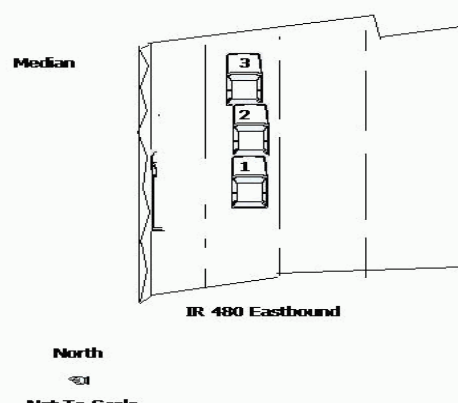


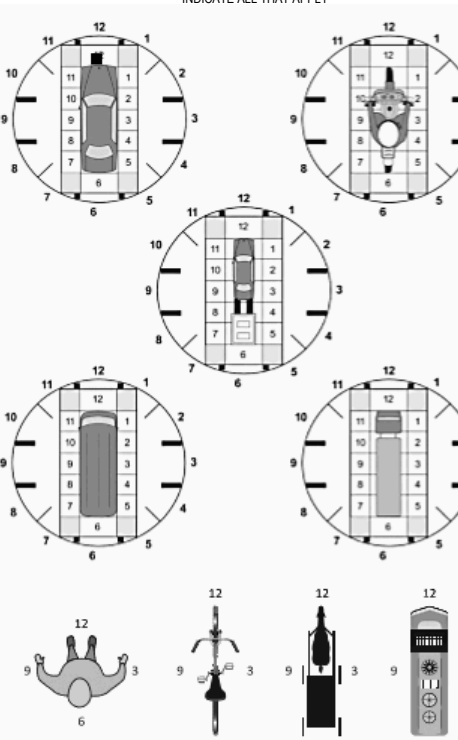
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

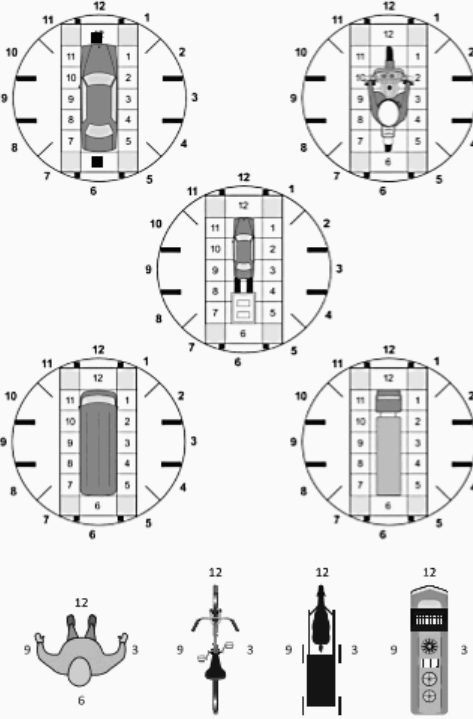
LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2   0   2   5   1   6   0   0	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *		CRASH DATE/TIME *		CRASH SEVERITY	
1   8	1	GARFIELD HTS		0   6   2   5   2   0   2   5   0   9   0   0		5   1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
I   R	4   8   0			H   W	4   1   .   3   9   6   0   6   9		
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			23.4	M   P	8   1   .   5   4   1   5   3   5		
REFERENCE POINT	DIRECTION	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED	
2	4	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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE	DISTANCE					ROADWAY	
5   0   0	2					<input checked="" type="checkbox"/> ROADWAY DIVIDED	
LOCATION - FIRST UADMEII EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
0   1   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		2   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		3   1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		9   1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - BRICK/BLOCK 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 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 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		CONTOUR 2   1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	
LIGHT CONDITION 1   1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1   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		CONDITIONS 1   1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2   1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
NARRATIVE U#1 WAS TRAVELING EAST ON IR480 NEAR MILEPOST 23.4 IN THE MIDDLE INSIDE LANE DIRECTLY BEHIND U#2. UNIT#2 WAS DIRECTLY BEHIND U#3. U#3 & U#2 SLOWED FOR TRAFFIC. AS A RESULT, THE FRONT OF U#1 COLLIDED WITH THE BACK OF U#2. UNIT#2 WAS DIRECTED EASTWARD. THE FRONT COLLIDED WITH THE BACK OF U#3. U#1 THEN COLLIDED WITH THE BACK OF U#2 AGAIN. ALL UNITS WERE MOVED FROM FINAL REST AND PARKED ON SHOULDER. BWC. NOTE: SEE OH2							
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
0   6   2   5   2   0   2   5   0   9   0   0		0   6   2   5   2   0   2   5   0   9   0   1		0   6   2   5   2   0   2   5   0   9   0   1		0   6   2   5   2   0   2   5   1   1   0   0	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *		REPORT TAKEN BY	
0		5   9	R. Cramer	R. Dodge		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *		SUPPLEMENT	
			0   3   7	S   2   2		(CORRECTION = ADDITION) DO NOT WRITE IN THESE SPACES	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE MCCLURE JAMES O	( ) Same As Driver		OWNER PHONE: INCLUDE AREA CODE _____	( ) Same As Driver				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 12901 OAKVIEW BLVD GARFIELD HTS OH 44125									
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____				
VEHICLE	LP STATE OH	LICENSE PLATE # KEB1177	VEHICLE IDENTIFICATION # 4T4BE46KX9R078836		VEHICLE YEAR 2009	VEHICLE MAKE Toyota				
	INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 4135481sfp35		VEHICLE COLOR SIL	VEHICLE MODEL Camry				
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME Private					
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.					
					HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # _____ PLACARD ID # _____					
	UNIT TYPE 01		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 23 - UNKNOWN OR HIT/SKIP							
	# of TRAILING UNITS _____									
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION					
	SPECIAL FUNCTION 01		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - OTHER UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 23 - OTHER UNKNOWN 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 24 - OTHER UNKNOWN 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL							
	CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTO TRANSPORTER 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN							
VEHICLE DEFECTS _____		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR 100 - OTHER / UNKNOWN 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT								
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT _____		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 8 - SIDEWALK 5 - TRAVEL LANE-OTHER LOCATION 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN							
	ACTION 3		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 22 - NOT DISCERNABLE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 6 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED 16 - WORKING 22 - DISABLED VEHICLE 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN							
	CONTRIBUTING CIRCUMSTANCES 08		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACODA 14 - PARKED POSITION 22 - NOT DISCERNABLE 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE 15 - STOPPED OR PARKED 19 - LOAD SHIFTING/ 23 - OPENING DOOR INTO 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - ILLEGALLY 20 - MOTOR VEHICLE IN 24 - OTHER IMPROPER 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - SWERVING TO AVOID 21 - FALLING/SPILLING 25 - OTHER IMPROPER 6 - IMPROPER TURN 12 - IMPROPER BACKING 18 - WRONG WAY 22 - IMPROPER CROSSING 26 - OTHER IMPROPER ACTION							
	SEQUENCE OF EVENTS		EVENTS							
	1 2 0		1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - 16 - RAILWAY VEHICLE 22 - WORK ZONE 2 - FIRE/EXPLOSION 7 - SEPARATION OF 17 - ANIMAL - FARM 17 - ANIMAL - FARM 22 - MAINTENANCE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 18 - ANIMAL - DEER 18 - ANIMAL - DEER 23 - STRUCK BY FALLING, 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 19 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 20 - MOTOR VEHICLE IN 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 21 - PARKED MOTOR VEHICLE LOSS OR SHIFT 15 - PEDALCYCLE 24 - OTHER MOVABLE 24 - OTHER MOVABLE OBJECT							
	3		COLLISION WITH FIXED OBJECT - STRUCK							
	4		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE OR 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 99 - OTHER / UNKNOWN							
	1		FIRST HARMFUL EVENT							
	1		MOST HARMFUL EVENT							

LOCAL REPORT NUMBER 20251600	
DAMAGE DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR 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 type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 20	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 60	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver) CANSKY ALEXIS KATHRYN	OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver) 11531 RIVERVIEW CT APT 12 PARMA HEIGHTS OH 44130					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # JUH8612	VEHICLE IDENTIFICATION # 7MUCAAABG01N013223	VEHICLE YEAR 2022	VEHICLE MAKE Toyota	
	INSURANCE VERIFIED	INSURANCE COMPANY Tavelers	INSURANCE POLICY # 6094421002031	VEHICLE COLOR AME	VEHICLE MODEL Corolla	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Interstate		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 01	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	UNIT TYPE 03		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME			
	# of TRAILING UNITS					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION			
	SPECIAL FUNCTION 01		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER/UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL			
	CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
	VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 5					
	ACTION 5					
	CONTRIBUTING CIRCUMSTANCES 01					
	SEQUENCE OF EVENTS					
	EVENTS					
	1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - OTHER FIXED OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER / UNKNOWN					
	COLLISION WITH FIXED OBJECT - STRUCK					
	25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT					
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 20251600	
DAMAGE DAMAGE SCALE 2 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 type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 06 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 1 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 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 4	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 60	

OWNER		LOCAL REPORT NUMBER	
UNIT # 03		20251600	
OWNER NAME: LAST, FIRST, MIDDLE K W Lang Inc		DAMAGE	
( ) Same As Driver		DAMAGE SCALE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 29410 Ambina SOLON OH 44139		1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
LP STATE OH		VEHICLE IDENTIFICATION # 1GCWGAF7K1169042	
LICENSE PLATE # PKK9430		VEHICLE YEAR 2019	
VEHICLE MAKE Chevrolet		VEHICLE MODEL Express	
INSURANCE VERIFIED Grange		INSURANCE POLICY # ca28854452	
TYPE OF USE COMMERCIAL		VEHICLE COLOR WHI	
IN EMERGENCY RESPONSE		HAZARDOUS MATERIAL	
INTERLOCK DEVICE EQUIPPED		MATERIAL RELEASED	
HIT/SKIP UNIT		PLACARD	
# OCCUPANTS 01		CLASS #	
US DOT #		PLACARD ID #	
VEHICLE WEIGHT GVWR/GVWR			
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	
UNIT TYPE			
# of TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
2			
1 - YES 2 - NO 9 - OTHER / UNKNOWN			
AUTONOMOUS MODE LEVEL			
0			
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	
SPECIAL FUNCTION		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	
CARGO BODY TYPE		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN	
VEHICLE DEFECTS			
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	
NON-MOTORIST LOCATION AT IMPACT		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	
ACTION			
1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN		18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	
PRE-CRASH ACTION			
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - VISION OBSTRUCTION 22 - NOT DISCERNABLE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	
CONTRIBUTING CIRCUMSTANCES			
SEQUENCE OF EVENTS			
EVENTS			
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	
2		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	
3		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		DETECTED SPEED	
1		1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
MOST HARMFUL EVENT			
1			

TRAFFICWAY FLOW

1 - ONE-WAY  
2 - TWO-WAY

1

TRAFFIC CONTROL

1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL

6

# OF THROUGH LANES ON ROAD

4

RAIL GRADE CROSSING

1 - NOT INVOLVED  
2 - INVOLVED - ACTIVE CROSSING  
3 - INVOLVED - PASSIVE CROSSING

1

UNIT / NON-MOTORIST DIRECTION

1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

FROM 4 TO 3

UNIT SPEED

20

POSTED SPEED

60

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	5	1	6	0	0		

UNIT # 01	NAME: LAST, FIRST, MIDDLE MADISON DOWDY MIA MARIE				DATE OF BIRTH 06062005			AGE 	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 12901 OAKVIEW BLVD GARFIELD HTS OH 44125					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 333.03		LOCAL CODE ■	OFFENSE DESCRIPTION ACDA			CITATION NUMBER G20251315		
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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE ■		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE CANSKY ALEXIS KATHRYN				DATE OF BIRTH 05161993			AGE 	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 11531 RIVERVIEW CT APT 12 PARMA HEIGHTS OH 44130					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 		LOCAL CODE 	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE ■		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	

UNIT # 03	NAME: LAST, FIRST, MIDDLE ROSARIO GEORGE				DATE OF BIRTH 09061999			AGE 	GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 5740 PARKLAND DR PARMA OH 44130					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 		LOCAL CODE 	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	ALCOHOL TEST STATUS 1 TYPE 1 VALUE ■		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M / C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	ALCOHOL TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT	1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	TRAPPED	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER	F - FEMALE M - MALE U - OTHER/UNKNOWN	CONDITION	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN
						DRUG TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS



## OH-2

LOCAL REPORT NUMBER  
20251600

20251600

18

REPORTING AGENCY  
GARFIELD HEIGHTS

CRASH LOCATION  
IR 480

DATE OF CRASH		
M 06	D 25	Y 2025

M 06

D 25

Y 2025

Driver of Unit#3 stated, he felt one bump.BWC.

Driver of Unit#2 stated, she was hit and pushed forward, then she was hit again.BWC

Driver of Unit#1 stated, she believed they were in the inside lane.BWC

OFFICER'S SIGNATURE

**X**

BADGE NUMBER  
037