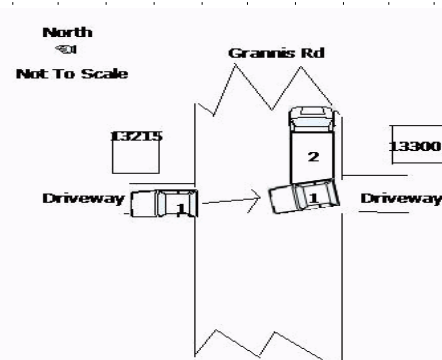


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 0 5 6 0	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *		CRASH DATE/TIME *		CRASH SEVERITY	
1 8	1	GARFIELD HTS		0 3 1 4 2 0 2 5 1 4 3 6		4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	ATTITUDE (NORMAL DEGREE)		
			Grannis	R D	4 1 4 0 4 9 1 3		
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			13215		8 1 5 9 0 6 2 5		
REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED			
3		IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES			
DISTANCE	DISTANCE	ROADWAY					
		<input type="checkbox"/> ROADWAY DIVIDED					
LOCATION - FIRST UADMILE EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
0 1		5		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSION MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT or MOVING WORK 5 - OTHER		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	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 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 1		SURFACE 2	
NARRATIVE UNIT#1 WAS BACKING FROM A DRIVEWAY AT 13215 GRANNIS RD ONTO THE ROADWAY IN SOUTHERN DIRECTION. UNIT#2 WAS BACKING IN A WESTERN DIRECTION AT 13215 GRANNIS RD. AS A RESULT, THE RIGHT BACK OF UNIT#1 AND THE RIGHT BACK OF UNIT #2 COLLIDED. UNIT#2 WAS AT FINAL REST AND UNIT#1 WAS PARKED FACING WEST NEAR 13215 GRANNIS UPON ARRIVAL. BWC NOTE: SEE OH-2							
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
0 3 1 4 2 0 2 5 1 1 4 3 6		0 3 1 4 2 0 2 5 1 1 4 3 7		0 3 1 4 2 0 2 5 1 1 4 4 5		0 3 1 4 2 0 2 5 1 1 5 0 4	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *		REPORT TAKEN BY	
0		2 7	R. Cramer	R. Dodge		POLICE AGENCY MOTORIST	
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *		SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)	
			0 3 7	S 2 2			

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20250560	
OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver GOINS KEYONA MONAE		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver 24430 ELSMERE DR EUCLID OH 44117		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # NURSE21	
VEHICLE IDENTIFICATION # 3C4NJDBXKT776425		VEHICLE YEAR 2019	
VEHICLE MAKE Jeep		VEHICLE COLOR DGR	
VEHICLE MODEL Other/Unknow		HAZARDOUS MATERIAL	
INSURANCE VERIFIED		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR	
TYPE OF USE		TOWED BY: COMPANY NAME	
COMMERCIAL		GOVERNMENT	
IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED		HIT/SKIP UNIT	
# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR	
1 - <10K LBS.		2 - 10,001 - 26K LBS.	
3 - >26K LBS.		HAZARDOUS MATERIAL	
1 - PASSENGER CAR		2 - MOTORCYCLE 2-WHEELED	
2 - PASSENGER VAN (MINIVAN)		3 - MOTORCYCLE 3-WHEELED	
3 - SPORT UTILITY VEHICLE		4 - AUTOCYCLE	
4 - PICK UP		5 - MOPED OR MOTORIZED BICYCLE	
5 - CARGO VAN		6 - ALL TERRAIN VEHICLE (ATV / UTV)	
6 - VAN (9-15 SEATS)		7 - GOLF CART	
		8 - SNOWMOBILE	
		9 - SINGLE UNIT TRUCK	
		10 - SEMI-TRACTOR	
		11 - FARM EQUIPMENT	
		12 - MOTORHOME	
		13 - LIMO (LIVERY VEHICLE)	
		14 - BUS (16+ PASSENGERS)	
		15 - OTHER VEHICLE	
		16 - HEAVY EQUIPMENT	
		17 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	
		18 - PEDESTRIAN/SKATER	
		19 - WHEELCHAIR (ANY TYPE)	
		20 - OTHER NON-MOTORIST	
		21 - BICYCLE	
		22 - TRAIN	
		23 - UNKNOWN OR HIT/SKIP	
# of TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		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	
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	
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	
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			
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			
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	
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/JACDA	
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	
CONTRIBUTING CIRCUMSTANCES			
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	
COLLISION WITH FIXED OBJECT - STRUCK			
25 - IMPACT ATTENUATOR / CRASH CUSHION		31 - GUARDRAIL END	
26 - BRIDGE OVERHEAD STRUCTURE		32 - PORTABLE BARRIER	
27 - BRIDGE PIER OR ABUTMENT		33 - MEDIAN CABLE BARRIER	
28 - BRIDGE PARAPET		34 - MEDIAN GUARDRAIL BARRIER	
29 - BRIDGE RAIL		35 - MEDIAN CONCRETE BARRIER	
30 - GUARDRAIL FACE		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		MOST HARMFUL EVENT	
1		1	

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

1 - NO DAMAGE [0]
2 - TOP [13]
3 - UNDERCARRIAGE [14]
4 - ALL AREAS [15]
5 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
05
0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

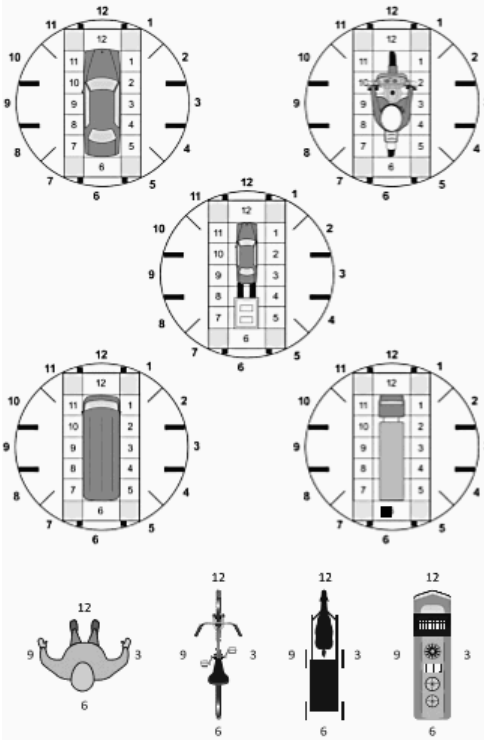
TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY
2 - TWO-WAY
2
TRAFFIC CONTROL
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL
6

OF THROUGH LANES ON ROAD
2
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED - ACTIVE CROSSING
3 - INVOLVED - PASSIVE CROSSING
1

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

UNIT SPEED
2
POSTED SPEED
25
DETECTED SPEED
1
1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE Kimble Recycling and Disposal	OWNER PHONE: INCLUDE AREA CODE () Same As Driver					
OWNER ADDRESS: STREET, CITY, STATE, ZIP 3596 SR 39 NW Dover OH 44622							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Kimble 3596 SR 39 NW Dover OH 44622		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE					
LP STATE OH	LICENSE PLATE # PIF1578	VEHICLE IDENTIFICATION # 1M2AU14C2EM002024	VEHICLE YEAR 2014				
INSURANCE VERIFIED	INSURANCE COMPANY Knight Specialty	INSURANCE POLICY # 3388198	VEHICLE MAKE Other/Unknown				
TYPE OF USE COMMERCIAL	IN EMERGENCY RESPONSE	US DOT # 881676	TOWED BY: COMPANY NAME				
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS 01	HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD				
VEHICLE TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	# of TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 - YES 1 - 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 PRE-CRASH ACTION 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							
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/JACDA 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							
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 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			

LOCAL REPORT NUMBER 20250560			
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 2			
DAMAGED AREA(S) INDICATE ALL THAT APPLY 			
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]			
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 06			
TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2		TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING 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 1		DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 25			

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	5	0	5	6	0		

UNIT # 01	NAME: LAST, FIRST, MIDDLE SMITH JAVON TYREE				DATE OF BIRTH 07101991			AGE 33	GENDER M															
ADDRESS: STREET, CITY, STATE, ZIP 8201 ROSEWOOD AVE DN CLEVELAND OH 44105					CONTACT PHONE - INCLUDE AREA CODE																			
INJURIES 4		INJURED TAKEN BY 9		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		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 1		VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE L SPRAGGINS DERRELL M				DATE OF BIRTH 05051982			AGE		GENDER M														
ADDRESS: STREET, CITY, STATE, ZIP 4972 E 110TH ST GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE																			
INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 01		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 03		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 1		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		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		<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	

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
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER	6 - PASSENGER	
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - DEPLOYMENT UNKNOWN		8 - INTERMEDIATE LICENSE RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	
2 - EMS	8 - THIRD - MIDDLE			9 - LEARNER'S PERMIT RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	
3 - POLICE	9 - THIRD - RIGHT SIDE	EJECTION	OL ENDORSEMENT	10 - LIMITED TO DAYLIGHT ONLY	9 - OTHER / UNKNOWN	ALCOHOL TEST TYPE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	11 - LIMITED TO EMPLOYMENT		1 - NONE
SAFETY EQUIPMENT		2 - PARTIALLY EJECTED	M - MOTORCYCLE	12 - LIMITED - OTHER		2 - BLOOD
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		3 - URINE
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	N - TANKER	14 - MILITARY VEHICLES ONLY	CONDITION	4 - OTHER
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	TRAPPED	Q - MOTOR SCOOTER	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	1 - APPARENTLY NORMAL	
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	16 - OUTSIDE MIRROR	2 - PHYSICAL IMPAIRMENT	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	17 - PROSTHETIC AID	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	1 - NONE
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	18 - OTHER	4 - ILLNESS	2 - BLOOD
7 - BOOSTER SEAT			X - TANKER / HAZMAT		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	3 - URINE
8 - HELMET USED					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	4 - OTHER
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENDER		9 - OTHER / UNKNOWN	
10 - REFLECTIVE CLOTHING			F - FEMALE			DRUG TEST RESULT(S)
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE			1 - AMPHETAMINES
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN			2 - BARBITURATES
						3 - BENZODIAZEPINES
						4 - CANNABINOIDS
						5 - COCAINE
						6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 0 5 6 0

OCCUPANT	UNIT # <input type="text"/>	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH <input type="text"/>				AGE <input type="text"/>	GENDER <input type="text"/>
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					
	INJURIES <input type="text"/>	INJURED TAKEN BY <input type="text"/>	EMS AGENCY (NAME) <input type="text"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>	SAFETY EQUIPMENT USED <input type="text"/>	DOT-COMPLIANT MC HELMET <input type="text"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="text"/>	EJECTION <input type="text"/>	TRAPPED <input type="text"/>	
OCCUPANT	UNIT # <input type="text"/>	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH <input type="text"/>				AGE <input type="text"/>	GENDER <input type="text"/>
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					
	INJURIES <input type="text"/>	INJURED TAKEN BY <input type="text"/>	EMS AGENCY (NAME) <input type="text"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>	SAFETY EQUIPMENT USED <input type="text"/>	DOT-COMPLIANT MC HELMET <input type="text"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="text"/>	EJECTION <input type="text"/>	TRAPPED <input type="text"/>	
OCCUPANT	UNIT # <input type="text"/>	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH <input type="text"/>				AGE <input type="text"/>	GENDER <input type="text"/>
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					
	INJURIES <input type="text"/>	INJURED TAKEN BY <input type="text"/>	EMS AGENCY (NAME) <input type="text"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>	SAFETY EQUIPMENT USED <input type="text"/>	DOT-COMPLIANT MC HELMET <input type="text"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="text"/>	EJECTION <input type="text"/>	TRAPPED <input type="text"/>	
OCCUPANT	UNIT # <input type="text"/>	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH <input type="text"/>				AGE <input type="text"/>	GENDER <input type="text"/>
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					
	INJURIES <input type="text"/>	INJURED TAKEN BY <input type="text"/>	EMS AGENCY (NAME) <input type="text"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <input type="text"/>	SAFETY EQUIPMENT USED <input type="text"/>	DOT-COMPLIANT MC HELMET <input type="text"/>	SEATING POSITION <input type="text"/>	AIR BAG USAGE <input type="text"/>	EJECTION <input type="text"/>	TRAPPED <input type="text"/>	
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION			AIR BAG USAGE			
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			
INJURED TAKEN BY								EJECTION			
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			
GENDER								TRAPPED			
F - FEMALE M - MALE U - OTHER/UNKNOWN								1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			

WITNESS	NAME: LAST, FIRST, MIDDLE MATTOX DAVON MARCUS				DATE OF BIRTH 0 3 0 1 2 0 0 8				AGE 1 7	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 13215 GRANNIS RD GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH <input type="text"/>				AGE <input type="text"/>	GENDER <input type="text"/>
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH <input type="text"/>				AGE <input type="text"/>	GENDER <input type="text"/>
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE <input type="text"/>					

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20250560	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 03 D 14 Y 2025	
IN COUNTY OF 18	CRASH LOCATION		
Driver of Unit#1 stated, he was backing into the other driveway and thought the other vehicle was stopped. Driver of Unit#2 stated, his vehicle was beeping as he backed up and thought the car would stop.BWC			
The resident at 13215 Grannis Rd is the witness (13215 Grannis Rd was the location Unit#1 was leaving.) The witness was not on scene and was spoken to via cell phone. BWC			
OFFICER'S SIGNATURE X		BADGE NUMBER 037	