OHIO DEPA OF PUBLIC SAPETY - SERVICE	SAFETY TRAFFIC	CRAS	H REPO	RT *DENOTES M	MANDATORY FIELD FOR SUPPLEMENT REPORT			LOCAL REPORT NUMBE	:R *			
PHOTOS TAKEN OH2 OH3 BROADWAY AVE							2 0 2 4 1 6 8 0					
SECONDARY CRASH OH-1P OTHER			REPORTING AGENC		TC   0   1	HIT/SKIP 1 - Solved 2 - Unsolved						
COUNTY* LOC	CALITY*	LOCATION: CITY,		LD HEIGH	IS	CRASH DA	CRASH SEVERITY					
1 8 1	1 2 - VILLAGE * 3 - TOWNSHIP *	GARFIE	ELD HTS			0161214121012141 11910121 5 1-FATAL 2-SERIOUS INJ						
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROA	D NAME	I ATITITIE DECIMA	SUSPECTED  3 - MINOR INJURY SUSPECTED					
LOCATION			4 - WEST	BROADV	NAY	$A_{\downarrow}V_{\downarrow}$	4 1 . 4 2	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE				
ROUTE TYPE	ROUTE NUMBER	PREFIX	2 - SOUTH 3 - EAST		ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	ONLY				
			4-WEST GARFIELD				8 1 1 6 1	)				
1 - INTERSECT 2 - MILE POST	ION 1 - NORT	IR - INT	ERSTATE ROUTE (TP)	AL	L - ALLEY HW - HIGHWAY V - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	☐ WITHIN INTERSE	'				
1 3 - HOUSE #	3 - EAST 4 - WEST	SR - ST	EDERAL US ROUTE TATE ROUTE JMBERED COUNTY ROL	BL CF	L - BOULEVARD MP - MILEPOST R - CIRCLE OV - OVAL T - COURT PK - PARKWAY	ST - STREET TE - TERRACE TL - TRAIL	☐ WITHIN INTERCH	NUMBER OF APPROACHES				
DISTANCE	DISTANCE  HAUT OF MEACHIDE  1 - Miles		JMBERED TOWNSHIP DUTE		R - DRIVE PI - PIKE E - HEIGHTS PL - PLACE	WA - WAY	ROADWAY					
[1]0]	2 - Feet 3 - Yards						☐ ROADWAY DIVID					
	ROADWAY 9 - CROSSO	VER		MAI 1 - NOT COLLISION	NNER of CRASH COLLISION/IMPACT  4 - REAR-TO-REAR		DIRECTION OF TRAVEL		MEDIAN TYPE			
3 - IN N	ROADSIDE 11 - RAILWA	S Y GRADE	_1_	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE		1 - NORTH 2 - SOUTH	(<4 FE	ED FLUSH MEDIAN EET) ED FLUSH MEDIAN			
6 - OUT	TSIDE 12 - SHARE LFFICWAY OR TRA	USE PATHS NLS		TRANSPORT 2 - REAR-END 3 - HEAD-ON	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		3 - EAST 4 - WEST	EET) ED, DEPRESSED MEDIAN ED, RAISED MEDIAN				
8 - OFF		OOTH / UNKNOWN						(ANY 9 - OTHE	TYPE) R/UNKNOWN			
WORK ZONE RELA WORKERS PRESEN LAW ENFORCEMEN	NT	1 - LANE CLOSURE 2 - LANE SHIFT/CRO			LOCATION OF CRASH IN WORK ZO 1 - BEFORE THE 1ST WORK ZO WARNING SIGN	ONE ONE	contour 1	conditions	SURFACE			
PRESENT		3 - WORK ON SHOUL OR MEDIAN 4 - INTERMITTENT O			2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE			
A CTIVE SCHOOL ZONE							2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK			
L 1 - DAYLIGH	IGHT CONDITION		1 - CLEAR		WEATHER 6 - SNOW		4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING)	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT			
4 - DARK - R	IGHTED ROADWAY ROADWAY NOT LIGHTED	1 1	4 - RAIN	MOG, SMOKE	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZL	E		7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER /UNKNOWN			
5 - DARK - U 9 - OTHER /	INKNOWN ROADWAY LIGHTING UNKNOWN		5 - SLEET	, HAIL	99 - OTHER / UNKNOWN							
NARRATIVE									Indicate the north direction with			
	AS TRAVELING				N				an "N" on the compass diagram.			
	HAND LANE,								N ···			
INTERSECT	TION OF GARF	IELD PA	RKWAY A	ND STRU	CK				<u>a</u>			
A.UTILITY P	OLE							U.P # 29654				
(#29654), C	CAUSING MINC	R.DAMA	AGE.TO.TI	HE POLE.	BROAL	DWAY AVE (V	v/B)					
							3					
								BROADY	WAY AVE (E/B) ···			
							KWAY	ହ				
							D PAR					
CARTIED PARKWAY												
								WAY				
ODASH DESC	ORTED DATE/TIME		DISPATCH DAT	E/TIME	. ARRIVAL DATE/TIM		COUNT OF THE	DED DATE/TIME	NOT TO SCALE  REPORT TAKEN BY			
0 6 2 4 2 0 2 4   1 9 0 2    0 6 2 4 2 0 2 4   1 9 0 4    0 6 2 4 2 0 2 4   1 9 1 3						10161214121012141 111913141 POLICE AGENCY						
TOTAL TIME ROADWAY OTHER INVESTIGATION TOT CLOSED TIME MINU						CHECKED BY O	FFICER'S NAME*	MOTORIST OURDI FAFEUT				
0, ,	3,5,	5.6		OFFICER'S	S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*  (CORRECTION on ADDITION TO ADDITION OF THE DEBY					
	$\begin{bmatrix} 3 & 5 \end{bmatrix} \begin{bmatrix} 5 & 6 \end{bmatrix} \begin{bmatrix} 0 & 1 & 0 \end{bmatrix}$						L   1   5	1				

OHIO DEPARTMENT UNIT  OF PUBLIC SAFETY UNIT  IINIT # OWNER NAME: LAST, FRST, MIDDLE  OWNER PHONE: INCLUDE AREA CODE (TEL SAME ACCODE)								LOCAL REPORT NUMBER					
UNIT#	OWNER NAME: LAST, FIRST, MCBRIDE		: ■ ) ODY DENI.	DAMAGE DAMAGE SCALE									
	RESS: STREET, CITY, STATE, ZIP		( Same A		1 - NONE 3 - FUNCTIONAL DAMAGE								
§ 473	WESTVI		RD	3 2- MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN								
COMMERCIAL	CARRIER: NAME, ADDRESS, CITY, STA	ATE, ZIP	DAMAGED AREA(S)										
LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE								INDICATE ALL THAT APPLY					
LO ⊢ H	KDL1174	IPANY	$15_1X_1Y_1Z_1L$	J3 LB 7 D G 0 6 C	) <sub>1</sub> 1 <sub>1</sub> 4 <sub>1</sub> 2 <sub>1</sub>	2 0 1 3	Hyundai  VEHICLE MODEL	11 12	11 12 1				
	SURANCE THE GE		AL	OH6664155		GRY	Santa Fe	10 11 1	2 10 11 1				
TYPE OF USE  COMMERCIAL GOVERNMENT			IN EMERGENCY RESPONSE	US DOT#	TOWED BY: COMPANY NAME			9 3	3 9 3				
INTERLOCK			# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS.	<del>-</del>	HAZARDOUS MA		7 5 5	7 5 4				
	DEVICE HIT/SKIP UNIT EQUIPPED		0 1	2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED CLASS# PLACARD ID# PLACARD		7 6 5	11 12 1 6				
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)		7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE			+ PASSENGERS) 24	- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE)	10/	11 1 2				
0 3	3 - SPORT UTILITY VEHICLE 4 - PICK UP	10 -	9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR			EQUIPMENT 26	- OTHER NON- MOTORIST - BICYCLE - TRAIN	9 3 3					
UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 -	BICYCLE 16 - FARM EQUIPMENT  11 - ALL TERRAIN VEHICLE 17 - MOTORHOME (ATV / UTV)				- UNKNOWN OR HIT/SKIP	8	7				
ZEHICLE	# OF TRAILING UNITS							11 12	7 6 5 11 12 1				
Š	-							10 11 1	2 10 11 1				
, 2	WAS VEHICLE OPERATING IN A WHEN CRASH OCCURED?		MODE O	2. DADTIAL ALITOMATION	AUTO 4 - HIGH	OMATION AUTOMATION	- UNKNOWN	9 9 3	3 9 9 3				
	1-YES 2-NO 9-OTHER/L		MODE LI	EVEL		AUTOMATION		7 5					
0 1				11 - FIRE 12 - MILITARY 13 - POLICE	16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER /UNKNOWN 18 - SNOW REMOVAL			7 6 5	7 6 5				
SPECIAL FUNCTION	SPECIAL         4 - SCHOOL TRANSPORT         9 - BUS-TRANSIT/COMMUTER         10 - A           FUNCTION         10 - A			14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TOV 20 - SAF	19 - TOWING 20 - SAFETY SERVICE PATROL			12 12 12				
O 1 / NOT APPLICABLE MOTOR VEHICLE 2 - BUS 4 - LOGGING		EHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POL			12 <b>0 0</b>						
						AT BED 14	- GARBAGE/REFUSE - OTHER / UNKNOWN	, ,	9 3 9 7 3 9 8 3				
TYPE	1 - TURN SIGNALS	4 - B	4 - BRAKES 7 - WORN OR SLICK TIRES			OR TROUBLE 99	- OTHER / UNKNOWN	6					
VEHICLE DEFECTS	TEHICLE 3 - TAILLAMPS 5 - STEERING 8 - TRAILER EQUIPMENT SEFECTS 6 - TIRE BLOWOUT DEFECTIVE  SEFECTS		10 - DISABLED FROM PRIOR ACCIDENT				6 6 6						
NON MOTORICT	MARKED 4 - MII CROSSWALK CR		- INTERSECTION - OTHER			9 - MEDIAN/CROSSING ISLAND         12 - FIRST RESPONDER           10 - DRIVEWAY ACCESS         AT INCIDENT SCENE           11 - SHARED USE PATHS OR         99 - OTHER / UNKNOWN		- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]				
LOCATION AT	N-MOTORIST 2 - INTERSECTION - S- STUDEWALK 11 - SHAH  CATION AT UNMARKED 5 - TRAVEL LANE-OTHER LOCATION TRAIL							NIT NOT AT SCENE [16]					
	1 - NON-CONTACT 2 - NON-COLLISION		STRAIGHT AHEAD BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE		EDINO OD ODOGONO	8 - APPROACHING OR LEAVING VEHICLE 9 - STANDING	1	INITIAL POINT OF CONTACT				
3	3 - STRIKING PRE-C	RASH 4-C	CHANGING LANES OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10 - PARKED	15 - WAL		0 - OTHER NON-MOTORIST 11 - STANDING OUTSIDE	0 8 0 NO DAMAG					
ACTION			5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 6 - MAKING LEFT TURN 12 - DRIVERLESS		16 - WO	RKING S	DISABLED VEHICLE 19 - OTHER / UNKNOWN	1-12 - REFER T DIAGRAM					
9 - OTHER / UNKNOWN 12 - DRIVERLESS 17 - PUSHING VEHICLE 13 - TOP													
	1 - NONE		EFT OF CENTER	13 - IMPROPER START FROM			1 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL				
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	CI 9 - II	OLLOWING TOO LOSE/ACDA MPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	10 OF EIGHTHOUSE EDITE			1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN				
<sub>L</sub> 1 <sub> </sub> 5	5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - I	HANGING IMPROPER PASSING DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	FALI	INC/PDILLING	O - OTHER IMPROPER ACTION	2 2 - TWO-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL				
CONTRIBUTING CIRCUMSTANCE	ES	11 - DROVE OFF ROAD  12 - IMPROPER BACKING			# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING							
S									1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING				
SEQUENCE (	OF EVENTS			EVENTS				_4_	3 - INVOLVED - PASSIVE CROSSING				
1 4 3	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - S	QUIPMENT FAILURE SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANIN	IAL - FARM	2 - WORK ZONE MAINTENANCE EQUIPMENT		INIT / NON MOTORIOT DISCOSTON				
	3 - IMMERSION 4 - JACKKNIFE	UNITS TRANVEL 18 - ANIMAL - DEER ELUIMENT  8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 22 - STRUCK BY  13 - OTHER NON-COLLISION SHIFTING C/		3 - STRUCK BY FALLING, SHIFTING CARGO OR		INIT / NON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST							
$^{2}$ $\downarrow$ $4$ $\downarrow$ $0$	5 - CARGO / EQUIPMENT LOSS OR SHIFT		CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRAI	NSPORT KED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST				
3, ,						2	4 - OTHER MOVABLE OBJECT	from <u>3</u> то	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST				
	25 - IMPACT ATTENUATOR	31.0	GUARDRAIL END	COLLISION WITH FIXED OBJE	ECT - STRUCK 43 - CUR	B 50	-WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN				
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - P	ORTABLE BARRIER MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITC 45 - EMB	H ANKMENT 5'	EQUIPMENT - WALL - BUILDING	UNIT SPEED	DETECTED SPEED				
	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	TURE 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 46 - FENCE E PIERO RABUTMENT BARRIER 41 - OTHER POST, POLE OR 47 - MAILBOX		BOX 50	- TUNNEL - OTHER FIXED OBJECT	0,3,8,	1 1 - STATED/ESTIMATED SPEED						
ا ا	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE SUPPORT 46 - TREE 99 - OTHE RIDGE RAIL BARRIER 42 - CULVERT 49 - FIRE HYDRANT				- OTHER / UNKNOWN		2 - CALCULATED / EDR					
6 <sub>   </sub>	I							POSTED SPEED	3 - UNDETERMINED				
	-							0   3					
L 1	FIRST HARMFUL EVENT		2	MOST HARMFUL EVENT				0 3	PAGE OF				

OHIO DEPARTMENT MOTORIST / NON-MOTORIST							LOCAL REPORT NUMBER					
SAPETY - SERVICE - PROTECTION	WOTORIST / NC	JIN-IVIO I OKI	1 <b>3</b> I				_ 2	0 2 4 DATE OF B	<sub> </sub> 1 <sub> </sub>	6   8   0		
NAME: LAST, FIRST, MIDDLE  O O O O O O O O O O O O O O O O O O O							DATE OF BIRTH AGE GENDER  0   2   2   3   1   9   8   0   4   4     F					
R ADDRESS: STREET, CITY, STATE, ZIP		-					CONTACT	PHONE - INCLUDE AREA CODI	E		,	
110	VIEW RD		EDFORD ICAL FACILITY (NAME, CITY)	OH 4					UTION 1	AID DAG HOADS	I F IFOTION	TRANSCO
/ INJURIES INJURED TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	USED	0   3	-	DOT-COMPLIA MC HELMET	SEATING POS	1	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE	CHARGED	LOCAL CODE	OFFENSE DESCRIPT	TION				CITATION NUMBE	R	
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPEC	TED	CONDITION		ALCOH	OL TEST	_	DR	UG TEST(S)	
r 1 s   4		DISTRACTED BY	☐ ALCOHOL ☐ M ☐ OTHER DRUG	MARIJUANA [	1	STATUS	TYPE 1	VALUE	STATI	us TYPE	RESU	LT SELECT UP TO 4
M UNIT# NAME: LAST, FIRS	ST, MIDDLE		, ш					DATE OF BI	RTH	<u> </u>	AGE	GENDER
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
/ INJURIES INJURED E	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EC	QUIPMENT	1		SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
N BY							MC HELMET	"   			l	<u> </u>
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE	CHARGED	CODE	OFFENSE DESCRIPT	TION				CITATION NUMBER	ł	
T O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	TED	CONDITION			OL TEST			UG TEST(S)	
s L	1 11 1 11 1	BY	ALCOHOL MA	ARIJUANA		STATUS	TYPE	VALUE	STATU	S TYPE	RESUL	T SELECT UP TO 4
UNIT # NAME: LAST, FIRS	ST, MIDDLE		SHELDROD	Į				DATE OF BI	RTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA CODE				
INJURIES INJURED	EMS AGENCY (NAME)	IN HIRED TAKEN TO- MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQ	UIPMENT			SEATING POS	NOITION	AIR BAG USAGE	EJECTION	TRAPPED
N TAKEN BY	INS AGENCY (NAME)	INSURED PARENTO. IN EST	ONE I NOIEIT (NAME, CITY)	USED	1 1		DOT-COMPLIAN MC HELMET		JIION I	AIR BAG USAGE	EJECTION	INAFFED
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE	CHARGED	LOCAL CODE	OFFENSE DESCRIPT	TION				CITATION NUMBER	1	-1
O OL CLASS ENDORSEMENT	DESTRUCTION	DON/FD	4 0000 1000 00000		COMPLETION		41.0011	01.7507		20	110 7507(0)	
R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	ARIJUANA	CONDITION	STATUS	TYPE	OL TEST VALUE	STATU		UG TEST(S) RESUI	LT SELECT UP TO 4
			OTHER DRUG	L				•				
INJURIES  1 - FATAL	SEATING POSITION  1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	1 - CLASS A	CLASS	1 - ALCOHOL	RESTRICTIO INTERLOCK	N(S)	DRIVER DIS 1 - NOT DISTRACTED	TRACTION	1 - NONI	TEST ST	ATUS
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRA	ASTATE ONLY		2 - MANUALLY OPERATIF		2 - TEST	REFUSED	
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT	3 - CLASS C / SIDE 4 - REGULAR CLASS (C	OHIO - D)	3 - CORRECTI 4 - FARM WAI			DEVICE (TEXTING, TYP			GIVEN, CONTAM PLE / UNUSABLE	INATED
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)  5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT C	LASS A BUS		DIALING) 3 - TALKING ON HANDS-I			GIVEN, RESULTS	
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		6 - EXCEPT CI & CLASS B	BUS		COMMUNICATION DE 4 - TALKING ON HAND-H		5 - TEST	GIVEN, RESULTS	SUNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				8 - INTERMED			COMMUNICATION DE 5 - OTHER ACTIVITY WIT				
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE	EJECTION	OL ENDO	DRSEMENT	9 - LEARNER'S	S PERMIT		ELECTRONIC DEVICE 6 - PASSENGER			ALCOHOL T	EST TYPE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT			TIONS TO DAYLIGHT		7 - OTHER DISTRACTION	NINSIDE	1 - NON		
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED  3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER			TO EMPLOYM	ENT	THE VEHICLE 8 - OTHER DISTRACTION	IS OUTSIDE	2 - BLO		
SAFETY EQUIPMENT	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - 13 - MECHANI	OTHER	3	THE VEHICLE 9 - OTHER / UNKNOWN		4 - BRE	ATH	
1 - NONE USED	12 - PASSENGER IN UNENCLOSED	TRAPPED	Q - MOTOR SCOOTER		CONTROLS	BRAKES, HAND S, OR OTHER				5 - OTH	ΕR	
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MO S - SCHOOL BUS	TORUTULE	ADAPTIVE 14 - MILITARY	DEVICES)  VEHICLES OF	NLY				DRUG TES	ST TYPE
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE	TRAILERS	15 - MOTOR V WITHOUT	/EHICLES				1 - NONE		71112
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT)  15 - NON-MOTORIST	3 - FREED BY	X - TANKER / HAZMAT		16 - OUTSIDE 17 - PROSTHE			COND		2 - BLOO 3 - URIN		
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			18 - OTHER			1 - APPARENTLY NORM  2 - PHYSICAL IMPAIRME		4 - OTHE		
8 - HELMET USED 9 - PROTECTIVE PADS USED								3 - EMOTIONAL (E.G. DE				
(ELBOWS, KNEES, ETC.)  10 - REFLECTIVE CLOTHING				IDER				ANGRY, DISTURBED) 4 - ILLNESS		1 - AMP	DRUG TEST I	RESULT(S)
11 - LIGHTING - PEDESTRIAN			F - FEMALE M - MALE					5 - FELL ASLEEP, FAINT	ED,	2 - BARE	SITURATES CODIAZEPINES	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN	ı				FATIGUED, ETC.  6 - UNDER THE INFLUEN	NCE OF	4 - CANI	NABINOIDS	
								MEDICATIONS / DRUG / ALCOHOL		5 - COC 6 - OPIA	AINE TES / OPIOIDS	
								9 - OTHER / UNKNOWN		7 - OTHI 8 - NEG	ER ATIVE RESULTS	

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## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

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LOCAL REPORT NUMBER 20241680	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06 D 24 Y 2024							
IN COUNTY OF 18	CRASH LOCATION BROADWAY AVE								
On 06/24/24, at 8:15 am, U	nit # 1 was traveling w/b on Broadway Ave in the	right hand							
lane, while approaching the	intersection of Garfield Parkway. Another vehicle	(was not							
struck) that was traveling in	the same direction, but in front of Unit # 1, allege	dly came							
to a sudden stop. To avoid	striking that rear of that vehicle, Unit # 1 swerved	to the							
right-hand side, striking the	curb and then a utility pole, causing minor damag	ge to the							
pole.									
The driver of Unit # 1 (Melo	dy McBride) was not issued a citation for failure to	o control,							
however, she was advised t	the city may contact her for damaging the pole.								
	OFFICER'S SIGNATURE X	BADGE NUMBER 010							