

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 5 | 0 | 0 | 3 | 8

- 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 | 2

UNIT IN EDDP  
98 - ANIMAL  
99 - UNKNOWN  
0 | 1

COUNTY \*  
1 | 8

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

CRASH DATE/TIME \*  
0 | 1 | 0 | 6 | 2 | 0 | 2 | 5 | 1 | 1 | 0 | 3 | 3

CRASH SEVERITY  
5

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

ROUTE TYPE  
R

ROUTE NUMBER  
4 | 8 | 0

PREFIX  
4

LOCATION ROAD NAME  
1480W

ROAD TYPE  
H | W

LATITUDE DECIMAL DEGREES  
4 | 1 | 4 | 1 | 2 | 7 | 5 | 2

ROUTE TYPE

ROUTE NUMBER

PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
TRANSPORTATION

ROAD TYPE  
B | L

LONGITUDE DECIMAL DEGREES  
8 | 1 | 6 | 1 | 5 | 8 | 2 | 8

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

DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
3

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  
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 | 0 | 0

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards  
2

ROADWAY  
 ROADWAY DIVIDED

LOCATION - FIRST AND SECOND EVENT  
0 | 1

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  
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

- 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  
2

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  
6

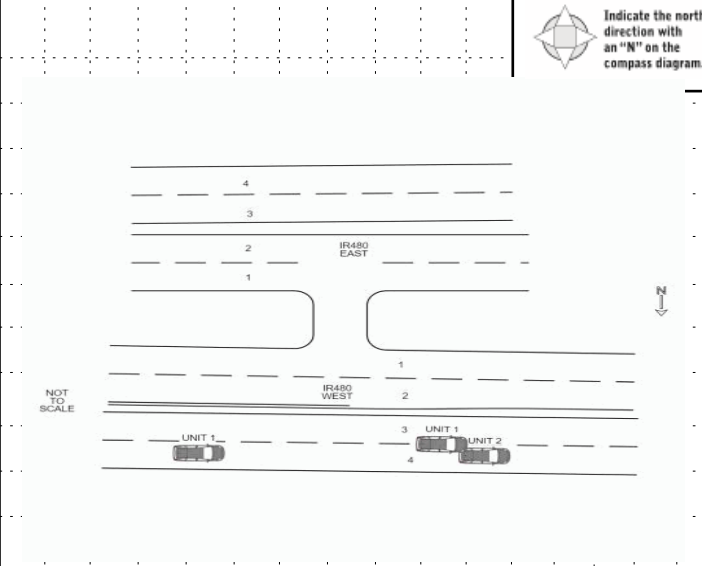
1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE  
4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW  
7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - FREEZING RAIN OR FREEZING DRIZZLE  
99 - OTHER / UNKNOWN

CONDITIONS  
2

1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

NARRATIVE

UNIT 2 WAS TRAVELING W/B ON IR480W JUST PASSED TRANSPORTATION BLVD IN LANE 4. UNIT 1 WAS DIRECTLY BEHIND UNIT 2. THE DRIVER OF UNIT 1 MADE IMPROPER LANE CHANGE AND CAUSED THE ACCIDENT BY STRIKING UNIT 2 IN THE LEFT BUMPER WITH UNIT 1'S FRONT RIGHT.



CRASH REPORTED DATE/TIME  
0 | 1 | 1 | 0 | 6 | 2 | 0 | 2 | 5 | 1 | 1 | 0 | 3 | 3

DISPATCH DATE/TIME  
0 | 1 | 1 | 0 | 6 | 2 | 0 | 2 | 5 | 1 | 1 | 0 | 3 | 4

ARRIVAL DATE/TIME  
0 | 1 | 1 | 0 | 6 | 2 | 0 | 2 | 5 | 1 | 1 | 0 | 3 | 8

SCENE CLEARED DATE/TIME  
0 | 1 | 1 | 0 | 6 | 2 | 0 | 2 | 5 | 1 | 1 | 1 | 5 | 0

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
5 | 0

OTHER INVESTIGATION TIME

TOTAL MINUTES  
7 | 6

OFFICER'S NAME \*  
L. Ajienq

OFFICER'S BADGE NUMBER\*  
0 | 2 | 7

CHECKED BY OFFICER'S NAME\*  
N. Rossi

CHECKED BY OFFICER'S BADGE NUMBER\*  
S | 1 | 3

SUPPLEMENT  
(CORRECTION = ADDITION)

OWNER # 0 1 OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver ) NIMMER BRITTANY ALEXANDRA OWNER PHONE: INCLUDE AREA CODE ( Same As Driver )

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver ) 10431 TOWNLEY CT REMINDERVILLE OH 44202

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 # JXK6587 VEHICLE IDENTIFICATION # 1FMCU0D781C1C77704 VEHICLE YEAR 2012 VEHICLE MAKE Ford

INSURANCE VERIFIED PROGRESSIVE INSURANCE POLICY # 976239797 VEHICLE COLOR BLK VEHICLE MODEL Escape

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD ID #

DAMAGED AREA(S) INDICATE ALL THAT APPLY

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

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 - PEDESTRIANSKATER 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 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

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 REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER UNKNOWN

CARGO BODY TYPE 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 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 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

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

CONTRIBUTING CIRCUMSTANCES 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 1 - ONE-WAY 2 - TWO-WAY

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

SEQUENCE OF EVENTS

EVENTS 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

# OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING 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 3 TO 4

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

UNIT SPEED 70

POSTED SPEED 0

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

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**KESSLER JONATHAN L**  
 OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver  
**7435 LASCALA DR HUDSON OH 44236**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # KHF4708 VEHICLE IDENTIFICATION # 7FCTGB1A1A2RN030445 VEHICLE YEAR 2024 VEHICLE MAKE RIVA  
 INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 987502670 VEHICLE COLOR SIL VEHICLE MODEL R1T  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 02 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 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: 01 1- PASSENGER CAR 7- MOTORCYCLE 2-WHEELED 12- GOLF CART 18- LIMO (LIVERY VEHICLE) 23- PEDESTRIAN SKATER  
 2- PASSENGER VAN (MINIVAN) 8- MOTORCYCLE 3-WHEELED 13- SNOWMOBILE 19- BUS (16+ PASSENGERS) 24- WHEELCHAIR (ANY TYPE)  
 3- SPORT UTILITY VEHICLE 9- AUTOCYCLE 14- SINGLE UNIT TRUCK 20- OTHER VEHICLE 25- OTHER NON-MOTORIST  
 4- PICK UP 10- MOPED OR MOTORIZED BICYCLE 15- SEMI-TRACTOR 21- HEAVY EQUIPMENT 26- BICYCLE  
 5- CARGO VAN 11- ALL TERRAIN VEHICLE (ATV / UTV) 16- FARM EQUIPMENT 22- ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27- TRAIN  
 6- VAN (9-15 SEATS) 17- MOTORHOME 16- FARM EQUIPMENT 99- UNKNOWN OR HIT/SKIP

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 3- CONDITIONAL AUTOMATION 9- UNKNOWN  
 2- PARTIAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION

SPECIAL FUNCTION: 01 1- NONE 6- BUS - CHARTER/TOUR 11- FIRE 16- FARM 21- MAIL CARRIER  
 2- TAXI 7- BUS - INTERCITY 12- MILITARY 17- MOWING 99- OTHER UNKNOWN  
 3- ELECTRONIC RIDE SHARING 8- BUS - SHUTTLE 13- POLICE 18- SNOW REMOVAL  
 4- SCHOOL TRANSPORT 9- BUS - OTHER 14- PUBLIC UTILITY 19- TOWING  
 5- BUS-TRANSIT/COMMUTER 10- AMBULANCE 15- CONSTRUCTION EQUIPMENT 20- SAFETY SERVICE PATROL

CARGO BODY TYPE: 01 1- NO CARGO BODY TYPE / NOT APPLICABLE 3- VEHICLE TOWING ANOTHER MOTOR VEHICLE 5- INTERMODAL CONTAINER CHASSIS 8- POLE 12- CONCRETE MIXER  
 2- BUS 4- LOGGING 6- CARGO VAN/ENCLOSED BOX 7- GRAIN/CHIPS/GRAVEL 9- CARGO TANK 10- FLAT BED 13- AUTO TRANSPORTER  
 14- GARBAGE/REFUSE 99- OTHER / UNKNOWN

VEHICLE DEFECTS: 01 1- TURN SIGNALS 4- BRAKES 7- WORN OR SLICK TIRES 9- MOTOR TROUBLE 99- OTHER / UNKNOWN  
 2- HEAD LAMPS 5- STEERING 8- TRAILER EQUIPMENT DEFECTIVE 10- DISABLED FROM PRIOR ACCIDENT  
 3- TAIL LAMPS 6- TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT: 01 1- INTERSECTION - MARKED CROSSWALK 3- INTERSECTION - OTHER 6- BICYCLE LANE 9- MEDIAN/CROSSING ISLAND 12- FIRST RESPONDER OR LEAVING VEHICLE  
 2- INTERSECTION - UNMARKED CROSSWALK 4- MIDBLOCK - MARKED CROSSWALK 7- SHOULDER/ROADSIDE 10- DRIVEWAY ACCESS AT INCIDENT SCENE  
 5- TRAVEL LANE-OTHER LOCATION 8- SIDEWALK 11- SHARED USE PATHS OR TRAILS 99- OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES: 01 1- NONE 7- LEFT OF CENTER 13- IMPROPER START FROM A PARKED POSITION 17- VISION OBSTRUCTION 21- LYING IN ROADWAY  
 2- FAILURE TO YIELD 8- FOLLOWING TOO CLOSE/ACDA 14- STOPPED OR PARKED ILLEGALLY 18- OPERATING DEFECTIVE EQUIPMENT 22- NOT DISCERNABLE  
 3- RAN RED LIGHT 9- IMPROPER LANE CHANGING 15- SWERVING TO AVOID 19- LOAD SHIFTING/ FALLING/SPILLING 23- OPENING DOOR INTO ROADWAY  
 4- RAN STOP SIGN 10- IMPROPER PASSING 11- DROVE OFF ROAD 12- IMPROPER BACKING 99- OTHER IMPROPER ACTION  
 5- UNSAFE SPEED 6- IMPROPER TURN

SEQUENCE OF EVENTS: 1 20 1- OVERTURN/ROLLOVER 6- EQUIPMENT FAILURE 11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16- RAILWAY VEHICLE 22- WORK ZONE MAINTENANCE EQUIPMENT  
 2- FIRE/EXPLOSION 7- SEPARATION OF UNITS 17- ANIMAL - FARM 18- ANIMAL - DEER 19- ANIMAL - OTHER 20- MOTOR VEHICLE IN TRANSPORT 21- PARKED MOTOR VEHICLE  
 3- IMMERSION 8- RAN OFF ROAD RIGHT 12- DOWNHILL RUNAWAY 13- OTHER NON-COLLISION 14- PEDESTRIAN 15- PEDALCYCLE  
 4- JACKKNIFE 9- RAN OFF ROAD LEFT 10- CROSS MEDIAN  
 5- CARGO / EQUIPMENT LOSS OR SHIFT  
 6- \_\_\_\_\_  
 7- \_\_\_\_\_  
 8- \_\_\_\_\_  
 9- \_\_\_\_\_  
 10- \_\_\_\_\_  
 11- \_\_\_\_\_  
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 21- \_\_\_\_\_  
 22- \_\_\_\_\_  
 23- \_\_\_\_\_  
 24- \_\_\_\_\_  
 25- IMPACT ATTENUATOR / CRASH CUSHION 31- GUARDRAIL END 37- TRAFFIC SIGN POST 43- CURB 50- WORKZONE MAINTENANCE EQUIPMENT  
 26- BRIDGE OVERHEAD STRUCTURE 32- PORTABLE BARRIER 38- OVERHEAD SIGN POST 44- DITCH 51- WALL  
 27- BRIDGE PIER OR ABUTMENT 33- MEDIAN CABLE BARRIER 39- LIGHT/LUMINARIES SUPPORT 45- EMBANKMENT 52- BUILDING  
 28- BRIDGE PARAPET 34- MEDIAN GUARDRAIL BARRIER 40- UTILITY POLE 46- FENCE 53- TUNNEL  
 29- BRIDGE RAIL 35- MEDIAN CONCRETE BARRIER 41- OTHER POST, POLE OR SUPPORT 47- MAILBOX 54- OTHER FIXED OBJECT 99- OTHER / UNKNOWN  
 30- GUARDRAIL FACE 36- MEDIAN OTHER BARRIER 42- CULVERT 48- TREE 49- FIRE HYDRANT

FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

LOCAL REPORT NUMBER: 20250038

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

DAMAGED AREA(S): INDICATE ALL THAT APPLY  
  
 - NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT: 07  
 0- NO DAMAGE 14- UNDERCARRIAGE  
 1-12- REFER TO UNIT DIAGRAM 15- VEHICLE NOT AT SCENE  
 99- UNKNOWN 13- TOP

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

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

UNIT SPEED: 60  
 POSTED SPEED: 60  
 DETECTED SPEED: 1 1- STATED/ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 5 0 0 3 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE NIMMER JOSEPH JERMAINE		DATE OF BIRTH 0 6 1 2 2 0 0 5		AGE 1 9	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 10431 TOWNLEY CT REMINDERVILLE OH 44202					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 331.08	LOCAL CODE ■	OFFENSE DESCRIPTION DRIVING IN MARK LANE	CITATION NUMBER G20250010				
OL CLASS 4	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 VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SNYDER DAVID ERNEST		DATE OF BIRTH 0 8 1 5 1 9 8 5		AGE 3 9	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 835 STARR RIDGE ST SE MASSILLON OH 44646					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS 4	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 VALUE STATUS TYPE RESULT SELECT UP TO 4		DRUG TEST(S)

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	<input type="checkbox"/> 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 RESULT SELECT UP TO 4		DRUG TEST(S)

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)	9 - DEPLOYMENT UNKNOWN	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	<b>EJECTION</b>	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
<b>SAFETY EQUIPMENT</b>		3 - TOTALLY EJECTED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	<b>CONDITION</b>	5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	1 - APPARENTLY NORMAL	<b>DRUG TEST TYPE</b>
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	<b>TRAPPED</b>	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - PHYSICAL IMPAIRMENT	1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - ILLNESS	3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS		16 - OUTSIDE MIRROR	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING			<b>GENDER</b>	17 - PROSTHETIC AID	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	<b>DRUG TEST RESULT(S)</b>
7 - BOOSTER SEAT			F - FEMALE	18 - OTHER	7 - OTHER / UNKNOWN	1 - AMPHETAMINES
8 - HELMET USED			M - MALE			2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			U - OTHER/UNKNOWN			3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING						4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						5 - COCAINE
99 - OTHER / UNKNOWN						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER									
2	0	2	5	0	0	3	8		

<b>OCCUPANT</b>	UNIT # 1	NAME: LAST, FIRST, MIDDLE GANDEE CARLEY MICHELLELEIGH				DATE OF BIRTH 0 4 2 8 2 0 0 5			AGE 1 9	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 22394 LAKE PARK BLVD ALLIANCE OH 44601					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

<b>OCCUPANT</b>	UNIT # 2	NAME: LAST, FIRST, MIDDLE KESSLER JONATHAN L				DATE OF BIRTH 0 8 2 9 1 9 5 8			AGE 6 6	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 7435 LASCALA DR HUDSON OH 44236					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

<b>OCCUPANT</b>	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

<b>OCCUPANT</b>	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	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED

<b>INJURIES</b>	<b>SAFETY EQUIPMENT USED</b>	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	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	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	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>			<b>EJECTION</b>
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN			1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE
<b>GENDER</b>			<b>TRAPPED</b>
F - FEMALE M - MALE U - OTHER/UNKNOWN			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

<b>WITNESS</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		