OHIO DEPART OF PUBLIC SA SAPETY · SERVICE · PI	TRAFFIC TRAFFIC		LOCAL REPORT NUMBER*										
DHOTOS TAKEN OH-2 OH-3 CALI INFORMATION WALGREENS (TURNEY)								[2 0 2 4 2 3 8 4					
SECONDARY CRASH	OH-1P OH-1P		PORTING AGENCY NA	ME. D HEIGHT:	s L	0 1 8	3,2 ₀	PIT/SKIP 1 - Solved 2 - Unsolved	NIIMRED OF LINITS	٥	1 98 - ANIMAL 99 - UNKNOWN		
COUNTY* LOCAL	LITY* L-CITY*	OCATION: CITY, VILLAG		711101111				CRASH DA	TE/TIME *		CRASH SEVERITY		
1 8 .	2 VILLACE *	SARF HT	3					0829202	- FATAL - SERIOUS INJURY				
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD NA	AME		ROAD TYPE	SUSPECTED 1 ATTITUDE OCCURAN OCCOSEO 3 - MINOR INJURY SUSPECTED					
L			4-WEST TURNEY				$R_{\parallel}D_{\parallel}$	4 1 1 4 2 2 6 7 9			4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST		AD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL		С	NLY		
REFER				5090				8 1 6 1	INTERSECTION RELATED	.			
1 - INTERSECTION 2 - MILE POST			ATE ROUTE (TP)	AL - Al	LLEY HW - HIGHWA VENUE LA - LANE	Y RD -	ROAD SQUARE	□ WITHIN INTERSE	CTION OR ON APPROACH	,			
3 - HOUSE#	3 - EAST 4 - WEST	US - FEDERA SR - STATE F CR - NUMBER		BL - BI CR - C CT - C	OULEVARD MP - MILEPOS IRCLE OV - OVAL	ST ST - TE -	STREET TERRACE TRAIL	☐ WITHIN INTERCH.	NUMB	NUMBER OF APPROACHES			
DISTANCE EDOM DECEDEMOE	DISTANCE I MIT OF MEASURE 1 - Miles	TR - NUMBER ROUTE	ED TOWNSHIP	DR - D			- WAY		ROADWAY				
	2 - Feet 3 - Yards							ROADWAY DIVID	ED				
0 0 1-0N RO		₹	1 1	MANNE NOT COLLISION	ER of CRASH COLLISION/IMPA	СТ		DIRECTION OF TRAVEL		MEDIAN TYP	E		
3 - IN MED 4 - ON RO	DIAN ACCESS DADSIDE 11 - RAILWAY G	RADE	7 . 5	NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE			1 - NORTH 2 - SOUTH	(<4 FE	ED FLUSH ME ET) ED FLUSH ME			
5 - ON GO 6 - OUTSIE TRAFFI 7 - ON RAI	DE 12 - SHARED US ICWAY OR TRAILS	SE PATHS	7 2 - F	TRANSPORT REAR-END HEAD-ON	7 - SIDESWIPE, SAME DIRE 8 - SIDESWIPE, OPPOSITE 9 - OTHER / UNKNOWN			3 - EAST (≥4 FE 4 - WEST 3 - DIVIDE					
8 - OFF RA		Ή	3-1	I ILAU'UN					(ANY				
WORK ZONE RELATED WORKERS PRESENT	1-L	WORK ZONE T ANE CLOSURE ANE SHIFT/CROSSOV			LOCATION OF CRASH IN 1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE WORK ZONE		CONTOUR	CONDITIONS		SURFACE		
LAW ENFORCEMENT PRESENT	3 - V	VORK ON SHOULDER OR MEDIAN			2 - ADVANCE WARNI 3 - TRANSITION ARE 4 - ACTIVITY AREA			1 - STRAIGHT LEVEL	1 . 2227		1		
ACTIVE SCHOOL ZON	5 - C	NTERMITTENT OR MON OTHER	ING WORK		5 - TERMINATION AR	REA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	1 - DRY 2 - WET 3 - SNOW 4 - ICE		- CONCRETE - BLACKTOP, BITUMINOUS, ASPHALT		
	HT CONDITION			WE	ATHER			4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,		- BRICK/BLOCK - SLAG, GRAVEL, STONE		
	HTED ROADWAY	1	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOO	G, SMOKE	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT				MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		- DIRT - OTHER /UNKNOWN		
	ADWAY NOT LIGHTED KNOWN ROADWAY LIGHTING IKNOWN		4 - RAIN 5 - SLEET, HAI	IL	9 - FREEZING RAIN OR FREEZIN 99 - OTHER / UNKNOWN	IG DRIZZLE							
NARRATIVF											Indicate the north		
UNIT # 2 WAS	S PARKED, FAC	CING N/B	IN THE F	PARKING							direction with an "N" on the compass diagram.		
LOT OF WAL	GREENS (509	0 TURNE	YRD),					1 1	· · · · · · · · · · · · · · · · · · ·	*			
UNOCCUPIE	D. UNIT # 1, A	TTEMPTE	D TO PA	RK NEXT									
TO UNIT # 2.	IN A PARKING	SPOT AN	D STRUC	CK THE			5000 THE	RNEY RD (WALGREENS)			N		
BACK LEF.T.	DRIVER FENDE	R OF. UN	IIT.#.2, C <i>l</i>	AUSING			3330 101	SHE I NO (WHE CITY COMP)		TURNEY RD			
MINOR DAM	AGE												
									՝				
							3		Unit 1				
									RACKEN AVE (W/B)				
								MCCI		To S	cale		
									IVOI	10 3	care		
CRASH REPORT		.0.0.5.	DISPATCH DATE/TIM			DATE/TIME			RED DATE/TIME		REPORT TAKEN BY POLICE AGENCY		
10 8 2 9 2 0 2 2 2 2 2 2 2 2	2 4 1 8 4 1	0 8 2 9	2 0 2 4 OFFICER'S NAM	1 8 4 6 ME*	[0 8 2 9 2 0	<u> </u>	1 8 5 3 CHECKED BY OFF	0 8 2 9 2 0 2 CER'S NAME*	(4 1 9 3 0		MOTORIST		
CLOSED	TIME	MINUTES	J. Lee		IDGE NIIMREDI		V. Walker		NIIMRED*		SUPPLEMENT (CORRECTION or ADDITION		
0 1 1	0						L 1 1 5	NUMBER*		TO MEDICATING REPORT SIRT TO COPE			

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	OH OF SAFE	IIO DEPARTMENT PUBLIC SAFETY TY - SERVICE - PROTECTION UNIT						2,0,2,4,2	LOCAL REPORT NUMBER		
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE ROBINSON	^E (■ Sam JACQUELINE AI	ne As Driver) NNETTE	OWNER P	HONE: INCLUDE AREA CODE	(Same As Driver)		DAMAGE DAMAGE SCALE		
OWNER		ESS: STREET, CITY, STATE, ZIP	(🖪 Same As Dr	·			11105	1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE		
ο	4105 COMMERCIAL CA	E 114TH ST ARRIER: NAME, ADDRESS, CITY, STATE, ZIP	-	CLEVEL		IAL CARRIER PHONE: INCLUDE A	44105 REA CODE	9	9 - UNKNOWN		
					ш			DAMAGED AREA(S)			
	LP STATE				3,6,6,	VEHICLE YEAR	VEHICLE MAKE Chevrolet	12	INDICATE ALL THAT APPLY		
		JRANCE INSURANCE COMPANY	1	INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL Other/Unknow	10 12	2 10 11 12		
		TYPE OF USE	IN EMERGENCY	US DOT#	TOWED	BY: COMPANY NAME	Outen/Onknow	9 9 3	3 9 3		
	COMMERCIAL GOVERNMENT L		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZA		ATERIAL	8 4 7 5	8 4 7 5 4		
	☐ DEVICE	Device HIT/SKIP UNIT 0 1 - ≤10.0		1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	11 12 7 6 5		
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE		5+ PASSENGERS) 24	B - PEDESTRIAN/SKATER I - WHEELCHAIR (ANY TYPE) I - OTHER NON- MOTORIST	10	11 1 2		
	UNIT TYPE	3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY 22 - ANIMAL	EQUIPMENT 26 WITH RIDER OR 27	6 - BICYCLE 7 - TRAIN 9 - UNKNOWN OR HIT/SKIP) e	9 3 3		
щ	UNITIFE	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DIAMN VEHICLE 3.	- Shillowit Givenington	12	7 6 5 4		
VEHICLE		# OF TRAILING UNITS						11 12	6 11 12 1		
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	OMOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	AUTO	OMATION	- UNKNOWN	10 2	3 9 9 3		
	2	1 - YES 2 - NO 9 - OTHER / UNKNO	WN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION		AUTOMATION AUTOMATION		8 7 5			
		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 2 - TAX 1 - 13 - FIRE 12 - TAX 1 - 13 - FIRE 12 - TAX 1 - 13 - FIRE 12 - FIRE 13 - FOLICE 13 - FOLICE 13 - FOLICE 13 - FOLICE 14 - FIRE 14 - FIR			16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER /UNKNOWN 18 - SNOW REMOVAL			7 6	7 6 5		
	SPECIAL FUNCTION	4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY PECIAL 5 - BUS-TRANSITICOMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT		19 - TOWING 20 - SAFETY SERVICE PATROL			12 12 12				
	1011	1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINE		5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER		12				
	CARGO BODY	2 - BUS 4 - LOGGING 6 - CARGO VANIENCLOSED BOX RGO BODY 7 - GRAINICHIPS/GRAVEL		10 - FLAT BED 14 - GARBAGE/REFUSE 11 - DUMP 99 - OTHER / UNKNOWN		,	9 8 3 9 3 9				
		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 2 - HEAD LAMDS 5 - STEEDING 8 - TRAILED ECH HOMENT		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	10 - DIS	ABLED FROM PRIOR	- OTHER / UNKNOWN	6			
	VEHICLE DEFECTS	3 - TAIL LAMPS 1 - INTERSECTION -	6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER	DEFECTIVE 6 - BICYCLE LANE		IDENT IAN/CROSSING ISLAND 1	2 - FIRST RESPONDER	O DAMAGE [0]	Undercarriage [14]		
	NON-MOTORIST LOCATION AT	MARKED CROSSWALK 2 - INTERSECTION - LINMARKED	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	7 - SHOULDER/ROADSIDE 8 - SIDEWALK		RED USE PATHS OR	AT INCIDENT SCENE 9 - OTHER / UNKNOWN	TOP [13]	- ALL AREAS [15] INIT NOT AT SCENE [16]		
	IMPACT	CROSSWALK 1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN			18 - APPROACHING OR LEAVING VEHICLE	_	INITIAL POINT OF CONTACT		
	2	2 - NON-COLLISION 3 - STRIKING PRE-CRASH	2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED	SPE	CIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	O A 0 - NO DAMAG	SE 14 - UNDERCARRIAGE		
	ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED JOGGING, PLAYING IN TRAFFIC 16 - WORKING		DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 1 1-12-REFER DIAGRAI	TO UNIT 15 - VEHICLE NOT AT SCENE			
		9 - OTHER / UNKNOWN	0-MANNO EET FORM	12 - DRIVERLESS	17 - PUS	SHING VEHICLE		13 - TOP			
		1 - NONE	7 - LEFT 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	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	EQL 19 - LOA	JIPMENT 2 AD SHIFTING/	2 - NOT DISCERNABLE 3 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN		
	3 3	5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING ROPER CROSSING 9	9 - OTHER IMPROPER ACTION	2 - TWO-WAY	6 3 - FLASHER 6 - NO CONTROL		
	CONTRIBUTING CIRCUMSTANCES		mi noi en proninci					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED		
EVENT(S)	SEQUENCE OF	EVENTS							2 - INVOLVED - ACTIVE CROSSING		
EV		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		.WAY VEHICLE 2 MAL - FARM	2 - WORK ZONE MAINTENANCE		3 - INVOLVED - PASSIVE CROSSING		
		2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANIN 19 - ANIN	MAL - DEER MAL - OTHER 2	EQUIPMENT 3 - STRUCK BY FALLING, SHIFTING CARGO OR		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST		
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	TOR VEHICLE IN NSPORT KED MOTOR VEHICLE	ANYTHING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST		
	3, ,			00111015			4 - OTHER MOVABLE OBJECT	FROM 4 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST		
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	COLLISION WITH FIXED OBJECT 37 - TRAFFIC SIGN POST	43 - CUF		-WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN		
	4, , ,	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE		ANKMENT 5	EQUIPMENT I - WALL 2 - BUILDING	UNIT SPEED	DETECTED SPEED		
	5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX 53 - T 48 - TREE 99 - C		3 - TUNNEL 1 - OTHER FIXED OBJECT 3 - OTHER / UNKNOWN	0	1 - STATED/ESTIMATED SPEED		
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE	HYDRANT			2 - CALCULATED / EDR 3 - UNDETERMINED		
	6							POSTED SPEED			
	_ 1	FIRST HARMFUL EVENT	1	OST HARMFUL EVENT							
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	OH OF MPET	TIO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION UNIT		2,0,2,4,2	LOCAL REPORT NUMBER 2 3 8 4				
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE MITCHELL S	(Li San	ne As Driver)	OWNER P	HONE: INCLUDE AREA CODE (Same As Driver)		DAMAGE DAMAGE SCALE
OWNER	OWNER ADDRE	SS: STREET, CITY, STATE, ZIP	(□ Same As D JTHER KING JR	•	пшт	S OH	44105	1-NONE 2-MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
O		RRIER: NAME, ADDRESS, CITY, STATE, ZIF		DN GARFIEI		AL CARRIER PHONE: INCLUDE AF			9 - UNKNOWN
L									DAMAGED AREA(S) INDICATE ALL THAT APPLY
							Chevrolet	11 12 1	INDICATE ALL THAT AFFET
		JRANCE INSURANCE COMPANY ALL STATE		INSURANCE POLICY# 826711909		VEHICLE COLOR SIL	VEHICLE MODEL Cruze	10 12	2 10 11 1
	TYPE OF USE COMMERCIAL GOVERNMENT RES		IN EMERGENCY RESPONSE	US DOT#	TOWED	BY: COMPANY NAME		9 9 3	
	INTERLOCK DEVICE HIT/SKIP UNIT		#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	<u> </u>	HAZARDOUS MA MATERIAL RELEASED PLACARD	ATERIAL CLASS# PLACARD ID#	8 7 6 5	4 8 7 5 5 4
	0 1	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 1 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 1 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 1 4 - PICK UP 10 - MOPED OR MOTORIZED 1 BICTYCLE 1		3 - >26K LBS. 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 - PEDESTRIANISKATER 24 - WHEEL CHAIR (ANY TYPE) 25 - DITHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HITJSKIP		- WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST - BICYCLE - TRAIN	10 9 (11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VEHICLE		# of TRAILING UNITS						10 12 1	2 10 11 12 1
		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	AUTOMATION		UNKNOWN	9 10 2 3 4 5 5	3 9 9 3 3 3 5 4 7 5 4
	0 1	4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT		16 - FARM 21 - MAIL CARRIER 17 - MOWING 99 - OTHER /LINKNOWN 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL		7 6 5	12 12 12		
	1011	U 1 /NOT APPLICABLE MOTOR VEHICLE CHASS 2 - BUS 4 - LOGGING 6 - CARGO CARGO BODY 7 - GRAIN		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPSIGRAVEL	CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE		- AUTO TRANSPORTER - GARBAGE/REFUSE	, ,	9 3 9 3 3
				8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR ACCIDENT		- OTHER / UNKNOWN	6	6 6 6
		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 - DRI	VEWAY ACCESS IRED USE PATHS OR 99	2- FIRST RESPONDER AT INCIDENT SCENE 3- OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	- undercarriage [14] - ALL AREAS [15] UNIT NOT AT SCENE [16]
	4	1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENT	TERING OR CROSSING	8 - APPROACHING OR LEAVING VEHICLE 9 - STANDING		INITIAL POINT OF CONTACT
	ACTION	3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 8 STRUCK 9 - OTHER / UNKNOWN	3 - CHANGING LANES 4 - OVERTAKING/FASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	15 - WAI JOG 16 - WO	LKING, RUNNING, 2 GGING, PLAYING	O- OTHER NOW-MOTORIST 1- STANDING OUTSIDE DISABLED VEHICLE 9- OTHER / UNKNOWN	0 - NO DAMA 1-12 - REFER DIAGRA 13 - TOP	R TO UNIT 15 - VEHICLE NOT AT SCENE
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM			- LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC 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	EQL 19 - LOA	JIPMENT 23 AD SHIFTING/	P- NOT DISCERNABLE OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN
		5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING 99 ROPER CROSSING	O - OTHER IMPROPER ACTION	2 - TWO-WAY	6 - NO CONTROL
	CONTRIBUTING CIRCUMSTANCES		12 - IWI NOT EN BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED
EVENT(S)	SEQUENCE OF	EVENTS						1 1	2 - INVOLVED - ACTIVE CROSSING
Ð		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	EVENTS 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		WAY VEHICLE 22	- WORK ZONE MAINTENANCE		3 - INVOLVED - PASSIVE CROSSING
		3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIN	MAL - DEER MAL - OTHER TOR VEHICLE IN	EQUIPMENT S-STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
	2	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	NSPORT KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE - OTHER MOVABLE		2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST
	3			COLLISION WITH FIXED OBJECT			OBJECT	FROM 2 TO	4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT		CH ANKMENT 51	-WORKZONE MAINTENANCE EQUIPMENT - WALL - BUILDING	UNIT SPEED	DETECTED SPEED
	5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAIL 48 - TREI	46 - FENCE 52 - BUILDING 47 - MAILBOX 53 - TUNNEL 48 - TREE 54 - OTHER FIXED OBJECT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN		0	1 - STATEDIESTIMATED SPEED 2 - CALCULATED / EDR
	6							POSTED SPEED	3 - UNDETERMINED
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OF PUBLIC SAFETY	MOTORIST / NO	ON MOTODI	CT					LOCAL REPORT NU	JMBER	
SAPETY - SERVICE - PROTECTION	WOTORIST / NO	ON-MOTORI	3 1			_ 2 _	0 2 4 DATE OF BIRTH	2 3 8	3 4	
M UNIT# NAME: LAST, FI	RST, MIDDLE									GENDER
·	INSON	JACQUELINE	ANNE	TTE		_	1 4 1	9 7 2	2 5 2	∐ <u>F</u>
ADDRESS: STREET, CITY, STATE, ZII S		01	EVELAND	011 44	405	CONTACT P	HONE - INCLUDE AREA CODE	1 1	1 1	
INJURIES INJURED	EMS AGENCY (NAME)		LEVELAND CAL FACILITY (NAME, CITY)	OH 44			SEATING POSITION	ON AIR BAG	G USAGE EJECTIO	ON TRAPPED
5 BY 1				USED	9 9	DOT-COMPLIANT MC HELMET	0 1	_1	_1_	_
	CENSE NUMBER	OFFENSE	CHARGED	LOCAL OFFI	ENSE DESCRIPTION			CITATIO	N NUMBER	
о т										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT		CONDITION	ALCOHOL TYPE	VALUE	STATUS	DRUG TEST(S) TYPE RE	SULT SELECT UP TO 4
s 4		1	ALCOHOL M	ARIJUANA	1 1	」	•	_1	1	
M UNIT# NAME: LAST, FI	RST, MIDDLE		_		,	İ	DATE OF BIRTH	1	AGE	GENDER
T										
R ADDRESS: STREET, CITY, STATE, ZII	1					CONTACT P	HONE - INCLUDE AREA CODE			
S T INJURIES INJURED TAKEN	EMS AGENCY (NAME)	IN HIDED TAKEN TO MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIPME	ENT		SEATING POSITIO	ON AIR BAG	SUSAGE EJECTIO	ON TRAPPED
N TAKEN BY	,	INSURED PARENTO. INC.	OAL FAOILITE (NAME, SITT)	USED		DOT-COMPLIANT MC HELMET			1	
	CENSE NUMBER	OFFENSE O	CHARGED		ENSE DESCRIPTION			CITATIO	N NUMBER	
M				CODE						
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED C	ONDITION	ALCOHOL TYPE	TEST VALUE	STATUS	DRUG TEST(S)	SULT SELECT UP TO 4
; s T		BY	ALCOHOL MA	RUUANA	SIAIUS	I ITPE	VALUE	STATUS	ITPE RES	SULT SELECT UP TO 4
M UNIT# NAME: LAST, FI	RST, MIDDLE					<u>' </u>	DATE OF BIRTH	<u> </u>	AGE	GENDER
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I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	NT	DOT-COMPLIANT	SEATING POSITIO	ON AIR BAG	S USAGE EJECTION	ON TRAPPED
O N OL STATE OPERATOR LI	CENSE NUMBER	OFFENSE (NUADOFA			MC HELMET			N NUMBER	
M O I I I	ZENSE NUMBER	OFFENSE C	HARGED	LOCAL OFFI	ENSE DESCRIPTION			CHAHO	N NUMBER	
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	ED C	ONDITION	ALCOHOL	TEST		DRUG TEST(S)	
R GEEST STOP		DISTRACTED BY		RUUANA	STATUS	TYPE	VALUE	STATUS	TYPE RES	SULT SELECT UP TO 4
T L L			OTHER DRUG			<u> </u>				
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	1 - CLASS A	LASS	OL RESTRICTION 1 - ALCOHOL INTERLOCK		DRIVER DISTRA 1 - NOT DISTRACTED	CTION	1 - NONE GIVEN	STATUS
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING A	AN	2 - TEST REFUSED	
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C			Y		ATION		
				WHO B)	3 - CORRECTIVE LENSES		ELECTRONIC COMMUNIC. DEVICE (TEXTING, TYPING,		3 - TEST GIVEN, CONT SAMPLE / UNUSABL	
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / 5 - NOT APPLICABLE	SIDE 4 - REGULAR CLASS (C	OHIO = D)	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS		ELECTRONIC COMMUNIC	,	3 - TEST GIVEN, CONT	.E
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	4 - DEPLOYED BOTH FRONT /)HIO = D)	4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS		ELECTRONIC COMMUNIC DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREI COMMUNICATION DEVICE	E E	3 - TEST GIVEN, CONT SAMPLE / UNUSABL	LTS KNOWN
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OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER						
SAPETY - SE	RVICE - PROTECTION					2 0 2 4 2	3 8	4				
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BI	RTH		AGE	GENDER		
ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	CODE					
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	CEATIN	G POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
INJURIES	TAKEN BY	EWS AGENCT (NAME)		INJURED TAKEN TO. MEDICAL PACIETT (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	3 POSITION	AIR BAG USAGE		I III		
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						MC HELMET						
UNIT#	NAME: LAST, FII	RST, MIDDLE				DATE OF BI	RTH		AGE	GENDER		
ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	ODE					
	T	T		I	T				EJECTION	TRAPPED		
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	3 POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
									AGE	GENDER		
UNIT#	NAME: LAST, FII	RST, MIDDLE				DATE OF BI	KIH I I		1.02	GENDER		
ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	CODE					
ADDRESS: STREE	L1, 0111, 01A1L, 211							1		1		
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT		G POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET			ال			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN			3 - LAP BELT O 4 - SHOULDER 5 - CHILD REST FORWARD F	BELT ONLY USED NLY USED LAP BELT USED RAINT SYSTEM - CONS RAINT SYSTEM - G EAT ED EPADS USED EES, ETC.) E CLOTHING PEDESTRIAN NLY NLY NLY NLY NLY NLY NLY N	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORC' 5 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORC' 8 - THIRD - LEFT SIDE (MOTORC' 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK (NON-TRALING UNIT, BUS, PICX-U 12 - PASSENGER IN OTHER ENCL((NON-TRALING UNIT) 13 - TRALLING UNIT) 14 - RIGING ON VEHICLE EXTERIO (NON-TRALLING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	LE SIDE CAR) CAB SED CARGO AREA IP WITH CAP) CARGO AREA	1 - NOT EJE 2 - PARTIAL 3 - TOTALL 4 - NOT APP	ED SIDE ED BOTH FRONT/SID LICABLE MENT UNKNOWN ENE LY EJECTED PLICABLE	PPED L MEANS			
ADDRESS: STREET OH NAME: LAST, FIRST, COX ADDRESS: STREET OH NAME: LAST, FIRST, COX ADDRESS: STREET	T, CITY, STATE, ZIP	JIM	(DATE OF BI	EEA CODE		GE GE	GENDER U GENDER U		
NAME: LAST, FIRST, ADDRESS: STREET						DATE OF BII		A	GE	GENDER		

HSY 8355 0H1P 1/19 [760-1500]



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20242384	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 29 Y 2024
IN COUNTY OF 18	CRASH LOCATION WALGREENS (TURNEY)	
Upon further investigation, i	it was determined the driver (Jackie Robinson) of	of Unit # 1
tried making a left hand turr	n into the parking spot, next to Unit # 2. Unit # 1	struck, Unit
# 2, causing damage to the	e driver left side back fender and then left the sce	ne without
notifying the owner of Unit #	# 2.	
When the driver/owner (Sh	nerri Mitchell) came outside, two witnesses, Jim	& Willy
informed Sherri what they s	saw and provided information for Unit # 1. At this	time, a
couple of attempts were ma	ade to get a hold of Miss Robinson, but were uns	successful.
	OFFICER'S SIGNATURE	BADGE NUMBER