OHIO DEPARTMENT TRAFFIC CRASH REPORT  "DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER*			
☐ PHOTOS TAKEN	■ OH-2	OH-3	[2 0 2 5 1 4 7 0							
SECONDARY CRASH  OH-1P OTHER REPORTING AGENCY NAME*  NCIC*							NI IMPRED OF LIMITS	0 1 98 - ANIMAL 99 - UNKNOWN		
	COUNTY* LOCALITY* LOCATION: CRY VILLAGE TOWNSHIP:					2 - Unsolved		CRASH SEVERITY		
1,1,8,	1 - CITY *					   <u> 0 6 1 1 2 0 2</u>		5 1- FATAL 2- SERIOUS INJURY		
ROUTE TYPE	ROUTE NUMBER		1 - NORTH LOCATI 2 - SOUTH	ON ROAD NAME	ROAD TYPE	I ATITITUE DECIMA		2- SERIOUS INJURY SUSPECTED 3 - MINOR INJURY		
S R	1 7		3-EAST 4-WEST Gran	ger	R D		7   1   0   2	SUSPECTED 4 - INJURY POSSIBLE		
ROUTE TYPE	ROUTE NUMBER		1 - NORTH 2 - SOUTH REFE	RENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL	DEGREES	5 - PROPERTY DAMAGE ONLY		
REFEREN			3 - EAST 4 - WEST 135		ST	8 1 1 5 8	9   6   7   4			
REFERENCE PO 1 - INTERSECTION		IR - INTERSTA	TE ROUTE (TP)	ROAN TYPE  AL - ALLEY HW - HIGHWAY	RD - ROAD	■ WITHIN INTERSE	INTERSECTION RELATED  CTION OR ON APPROACH			
2 - MILE POST 3 - HOUSE #	2 - SOUTH 3 - EAST 4 - WEST	US - FEDERAL SR - STATE R	US ROUTE DUTE	AV - AVENUE	SQ - SQUARE ST - STREET TE - TERRACE	□ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES				
DISTANCE	DISTANCE	CR - NUMBER TR - NUMBER ROUTE	ED COUNTY ROUTE ED TOWNSHIP	CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	TL - TRAIL WA - WAY					
	1 - Miles 2 - Feet 3 - Yards					☐ ROADWAY DIVID	ED			
	DADWAY 9 - CROSSOVI			MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE		
2 - ON S 3 - IN ME	HOULDER 10 - DRIVEWA	Y / ALLEY	1- NOT COLLIS BETWEEN TWO MOTOR	5 - BACKING		1 - NORTH 2 - SOUTH	1 - DIVIDE	D FLUSH MEDIAN ET)		
5 - ON G 6 - OUTS	ORE CROSSIN	G USE PATHS	VEHICLES IN TRANSPORT 2 - REAR-END	7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION		3 - EAST 4 - WEST	D FLUSH MEDIAN ET) ID, DEPRESSED MEDIAN			
7 - ON R 8 - OFF I	AMP 13 - BIKE LAN	E DTH	3 - HEAD-ON	9 - OTHER / UNKNOWN			(ANY T	ID, RAISED MEDIAN YPE) R / UNKNOWN		
WORK ZONE RELAT	. 1-	WORK ZONE T		LOCATION OF CRASH IN WORK ZO 1 - BEFORE THE 1ST WORK ZO	ONE ONE	CONTOUR	CONDITIONS	SURFACE		
LAW ENFORCEMENT PRESENT		LANE SHIFT/CROSSOVE WORK ON SHOULDER OR MEDIAN	К	WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA			_ 1	_2_		
☐ ACTIVE SCHOOL ZO	5 -	INTERMITTENT OR MOVI	NG WORK	4 - ACTIVITY AREA 5 - TERMINATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,		
	SHT CONDITION			WEATHER		3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER	4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL	ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL,		
1 - DAYLIGHT 2 - DANMDUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - LINKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1 - DATE				/UNKNOWN	6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	STONE 5 - DIRT 9 - OTHER				
				E		/UNKNOWN				
o onizity o										
UNIT#1 WAS TRAVELING EAST ON SR17 (GRANGER) IN							an "N" on the			
THE OUTSIG	E LANE NEAR	R E 135TH	ST DIRECTLY					compass diagram.		
BEHIND UNI	T#2. UNIT#2 W	/AS STOPI	PED FOR TRA	FFIC/	North ਵਸ		$\wedge$			
SIGNAL. AS	A RESULT, TH	E.FRONT.	OF UNIT#1	Not	t To Scale		$\checkmark$ $\downarrow$	<del>,</del>		
COLLIDED .V	VITH. THE. BAC	K.OF.UNIT	#2. Both un	ITS	2	<u></u>	9 , T	_E 135 Th St		
LEFT THE S	CENE AND LAT	TER REPO	RTED AT STA	TION.B		1 /	2			
wc										
NOTE: SEE OH2						SR17 (Gr	anger Rd)			
CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVAL DATE/TIME  ARRIVAL DATE/TIME							RED DATE/TIME	REPORT TAKEN BY		
					10 6 1 1 2 0 2		POLICE AGENCY MOTORIST			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	officer's NAME *	1	M. Berdy	FFICER'S NAME*  /SZ		SUPPLEMENT		
	4,5,	<sub>1</sub> 5 <sub>1</sub> 9 <sub>1</sub>	0	FFICER'S BADGE NUMBER*	<u> </u>	CHECKED BY OFFICER'S BADGE	NUMBER*	(CORRECTION on ADDITION To an acastrol server sent to core		

	OH OF MAPE	HIO DEPARTMENT PUBLIC SAFETY	UNIT						2,0,2,5		AL REPORT NUMBER	
	UNIT#	OWNER NAME: I	AST, FIRST, MIDDLE	( 🗆	Same As Driver)	OWNER F	PHONE: INCLUDE AREA CODE	(  Same As Driver)	2 0 2 0		DAMAGE	
	0 1							D/	AMAGE SCALE			
NER		INER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver)							1 - NONE 2 - MINOR DAI	MAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
OWN		16000 Miles Ave CLEVELAND OH  COMMERCIAL CARRIER: NAME. ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER: NAME. ADDRESS, CITY, STATE, ZIP						9 2-MINOR DAY	9 - UN	KNOWN		
	A & A Safety Inc 16000 Miles Ave CLEVELAND OH 44128										AMAGED ADEA(G)	
Ħ	LP STATE	ATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE						1		AMAGED AREA(S) CATE ALL THAT APPLY		
	$\lceil O \rceil H \rceil$	PMJ49		$1_1F_1T_1N_1F_1$	-, 1, E, F, 5, G, K, F, 3, 4, 3	3 <sub>1</sub> 1 <sub>1</sub> 2			11 12	1	11 12	
		JRANCE INSUR RIFIED	ANCE COMPANY		INSURANCE POLICY#		VEHICLE COLOR WHI	VEHICLE MODEL F-150	10 12	<b>\_2</b>	10 12 2	
		TYPI	TYPE OF USE US DOT # TOWED BY: COMPANY NAME				9 10 2	, - , - ,				
	■ COMMER	CIAL C	GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	DAMADICA MB						
	INTERLO  DEVICE	<b>=</b> 1	HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.		HAZARDOUS MATERIAL RELEASED	CLASS# PLACARD ID#	8 6	Ņ,	8 6 5	
	EQUIPPE			0 1	3 - >26K LBS.		PLACARD		6		12	
	0 4	1 - PASSENGER CAR 2 - PASSENGER VAN	(MINIVAN)	7 - MOTORCYCLE 2-WHEELE 8 - MOTORCYCLE 3-WHEELE	D 13 - SNOWMOBILE	18 - LIMO ( 19 - BUS (1 20 - OTHER	LIVERY VEHICLE) 6+ PASSENGERS) R VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST		10/	11 1 2	
	0 4	3 - SPORT UTILITY V 4 - PICK UP 5 - CARGO VAN		9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	22 - ANIMA	' EQUIPMENT L WITH RIDER OR	26 - BICYCLE 27 - TRAIN		9	9 3 3	
	UNIT TYPE	6 - VAN (9-15 SEATS)	)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMA	L-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP		8	7 6 5 4	
EHICLE		# OF TRAILING UN	JITS STIL						11 12	1	5 11 12	
VE		"OF TRAILING UP	•						10 11 1	<b>\_2</b>	10 12 1	
		WAS VEHICLE OPER WHEN CRASH OCCU	ATING IN AUTONOM IRED?		2. PARTIAL ALITOMATION	AUT	NDITIONAL COMATION	9 - UNKNOWN	9 10 2		9 9 3	
	9	1 - YES 2 - NO 9	- OTHER / UNKNOWN	AUTONO MODE L		4 - HIG 5 - FUL	H AUTOMATION L AUTOMATION		8 7 5	7	8 4 5	
		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MALL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOVINING 99 - OTHER NUNNOWN					7 6	5	1 1			
		3 - ELECTRONIC RIDE 4 - SCHOOL TRANSPO 5 - BUS-TRANSIT/COM	TRONIC RIDE SHARING			OW REMOVAL WING FETY SERVICE PATROL		6				
	FUNCTION	N C SOUTH CONTROL OF THE CONTROL OF						12	1	12 12 12		
	9 9	1 - NO CARGO BODY T / NOT APPLICABLE		3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER MOTOR VEHICLE CHASSIS		8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT RED 14 - GARBAGE/REFUSE			a M a	1	<b>↑ ⋒ </b>	
	CARGO BODY	2 - BUS Y		4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FL 11 - DI	AT BED JMP	99 - OTHER / UNKNOWN	, 6	9 😅	3 9 7 3 9 8 3	
	1 1 1	1 - TURN SIGNALS		4 - BRAKES	7 - WORN OR SLICK TIRES		TOR TROUBLE SABLED FROM PRIOR	99 - OTHER / UNKNOWN	6			
		2 - HEAD LAMPS 3 - TAIL LAMPS		5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE		CIDENT				6 6 6	
		1 - INTERSECTION - MARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE	10 - DR	DIAN/CROSSING ISLAND IVEWAY ACCESS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0	0]	- UNDERCARRIAGE [14]	
	LOCATION AT	2 - INTERSECTION - UNMARKED		CROSSWALK 5 - TRAVEL LANE-OTHER LOCAT	8 - SIDEWALK ION		ARED USE PATHS OR AILS	99 - OTHER / UNKNOWN	TOP [13]	- UNIT NOT A	- ALL AREAS [15]  AT SCENE [16]	
	IMPACT	CROSSWALK  1 - NON-CONTACT		1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NE	GOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE		INITIAL	POINT OF CONTACT	
	_	2 - NON-COLLISION 3 - STRIKING	, 9 , 9	2 - BACKING 3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	SPE	TERING OR CROSSING ECIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST				
	ACTION	4 - STRUCK 5 - BOTH STRIKING	ACTION	4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED	JO	LKING, RUNNING, GGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE	1 Z 1-12-R	DAMAGE REFER TO UNIT	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE	
		& STRUCK 9 - OTHER / UNKNOWN		6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS		ORKING SHING VEHICLE	99 - OTHER / UNKNOWN	13 - TO	IAGRAM IP	99 - UNKNOWN	
											TRAFFIC	
		1 - NONE 2 - FAILURE TO YIELD		7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION		ION OBSTRUCTION ERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW		TRAFFIC CONTROL	
		3 - RAN RED LIGHT 4 - RAN STOP SIGN		CLOSE/ACDA 9 - IMPROPER LANE	14 - STOPPED OR PARKED ILLEGALLY	EQ 19 - LO	UIPMENT AD SHIFTING/	23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY		1 - ROUNDABOUT	
		5 - UNSAFE SPEED 6 - IMPROPER TURN		CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		LLING/SPILLING PROPER CROSSING	99 - OTHER IMPROPER ACTION	2 - TWO-WAY	2	2 - SIGNAL 5 - YIELD SIGN  3 - FLASHER 6 - NO CONTROL	
	CONTRIBUTING CIRCUMSTANCES			12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING	
(6											1 - NOT INVOLVED	
EVENT(	SEQUENCE OF	EVENTS			EVENTS				3		2 - INVOLVED - ACTIVE CROSSING  1 3 - INVOLVED - PASSIVE CROSSING	
		1 - OVERTURN/ROLLOV 2 - FIRE/EXPLOSION		6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		LWAY VEHICLE MAL - FARM	22 - WORK ZONE MAINTENANCE				
		2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE		7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY	18 - ANI	MAL - DEER MAL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR		UNIT / NO	N-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEAST	
		5 - CARGO / EQUIPMEN LOSS OR SHIFT		9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MO TRA	TOR VEHICLE IN INSPORT	ANYTHING SET IN MOTION BY A MOTOR			2 - SOUTH 6 - NORTHWEST	
					15 - PEDALCYCLE	21 - PAF	RKED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE OBJECT	FROM   4   TO	。 :3	3 - EAST 7 - SOUTHEAST	
	3				COLLISION WITH FIXED OBJECT	- STRUCK		<del></del> -	' '		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
	4.	25 - IMPACT ATTENUAT / CRASH CUSHION		11 - GUARDRAIL END 12 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CU 44 - DIT		50 -WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED			
		26 - BRIDGE OVERHEAD STRUCTURE	3	3 - MEDIAN CABLE BARRIER 4 - MEDIAN GUARDRAIL	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMI 46 - FEN	BANKMENT	51 - WALL 52 - BUILDING	5 01 EED		DETECTED SPEED	
	5	27 - BRIDGE PIER OR AI 28 - BRIDGE PARAPET	BUTMENT	BARRIER 5 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	47 - MAI 48 - TRE	E	53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			3 1 - STATED/ESTIMATED SPEED	
		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	3	BARRIER 6 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRI	E HYDRANT				2 - CALCULATED / EDR	
	6								POSTED SPEED		3 - UNDETERMINED	
	_								3   5			
HS	1 Y8304 OH1U 1/19 [	FIRST HARMFU	L EVENT	1	MOST HARMFUL EVENT						PAGE OF	

OHIO DEPARTMENT OF PUBLIC SAFETY UNIT								2,0,2,5,1	LOCAL REPORT NUMBER		
	UNIT#							DAMAGE DAMAGE SCALE			
MNER	OWNER ADDRES	ER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver)  824 WALFORD RD APT 107 CLEVELAND OH 44128					44400	1- NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE		
0	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE								9 - UNKNOWN		
	1007475	T		VEHIOLE IDENTIFICATION II	ш		1	DAMAGED AREA(S) INDICATE ALL THAT APPLY			
	LP STATE O H	KBL4933	_1_F <sub>I</sub> A <sub>I</sub> H <sub>I</sub> P <sub>I</sub> 3	VEHICLE IDENTIFICATION # 3 <sub>1</sub> 5 <sub>1</sub> N <sub>1</sub> 4 <sub>1</sub> 9 <sub>1</sub> W <sub>1</sub> 2 <sub>1</sub> 6 <sub>1</sub> 3 <sub>1</sub>	vehicle year vehicle make 2 0 0 9 Ford			11 12 1 11 12 1			
		INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY#   INSURANCE POLICY#   jqtvv9		VEHICLE COLOR VEHICLE MODEL SIL FOCUS			10 11 1	2 10 11 1 2			
	☐ COMMERC	TYPE OF USE  SIAL GOVERNMENT	IN EMERGENCY		TOWED BY: COMPANY NAME			9 9 3 4	3 9 9 3 3		
	INTERLOC DEVICE EQUIPPED	☐ HIT/SKIP UNIT	#OCCUPANTS	VEHICLE WEIGHT GWWR/GCWR  1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #		8 7 6 5				
J.E	0 1	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)	3 - >26K LBS.  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 - PEDESTRIANSKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP		10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
VEHICLE	2	# of TRAILING UNITS  WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?  1-YES 2-NO 9-OTHER / UNKNOWN  1-NONE  1-NONE  1-NONE  1-PIRE  1-PIRE		AUTO 4 - HIGH 5 - FULL 16 - FAF	OMATION I AUTOMATION AUTOMATION	9 - UNKNOWN 21 - MAIL CARRIER	11 12 1 10 11 1 2 9 9 8 4 7 6	3 9 9 3 3 5 4 4 4			
	SPECIAL FUNCTION	2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER  1 - NO CARGO BODY TYPE	7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 3 - VEHICLE TOWING ANOTHER	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 5 - INTERMODAL CONTAINER	19 - TO\	DW REMOVAL WING ETY SERVICE PATROL	99 - OTHER /UNKNOWN	12	12 12 12		
	CARGO BODY TYPE	/ NOT APPLICABLE 2 - BUS	4 - BRAKES	5 - IN EMBOLD CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPS/GRAVEL  7 - WORN OR SLICK TIRES	9 - CAF 10 - FL/ 11 - DU 9 - MOT	AGO TANK AT BED MP	13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 19 - OTHER / UNKNOWN	9 6 3	9 = 3 9   3 9   3   9   9   9   9   9   9		
	DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT DEFECTIVE	ACC	ABLED FROM PRIOR IDENT			6 6 6		
		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	10 - DRIVEWAY ACCESS AT INCI		12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]  JIT NOT AT SCENE [16]		
	ACTION 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 8 - STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKINGPASSING 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 SPECIPIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORRING 17 - PUSHING VEHICLE		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	0 6 0 - NO DAMAGE 1-12 - REFER TI DIAGRAM 13 - TOP			
(9	10 1 1 1 5	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 CLOSEIACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OF FROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	18 - OPE EQU 19 - LOA FAL	ON OBSTRUCTION RATING DEFECTIVE IPPURISH D SHIFTING ILLINGSPILLING ROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW  1 - ONE-WAY  2 - TWO-WAY  # OF THROUGH LANES ON ROAD	TRAFFIC CONTROL		
EVENT(	SEQUENCE OF E	EVENTS		EVENTS				3	2 - INVOLVED - ACTIVE CROSSING  3 - INVOLVED - PASSIVE CROSSING		
	<sup>1</sup> 2 0 2	I - OVERTURNROLLOVER 2- FIREJESPICOSION 3- IMMERSION 4- JACKKONIFE 5- CARRGO / 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 - MOTO 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	UI FROM 4 TO	NIT / NON-MOTORIST DIRECTION		
	<b>-   -   -  </b>   .	DE IMPACTATIFATIATOR	24 CHADDDAILEAD	COLLISION WITH FIXED OBJECT	- STRUCK	BB	50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN		
	4 2 5 2	25. MIPACT ATTENUATOR / CRASH CUSHION 26. SRIDGE OVERHEAD STRUCTURE 27. SRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 00 GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHTLAUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	44 - DITC 45 - EMB 46 - FEN 47 - MAIL 48 - TREI	H ANKMENT CE BOX	50 - HVORAZONE MIRINI ENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	UNIT SPEED	DETECTED SPEED  1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		
	6 <b>1</b>	FIRST HARMFUL EVENT	_ 1 _ ,	MOST HARMFUL EVENT				POSTED SPEED  3 5	3 - UNIDE LERMINEU  PAGE OF		

OHIO DEPARTMENT	MOTODICT / NO	N MOTODI	СТ				-	LOCAL REPORT N	JMBER		
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	MOTORIST / NO	JN-IVIO I ORIS	<b>3</b> 1			2	0 2 5	1   4   7	7   0		
M UNIT # NAME: LAST, FIRST	T, MIDDLE						DATE OF BIRTH	I	AGE	GENDER	
·	unknown										
R ADDRESS: STREET, CITY, STATE, ZIP I S						CONTA	CT PHONE - INCLUDE AREA CODE				
т	IS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EC	UIPMENT		SEATING POSITIO	N AIR BAI	G USAGE EJECTI	ION TRAPPED	
N 5 1 BY				USED	9   9	DOT-COMPL	*****			1 1	
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE C	HARGED	LOCAL	OFFENSE DESCRIPTION			CITATIO	N NUMBER		
M 0 T				CODE							
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE		CONDITION	ALCO ATUS TYPE	HOL TEST VALUE	STATUS	DRUG TEST(S) TYPE RE	ESULT SELECT UP TO 4	
s		9	ALCOHOL MAI	RIJUANA	9	1_ _1_	.  <u>.</u>	1 _	1		
M UNIT# NAME: LAST, FIRS	T, MIDDLE			Į.			DATE OF BIRTH		AGE	GENDER	
TURN	IER	TYSHAWNA	ANTO	INETTE		[0]	6   2   2   1	9   9   5		」 F	
ADDRESS: STREET, CITY, STATE, ZIP						CONTAC	CT PHONE - INCLUDE AREA CODE				
.01.	RD RD APT 107		EVELAND		44128						
N BY	MS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	CAL FACILITY (NAME, CITY)	SAFETY EC		DOT-COMPLI	SEATING POSITION	N AIR BAC			
OL STATE OPERATOR LICE	INSE NUMBER	OFFENSE C	HARGED	LOCAL	OFFENSE DESCRIPTION	— mc relme	<u> </u>	CITATIO	N NUMBER	1	
M O	HOE HOMBER			CODE							
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTE		CONDITION	ALCO	HOL TEST		DRUG TEST(S)		
R		BY 1	ALCOHOL MAR	RIJUANA	.   "	TUS TYPE	VALUE	STATUS 1	TYPE RES	SULT SELECT UP TO 4	
			OTHER DRUG	l	<u> </u>	<u> </u>	DATE OF BIRTH			GENDER	
M UNIT # NAME: LAST, FIRST	r, MIDDLE						DATE OF BIRTH		AGE	GENDER	
R ADDRESS: STREET, CITY, STATE, ZIP						CONTAC	T PHONE - INCLUDE AREA CODE			1	
I s						J		1 1	1 1	1 1 1	
T INJURIES INJURED EI	MS AGENCY (NAME)	INJURED TAKEN TO: MEDIC	AL FACILITY (NAME, CITY)	SAFETY EQ USED	UIPMENT		SEATING POSITION	N AIR BAG	S USAGE EJECTION	ON TRAPPED	
N						MC HELME		_			
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE C	HARGED	LOCAL CODE	OFFENSE DESCRIPTION		•	CITATIO	N NUMBER		
O OL CLASS ENDORSEMENT											
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTE	RUUANA	CONDITION	ATUS TYPE	HOL TEST VALUE	STATUS	DRUG TEST(S)  TYPE RE	SULT SELECT UP TO 4	
S L L L L L			OTHER DRUG	L						لاالال	
INJURIES	SEATING POSITION  1 - FRONT - LEFT SIDE	AIR BAG  1 - NOT DEPLOYED	OL CL 1 - CLASS A	.ASS	OL REST	RICTION(S)	DRIVER DISTRAC	CTION	1 - NONE GIVEN	STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER)	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE		1 - NOT DISTRACTED  2 - MANUALLY OPERATING AF	N	2 - TEST REFUSED		
3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C		2 - CDL INTRASTATE 3 - CORRECTIVE LEI		ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING.	ATION	3 - TEST GIVEN, CONT		
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / S	SIDE 4 - REGULAR CLASS (OF	HIO = D)	4 - FARM WAIVER 5 - EXCEPT CLASS A	RIIS	DIALING)	_	SAMPLE / UNUSABI 4 - TEST GIVEN, RESU		
3-NO ALL ARENT INDORT	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		6 - EXCEPT CLASS A		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE		5 - TEST GIVEN, RESU		
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BUS 7 - EXCEPT TRACTO	R-TRAILER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE				
1 - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIATE L RESTRICTIONS	ICENSE	5 - OTHER ACTIVITY WITH AN				
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION	OL ENDOR	RSEMENT	9 - LEARNER'S PERM RESTRICTIONS	MIT	6 - PASSENGER			L TEST TYPE	
3 - POLICE	TRUCK CAB	1 - NOT EJECTED	H - HAZMAT		10 - LIMITED TO DAY	LIGHT	7 - OTHER DISTRACTION INSI	IDE	1 - NONE 2 - BLOOD		
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PARTIALLY EJECTED  3 - TOTALLY EJECTED	M - MOTORCYCLE P - PASSENGER		ONLY 11 - LIMITED TO EMP	PLOYMENT	THE VEHICLE  8 - OTHER DISTRACTIONS OL	UTSIDE	3 - URINE		
	(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	N - TANKER		12 - LIMITED - OTHE 13 - MECHANICAL DI		THE VEHICLE 9 - OTHER / UNKNOWN		4 - BREATH		
SAFETY EQUIPMENT  1 - NONE USED	12 - PASSENGER IN UNENCLOSED		Q - MOTOR SCOOTER		(SPECIAL BRAKES CONTROLS, OR O	, HAND	o ometromatom		5 - OTHER		
2 - SHOULDER BELT ONLY USED	CARGO AREA	TRAPPED  1 - NOT TRAPPED	R - THREE-WHEEL MOT	ORCYCLE	ADAPTIVE DEVICE	(S)					
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	2 - EXTRICATED BY	S - SCHOOL BUS		14 - MILITARY VEHICL 15 - MOTOR VEHICL				DRUG 1 - NONE	TEST TYPE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS	T - DOUBLE & TRIPLE TI  X - TANKER / HAZMAT	RAILERS	WITHOUT AIR BI	RAKES			2 - BLOOD		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	A - INDICENTINALINA		16 - OUTSIDE MIRRO 17 - PROSTHETIC AI		1 - APPARENTLY NORMAL	N	3 - URINE		
7 - BOOSTER SEAT	99 - OTHER / UNKNOWN				18 - OTHER		2 - PHYSICAL IMPAIRMENT		4 - OTHER		
8 - HELMET USED 9 - PROTECTIVE PADS USED							3 - EMOTIONAL (E.G. DEPRES	SED,			
(ELBOWS, KNEES, ETC.)			GEND	DER			ANGRY, DISTURBED) 4 - ILLNESS		DRUG TE	ST RESULT(S)	
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F-FEMALE				5 - FELL ASLEEP, FAINTED,		2 - BARBITURATES		
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE U - OTHER/UNKNOWN				FATIGUED, ETC.		3 - BENZODIAZEPINES 4 - CANNABINOIDS	à	
			O OTHER GRANDWA				6 - UNDER THE INFLUENCE O MEDICATIONS / DRUGS	OF	5 - COCAINE		
							/ALCOHOL		6 - OPIATES / OPIOIDS 7 - OTHER	;	
							9 - OTHER / UNKNOWN		8 - NEGATIVE RESULT	rs	

HSY8306 OH1M 1/19 [760-1500] PAGE OF



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20251470	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 06 D 11 Y 2025
IN COUNTY OF 18	CRASH LOCATION SR 17	III 00  D 11   1 2023
	ought the other vehicle would follow me as I dro	ve east to
the area of E141 in Maple I	Hts. This was due to the traffic congestion at cra	sh scene.
As she stopped, the other [	Oriver of Unit#1 waved and continued eastbound	I. Driver#2
came to station later day of	crash to file report. In addition, a cell picture of	Unit#1 was
taken as it drove past Turne	er. Tuner provided the plate number and retaine	d picture.
During the investigation, the	e plate was ran through LEADS and owner infor	mation was
located. The Bureau assiste	ed with the city camera system providing docum	entation of
Unit#1 in the area of crash	scene.	
The owner of Unit#1, A & A	Safety Inc.( contact Ray) was contacted on 6/1	2/25 and
will gather additional inform	nation for the investigation. Additional information	า will be
added in supplements.		
	OFFICER'S SIGNATURE	BADGE NUMBER



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

$\sim$						
LOCAL REPORT NUMBER 20251470	REPORTING AGENCY GARFIELD HEIGHTS DATE OF CRASH M 06 D 11 Y 2025					
IN COUNTY OF 18	CRASH LOCATION SR 17					
On this date/time of supple	ment, I spoke with	a representative from A & A S	Safety Inc.(			
Ray) via phone. Ray stated	, the vehicle in ques	stion did not have any damag	e and the (			
2) individuals in the vehicle	were not involved in	n any incident.				
This officer did not observe	(Unit#1).BWC did r	not activate during phone con	versation.			
		OFFICER'S SIGNATURE	BADGE NUMBER 037			