

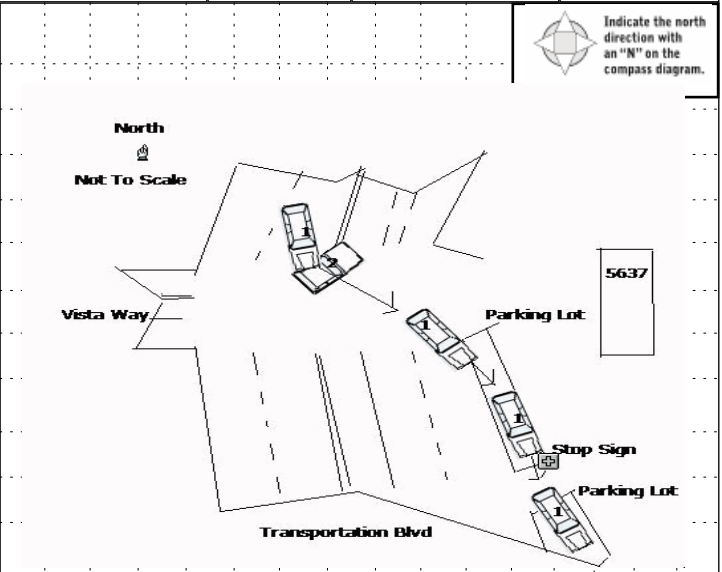
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

| | | | | | | | | | | | |
|--|---|--|---|--|---|--|---|---|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Private Property | | LOCAL INFORMATION GET GO | | 2 0 2 4 1 2 1 6 | | | | | | | |
| | | REPORTING AGENCY NAME * GARFIELD HEIGHTS | | NCIC * 0 1 8 2 0 | HITSKIP 1 - Solved 2 - Unsolved | NUMBER OF UNITS 0 2 | INITIAL EDDOP 98 - ANIMAL 99 - UNKNOWN 0 1 | | | | |
| COUNTY * 1 8 | LOCALITY * 1 | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | CRASH DATE/TIME * 0 5 1 0 2 0 2 4 1 1 0 2 7 | | CRASH SEVERITY 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME Transportation | ROAD TYPE B L | LATITUDE DECIMAL DEGREES 4 1 4 0 8 8 2 8 | | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Vista | ROAD TYPE W A | LONGITUDE DECIMAL DEGREES 8 1 6 1 4 6 7 8 | | | | | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1 | DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 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 | ROAD TYPE 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 <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA 4 NUMBER OF APPROACHES | | | | | |
| DISTANCE 1 - Miles 2 - Feet 3 - Yards | DISTANCE 1 - Miles 2 - Feet 3 - Yards | ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | 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 3 | CONDITIONS 1 | SURFACE 2 | | | | |
| WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | MANNER OF CRASH COLLISION/IMPACT 6 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 | LIGHT CONDITION 1 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 | CRASH REPORTED DATE/TIME 0 5 1 0 2 0 2 4 1 1 0 2 7 | DISPATCH DATE/TIME 0 5 1 0 2 0 2 4 1 1 0 2 8 | ARRIVAL DATE/TIME 0 5 1 0 2 0 2 4 1 1 0 3 5 | SCENE CLEARED DATE/TIME 0 5 1 0 2 0 2 4 1 1 4 6 | REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION) |
| TOTAL TIME ROADWAY CLOSED 0 | OTHER INVESTIGATION TIME | TOTAL MINUTES 7 1 | OFFICER'S NAME * R. Cramer | CHECKED BY OFFICER'S NAME * T. Baon | OFFICER'S BADGE NUMBER * 0 3 7 | CHECKED BY OFFICER'S BADGE NUMBER * S 2 0 | | | | | |

NARRATIVE:
 UNIT # 1 WAS TRAVELING SOUTH ON TRANSPORTATION IN THE INSIDE LANE AT VISTA WAY. UNIT # 2 WAS MAKING A LEFT TURN FROM VISTA WAY AND TRAVEL NORTH ON TRANSPORTATION. AS A RESULT, THE FRONT OF UNIT # 1 COLLIDED WITH THE LEFT REAR SIDE OF UNIT # 2. UNIT # 1 TRAVEL OFF THE ROADWAY LEFT STRIKING CURBS AND A STOP SIGN IN A SOUTHERN DIRECTION. BOTH UNITS AT FINAL REST UPON ARRIVAL. BWC
 NOTE: SEE OH-2



UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
Anthony Allega Cement

OWNER PHONE: INCLUDE AREA CODE () Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
5585 Canal Rd Valley View 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

4

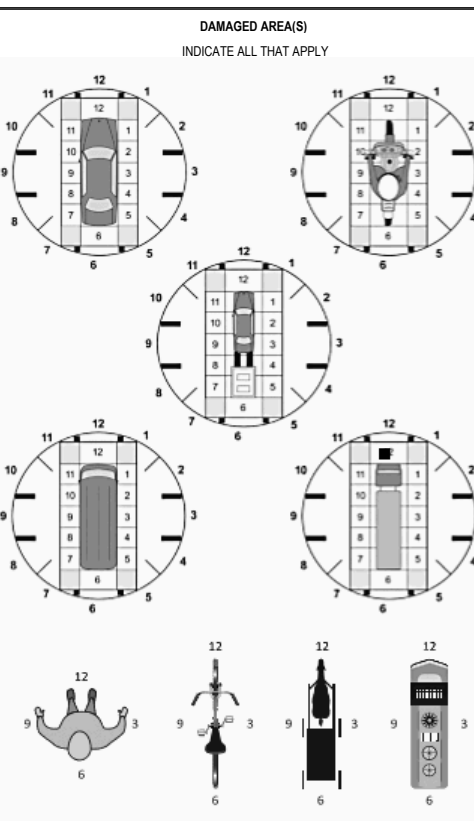
LP STATE OH LICENSE PLATE # 0847535 VEHICLE IDENTIFICATION # 1FDUF5HT9FEA141188 VEHICLE YEAR 2015 VEHICLE MAKE Ford

INSURANCE VERIFIED () INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR WHI VEHICLE MODEL F-550

TYPE OF USE: () COMMERCIAL () GOVERNMENT () IN EMERGENCY RESPONSE
US DOT # _____ TOWED BY: COMPANY NAME Private

INTERLOCK DEVICE EQUIPPED () HIT/SKIP UNIT () # OCCUPANTS 0 1
VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

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



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) 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

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: 0 1

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

CARGO BODY TYPE: 0 1

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

VEHICLE DEFECTS: 0 4

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

NON-MOTORIST LOCATION AT IMPACT: 3

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

ACTION: 3

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTION: 0 1

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

INITIAL POINT OF CONTACT

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

1 2

CONTRIBUTING CIRCUMSTANCES: 1 8

1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - 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

TRAFFIC

TRAFFICWAY FLOW: 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 2

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

SEQUENCE OF EVENTS

EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

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

OF THROUGH LANES ON ROAD: 5

RAIL GRADE CROSSING: 3

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

COLLISION WITH FIXED OBJECT - STRUCK

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

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

UNIT SPEED: 0

POSTED SPEED: 0

DETECTED SPEED: 1

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

OWNER UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE BROWN ALEXANDER THOMAS OWNER PHONE: INCLUDE AREA CODE

DAMAGE DAMAGE SCALE 4 1-NONE 2-MINOR DAMAGE 3-FUNCTIONAL DAMAGE 4-DISABLING DAMAGE 9-UNKNOWN

OWNER ADDRESS: STREET, CITY, STATE, ZIP 32760 WOODSDALE LN SOLON OH 44139 LP STATE OH LICENSE PLATE # KEA6730 VEHICLE IDENTIFICATION # W1AUFNC1F561KA023860

DAMAGED AREA(S) INDICATE ALL THAT APPLY [Diagrams showing damaged areas on vehicle]

INSURANCE VERIFIED TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT OCCUPANTS 01

HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #

UNIT TYPE 01 1-PASSENGER CAR 2-PASSENGER VAN (MINIVAN) 3-SPORT UTILITY VEHICLE 4-PICK UP 5-CARGO VAN 6-VAN (9-15 SEATS)

INITIAL POINT OF CONTACT 08 0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 1-NONE 2-TAXI 3-ELECTRONIC RIDE SHARING 4-SCHOOL TRANSPORT 5-BUS-TRANSIT/COMMUTER

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

CARGO BODY TYPE 01 1-NO CARGO BODY TYPE /NOT APPLICABLE 2-BUS 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 4-LOGGING

SEQUENCE OF EVENTS EVENTS 1 2 0 1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-JACKKNIFE 5-CARGO/EQUIPMENT LOSS OR SHIFT

VEHICLE DEFECTS 01 1-TURN SIGNALS 2-HEAD LAMPS 3-TAIL LAMPS 4-BRAKES 5-STEERING 6-TIRE BLOWOUT

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

NON-MOTORIST LOCATION AT IMPACT 4 1-INTERSECTION-MARKED CROSSWALK 2-INTERSECTION-UNMARKED CROSSWALK

UNIT SPEED 10 POSTED SPEED 35 DETECTED SPEED 1 1-STATED/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED

ACTION 06 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN

COLLISION WITH FIXED OBJECT - STRUCK 25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET 29-BRIDGE RAIL 30-GUARDRAIL FACE

CONTRIBUTING CIRCUMSTANCES 01 1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-IMPROPER TURN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 4 1 2 1 6

| | | | | | | | | | | | |
|---|--|----------------------------|---|--|-----------------------------------|-------------------------|---------------------------|---------------|--------------|-----------|---------------------------------------|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE Soto Joshua Jomar | | DATE OF BIRTH 1 0 2 6 2 0 0 0 | | AGE 23 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 19420 Lorain Rd 406 FAIRVIEW PARK OH 44126 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES 4 | INJURED TAKEN BY 1 | EMS AGENCY (NAME) GHFD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | |
| OL CLASS | 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 | STATUS 1 | ALCOHOL TEST TYPE 1 | VALUE | STATUS 1 | TYPE 1 | DRUG TEST(S) RESULT SELECT UP TO 4 |

| | | | | | | | | | | | |
|--|---|----------------------------|---|--|-----------------------------------|-------------------------|---------------------------|---------------|--------------|-----------|---------------------------------------|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE BROWN ALEXANDER THOMAS | | DATE OF BIRTH 0 5 1 5 1 9 9 7 | | AGE | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 32760 WOODSDALE LN SOLON OH 44139 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 4 | DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | |
| OL CLASS | 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 | STATUS 1 | ALCOHOL TEST TYPE 1 | VALUE | STATUS 1 | TYPE 1 | DRUG TEST(S) 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 | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG | CONDITION | STATUS | ALCOHOL TEST TYPE | VALUE | STATUS | TYPE | DRUG TEST(S) 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 |
| | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 7 - EXCEPT TRACTOR-TRAILER | 6 - PASSENGER | |
| INJURED TAKEN BY | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - THIRD - MIDDLE | 1 - NOT EJECTED | H - HAZMAT | 9 - LEARNER'S PERMIT RESTRICTIONS | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 1 - NONE |
| 2 - EMS | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 10 - LIMITED TO DAYLIGHT ONLY | 9 - OTHER / UNKNOWN | 2 - BLOOD |
| 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED | P - PASSENGER | 11 - LIMITED TO EMPLOYMENT | | 3 - URINE |
| 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE | N - TANKER | 12 - LIMITED - OTHER | CONDITION | 4 - BREATH |
| SAFETY EQUIPMENT | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED | Q - MOTOR SCOOTER | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - APPARENTLY NORMAL | 5 - OTHER |
| 1 - NONE USED | 13 - TRAILING UNIT | 1 - NOT TRAPPED | R - THREE-WHEEL MOTORCYCLE | 14 - MILITARY VEHICLES ONLY | 2 - PHYSICAL IMPAIRMENT | |
| 2 - SHOULDER BELT ONLY USED | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | DRUG TEST TYPE |
| 3 - LAP BELT ONLY USED | 15 - NON-MOTORIST | 3 - FREED BY NON-MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR | 4 - ILLNESS | 1 - NONE |
| 4 - SHOULDER & LAP BELT USED | 99 - OTHER / UNKNOWN | | X - TANKER / HAZMAT | 17 - PROSTHETIC AID | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 2 - BLOOD |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | 18 - OTHER | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 3 - URINE |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | GENDER | | 9 - OTHER / UNKNOWN | 4 - OTHER |
| 7 - BOOSTER SEAT | | | F - FEMALE | | | |
| 8 - HELMET USED | | | M - MALE | | | |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | | U - OTHER/UNKNOWN | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | |
| | | | | | | DRUG TEST RESULT(S) |
| | | | | | | 1 - AMPHETAMINES |
| | | | | | | 2 - BARBITURATES |
| | | | | | | 3 - BENZODIAZEPINES |
| | | | | | | 4 - CANNABINOIDS |
| | | | | | | 5 - COCAINE |
| | | | | | | 6 - OPIATES / OPIOIDS |
| | | | | | | 7 - OTHER |
| | | | | | | 8 - NEGATIVE RESULTS |

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

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| LOCAL REPORT NUMBER 20241216 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 05 D 10 Y 2024 |
| IN COUNTY OF 18 | CRASH LOCATION GET GO | |
| <p>Driver of Unit # 2 stated, I had the green light.</p> | | |
| <p>Driver of Unit # 2 stated, I tried to stop, the brakes did not work. I work for Valley Ford and was test driving the vehicle.</p> | | |
| <p>This officer pushed the brake pedal to the floor and did not feel any resistance. BWC</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 037 |

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| LOCAL REPORT NUMBER 20241216 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 05 D 10 Y 2024 |
| IN COUNTY OF 18 | CRASH LOCATION GET GO | |
| <p>Stop Sign- damaged property - BWC</p> <p>City of Garfield Hts</p> <p>5407 Turney Rd</p> <p>Garfield Hts OH 44125</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 037 |