AREA CODE              |  |                           |                    |               |
|          | INJURIES<br>5   | INJURED TAKEN BY                           | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0   4                 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0   3 | AIR BAG USAGE<br>1 | EJECTION<br>1 |

|          |                                   |                           |                   |   |                                   |  |                  |               |          |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| OCCUPANT | 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 |

|          |                                   |                           |                   |   |                                   |  |                  |               |          |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| OCCUPANT | 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 |

|          |                                   |                           |                   |   |                                   |  |                  |               |          |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| OCCUPANT | 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 |

|   |  |  |   |
|---|--|--|---|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | <b>SAFETY EQUIPMENT USED</b><br>1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | <b>SEATING POSITION</b><br>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | <b>AIR BAG USAGE</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                           |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   |

|         |                                   |                                   |     |        |
|---------|-----------------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|         | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|         |                                   |                                   |     |        |
|---------|-----------------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|         | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|         |                                   |                                   |     |        |
|---------|-----------------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|         | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|  |  |                                       |
|--|--|---------------------------------------|
| LOCAL REPORT NUMBER<br>20240828  | REPORTING AGENCY<br>GARFIELD HEIGHTS PD          | DATE OF CRASH<br>M 04   D 03   Y 2024 |
| IN COUNTY OF<br>18   | CRASH LOCATION<br>GARFIELD HTS RECREATION CENTER |                                       |
| <p>City owned camera on the building nearby showed a white SUV involved in the crash. No other information was able to be obtained from the camera view. Photos taken of damaged property.</p> <p>***Owner of damaged 12 foot metal pole and fence***</p> <p>City of Garfield Hts, Ohio<br/>5407 Turney Road<br/>Garfield Hts, Ohio 44125<br/>216-475-1100</p> <p>Using city cameras nearby, GHPD was able to observe the tow company used to tow the car after the crash. The car was located at the owner's house in N.Randall. This officer spoke with the owner via phone who was at work. She stated she engaged in an argument with a friend while driving and couldn't make the turn to exit the parking lot . Thus, her car struck the light pole and fence.</p> |  |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>  |  | BADGE NUMBER<br>055                   |