

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 0 8 5 6				
COUNTY * 1 8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 4 1 6 2 0 2 5 1 1 0 2 1					
ROUTE TYPE 	ROUTE NUMBER 	PREFIX 	LOCATION ROAD NAME Johnston	ROAD TYPE P K	CRASH SEVERITY 5				
ROUTE TYPE 	ROUTE NUMBER 	PREFIX 	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) McCracken	ROAD TYPE R D	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY				
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 	ROAD TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		INTERSECTION RELATED 1 - WITHIN INTERSECTION OR ON APPROACH 2 - WITHIN INTERCHANGE AREA 3 - NUMBER OF APPROACHES 3					
DISTANCE 1 - Miles 2 - Feet 3 - Yards 	DISTANCE 1 - Miles 2 - Feet 3 - Yards 	ROAD TYPE 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		ROADWAY 1 - ROADWAY DIVIDED 					
LOCATION OF FIRST DAMAGE EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 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 0 1		MANNER OF CRASH COLLISION/IMPACT 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 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 					
WORK ZONE RELATED 1 - WORKERS PRESENT 2 - LAW ENFORCEMENT PRESENT 3 - 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 					
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		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 2		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 1					
CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 1		INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.					
NARRATIVE UNIT#1 WAS TRAVELING IN A SOUTHERN DIRECTION ON JOHNSTON PKWY AND ATTEMPTED TO TURN LEFT ON MCCRACKEN RD. AS A RESULT, THE CARGO OF UNIT#1 WAS LOST DURING THE TURN IN THE MIDDLE AND EAST LANES OF MCCRACKEN RD. UNIT#1 WAS AT FINAL REST UPON ARRIVAL. BWC NOTE: INTERSTATE TOWING HANDLED SCENE CLEAN UP TO CLEAR THE ROADWAY. DAMAGED TRAILER- MAINE 5422397 -2023 MTKM VIN:5 MPA4824PA066170									
CRASH REPORTED DATE/TIME 0 4 1 6 2 0 2 5 1 1 0 2 1		DISPATCH DATE/TIME 0 4 1 6 2 0 2 5 1 1 0 2 1		ARRIVAL DATE/TIME 0 4 1 6 2 0 2 5 1 1 0 3 5		SCENE CLEARED DATE/TIME 0 4 1 6 2 0 2 5 1 1 5 5 8			
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 	TOTAL MINUTES 3 3 4	OFFICER'S NAME * R. Cramer		CHECKED BY OFFICER'S NAME * D. Bailey		REPORT TAKEN BY POLICE AGENCY MOTORIST 		
OFFICER'S BADGE NUMBER * 0 3 7		CHECKED BY OFFICER'S BADGE NUMBER * L 0 7		SUPPLEMENT (CORRECTION = ADDITION)					

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20250856	
OWNER NAME: LAST, FIRST, MIDDLE Jaro Transportation		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 975 Post Rd NW WARREN OH 44483		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP Jaro Transportation 975 Post Rd WARREN OH 44483	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE () Same As Driver			
LP STATE OH		LICENSE PLATE # AAA626	
VEHICLE IDENTIFICATION # 3AKJH HDR0RSVC0207		VEHICLE YEAR 2024	
VEHICLE MAKE Freightliner			
INSURANCE VERIFIED Carolina		INSURANCE POLICY # kca2600920	
VEHICLE COLOR BLK		VEHICLE MODEL Other/Unknow	
TYPE OF USE COMMERCIAL		US DOT # 292412	
HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD		CLASS # PLACARD ID #	
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT		# OCCUPANTS 01	
VEHICLE WEIGHT GVWR/GCWR 3		VEHICLE WEIGHT 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS.	
UNIT TYPE 1		# of TRAILING UNITS 1	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2		AUTONOMOUS MODE LEVEL 0	
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- GRAINCHIPS/GRAVEL 8- POLE 9- CARGO TANK 10- FLAT BED 11- DUMP 12- CONCRETE MIXER 13- AUTO TRANSPORTER 14- GARBAGEREFUSE 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 2		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 2		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	
CONTRIBUTING CIRCUMSTANCES 19		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	

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	
03	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1- ONE-WAY 2- TWO-WAY	1- ROUNDABOUT 2- SIGNAL 3- FLASHER 4- STOP SIGN 5- YIELD SIGN 6- NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1- NOT INVOLVED 2- INVOLVED - ACTIVE CROSSING 3- INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1- NORTH 2- SOUTH 3- EAST 4- WEST 5- NORTHEAST 6- NORTHWEST 7- SOUTHEAST 8- SOUTHWEST 9- OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1- STATED/ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED
POSTED SPEED	
25	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE KOLACZ JOSEPH ROBERT		DATE OF BIRTH 11201979		AGE 		GENDER M																	
	ADDRESS: STREET, CITY, STATE, ZIP 7725 GLEN OAKS DR NE WARREN OH 44484					CONTACT PHONE - INCLUDE AREA CODE 																				
	INJURIES 5		INJURED TAKEN BY 		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 339.08			LOCAL CODE ■		OFFENSE DESCRIPTION Unsecured Load					CITATION NUMBER G20250747										
	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"/> OTHER DRUG <input type="checkbox"/> MARIJUANA			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 							
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ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE 																					
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