OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH REPORT "DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *				
☐ PHOTOS TAKEN	■ OH-2	OH-3	2 0 2 4 0 9 2 6									
SECONDARY CRASH			REPORTING AGENCY NAME* 0 1 8 2 0 1 1 2 Unsolved 0 2 0					0 2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALIT		LOCATION: CITY, VILL	_	D HEIGHT	S	2 - Unsolved CRASH DA		CRASH SEVERITY				
1 8 1	1 - CITY * 2 - VILLAGE *	GARFIEL					0 4 1 2 2 0 2		3 1- FATAL 2- SERIOUS INJURY			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH	LOCATION ROAD N	IAME	ROAD TYPE	I ATITITE DECIMA		SUSPECTED 3 - MINOR INJURY			
Госатіо			3 - EAST 4 - WEST	I-480 E		_L H _L W _L	4 1 . 4 2	3 2 5 7	SUSPECTED 4 - INJURY POSSIBLE			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH	REFERENCE RO	AD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	DEGREES	5 - PROPERTY DAMAGE ONLY			
REFEREN			3 - EAST 4 - WEST	23.2		$\lfloor M \rfloor P \rfloor$	8 1 1 5 6	4 9 5 3				
REFERENCE POINT 1 - INTERSECTION	DIRECTION	ID - INTED	STATE ROUTE (TP)	AL - A	ROAD TYPE ALLEY HW - HIGHWAY	RD - ROAD	☐ WITHIN INTERSE	INTERSECTION RELATED				
2 - MILE POST 3 - HOUSE #	2 - SOUTH 3 - EAST 4 - WEST		RAL US ROUTE	AV - A BL - E	AVENUE LA - LANE SOULEVARD MP - MILEPOST	SQ - SQUARE ST - STREET TE - TERRACE	_					
DISTANCE	DISTANCE	TR - NUME	NUMBERED COUNTY ROUTE CT - COURT PK - PARKWAY CT - COURT PK - PARKWAY TL - TRAIL DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE WITHIN INTERCHANGE AREA WITHIN INTERCHANGE AREA ROADWAY						NUMBER OF APPROACHES			
SOM DECEDENCE	1 - Miles 2 - Feet 3 - Yards	1001		112-1			☐ ROADWAY DIVID					
	CATION OF EIDST HADMEI II		T	MANN	ER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		IEDIAN TYPE			
0 1 1-0N ROAL 2-0N SHOU	ULDER 10 - DRIVEWAY AN ACCESS	//ALLEY	6 .	1 - NOT COLLISION BETWEEN TWO MOTOR	4 - REAR-TO-REAR 5 - BACKING		1 - NORTH	1 - DIVIDEI (<4 FEE	D FLUSH MEDIAN			
4 - ON ROAI 5 - ON GOR 6 - OUTSIDE	E CROSSING E 12 - SHARED L	SE PATHS		VEHICLES IN TRANSPORT	6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION		2 - SOUTH 3 - EAST 4 - WEST	T) FLUSH MEDIAN				
TRAFFIC 7 - ON RAM 8 - OFF RAM	P 13 - BIKE LANE MP 14 - TOLL BOO	TH		2 - REAR-END 3 - HEAD-ON	9 - OTHER / UNKNOWN		1- WEG1	4 - DIVIDED (ANY TY	D, DEPRESSED MEDIAN D, RAISED MEDIAN (PE) / UNKNOWN			
	99 - OTHER / U	NNUWN						5-OTHER				
■ WORK ZONE RELATED		WORK ZON	E TYPE	<u> </u>	LOCATION OF CRASH IN WORK ZO		CONTOUR	CONDITIONS	SURFACE			
WORKERS PRESENT LAW ENFORCEMENT	2 -	LANE CLOSURE LANE SHIFT/CROSS WORK ON SHOULDE			1 - BEFORE THE 1ST WORK ZO WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	NE.	1	_ 2	_ 2 _			
☐ PRESENT	4-	OR MEDIAN INTERMITTENT OR N OTHER	IOVING WORK		3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT	1 - DRY 2 - WET	1 - CONCRETE 2 - BLACKTOP,			
ACTIVE SCHOOL ZONE					CATUED		GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,	BITUMINOUS, ASPHALT 3 - BRICK/BLOCK			
1 - DAYLIGHT	CONDITION		1 - CLEAR 2 - CLOUD		6 - SNOW		9 - OTHER /UNKNOWN	OIL, GRAVEL 6 - WATER (STANDING, MOVING)	4 - SLAG, GRAVEL, STONE 5 - DIRT			
	TED ROADWAY IWAY NOT LIGHTED IOWN ROADWAY LIGHTING	11		MOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	.		7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER /UNKNOWN			
9 - OTHER / UNK			- D-OLEEI,	LIME	55 - OTHER/ UNINVOWN							
NARRATIVE	FD A) /F: 11:0 =			IE NU 1975-					Indicate the north direction with			
UNIT 1 WAS 1			1		K 4	} }-			an "N" on the compass diagram.			
LANE. UNIT 2	WAS TRAVEL	ING ON	I-480 E/I	3 IN AN								
UNKNOWN L	ANE. UNIT 2 F	AN OFF	THE RO	ADWAY ON	1							
THE LEFT SIC	DE, ENTERED	THE RC	ADWAY.	AGAIN,					<u> </u>			
TRAVELED. A	CROSS ALL LA	ANES OF	TRAVE	LAND								
STRUCK UNI	T 1 IN THE FR	ONT LEI	T. BOTH	CARS TH	EN	1-480 E/B	hit 2	Unit 2				
STRUCK A GI	JARD RAIL O	N-THE-S	OUTHER	N-SIDE-OF								
THE ROADW	ΔΥ :·····						***************************************	MP 23/2	nd N			
									Not To Scale			
CRASH REPORTE		10:4:4:	DISPATCH DATE		ARRIVAL DATE/TIME			ED DATE/TIME	REPORT TAKEN BY POLICE AGENCY			
10 4 1 2 2 0 2	OTHER INVESTIGATION	TOTAL	2 2 0 2 4 OFFICER'S	2 2 5 3 NAME *	[0]4]1]2]2]0]2]4]		0 4 1 2 2 0 2 FICER'S NAME*	(4 2 3 1 3	MOTORIST			
CLOSED	TIME	MINUTES	C. Cr	amer	ADGE NUMBER*	R. Dodg		NIIMRED*	SUPPLEMENT (CORRECTION or ADDITION			
0	1 0	2 1		0 5 1			S 2 2	NUMBER	to we Costinue reprint secrit to copys			
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	OH OF SAPET	IO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION						2,0,2,4,0	LOCAL REPORT NUMBER
	UNIT#	OWNER NAME: LAST, FIRST, MIDDL	「■ Sa IICHAEL RICHA	me As Driver) ARD	OWNER P	HONE: INCLUDE AREA CODE	(Same As Driver)		DAMAGE DAMAGE SCALE
NER	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	(Same As [1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
MO	14011	BROOKPA RRIER: NAME, ADDRESS, CITY, STATE, ZII	RK RD APT 102	44142 REA CODE	4 2 - WINTON DAWN OE	9 - UNKNOWN			
					DAMAGED AREA(S)				
	LP STATE	JNC4279		VEHICLE IDENTIFICATION#	4, 4, 0,	VEHICLE YEAR	VEHICLE MAKE Chevrolet	12	INDICATE ALL THAT APPLY
	_ INSU	JRANCE INSURANCE COMPAN		INSURANCE POLICY #	., ., .,	VEHICLE COLOR	VEHICLE MODEL	10	11 12
	- VER	Allstate TYPE OF USE		826904940 us dot #	TOWED	BLU BY: COMPANY NAME	Impala	-	
COMMERCIAL GOVERNMENT RESERVENCY SHOULD SHERGENCY SHOULD SHERGENCY VEHICLE MEIGHT OWNROCHINE VEHICLE MEIGHT OWNROCHINE			VEHICLE WEIGHT GVWR/GCWR	Inte	erstate Towing	ATEDIAI	8 4 5	8 4 7	
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	# occupants 0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	7 6 5
	.0.1.	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK		+ PASSENGERS) 2- VEHICLE 2:	3 - PEDESTRIAN/SKATER 4 - WHEELCHAIR (ANY TYPE) 5 - OTHER NON- MOTORIST	10/	11 1 2 2
		4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	22 - ANIMAL	. WITH RIDER OR 2	6 - BICYCLE 7 - TRAIN 9 - UNKNOWN OR HIT/SKIP	•	9 3 3
щ		6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	No.			12	7 6 5 12
VEHICLE		# OF TRAILING UNITS						10 12 1	6 11 12 1
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	DMOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	AUTO	DMATION	- UNKNOWN	10 2 -	3 9 9 3
	2	2 - PARTIAL AUTOMATION		AUTOMATION AUTOMATION		8 4 5			
	O 4 2-TAXI 7-BUS-INTERCITY 12-MILI			11 - FIRE 12 - MILITARY 13 - POLICE	LITARY 17 - MOWING 99 - OTHER /UNKNOWN		, 6		
	3 - EEE/INVINCE AND SAFRING 5 - BUS - SHOTTLE 13 - POLICE				19 - TOWING 20 - SAFETY SERVICE PATROL			v	12 12 12
	0 1	1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POI		- CONCRETE MIXER	12 0 0	
	O 1 / NOT APPLICABLE MOTOR VEHICLE CHASSIS 2 - BUS 4 - LOGGING 6 - CARGO VANIENCLOSED BOX 7 - GRAINCHIP/SIGRAVEL		6 - CARGO VAN/ENCLOSED BOX	9 - CAF 10 - FLA 11 - DU	AT BED 14	- AUTO TRANSPORTER - GARBAGE/REFUSE - OTHER / UNKNOWN	, ,	9 9 3 9 1 3 9	
		1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES		OR TROUBLE 96	- OTHER / UNKNOWN	6	
	VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS 1 - INTERSECTION -	5 - STEERING 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER	8 - TRAILER EQUIPMENT DEFECTIVE 6 - BICYCLE LANE	ACC	ABLED FROM PRIOR IDENT IAN/CROSSING ISLAND 1	2 - FIRST RESPONDER		6 6 6
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI 11 - SHA	VEWAY ACCESS RED USE PATHS OR	AT INCIDENT SCENE 9 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- UNDERCARRIAGE [14] - ALL AREAS [15]
	LOCATION AT IMPACT	UNMARKED CROSSWALK 1 - NON-CONTACT	5 - TRAVEL LANE-OTHER LOCATION 1 - STRAIGHT AHEAD	7 - MAKING U-TURN	TRA		18 - APPROACHING		IIT NOT AT SCENE [16]
	4	2 - NON-COLLISION 3 - STRIKING 0 1	2 BACKING	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENT	TERING OR CROSSING	OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	"	NITIAL POINT OF CONTACT
		4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTION		10 - PARKED 11 - SLOWING OR STOPPED	JOG	LKING, RUNNING, GING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	1 1 0 - NO DAMAGE	
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WO	RKING SHING VEHICLE	99 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	99 - UNKNOWN
		4.100	T LEET OF ASSESSED		48.1-	ON ODOTRICE.O.	4 LVNO IN DOLLARY		TRAFFIC
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPE EQL	RATING DEFECTIVE 2	1 - LYING IN ROADWAY 2 - NOT DISCERNABLE 3 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN
	1011	4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	FAL	ID SHIFTING/ LING/SPILLING ROPER CROSSING	ROADWAY 9 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
	CONTRIBUTING CIRCUMSTANCES	o marko Ekrolat	12 - IMPROPER BACKING		20 - IMPROPER CROSSING ACTION			# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
(s)								G. NO.	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING
EVENT(SEQUENCE OF	EVENTS		EVENTS				_4_	1 3 - INVOLVED - PASSIVE CROSSING
	1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANI	MAL - FARM MAI - DEFR	2 - WORK ZONE MAINTENANCE EQUIPMENT	11	NIT / NON-MOTORIST DIRECTION
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	19 - ANIN 20 - MOT	MAL - OTHER 2 OR VEHICLE IN	3 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST
	3 0	LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE		NSPORT KED MOTOR VEHICLE 2	MOTION BY A MOTOR VEHICLE 4 - OTHER MOVABLE	4	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
	3			COLLISION WITH FIXED OBJECT	- STRUCK		OBJECT	FROM 4 TO	3 4- WEST 8-SOUTHWEST 9- OTHER / UNKNOWN
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUF 44 - DITC	н	D -WORKZONE MAINTENANCE EQUIPMENT 1 - WALL	UNIT SPEED	DETECTED SPEED
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	45 - EMB 46 - FEN 47 - MAIL	DE 5 BOX	2 - BUILDING 3 - TUNNEL	_	
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREI	= 5	4 - OTHER FIXED OBJECT 9 - OTHER / UNKNOWN	0	3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR
	6 1 1		36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED
								. 6 . 0 .	
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	OH OF SAPE	IIO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION UNIT		2,0,2,4,0	LOCAL REPORT NUMBER 0 9 2 6				
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE RENDER AF	(Li Sam	ne As Driver)	OWNER PHONE	: INCLUDE AREA CODE (Same As Driver)		DAMAGE DAMAGE SCALE
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 3537 E 154TH ST E10 CLEVELAND OH 44120							1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
0		RRIER: NAME, ADDRESS, CITY, STATE, ZIF		A CODE		S - UNKNOWN			
L	1007475	T	1	FUID E IDENTIFICATION #		VELUE E VEAD			DAMAGED AREA(S) INDICATE ALL THAT APPLY
	LP STATE	4MIDAD2	ıKıLı4ıCıJıC	EHICLE IDENTIFICATION # S B 4 E B 6 6 9	<u> 8 7 3</u> _	VEHICLE YEAR 2 0 1 4	VEHICLE MAKE Buick	11 12	11 12
		JRANCE INSURANCE COMPANY RIFIED	(INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL Encore	10 12	2 10 11 1
	☐ COMMER	TYPE OF USE CIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT#	1.	company name tate Towing		9 3 3]3 9
	INTERLO	■ HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	☐ MA	HAZARDOUS MAT TERIAL RELEASED ACARD	TERIAL CLASS# PLACARD ID#	8 7 6 5	4 8 7 5 4 7 6 5
<u> </u>	0 1 UNIT 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)	3 - >26K LBS. 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVER) 19 - BUS (16+ PA 20 - OTHER VEHI 21 - HEAVY EQUI 22 - ANIMAL WITH ANIMAL-DRA	Y VEHICLE) 23 - SSENGERS) 24 - CLE 25 - PMENT 26 - H RIDER OR 27 -	PEDESTRIANISKATER WHEELCHAIR (ANY TYPE) OTHER NON-MOTORIST BICYCLE TRAIN UNKNOWN OR HIT/SKIP	10 9 8	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VEHICLE		# OF TRAILING UNITS						10 11 12	2 10 11 12
	_ 2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED? 1 - YES 2 - NO 9 - OTHER / UNKNO	WN AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITION AUTOMATI 4 - HIGH AUTO 5 - FULL AUTO	ON DMATION DMATION	JNKNOWN	9 10 2 3 4 7 5	3 9 9 3 3 3 4 4 7 5 4
	0 1 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 RE 19 - TOWING 20 - SAFETY S	99 -	MAIL CARRIER OTHER /UNKNOWN	7 6 5	12 12 12
	0 1 CARGO BODY	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS Y	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPSIGRAVEL	8 - POLE 9 - CARGO T. 10 - FLAT BEI 11 - DUMP	ANK 13-A	CONCRETE MIXER AUTO TRANSPORTER GARBAGE/REFUSE DTHER / UNKNOWN	9 3	9 3 9 3 3
		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 TE 10 - DISABLED ACCIDENT	FROM PRIOR	OTHER / UNKNOWN	6	6 6 6
Ī	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	10 - DRIVEWA	Y ACCESS	FIRST RESPONDER AT INCIDENT SCENE OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	□ - UNDERCARRIAGE [14] ■ - ALL AREAS [15] INIT NOT AT SCENE [16]
		1 - NON-CONTACT	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE		OD ODOCONO	- APPROACHING OR LEAVING VEHICLE - STANDING		INITIAL POINT OF CONTACT
I		2- NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 8 STRUCK 9 - OTHER / UNKNOWN	3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	SPECIFIED 15 - WALKING JOGGING, 16 - WORKING 17 - PUSHING	D LOCATION 20 , RUNNING, 21 , PLAYING 99	- OTHER NON-MOTORIST - STANDING OUTSIDE DISABLED VEHICLE - OTHER / UNKNOWN	0 - NO DAMAG 1-12 - REFER DIAGRAM 13 - TOP	TO UNIT 15 - VEHICLE NOT AT SCENE
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM	17 - VISION OF		LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	EQUIPMEI 19 - LOAD SHI	NT 23 - FTING/	NOT DISCERNABLE OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	1 1	5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	15 - SWERVING TO AVOID 16 - WRONG WAY	FALLING/S 20 - IMPROPE	B CBOSCING 99 -	OTHER IMPROPER ACTION	1 2 - TWO-WAY	6 - NO CONTROL
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED
EVENT(S)	SEQUENCE OF	EVENTS						. 4	2 - INVOLVED - ACTIVE CROSSING
ũ		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	EVENTS 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY 17 - ANIMAL - F	FARM	WORK ZONE MAINTENANCE EQUIPMENT		3 - INVOLVED - PASSIVE CROSSING JUIT / NON-MOTORIST DIRECTION
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	19 - ANIMAL - 0 20 - MOTOR VE TRANSPO	OTHER 23 - EHICLE IN RT	STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST
	3			COLLISION WITH FIXED OBJECT		24 -	OTHER MOVABLE OBJECT	FROM 4 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
	4, .	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CURB 44 - DITCH	E	WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED
	5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	45 - EMBANKM 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDF	52 - 53 - 54 -	WALL BUILDING TUNNEL OTHER FIXED OBJECT OTHER / UNKNOWN	J J.	3 1-STATEDIESTIMATED SPEED 2-CALCULATED / EDR
	6		36 - MEDIAN OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED
	1	FIRST HARMFUL EVENT	2	OST HARMFUL EVENT				6 0	
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OHIO DEPARTMENT	MOTODICT / N/	ON MOTOR	ICT.			I			LOCAL	REPORT NUMBE	:R	
OF PUBLIC SAFETY SAPETY - SERVICE - PROTECTION	MOTORIST / NO	ON-MOTOR	151				_ 2 _	0 2 4	0	9 2	6	
0	T, FIRST, MIDDLE				-							GENDER
<u> </u>	NCHO	MICHAEL	RICHA	4RD			[0]2	2 1 2 1	9	9 4	[3] 0	M J
R ADDRESS: STREET, CITY, STAT							CONTACT	PHONE - INCLUDE AREA COD	E .			
S 14011 BRC	OKPARK RD APT 102 EMS AGENCY (NAME)		ROOKPARK ICAL FACILITY (NAME, CITY)	OH 4	44142 QUIPMENT			SEATING PO	SITION	AIR BAG US	AGE EJECTIO	ON TRAPPED
N 4 2	Garfield Heights FD	Marymo		USED	0 14		DOT-COMPLIAN MC HELMET		1	4	1 1	1 1
N	R LICENSE NUMBER	,	CHARGED		OFFENSE DESCRIPT					CITATION NU	IMBER	
M O				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOH: TYPE	OL TEST VALUE	STAT	US TY	DRUG TEST(S)	SULT SELECT UP TO 4
s 4		1	ALCOHOL MA	ARIJUANA	1	1 1	1	_	1	1		
	T, FIRST, MIDDLE							DATE OF B	RTH		AGE	GENDER
0 2 LO	-TON	LON	Е				0 6	6 0 7 1	9	7 1	5 2	. I ⊢ М
R ADDRESS: STREET, CITY, STAT		2011					CONTACT	PHONE - INCLUDE AREA CODE				
0.00	TIN LUTHER KING		LEVELAND		44104 57	'17						
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)		ICAL FACILITY (NAME, CITY)	SAFETY EQ USED			DOT-COMPLIAN MC HELMET			AIR BAG US		
O 4 3	Garfield Heights PD	Marymo		LOCAL	9 9		MC HELMET	0	1	L 4	<u>1</u>	1
M O I I I	LICENSE NUMBER	4511		CODE	Failure to		rol			G2024		
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECTE		condition	Cont	ALCOHO	DL TEST		G2022	DRUG TEST(S)	
R	.	DISTRACTED BY	■ ALCOHOL ■ MAI	ARIJUANA	6 .	status	TYPE 1	VALUE	STATU	JS TYP	E RES	ULT SELECT UP TO 4
			OTHER DRUG	L			1	•		_	<u> </u>	
M UNIT# NAME: LA:	r, First, Middle							DATE OF B	КІН		AGE	GENDER
R ADDRESS: STREET, CITY, STAT	710						CONTACT	PHONE - INCLUDE AREA CODE				
Address: sireel, diff, stati	ΔP						CONTACT	PHONE - INCLUDE AREA CODE	: 	1	1 1	1 1 1
I INJURIES INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	CAL FACILITY (NAME, CITY)	SAFETY EQU USED	UIPMENT	\Box		SEATING POS	SITION	AIR BAG US	AGE EJECTIO	N TRAPPED
N BY							MC HELMET	T L				
OL STATE OPERATO	LICENSE NUMBER	OFFENSE	CHARGED	LOCAL CODE	OFFENSE DESCRIPT	TION				CITATION NU	MBER	
0												
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTE	ED ARLIJANA	CONDITION	STATUS	TYPE	OL TEST VALUE	STATI	US TYF	DRUG TEST(S) PE RES	SULT SELECT UP TO 4
s T			OTHER DRUG	L			\Box	•	J L			
INJURIES	SEATING POSITION	AIR BAG	OL CL	LASS		L RESTRICTION	N(S)	DRIVER DIS	TRACTION			STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED 2 - DEPLOYED FRONT	1 - CLASS A 2 - CLASS B		1 - ALCOHOL I DEVICE			1 - NOT DISTRACTED 2 - MANUALLY OPERATION	NG AN		NONE GIVEN TEST REFUSED	
3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		2 - CDL INTRA 3 - CORRECTI			ELECTRONIC COMMU			TEST GIVEN, CONTA	AMINATED
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT	/ SIDE 4 - REGULAR CLASS (O)HIO = D)	4 - FARM WAI	IVER		DEVICE (TEXTING, TYPE DIALING)	ring,		SAMPLE / UNUSABL	
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT CL 6 - EXCEPT CL	CLASS A		3 - TALKING ON HANDS- COMMUNICATION DE			TEST GIVEN, RESUL	
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B 7 - EXCEPT TF	BUS RACTOR-TRAIL	LER	4 - TALKING ON HAND-H COMMUNICATION DE				
1 - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMED RESTRICTI	DIATE LICENSE		5 - OTHER ACTIVITY WIT				
2 - EMS	9 - THIRD - RIGHT SIDE	EJECTION	OL ENDOR	RSEMENT	9 - LEARNER'S RESTRICT	'S PERMIT		6 - PASSENGER				TEST TYPE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT		10 - LIMITED T			7 - OTHER DISTRACTION	NINSIDE		NONE	
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER		ONLY 11 - LIMITED T	TO EMPLOYME	ENT	THE VEHICLE 8 - OTHER DISTRACTION	IS OUTSIDE		URINE	
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED -	- OTHER		THE VEHICLE 9 - OTHER / UNKNOWN			BREATH	
SAFETY EQUIPMENT 1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER		(SPECIAL B	BRAKES, HAND		5 - OTTIER / ONKNOWN		5 -	OTHER	
2 - SHOULDER BELT ONLY USED	CARGO AREA	TRAPPED	R - THREE-WHEEL MOT	FORCYCLE	CONTROLS ADAPTIVE I	S, OR OTHER DEVICES)						
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED 2 - EXTRICATED BY	S - SCHOOL BUS		14 - MILITARY 15 - MOTOR V	Y VEHICLES ON VEHICLES	NLY				DRUG T	EST TYPE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS	T - DOUBLE & TRIPLE T X - TANKER / HAZMAT	RAILERS	WITHOUT	T AIR BRAKES					BLOOD	
6 - CHILD RESTRAINT SYSTEM -	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS			16 - OUTSIDE 17 - PROSTHE			1 - APPARENTLY NORM			URINE	
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN				18 - OTHER			2 - PHYSICAL IMPAIRME		4-	OTHER	
8 - HELMET USED 9 - PROTECTIVE PADS USED								3 - EMOTIONAL (E.G. DE				
(ELBOWS, KNEES, ETC.)			GENI	DER				ANGRY, DISTURBED) 4 - ILLNESS		1.	DRUG TES AMPHETAMINES	T RESULT(S)
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE					4 - ILLNESS 5 - FELL ASLEEP, FAINT	ED,	2 -	BARBITURATES	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE U - OTHER/UNKNOWN					FATIGUED, ETC.			BENZODIAZEPINES CANNABINOIDS	
STATE OF THE OWN			U-UINER/UNKNOWN					6 - UNDER THE INFLUEN MEDICATIONS / DRUG		5 -	COCAINE	
								/ ALCOHOL			OPIATES / OPIOIDS OTHER	
								9 - OTHER / UNKNOWN			NEGATIVE RESULTS	s
								9 - OTHER / UNKNOWN				s

HSY8306 OH1M 1/19 [760-1500] PAGE OF

OHIO DEPARTMENT OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM					LOCAL REPORT NUMBER								
w) =						2 0 2 4 0	9 2 6						
unit#	NAME: LAST, FI	RST, MIDDLE	LL	DATE OF BIRT	тн 1 9 8 0	AGE	GENDER						
ADDRESS: STRE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CO	DE		-							
ADDRESS: STRE	102 ST C	CLEVELAND OH 441	08 1327										
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) Garfield Heights FD		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) Marymount	SAFETY EQUIPMENT USED 9 9	DOT-COMPLIANT MC HELMET 0	POSITION AIR BAG USAGE	EJECTION 1	TRAPPED 1				
UNIT#	NAME: LAST, FIRST, MIDDLE					DATE OF BIRT	н	AGE	GENDER				
ADDRESS: STRE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DE	1 1	1				
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING I	POSITION AIR BAG USAGE	EJECTION	TRAPPED				
						MC HELMET							
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRT	TH I I	AGE	GENDER				
ADDRESS: STRE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DE		11				
ADDRESS: STRE								1 1					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	POSITION AIR BAG USAGE	EJECTION	TRAPPED				
UNIT#	NAME: LAST, FI	DOT MIDDLE				DATE OF BIRT	<u> </u>	AGE	GENDER				
L	NAME: LAST, FI	KS1, MIDDLE					 	1 1	.].				
ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DE		11-				
ADDRESS: STRE													
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	POSITION AIR BAG USAGE	EJECTION	TRAPPED				
		JURIES	1	SAFETY EQUIPMENT USED		NG POSITION		AG USAGE					
2 - SUSPECTED 8 3 - SUSPECTED M 4 - POSSIBLE INJU 5 - NO APPARENT 1 - NOT TRANSP TREATED AT 2 - EMS 3 - POLICE 9 - OTHER / UNK F - FEMALE M - MALE U - OTHER/UNKN	INDURY URY INJURY INJURY INJURE ORTED / SCENE NOWN	D TAKEN BY	3 - LAP BELT OF 4 - SHOULDER 5 - CHILD REST FORWARD FA	BELT ONLY USED NLY USED L LAP BELT USED RAINT SYSTEM- COING RAINT SYSTEM- G EAT ED EPADS USED HEES, ETC.) E CLOTHING PEDESTRIAN NLY NLY NLY NLY NLY NLY NLY N	2 - FRONT - MIDDLE 3 - SECOND - LEFT SIDE (MOTORC' 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - MIDDLE 7 - THIRD - MIDDLE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLE (MONTRAILING UNIT) US, PICK-U 12 - PASSENGER IN UNENCLOSED 3 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIO (MONTRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	LE SIDE CAR) (CAB SED CARGO AREA IP WITH CAP) CARGO AREA	NOT EJECTED PARTIALLY EJECTED TOTALLY EJECTED NOT APPLICABLE	APPED.					
NAME: LAST, FIRST	r, MIDDLE					DATE OF BIRT	H	AGE	GENDER				
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ADDRESS: STREET, CITY, STATE, ZIP						CONTACT DUONE MOUNTE -	IE AREA CODE						
	T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA		1 1	AGE GENDER				
NAME: LAST, FIRST,						CONTACT PHONE - INCLUDE AREA DATE OF BIRT		AGE	GENDER				
NAME: LAST, FIRST, ADDRESS: STREET	, MIDDLE					1	H -	AGE	GENDER				

1P 1/19 [760· 1500]



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20240926	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 04 D 12 Y 2024
IN COUNTY OF 18	CRASH LOCATION	
Unit 2 attempted to leave th	ne scene of the accident. A passing motorist saw	the
vehicle leaving and called o	dispatch advising of its location on the I-480 E/B I	3roadway Sroadway
Ave. exit ramp. Officers loc	ated the vehicle in the middle of the ramp broken	down
where the driver was outsic	de attempting to fix the demolished vehicle. Refer	to
criminal report.		
ODOT was called and notif	ied of the damaged guardrail.	
	OFFICER'S SIGNATURE	BADGE NUMBER



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

		+
LOCAL REPORT NUMBER 20240926	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 04 D 12 Y 2024
IN COUNTY OF 18	CRASH LOCATION	
On 4-22-24 an error was di	iscovered on this OH-1. The original OH-1 has Ap	oryl
Render listed as the owner	for Unit #1. This is incorrect. Apryl Render is sup	posed to
be the listed owner for Unit	t #2. On 4-23-24 the report was updated to reflect	the
corrections and records wa	as notified.	
		<u>,</u>
	OFFICER'S SIGNATURE	BADGE NUMBER