

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 4 | 1 | 3 | 1 | 5 |

- 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 | 5 | 2 | 0 | 2 | 0 | 2 | 4 | 2 | 0 | 1 | 8 |

CRASH SEVERITY  
3 |

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

ROUTE TYPE  
ROUTE NUMBER  
PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

LOCATION ROAD NAME  
ROCKSIDE RD

ROAD TYPE  
R | D |

LATITUDE DECIMAL DEGREES  
4 | 1 | 4 | 0 | 1 | 6 | 8 | 8 |

ROUTE TYPE  
ROUTE NUMBER  
PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
13700 ROCKSIDE RD

ROAD TYPE

LONGITUDE DECIMAL DEGREES  
8 | 1 | 5 | 8 | 6 | 8 | 6 | 7 |

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

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  
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  
1 - Miles  
2 - Feet  
3 - Yards

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE EVENT  
0 | 4 |

1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
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 (≥4 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  
OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK  
5 - 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  
1 |

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

CONDITIONS  
1 |

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  
1 |

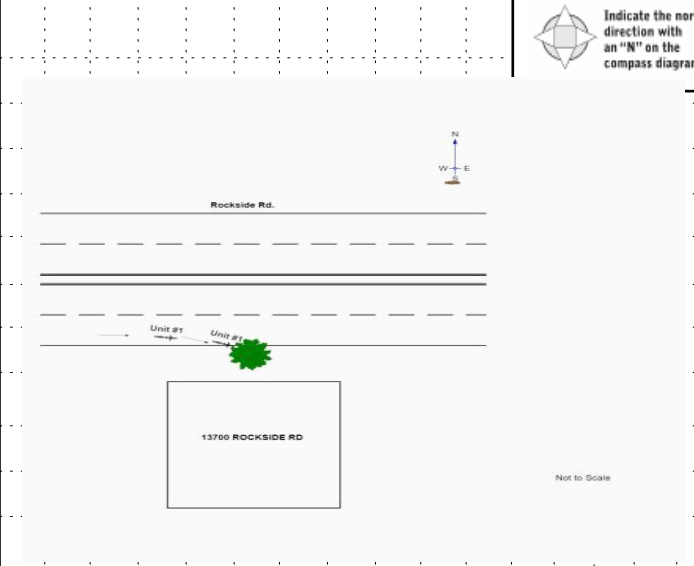
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER  
1 |

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 SURFACE

UNIT 1 WAS TRAVELING EASTBOUND ON ROCKSIDE RD. UNIT 1 TRAVELED OFF THE ROAD AND STRUCK THE CURB. UNIT 1 THEN TRAVELED ONTO THE TREE LAWN IN FRONT OF 13700 ROCKSIDE RD AND STRUCK A TREE.



CRASH REPORTED DATE/TIME  
0 | 5 | 2 | 0 | 2 | 0 | 2 | 4 | 2 | 0 | 1 | 8 |

DISPATCH DATE/TIME  
0 | 5 | 2 | 0 | 2 | 0 | 2 | 4 | 2 | 0 | 1 | 8 |

ARRIVAL DATE/TIME  
0 | 5 | 2 | 0 | 2 | 0 | 2 | 4 | 2 | 0 | 1 | 9 |

SCENE CLEARED DATE/TIME  
0 | 5 | 2 | 0 | 2 | 0 | 2 | 4 | 2 | 0 | 5 | 5 |

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0 |

OTHER INVESTIGATION TIME  
3 | 0 |

TOTAL MINUTES  
6 | 6 |

OFFICER'S NAME \*  
J. Pietraszkiewicz  
OFFICER'S BADGE NUMBER\*  
0 | 0 | 7 |

CHECKED BY OFFICER'S NAME\*  
R. Jarzembak  
CHECKED BY OFFICER'S BADGE NUMBER\*  
L | 1 | 6 |

SUPPLEMENT  
(CORRECTION - ADDITION)

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**HOLLAND SCOTT DAVID**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**14615 TOKAY AVE MAPLE HTS OH 44137**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER  
20241315

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # R1T23121 VEHICLE YEAR 2024 VEHICLE MAKE Other/Unknown  
 INSURANCE VERIFIED INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR BLK VEHICLE MODEL Other/Unknown  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL  
 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS.  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

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

UNIT TYPE 10 # OF TRAILING UNITS \_\_\_\_\_  
 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

DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL  
 1- YES 2- NO 9- OTHER / UNKNOWN  
 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 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 01  
 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  
 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 PRE-CRASH ACTION 01  
 1- INTERSECTION - MARKED CROSSWALK 2- INTERSECTION - UNMARKED CROSSWALK 3- STRIKING 4- STRUCK 5- BOTH STRIKING & STRUCK 9- OTHER / UNKNOWN  
 1- 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 04  
 1- NON-CONTACT 2- NON-COLLISION 3- STRIKING 4- STRUCK 5- BOTH STRIKING & STRUCK 9- OTHER / UNKNOWN  
 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  
04  
 0- NO DAMAGE 1-12- REFER TO UNIT DIAGRAM 13- TOP 14- UNDERCARRIAGE 15- VEHICLE NOT AT SCENE 99- UNKNOWN

CONTRIBUTING CIRCUMSTANCES 11  
 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 TRAFFIC CONTROL 6  
 1- ONE-WAY 2- TWO-WAY  
 1- ROUNDABOUT 2- SIGNAL 3- FLASHER  
 4- STOP SIGN 5- YIELD SIGN 6- NO CONTROL

SEQUENCE OF EVENTS  
 1 08 2 43 3 48  
 1- OVERTURN/ROLLOVER 2- FIRE/EXPLOSION 3- IMMERSION 4- JACKKNIFE 5- CARGO / EQUIPMENT LOSS OR SHIFT  
 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  
 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 2 MOST HARMFUL EVENT 3

# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1  
 1- NOT INVOLVED 2- INVOLVED - ACTIVE CROSSING 3- INVOLVED - PASSIVE CROSSING  
 UNIT / NON-MOTORIST DIRECTION  
 FROM 4 TO 3  
 1- NORTH 2- SOUTH 3- EAST 4- WEST 5- NORTHEAST 6- NORTHWEST 7- SOUTHEAST 8- SOUTHWEST 9- OTHER / UNKNOWN  
 UNIT SPEED \_\_\_\_\_ DETECTED SPEED 3  
 1- STATED/ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED  
 POSTED SPEED 35

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 4 1 3 1 5

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE HOLLAND SCOTT DAVID		DATE OF BIRTH 1 2 2 4 1 9 7 2		AGE 5 1	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 14615 TOKAY AVE MAPLE HTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO HOSP.	SAFETY EQUIPMENT USED 0 8	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 5	EJECTION 3	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 9	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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	STATUS	ALCOHOL TEST TYPE	VALUE	STATUS	TYPE	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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 / UNUSABLE
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>		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	<b>ALCOHOL TEST TYPE</b>
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	8 - THIRD - MIDDLE	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - THIRD - RIGHT SIDE	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	10 - SLEEPER SECTION OF TRUCK CAB	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
<b>SAFETY EQUIPMENT</b>		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT		5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	12 - PASSENGER IN UNENCLOSED CARGO AREA	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER		<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	13 - TRAILING UNIT	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY		2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	15 - NON-MOTORIST	X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	99 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR	<b>CONDITION</b>	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	1 - APPARENTLY NORMAL	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT				18 - OTHER	2 - PHYSICAL IMPAIRMENT	1 - AMPHETAMINES
8 - HELMET USED					3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)					4 - ILLNESS	3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	5 - COCAINE
99 - OTHER / UNKNOWN					9 - OTHER / UNKNOWN	6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2   0   2   4   1   3   1   5

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 _____	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 _____	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 _____	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 _____	DOT-COMPLIANT MC HELMET _____	SEATING POSITION _____	AIR BAG USAGE _____	EJECTION _____

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

WITNESS	NAME: LAST, FIRST, MIDDLE <b>HINTON-MOTLEY</b> <b>SABRINA</b>	DATE OF BIRTH 0   3   2   8   1   9   7   2	AGE 5   2	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 14700 TOKAY AVE MAPLE HEIGHTS OH 44137	CONTACT PHONE - INCLUDE AREA CODE _____		
WITNESS	NAME: LAST, FIRST, MIDDLE <b>MARINO</b> <b>PAUL</b> <b>A</b>	DATE OF BIRTH 0   2   1   9   1   9   7   6	AGE 4   8	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 19237 STOCKTON AVE MAPLE HEIGHTS OH 44137	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 20241315	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 05   D 20   Y 2024
IN COUNTY OF 18	CRASH LOCATION	
<p>The operator of unit 1, Mr. Scott Holland, was unconscious but breathing when I arrived on scene. Scott regained consciousness and was able to provide his information to me. Scott was not sure how he ended up traveling off the roadway and striking the tree. Scott did not think he was struck by another motor vehicle. There was no roadway evidence indicating that another vehicle was involved in this collision. The damage sustained to Scott's bicycle is consistent with him striking the tree. According to the witnesses provided in this report, no motor vehicle was seen striking Scott. Scott was transported by GHFD to Metro Hospital. Prior to GHFD transporting Scott, a paramedic advised Officers that Scott stated he has a history of seizures and he believes that is what caused him to lose control of his motorized bicycle. The motorized bicycle was transported to GHPD and stored in the jail's "sally port" until Scott is able to retrieve it.</p>		
OFFICER'S SIGNATURE <b>X</b>		BADGE NUMBER 007