

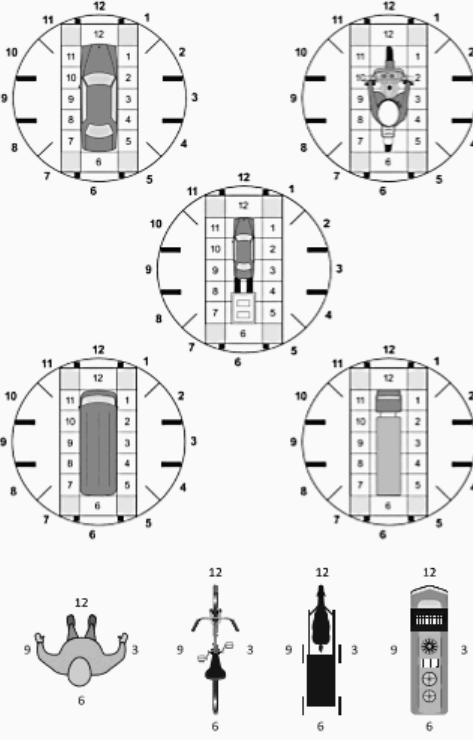
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER
<input type="checkbox"/> Private Property			
LOCAL INFORMATION GARFIELD HEIGHTS			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
01820			
COUNTY *		LOCALITY *	
18		1	
1-CITY *		2-VILLAGE *	
3-TOWNSHIP *		3-TOWNSHIP *	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			
ROUTE TYPE		ROUTE NUMBER	
PREFIX		LOCATION ROAD NAME	
3		88	
ROAD TYPE		ROAD TYPE	
S T			
CRASH DATE/TIME *		CRASH SEVERITY	
04212025 12249		5	
1- FATAL		2- SERIOUS INJURY SUSPECTED	
3- MINOR INJURY SUSPECTED		4- INJURY POSSIBLE	
5- PROPERTY DAMAGE ONLY			
ROUTE TYPE		ROUTE NUMBER	
PREFIX		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	
		4991	
ROAD TYPE		ROAD TYPE	
LONGITUDE DECIMAL DEGREES		LONGITUDE DECIMAL DEGREES	
81.623578		81.623578	
REFERENCE POINT		DIRECTION	
1- INTERSECTION		1- NORTH	
2- MILE POST		2- SOUTH	
3- HOUSE #		3- EAST	
3		2	
DISTANCE		DISTANCE	
50		2	
1-Miles		2-Feet	
3-Yards			
ROUTE TYPE		ROUTE TYPE	
IR - INTERSTATE ROUTE (TP)		AL - ALLEY	
US - FEDERAL US ROUTE		AV - AVENUE	
SR - STATE ROUTE		BL - BOULEVARD	
CR - NUMBERED COUNTY ROUTE		CR - CIRCLE	
TR - NUMBERED TOWNSHIP ROUTE		CT - COURT	
		DR - DRIVE	
		HE - HEIGHTS	
		HW - HIGHWAY	
		LA - LANE	
		MP - MILEPOST	
		OV - OVAL	
		PK - PARKWAY	
		PL - PLACE	
		RD - ROAD	
		SQ - SQUARE	
		ST - STREET	
		TE - TERRACE	
		TL - TRAIL	
		WA - WAY	
INTERSECTION RELATED		NUMBER OF APPROACHES	
<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH			
<input type="checkbox"/> WITHIN INTERCHANGE AREA			
ROADWAY		ROADWAY	
<input type="checkbox"/> ROADWAY DIVIDED			
DIRECTION OF TRAVEL		MEDIAN TYPE	
1- NORTH		1- DIVIDED FLUSH MEDIAN (<4 FEET)	
2- SOUTH		2- DIVIDED FLUSH MEDIAN (24 FEET)	
3- EAST		3- DIVIDED, DEPRESSION MEDIAN	
4- WEST		4- DIVIDED, RAISED MEDIAN (ANY TYPE)	
		9- OTHER / UNKNOWN	
WORK ZONE RELATED		WORK ZONE TYPE	
<input type="checkbox"/> WORKERS PRESENT		1- LANE CLOSURE	
<input type="checkbox"/> LAW ENFORCEMENT		2- LANE SHIFT/CROSSOVER	
<input type="checkbox"/> PRESENT		3- WORK ON SHOULDER	
		or MEDIAN	
		4- INTERMITTENT OR MOVING WORK	
		5- OTHER	
ACTIVE SCHOOL ZONE		LOCATION OF CRASH IN WORK ZONE	
<input type="checkbox"/>		1- BEFORE THE 1ST WORK ZONE	
		WARNING SIGN	
		2- ADVANCE WARNING AREA	
		3- TRANSITION AREA	
		4- ACTIVITY AREA	
		5- TERMINATION AREA	
LIGHT CONDITION		WEATHER	
1- DAYLIGHT		1- CLEAR	
2- DAWN/DUSK		2- CLOUDY	
3- DARK - LIGHTED ROADWAY		3- FOG, SMOG, SMOKE	
4- DARK - ROADWAY NOT LIGHTED		4- RAIN	
5- DARK - UNKNOWN ROADWAY LIGHTING		5- SLEET, HAIL	
9- OTHER / UNKNOWN		6- SNOW	
		7- SEVERE CROSSWINDS	
		8- BLOWING SAND, SOIL, DIRT, SNOW	
		9- FREEZING RAIN OR FREEZING DRIZZLE	
		99- OTHER / UNKNOWN	
CONTOUR		CONDITIONS	
1		1	
1- STRAIGHT LEVEL		1- DRY	
2- STRAIGHT GRADE		2- WET	
3- CURVE LEVEL		3- SNOW	
4- CURVE GRADE		4- ICE	
9- OTHER / UNKNOWN		5- SAND, MUD, DIRT, OIL, GRAVEL	
		6- WATER (STANDING, MOVING)	
		7- SLUSH	
		9- OTHER/UNKNOWN	
SURFACE		SURFACE	
2		1- CONCRETE	
		2- BLACKTOP, BITUMINOUS, ASPHALT	
		3- BRICK/BLOCK	
		4- SLAG, GRAVEL, STONE	
		5- DIRT	
		9- OTHER / UNKNOWN	
NARRATIVE		SCENE	
UNIT #01 WAS TRAVELING SOUTHBOUND ON E. 88 ST. AND RAN OFF THE ROADWAY LEFT STRIKING A TELEPHONE POLE (POLE#: SJCB123SPP38A540) NEAR 4991 E. 88 ST. NEIGHBORS HEARD THE ACCIDENT AND OBSERVED AN OLDER MODEL, POSSIBLY WHITE, VEHICLE FLEE THE SCENE. GHPD WAS UNABLE TO LOCATE THE HIT-SKIP VEHICLE.			
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME	
04212025 12249		04212025 12250	
ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
04212025 12256		04212025 12310	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	
0		20	
TOTAL MINUTES		OFFICER'S NAME *	
40		A. Hlywa	
OFFICER'S BADGE NUMBER *		CHECKED BY OFFICER'S NAME *	
021		T. Baon	
CHECKED BY OFFICER'S BADGE NUMBER *		REPORT TAKEN BY	
S20		POLICE AGENCY	
		MOTORIST	
		SUPPLEMENT	
		(CORRECTION = ADDITION)	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED		INSURANCE COMPANY
	INSURANCE POLICY #		VEHICLE COLOR WHI
	VEHICLE MODEL		
	TYPE OF USE 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.
	TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #
	UNIT 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? 9 1 - YES 2 - 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 9 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 9 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 9 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 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 9 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 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			
SEQUENCE OF EVENTS 1 0 9 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 4 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 2 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 20250906	
DAMAGE DAMAGE SCALE 9 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input checked="" type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 9 9 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 2 5 POSTED SPEED 2 5	DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



OTOR RIST /N NON- MOTOR RIST /MOTOR RIST /MOTOR RIST /MOTOR RIST /MOTOR RIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE UNKNOWN										UNKNOWN										DATE OF BIRTH 01012008								AGE 17		GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP UNKNOWN																				CONTACT PHONE - INCLUDE AREA CODE 													
	INJURIES 5		INJURED TAKEN BY 1		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 9		EJECTION 1		TRAPPED 1									
	OL STATE 		OPERATOR LICENSE NUMBER 					OFFENSE CHARGED 					LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION 					CITATION NUMBER 														
	OL CLASS 		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 					DRIVER DISTRACTED BY 9		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG					CONDITION 9		STATUS 1		ALCOHOL TEST TYPE 1 VALUE		STATUS 1		TYPE 1		DRUG TEST(S) 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		DRUG TEST(S) RESULT SELECT UP TO 4 							

[illegible]

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

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#: SJCB123SPP38A540) is The Illuminating Company located at 76 S. Main St., Akron, OH, 44308. Telephone number (800-633-4766).									
					OFFICER'S SIGNATURE X		BADGE NUMBER 021		