OHIO DEPARTMENT TRAFFIC CRASH REPORT **DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *					
PHOTOS TAKEN OH-2 OH-3 CARFIELD HEIGHTS							[2]0]2]5]0]9]0]6]						
SECONDARY CRASH	OH-1P Private Property	OTHER	REPORTING AGENC		, O	HIT/SKIP 1 - Solved 2 - Unsolved	0 1 98 - ANIMAL 99 - UNKNOWN						
COUNTY * LOC	CALITY*	LOCATION: CITY, V	_	LD HEIGH	115		CRASH DA	TE/TIME *	CRASH SEVERITY				
1 8 1	1 2 - VILLAGE * 3 - TOWNSHIP *	GARFIE	LD HTS				014121121012151 121214191 5 1-FATAL 2- SERIOUS INJURY						
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROA	AD NAME	ROAD TYPE	I ATITUDE DECIMA	SUSPECTED 3 - MINOR INJURY SUSPECTED					
LOCATION		\ 3	4 - WEST	88	S		4 1 . 4 2	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE 4991	E ROAD NAME (ROAD, MILEPOST, HOUSE #)	LONGITUDE DECIMAL		ONLY					
	DIAT DIRECTION		ROUTE TYPE		DOAN TYPE		0 1 . 0 2						
1 - INTERSECT 2 - MILE POST	ION 1-NORTH	IR - INTE				RD - ROAD SQ - SQUARE	☐ WITHIN INTERSE						
3 - HOUSE #	2 3-EAST 4-WEST	SR - STA	TE ROUTE MBERED COUNTY ROU	B	BL - BOULEVARD MP - MILEPOST CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY	ST - STREET TE - TERRACE TL - TRAIL	□ WITHIN INTERCH	NUMBER OF APPROACHES					
DISTANCE EDOM DECEDEMOE	DISTANCE	TR - NUI ROI	MBERED TOWNSHIP JTE		DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	WA - WAY							
[5]0]	2 - Feet 3 - Yards						☐ ROADWAY DIVIDED						
	ROADWAY 9 - CROSSON SHOULDER 10 - DRIVEW	VER		MA 1 - NOT COLLISION	ANNER OF CRASH COLLISION/IMPACT 4 - REAR-TO-REAR		DIRECTION OF TRAVEL		MEDIAN TYPE				
3 - IN N	IEDIAN ACCESS ROADSIDE 11 - RAILWA'	S Y GRADE	_1_	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTIO		1 - NORTH 2 - SOUTH 3 - EAST	(<4 FE	TIDED FLUSH MEDIAN FEET) TIDED FLUSH MEDIAN				
6 - OU1 TRA 7 - ON	SIDE 12 - SHARED FFICWAY OR TRA RAMP 13 - BIKE LAI	USE PATHS JLS NE		TRANSPORT 2 - REAR-END 3 - HEAD-ON	8 - SIDESWIPE, SAME DIRECTIO 8 - SIDESWIPE, OPPOSITE DIRE 9 - OTHER / UNKNOWN		4 - WEST	4 - DIVIDE	ED, DEPRESSED MEDIAN ED, RAISED MEDIAN				
8 - OFF	RAMP 14 - TOLL BO 99 - OTHER /							(ANY 1 9 - OTHE	TYPE) R / UNKNOWN				
WORK ZONE RELA WORKERS PRESEN LAW ENFORCEMEN	NT 1	WORK ZO - LANE CLOSURE - LANE SHIFT/CROS - WORK ON SHOUL	SOVER		LOCATION OF CRASH IN WO 1 - BEFORE THE 1ST WO WARNING SIGN 2 - ADVANCE WARNING A	RK ZONE	contour 1	conditions	SURFACE				
PRESENT		OR MEDIAN			3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	REA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE				
ACTIVE SCHOOL ZONE INTERNAL TENT OF WOVENED WORK 5 - OTHER 5 - OTHER						2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE	2 - WET 3 - SNOW 4 - ICE	2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK					
L 1 - DAYLIGH	IGHT CONDITION		1 - CLEAF		WEATHER 6 - SNOW		9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING)	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT				
3 - DARKI-DIGHT 1 - OLEAN							7 - SLUSH 9 - OTHER/UNKNOWN	9 - OTHER /UNKNOWN					
5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN													
NARRATIVE									Indicate the north direction with				
	AS TRAVELING				S1.			. []]	an "N" on the compass diagram.				
AND RAN OFF THE ROADWAY LEFT STRIKING A													
TELEPHON	E POLE (POLE	#: SJCB	123SPP3	3A540) NE	EAR		1 1						
4991 E. 88 ST. NEIGHBORS HEARD THE ACCIDENT AND ಜೆ								Not To S	Scale				
OBSERVED AN OLDER MODEL, POSSIBLY WHITE,													
VEHICLE FLEE THE SCENE. GHPD WAS UNABLE TO													
LOCATE THE HIT-SKIP VEHICLE.													
							\	(
0040115=55	ADTED DATE TIME		Dieparen	FITING	ARRIVAL DATI	TIME	1	DED DATE TIME	REPORT TAKEN BY				
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVAL DATE/TIME 0 4 2 1 2 0 2 5 2 2 4 9 0 4 2 1 2 0 2 5 2 2 5 0 0 4 2 1 2 0 2 5 2 2 5 6													
TOTAL TIME ROADWAY	CLOSED TIME MINUTES T. D. C.				DFFICER'S NAME*	MOTORIST SUPPLEMENT							
0, ,	OFFICER'S BADGE NUMBER'					1 = 1.01.	CHECKED BY OFFICER'S BADGE NUMBER* (CORRECTION, ADDITION THE ADDITION OF ADDITION OF ADDITION OF ADDITION THE ADDITION OF						
الللث ا				$\lfloor 0 \rfloor 2 \rfloor$	<u> </u>	I	S 2 0		I				

	OH OF SAFE	HIO DEPARTMENT PUBLIC SAFETY UNIT					2,0,2,5,0	LOCAL REPORT NUMBER 9 0 6			
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE	E (□ San	DAMAGE							
~	0 1	ESS: STREET, CITY, STATE, ZIP	<u> </u>	. ,	DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE						
OWNE	OMER ADDRE	coo. order, ort, order, zir	(☐ Same As D	2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN						
	COMMERCIAL CA	ARRIER: NAME, ADDRESS, CITY, STATE, ZIP									
H	LP STATE	LICENSE PLATE #	l v	EHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		DAMAGED AREA(S) INDICATE ALL THAT APPLY			
		I EIGENSE PEATE#			VERIOLE TEAK	VEHICLE MARC	11 12 1	11 12 1			
	INSURANCE COMPANY VERIFIED TYPE OF USE IN EMERGENCY			INSURANCE POLICY#	VEHICLE COLOR	VEHICLE MODEL	10 12	2 10 11 1 2			
				US DOT#	TOWED BY: COMPANY NAME		9 10 2 3	3 9 5 3			
	COMMERCIAL GOVERNMENT RESPONSE		VEHICLE WEIGHT GVWR/GCWR	HAZARDO	DUS MATERIAL	7 6 5 7	8 4 7 5 4				
	INTERLO DEVICE EQUIPPE	■ HIT/SKIP UNIT	0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	☐ MATERIAL RELEASED ☐ PLACARD	CLASS# PLACARD ID#	7 6 5	11 7 6 5			
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	10 /	11 1 2			
	9 9	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE	9	9 3 3			
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	7.	8 1 4 7			
CLE			(ATV / UTV)				12 12	7 6 5 11 12 1			
VEHICL		# OF TRAILING UNITS					10 12 1	10 11 12			
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	DMOUS MODE 9	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	9 10 2 3	3 9 10 2			
	9	1 - YES 2 - NO 9 - OTHER / UNKNO	WN AUTONOMOUS MODE LEVEL	2 - PARTIAL AUTOMATION	4 - HIGH AUTOMATION 5 - FULL AUTOMATION		8 4 5 7				
	1 - NONE 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 7 - BUS - INTERCITY 8 - BUS - SHUTTLE		11 - FIRE 12 - MILITARY 13 - POLICE	16 - FARM 17 - MOWING 18 - SNOW REMOVAL	21 - MAIL CARRIER 99 - OTHER /UNKNOWN		7 5				
	9 9 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE			14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	19 - TOWING 20 - SAFETY SERVICE PATROL			12 12 12			
		1 - NO CARGO BODY TYPE	3 - VEHICLE TOWING ANOTHER	5 - INTERMODAL CONTAINER	8 - POLE	12 - CONCRETE MIXER	12	1 1 =			
	9 9 2 NONTAPPLICABLE MOTOR VEHICLE CARGO BODY NOTAPPLICABLE ALOGGING 4 - LOGGING		CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER 6 - CARGO VANIENCI.OSED BOX 10 - FLAT BED 14 - GARBAGEREFUSE 7 - GRAINCHIPSIGRAVEL 11 - DUMP 99 - OTHER I UNIKNOVIN			, chi	3 9 3 3				
	TYPE	'		7 - GRAIN/CHIPS/GRAVEL		SS SINERY SINAROWN					
	VEHICLE	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	0	6 6 6			
f	DEFECTS	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER 4 - MIDRI OCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	O DAMAGE [0]	UNDERCARRIAGE [14]			
	NON-MOTORIST LOCATION AT	CROSSWALK 2 - INTERSECTION - UNMARKED	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	8 - SIDEWALK	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN	- TOP [13]	- ALL AREAS [15] NOT AT SCENE [16]			
	IMPACT	CROSSWALK 1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING	_	TIAL POINT OF CONTACT			
	_	2 - NON-COLLISION 3 - STRIKING 9 9	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST					
	ACTION	4 - STRUCK PRE-CRASH 5 - BOTH STRIKING ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	9 9 0 - NO DAMAGE 1-12 - REFER TO				
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN 40 - DDB/FDI FGG				DIAGRAM 13 - TOP	99 - UNKNOWN			
								TRAFFIC			
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
ı		4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ FALLING/SPILLING	ROADWAY 99 - OTHER IMPROPER	1 - ONE-WAY 2 2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN			
	CONTRIBUTING	6 - IMPROPER TURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	ACTION	# OF THROUGH LANES	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
	CIRCUMSTANCES						ON ROAD	1 - NOT INVOLVED			
/ENT(S)	SEQUENCE OF	EVENTS					2	2 - INVOLVED - ACTIVE CROSSING 1 3 - INVOLVED - PASSIVE CROSSING			
ш		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		5 - INVOLVED - PASSIVE CROSSING			
		2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING,	UNI	T / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST			
		5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST			
				15 - PEDALOTOLE	21 - PARKED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 1 TO	2 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
	3			COLLISION WITH FIXED OBJECT				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	43 - CURB 44 - DITCH 45 - EMBANKMENT	50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED			
		STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FENCE 47 - MAILBOX	52 - BUILDING 53 - TUNNEL		3			
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREE 49 - FIRE HYDRANT	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR			
	6, , ,		SO - MILDIAN OTHER BARRIER				POSTED SPEED	3 - UNDETERMINED			
							0.5				
	_ 1	FIRST HARMFUL EVENT	2	OST HARMFUL EVENT			2 5				
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OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER						
SAPETY · SERVICE · PROTECTION		JIN-IVIO I OKI	13 I					0 2 5	_⊥ 0 _⊥	9 0 6		
NAME: LAST, FRST, MODLE UNKNOWN UNKNOWN								DATE OF BIRTH AGE GENDER 0 1 0 1 2 0 0 8 1 7 M				
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
S UNKN I INJURIES INJURED TAKEN	OWN EMS AGENCY (NAME)	IN HIDEO TAKEN TO MED	ICAL FACILITY (NAME, CITY)	SAFETY E	DIIIDMENT	ı		SEATING POS	NITION .	AIR BAG USAGE	EJECTION	I TRAPPED
/ INJURIES INJURED TAKEN 0 5	EMB AGENCT (NAME)	INJURED TAKEN TO: WIED	IOAL PAGILITY (NAME, CITY)	USED	_ 9 9	╛	DOT-COMPLIAN MC HELMET		1	9	1	1 1
	OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL OFFENSE DESCRIPTION CODE						•		CITATION NUMBE	R		
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOH:	OL TEST VALUE	STAT		RUG TEST(S)	JLT SELECT UP TO 4
		BY9	ALCOHOL MA	ARIJUANA	9	1	_1_	• L	1	1		
M UNIT # NAME: LAST, FII	RST, MIDDLE	•	•	•				DATE OF BI	RTH		AGE	GENDER
R ADDRESS STREET OFFI OFFI OFFI							CONTACT PHONE - INCLUDE AREA CODE					
ADDRESS: STREET, CITY, STATE, ZIP							L	PHONE - INCLUDE AREA CODE				
N TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY E USED	QUIPMENT		DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
O L STATE OPERATOR LI	CENSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPT	ION	MC HELMET		\blacksquare	CITATION NUMBE	<u> </u>	
M O T				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTI	ED RUUANA	CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATU		RUG TEST(S) RESU	LT SELECT UP TO 4
s T			OTHER DRUG	NSOMEN		ш]	
M UNIT# NAME: LAST, FII	RST, MIDDLE							DATE OF BI	RTH		AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE					
I S T								1 1				
/ INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EC	UIPMENT		DOT-COMPLIAN	SEATING POS	SITION .	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE OPERATOR LIG	CENSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPT	TION	MC RELIMET			CITATION NUMBE	R R	
0				CODE								
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTI	ED RIJUANA	CONDITION	STATUS	TYPE	OL TEST VALUE	STATU		RUG TEST(S) RESU	ILT SELECT UP TO 4
			OTHER DRUG	I		Ш		•				
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	1 - CLASS A	LASS	1 - ALCOHOL I	RESTRICTION INTERLOCK	N(S)	DRIVER DIS 1 - NOT DISTRACTED	TRACTION	1 - NON	TEST ST E GIVEN	TATUS
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRA	STATE ONLY		2 - MANUALLY OPERATIF		2 - TES	T REFUSED	
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		3 - CORRECTI			DEVICE (TEXTING, TYP			GIVEN, CONTAN PLE / UNUSABLE	
5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT		OHIO = D)	4 - FARM WAIN 5 - EXCEPT CL			DIALING) 3 - TALKING ON HANDS-	FREE		GIVEN, RESULT	
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	5 - M / C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CL & CLASS B			COMMUNICATION DE		5 - TES	GIVEN, RESULT	'S UNKNOWN
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				7 - EXCEPT TF			4 - TALKING ON HAND-H COMMUNICATION DE				
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE				8 - INTERMED RESTRICTI			5 - OTHER ACTIVITY WIT				
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION	OL ENDO	RSEMENT	9 - LEARNER'S RESTRICT			6 - PASSENGER			ALCOHOL T	TEST TYPE
3 - POLICE	TRUCK CAB	1 - NOT EJECTED	H - HAZMAT		10 - LIMITED T			7 - OTHER DISTRACTION	INSIDE	1 - NON 2 - BLO		
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER		ONLY 11 - LIMITED T	TO EMPLOYME	ENT	THE VEHICLE 8 - OTHER DISTRACTION	IS OUTSIDE	3 - URII		
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED -			THE VEHICLE 9 - OTHER / UNKNOWN		4 - BRE		
SAFETY EQUIPMENT 1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER			BRAKES, HAND		5-OTHER/ONKNOWN		5 - OTH	ER	
2 - SHOULDER BELT ONLY USED	CARGO AREA	TRAPPED	R - THREE-WHEEL MOT	TORCYCLE	CONTROLS ADAPTIVE I	S, OR OTHER DEVICES)						
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED	S - SCHOOL BUS		14 - MILITARY		NLY				DRUG TE	ST TYPE
5 - CHILD RESTRAINT SYSTEM -	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE T	TRAILERS	15 - MOTOR V WITHOUT	AIR BRAKES				1 - NON		
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED BY	X - TANKER / HAZMAT		16 - OUTSIDE 17 - PROSTHE			COND		2 - BLO		
REAR FACING	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS			18 - OTHER	TIO AID		1 - APPARENTLY NORM		4 - OTH		
7 - BOOSTER SEAT 8 - HELMET USED								2 - PHYSICAL IMPAIRME				
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)								3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED)	-KESSED,		DRUG TEST	RESULT(S)
10 - REFLECTIVE CLOTHING			F - FEMALE	DER				4 - ILLNESS			HETAMINES	.,
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M-MALE					5 - FELL ASLEEP, FAINT	ED,		BITURATES ZODIAZEPINES	
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					FATIGUED, ETC. 6 - UNDER THE INFLUEN	ICF OF	4 - CAN	NABINOIDS	
								MEDICATIONS / DRUG		5 - COO	AINE ATES / OPIOIDS	
								/ ALCOHOL 9 - OTHER / UNKNOWN		7 - OTH		
								J-OTHER/ UNKNOWN		8 - NEG	ATIVE RESULTS	

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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

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LOCAL REPORT NUMBER 20250906	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 04 D 21 Y 2025							
IN COUNTY OF 18	CRASH LOCATION 3 88 ST GARFIELD HEIGHTS								
Pole owner of (Pole#: SJC	23SPP38A540) is The Illuminating Company located at								
76 S. Main St., Akron, OH,	44308. Telephone number (800-633-4766).								
	OFFICER'S SIGNATURE	BADGE NUMBER							
	X	021							