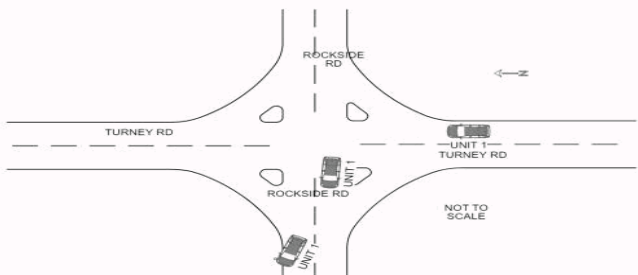


## TRAFFIC CRASH REPORT

\*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-3 <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 7 9	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *		CRASH DATE/TIME *		CRASH SEVERITY
1 8	1	GARFIELD HTS		0 4 1 8 2 0 2 5 1 2 0 2		5
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
			ROCKSIDE	R D	4 1 4 2 4 4 1 4	
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
			TURNEY	R D	8 1 6 1 2 7 1 9	
REFERENCE POINT	DIRECTION	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED
1	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		4
DISTANCE	DISTANCE			ROADWAY		
5 9	2			<input type="checkbox"/> ROADWAY DIVIDED		
LOCATION - FIRST AND SECOND EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE
0 1		1		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED 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		LOCATION OF CRASH IN WORK ZONE		CONTOUR
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1
LIGHT CONDITION		WEATHER		CONDITIONS		SURFACE
1		2		1		2
NARRATIVE						
AFTER GOING LEFT OF CENTER, THE DRIVER OF UNIT 1 MADE A W/B TURN ON RED FROM TURNEY RD ONTO ROCKSIDE RD. UNIT 1 THEN LOST CONTROL ON ROCKSIDE AND STRUCK A LIGHT POLE #635371. THE DRIVER LEFT THE SCENE OF THE ACCIDENT.						
						
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME
0 4 1 8 2 0 2 5 1 1 2 0 2		0 4 1 8 2 0 2 5 1 2 0 2		0 4 1 8 2 0 2 5 1 2 0 7		0 4 1 8 2 0 2 5 1 3 0 0
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *		REPORT TAKEN BY
6 0	1 5	7 3	L. Ajieng	M. Berdysz		POLICE AGENCY MOTORIST
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *		SUPPLEMENT
			0 2 7	L 1 4		(CORRECTION = ADDITION) (DELETION = REMOVAL)

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20250879	
OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver PV HOLDINGS CORP		OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver 8923 MAPLEWOOD AVE CLEVELAND OH 44135			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # KMY6290	
VEHICLE IDENTIFICATION # J1M3K1F1B1C1L10S10585259		VEHICLE YEAR 2025	
VEHICLE MAKE Mazda			
INSURANCE VERIFIED <input type="checkbox"/>		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR BLK	
VEHICLE MODEL CX-5			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 01		VEHICLE MAKE Mazda	
# of TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 01		VEHICLE MAKE Mazda	
CARGO BODY TYPE 01		VEHICLE MAKE Mazda	
VEHICLE DEFECTS		VEHICLE MAKE Mazda	
NON-MOTORIST LOCATION AT IMPACT		VEHICLE MAKE Mazda	
ACTION 3		VEHICLE MAKE Mazda	
CONTRIBUTING CIRCUMSTANCES		VEHICLE MAKE Mazda	
SEQUENCE OF EVENTS		VEHICLE MAKE Mazda	
EVENTS		VEHICLE MAKE Mazda	
COLLISION WITH FIXED OBJECT - STRUCK		VEHICLE MAKE Mazda	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 3	
DAMAGE		DAMAGE	
DAMAGED AREA(S)		DAMAGED AREA(S)	
INITIAL POINT OF CONTACT		INITIAL POINT OF CONTACT	
TRAFFIC		TRAFFIC	
TRAFFICWAY FLOW		TRAFFICWAY FLOW	
RAIL GRADE CROSSING		RAIL GRADE CROSSING	
UNIT / NON-MOTORIST DIRECTION		UNIT / NON-MOTORIST DIRECTION	
UNIT SPEED		UNIT SPEED	
POSTED SPEED		POSTED SPEED	
DETECTED SPEED		DETECTED SPEED	



MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE MARKS JERON										DATE OF BIRTH 08261992										AGE 32		GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 2115 ROSSMOOR RD CLEVELAND HTS OH 44118														CONTACT PHONE - INCLUDE AREA CODE _____											
	INJURIES 5		INJURED TAKEN BY 		EMS AGENCY (NAME) 				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 				SAFETY EQUIPMENT USED 99		<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 VALUE 1		STATUS 1		TYPE 1		RESULT SELECT UP TO 4 	
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 		<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 	
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 		<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 	
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 		<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 	

[illegible]



2 0 2 5 0 8 7 9

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	HOWARD REBECCA L	0 9 0 9 1 9 6 6	5 8	F
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
	12763 ROCKSIDE RD GARFIELD HTS OH 44125			
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE		

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20250879	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 04   D 18   Y 2025	
IN COUNTY OF 18	CRASH LOCATION		
PROPERTY: CEI POLE #635371.			
OWNER: CEI.			
4295 E. 146 st			
CLEVELAND, OHIO 44128			