

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 5 | 0 | 5 | 8 | 9 |

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: 1
 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 | 3 | 18 | 2 | 0 | 2 | 5 | 0 | 7 | 1 | 0

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

ROUTE TYPE: I | R
 ROUTE NUMBER: 4 | 8 | 0
 PREFIX: []

LOCATION ROAD NAME: []
 ROAD TYPE: H | W

ATTITUDE (NORMAL DEGREE): 4 | 1 | 4 | 1 | 3 | 9 | 9 | 6

ROUTE TYPE: []
 ROUTE NUMBER: []
 PREFIX: []

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #): 22.2
 ROAD TYPE: M | P

LONGITUDE DECIMAL DEGREES: 8 | 1 | 6 | 0 | 3 | 4 | 1 | 3

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

DIRECTION: []
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES: []

DISTANCE: []
 1 - Miles
 2 - Feet
 3 - Yards

ROAD TYPE
 IR - INTERSTATE ROUTE (TP)
 US - FEDERAL US ROUTE
 SR - STATE ROUTE
 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE 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

MANNER OF CRASH COLLISION/IMPACT
 2
 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: 3
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE: 9
 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

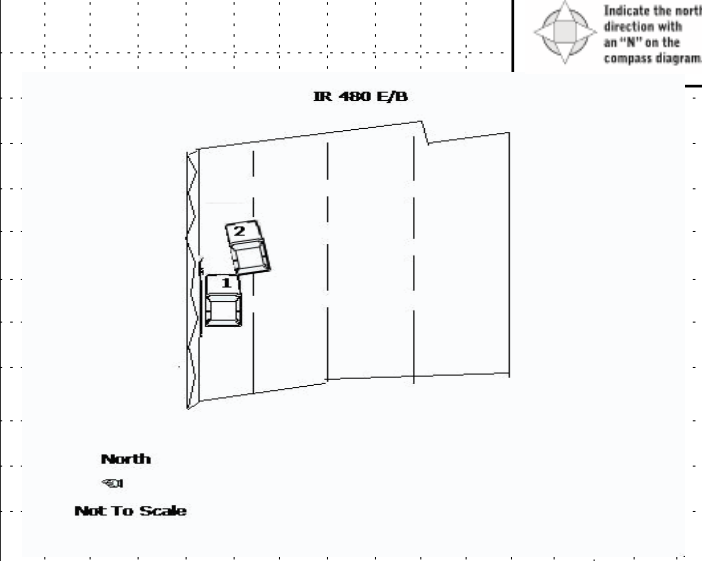
WORK ZONE TYPE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER
 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER

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 GRADE
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER / UNKNOWN
 CONDITIONS: 1
 1 - DRY
 2 - WET
 3 - SNOW
 4 - ICE
 5 - SAND, MUD, DIRT, OIL, GRAVEL
 6 - WATER (STANDING, MOVING)
 7 - SLUSH
 9 - OTHER/UNKNOWN
 SURFACE: 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER / UNKNOWN

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

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

NARRATIVE
 UNIT#1 WAS TRAVELING EAST ON IR480 NEAR MILE POST 22.2 IN THE INSIDE LANE. UNIT#2 WAS TRAVELING EAST ON IR480 NEAR MILE POST 22.2 IN THE MIDDLE INSIDE LANE. UNIT#2 CHANGED INTO THE INSIDE LANE. AS A RESULT, THE RIGHT FRONT OF UNIT #1 COLLIDED WITH THE LEFT BACK OF UNIT#2. BOTH UNITS WERE MOVED FROM FINAL REST AND REPORTED; LATER THAT DAY BWC NOTE:SEE OH-2



CRASH REPORTED DATE/TIME: 0 | 3 | 18 | 2 | 0 | 2 | 5 | 1 | 1 | 0 | 3 | 7

DISPATCH DATE/TIME: 0 | 3 | 18 | 2 | 0 | 2 | 5 | 1 | 1 | 0 | 5 | 4

ARRIVAL DATE/TIME: 0 | 3 | 18 | 2 | 0 | 2 | 5 | 1 | 1 | 1 | 0 | 1

SCENE CLEARED DATE/TIME: 0 | 3 | 18 | 2 | 0 | 2 | 5 | 1 | 1 | 3 | 2

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED: 0
 OTHER INVESTIGATION TIME: 3 | 0

TOTAL MINUTES: 6 | 8

OFFICER'S NAME *
R. Cramer
 OFFICER'S BADGE NUMBER*
 0 | 3 | 7

CHECKED BY OFFICER'S NAME*
D. Bailey
 CHECKED BY OFFICER'S BADGE NUMBER*
 L | 0 | 7

SUPPLEMENT (CORRECTION - ADDITION)

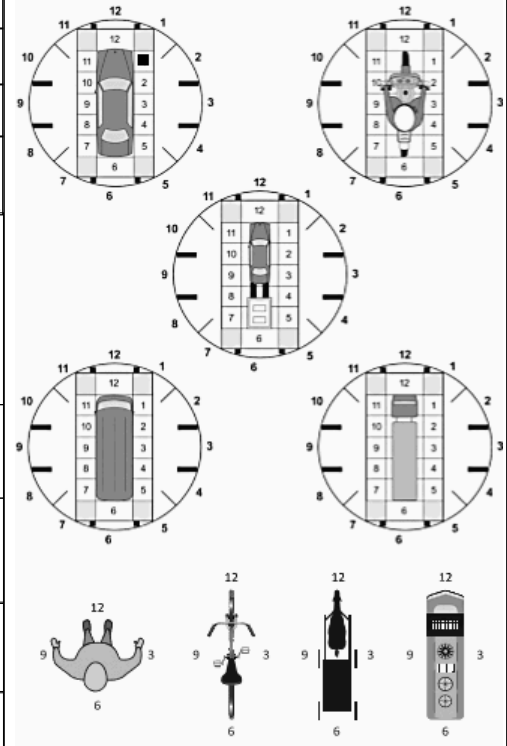
2 0 2 5 0 5 8 9

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) TAMANG DAWA WANGEL OWNER PHONE: INCLUDE AREA CODE (Same As Driver) OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 12300 TUCSON DR PARMA OH 44130 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 2

LP STATE OH LICENSE PLATE # KKT2384 VEHICLE IDENTIFICATION # 5XYZT13LB1JG540305 VEHICLE YEAR 2018 VEHICLE MAKE Hyundai INSURANCE VERIFIED Progressive INSURANCE POLICY # 960720461 VEHICLE COLOR BLU VEHICLE MODEL SW

DAMAGED AREA(S) INDICATE ALL THAT APPLY



TYPE OF USE: COMMERCIAL, GOVERNMENT, IN EMERGENCY RESPONSE. US DOT #. TOWED BY: COMPANY NAME. HAZARDOUS MATERIAL. VEHICLE WEIGHT GVWR/GCWR. OCCUPANTS 01. UNIT TYPE 03. # of TRAILING UNITS.

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2. AUTONOMOUS MODE LEVEL 0. SPECIAL FUNCTION 01. CARGO BODY TYPE 01.

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

NON-MOTORIST LOCATION AT IMPACT 3. ACTION 01. PRE-CRASH ACTION 01. CONTRIBUTING CIRCUMSTANCES 22. SEQUENCE OF EVENTS.

INITIAL POINT OF CONTACT 01. 0-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 99-UNKNOWN.

VEHICLE IDENTIFICATION # 5XYZT13LB1JG540305. VEHICLE YEAR 2018. VEHICLE MAKE Hyundai. TYPE OF USE: COMMERCIAL. US DOT #. TOWED BY: COMPANY NAME. HAZARDOUS MATERIAL. VEHICLE WEIGHT GVWR/GCWR. OCCUPANTS 01. UNIT TYPE 03. # of TRAILING UNITS.

TRAFFIC TRAFFICWAY FLOW 1. TRAFFIC CONTROL 6. RAIL GRADE CROSSING 1. UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3.

SEQUENCE OF EVENTS 1. OVERTURN/ROLLOVER. 2. FIRE/EXPLOSION. 3. IMMERSION. 4. JACKKNIFE. 5. CARGO / EQUIPMENT LOSS OR SHIFT. 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 4 TO 3. UNIT SPEED 70. POSTED SPEED 60. DETECTED SPEED 1. 1- STATED/ESTIMATED SPEED. 2- CALCULATED / EDR. 3- UNDETERMINED.

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) SAGI JOSEPH TIBOR
 OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
5214 VALLEY WOODS DR INDEPENDENCE OH 44131
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

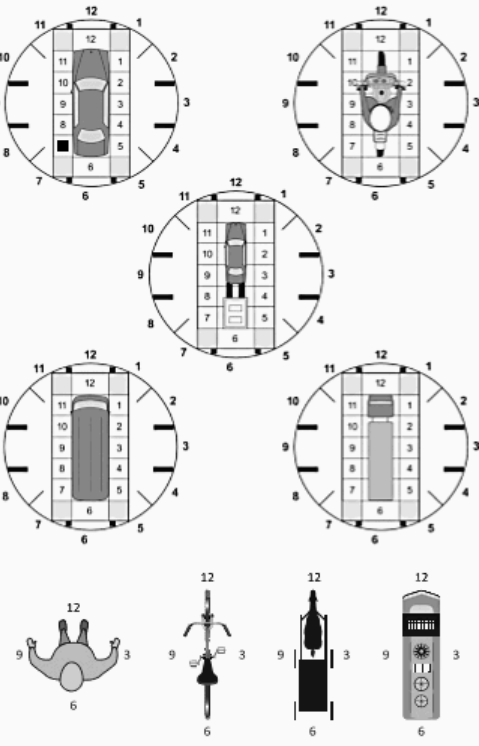
LOCAL REPORT NUMBER
20250589

LP STATE OH LICENSE PLATE # HGG1667 VEHICLE IDENTIFICATION # JM1BL1L73C1557630 VEHICLE YEAR 2012 VEHICLE MAKE Mazda
 INSURANCE VERIFIED INSURANCE COMPANY Progressive INSURANCE POLICY # 60088433 VEHICLE COLOR GRY VEHICLE MODEL CX-3
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GVWR HAZARDOUS MATERIAL
 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

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

UNIT TYPE 01 # of TRAILING UNITS _____
 1- PASSENGER CAR 2- PASSENGER VAN (MINIVAN) 3- SPORT UTILITY VEHICLE 4- PICK UP 5- CARGO VAN 6- VAN (9-15 SEATS)
 7- MOTORCYCLE 2-WHEELED 8- MOTORCYCLE 3-WHEELED 9- AUTOCYCLE 10- MOPED OR MOTORIZED BICYCLE 11- ALL TERRAIN VEHICLE (ATV / UTV)
 12- GOLF CART 13- SNOWMOBILE 14- SINGLE UNIT TRUCK 15- SEMI-TRACTOR 16- FARM EQUIPMENT 17- MOTORHOME
 18- LIMO (LIVERY VEHICLE) 19- BUS (16+ PASSENGERS) 20- OTHER VEHICLE 21- HEAVY EQUIPMENT 22- ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23- PEDESTRIAN SKATER 24- WHEELCHAIR (ANY TYPE) 25- OTHER NON-MOTORIST 26- BICYCLE 27- TRAIN 99- UNKNOWN OR HIT/SKIP

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY



WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL 0
 1- YES 2- NO 9- OTHER / UNKNOWN
 0- NO AUTOMATION 1- DRIVER ASSISTANCE 2- PARTIAL AUTOMATION 3- CONDITIONAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION 9- UNKNOWN
 SPECIAL FUNCTION 01
 1- NONE 2- TAXI 3- ELECTRONIC RIDE SHARING 4- SCHOOL TRANSPORT 5- BUS-TRANSIT/COMMUTER 6- BUS-CHARTER/TOUR 7- BUS-INTERCITY 8- BUS-SHUTTLE 9- BUS-OTHER 10- AMBULANCE 11- FIRE 12- MILITARY 13- POLICE 14- PUBLIC UTILITY 15- CONSTRUCTION EQUIPMENT 16- FARM 17- MOWING 18- SNOW REMOVAL 19- TOWING 20- SAFETY SERVICE PATROL 21- MAIL CARRIER 99- OTHER UNKNOWN

CARGO BODY TYPE 01
 1- NO CARGO BODY TYPE / NOT APPLICABLE 2- BUS 3- VEHICLE TOWING ANOTHER MOTOR VEHICLE 4- LOGGING 5- INTERMODAL CONTAINER CHASSIS 6- CARGO VAN/ENCLOSED BOX 7- GRAIN/CHIPS/GRAVEL 8- POLE 9- CARGO TANK 10- FLAT BED 11- DUMP 12- CONCRETE MIXER 13- AUTO TRANSPORTER 14- GARBAGE/REFUSE 99- OTHER / UNKNOWN
 VEHICLE DEFECTS _____
 1- TURN SIGNALS 2- HEAD LAMPS 3- TAIL LAMPS 4- BRAKES 5- STEERING 6- TIRE BLOWOUT 7- WORN OR SLICK TIRES 8- TRAILER EQUIPMENT DEFECTIVE 9- MOTOR TROUBLE 10- DISABLED FROM PRIOR ACCIDENT 99- OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT _____
 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 4 PRE-CRASH ACTION 03
 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
 - NO DAMAGE [0] - UNDERCARRIAGE [14] - TOP [13] - ALL AREAS [15] - UNIT NOT AT SCENE [16]

CONTRIBUTING CIRCUMSTANCES 22
 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

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

SEQUENCE OF EVENTS
 1 20 2 _____ 3 _____
 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

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

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

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1
 1- NOT INVOLVED 2- INVOLVED - ACTIVE CROSSING 3- INVOLVED - PASSIVE CROSSING

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

UNIT SPEED 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 5 8 9

MOTORIST / NON-MOTORIST	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE TAMANG DAWA WANGEL	DATE OF BIRTH 0 9 0 1 1 9 9 9	AGE 2 5	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 12300 TUCSON DR PARMA OH 44130			CONTACT PHONE - INCLUDE AREA CODE	
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
	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	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1	
MOTORIST / NON-MOTORIST	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE SAGI JOSEPH TIBOR	DATE OF BIRTH 0 1 0 7 1 9 6 6	AGE 5 9	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 5214 VALLEY WOODS DR INDEPENDENCE OH 44131			CONTACT PHONE - INCLUDE AREA CODE	
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4
	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG
			CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1	
MOTORIST / NON-MOTORIST	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
	OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION
	OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG
			CONDITION	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	
			SEATING POSITION	AIR BAG USAGE	EJECTION
			TRAPPED		
			DOT-COMPLIANT MC HELMET		

LOCAL REPORT NUMBER 20250589	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 03 D 18 Y 2025
IN COUNTY OF 18	CRASH LOCATION IR 480	
<p>Their was a language barrier with driver of Unit#1, family member assisted via cell phone.</p> <p>Driver of Unit#1 was contacted and later ,day report, met with me and stated the following: the other car did not use its turn signal for the lane change. We drove down the road little to get over and he cut me off. He then got out of car and took pictures of my car and left. My headlights are automatic . BWC</p> <p>Driver of Unit#2 stated, was changing lanes and the other car did not have its head lights activated. They kept going and I stopped them. Took pictures , but he would not give me his information. My turn signal is working.BWC</p> <p>No independent witnesses and conflicting statements concerning details.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 037