

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

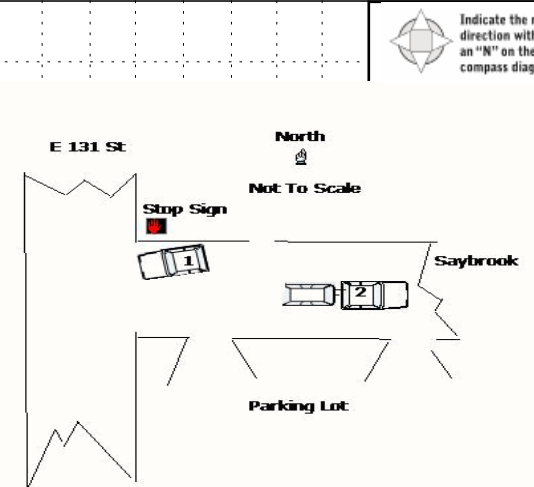
|  |  |   |   |   |  |   |  |   |  |   |  |  |  |  |  |  |  |
|--|--|---|---|---|--|---|--|---|--|---|--|--|--|--|--|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property                                 | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS  |  | 2   0   2   5   1   6   1   1   |  | HITSKIP<br>1 - Solved<br>2 - Unsolved   |  | NUMBER OF LISTS<br>0   2  |  | UNIT IN EDDP<br>98 - ANIMAL<br>99 - UNKNOWN<br>9   9   |  |  |  |  |  |
| COUNTY *<br>1   8  |  | LOCALITY *<br>1   |   | LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS   |  | CRASH DATE/TIME *<br>0   6   2   6   2   0   2   5   0   9   0   0  |  |   |  | CRASH SEVERITY<br>4   |  |  |  |  |  |  |  |
| ROUTE TYPE<br>   |  | ROUTE NUMBER<br>  |   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>  |  | LOCATION ROAD NAME<br>Saybrook  |  | ROAD TYPE<br>A   V  |  | LATITUDE DECIMAL DEGREES<br>4   1     4   3   5   7   9   5   |  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |  |  |  |  |  |
| ROUTE TYPE<br>   |  | ROUTE NUMBER<br>  |   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3   |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>131  |  | ROAD TYPE<br>S   T  |  | LONGITUDE DECIMAL DEGREES<br>8   1     5   8   7   9   3   4  |  |  |  |  |  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1   |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>3  |   | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                             |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA |  | NUMBER OF APPROACHES<br>   |  |  |  |  |  |
| DISTANCE<br>EDP# IN DECIMALS<br>4   0  |  | DISTANCE<br>1 - MILE<br>2 - FEET<br>3 - YARDS<br>2  |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (24 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN<br> |  |   |  |  |  |  |  |  |  |
| LOCATION - FIRST AND SECOND EVENT<br>0   1   |  | MANNER OF CRASH COLLISION/IMPACT<br>6   |   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA<br> |  | CONTOUR<br>1  |  | CONDITIONS<br>1   |  | SURFACE<br>2  |  |  |  |  |  |  |  |
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>or MEDIAN<br>4 - INTERMITTENT or MOVING WORK<br>5 - OTHER<br> |   | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>1  |  | LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br>1 |  | CRASH REPORTED DATE/TIME<br>0   6   2   6   2   0   2   5   0   9   0   0   |  | DISPATCH DATE/TIME<br>0   6   2   6   2   0   2   5   0   9   0   1   |  | ARRIVAL DATE/TIME<br>0   6   2   6   2   0   2   5   0   9   0   8   |  | SCENE CLEARED DATE/TIME<br>0   6   2   6   2   0   2   5   0   9   3   0 |  | REPORT TAKEN BY<br>POLICE AGENCY<br><input checked="" type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION = ADDITION) |  |
| TOTAL TIME ROADWAY CLOSED<br>0   |  | OTHER INVESTIGATION TIME<br>3   9   |   | TOTAL MINUTES<br>6   8  |  | OFFICER'S NAME *<br>R. Cramer   |  | OFFICER'S BADGE NUMBER *<br>0   3   7   |  | CHECKED BY OFFICER'S NAME *<br>R. Dodge   |  | CHECKED BY OFFICER'S BADGE NUMBER *<br>S   2   2   |  |  |  |  |  |

NARRATIVE:

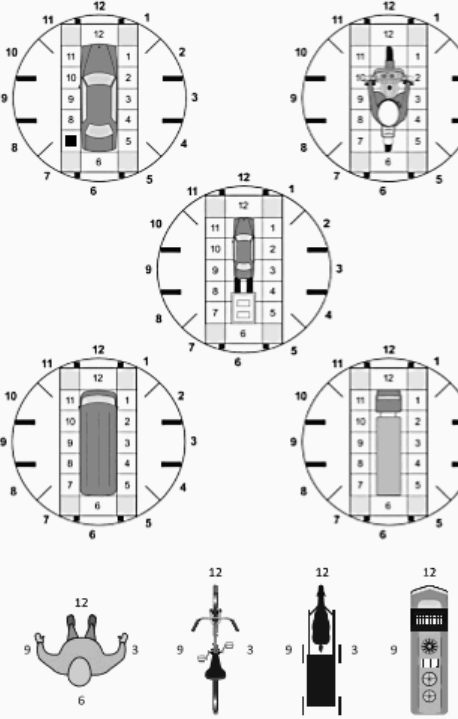
UNIT#1 WAS TRAVELING WEST ON SAYBROOK NEAR E131 ST. UNIT#2 WAS FINISHING A RIGHT TURN AND TRAVELING EAST ON SAYBROOK NEAR E131 ST. AS A RESULT, THE RIGHT FRONT OF UNIT#1 AND LEFT BACK TRAILER OF UNIT#2 COLLIDED. BOTH VEHICLES WERE AT FINAL REST UPON ARRIVAL. BWC

NOTE: SEE OH-2

NOTE: TRAILER PLATE OF UNIT#2 - TT2954 (OH)



|  |  |   |
|--|--|---|
| UNIT #<br>01   | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>BUTLER LEONARD C | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)   |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>14122 CHRISTINE AVE CLEVELAND OH 44105   |  |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  |   |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |
| LP STATE<br>OH   | LICENSE PLATE #<br>KGQ7437   | VEHICLE IDENTIFICATION #<br>1C6RFFFG4RN106348   |
| INSURANCE VERIFIED<br>State rmFa   |  | INSURANCE POLICY #<br>3021043sfp35  |
| VEHICLE YEAR<br>2024   |  | VEHICLE MAKE<br>RAM   |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |  | US DOT #  |
| INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>  |  | HIT/SKIP UNIT<br><input type="checkbox"/>   |
| # OCCUPANTS<br>01  |  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.               |
| TOWED BY: COMPANY NAME   |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |
| UNIT TYPE<br>04<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP  |  |   |
| # of TRAILING UNITS  |  |   |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |  |   |
| SPECIAL FUNCTION<br>01<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |  |   |
| CARGO BODY TYPE<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |  |   |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  |   |
| NON-MOTORIST LOCATION AT IMPACT<br>9<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE-OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |  |   |
| ACTION<br>9<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>PRE-CRASH ACTION<br>11<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                 |  |   |
| CONTRIBUTING CIRCUMSTANCES<br>22<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |  |   |
| SEQUENCE OF EVENTS   |  |   |
| EVENTS<br>120<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |  |   |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |   |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1  |  |   |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br>20251611  |   |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>2  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>   |   |
| <input type="checkbox"/> - NO DAMAGE [0]<br><input type="checkbox"/> - TOP [13]<br><input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |   |
| INITIAL POINT OF CONTACT<br>07<br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |   |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2<br>1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>4<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL  |   |
| # OF THROUGH LANES ON ROAD<br>2<br>RAIL GRADE CROSSING<br>1<br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING   |   |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br>0  | DETECTED SPEED<br>1<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| POSTED SPEED<br>25   |   |

| OWNER  |  | LOCAL REPORT NUMBER   |  |
|--|--|---|--|
| UNIT #<br>02   |  | 20251611  |  |
| OWNER NAME: LAST, FIRST, MIDDLE<br>POPE TOMMY LEE  |  | DAMAGE  |  |
| ( ) Same As Driver   |  | DAMAGE SCALE  |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>12410 MARSTON CLEVELAND OH 44105  |  | 1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE  |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |  | DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
| LP STATE<br>OH   |  | VEHICLE IDENTIFICATION #<br>1FTSX215775EC18635  |  |
| LICENSE PLATE #<br>PNA9978   |  | VEHICLE YEAR<br>2005  |  |
| VEHICLE MAKE<br>Ford   |  | VEHICLE COLOR<br>TAN  |  |
| VEHICLE MODEL<br>F-250   |  | HAZARDOUS MATERIAL  |  |
| INSURANCE VERIFIED<br>PROGRESSIVE  |  | INSURANCE POLICY #<br>962696118   |  |
| TYPE OF USE<br>COMMERCIAL<br>GOVERNMENT<br>IN EMERGENCY RESPONSE   |  | US DOT #  |  |
| INTERLOCK DEVICE EQUIPPED<br>HIT/SKIP UNIT   |  | # OCCUPANTS<br>04   |  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |  | TOWED BY: COMPANY NAME  |  |
| UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP  |  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |
| SPECIAL FUNCTION<br>01<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS-CHARTER/TOUR<br>7 - BUS-INTERCITY<br>8 - BUS-SHUTTLE<br>9 - BUS-OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |  | CARGO BODY TYPE<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN |  |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  | INITIAL POINT OF CONTACT<br>07<br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN  |  |
| NON-MOTORIST LOCATION AT IMPACT<br>9<br>ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN  |  | TRAFFIC<br>TRAFFICWAY FLOW<br>2<br>1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>6<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL   |  |
| CONTRIBUTING CIRCUMSTANCES<br>22<br>SEQUENCE OF EVENTS<br>120<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN<br>UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN<br>UNIT SPEED<br>2<br>POSTED SPEED<br>25<br>DETECTED SPEED<br>1<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |  |   |  |
| FIRST HARMFUL EVENT<br>1   |  | MOST HARMFUL EVENT<br>1   |  |

[illegible]

# OCCUPANT / WITNESS ADDENDUM

|                     |   |   |   |   |   |   |   |  |  |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |  |  |
| 2                   | 0 | 2 | 5 | 1 | 6 | 1 | 1 |  |  |  |  |

|  |  |  |                   |   |   |  |                         |   |               |              |             |
|--|--|--|-------------------|---|---|--|-------------------------|---|---------------|--------------|-------------|
| OCCUPANT   | UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>THOMAS TREVON   |                   |   |   | DATE OF BIRTH<br>0 3 1 5 2 0 0 0                 |                         |   |               | AGE<br>2 5   | GENDER<br>M |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>12410 Marshal CLEVELAND OH 44105      |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE<br>            |                         |   |               |              |             |
|  | INJURIES<br>4  | INJURED TAKEN BY<br>9  | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 3  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 2 | AIR BAG USAGE<br>1  | EJECTION<br>1 | TRAPPED<br>1 |             |
| OCCUPANT   | UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>GLASS JOSEPH D  |                   |   |   | DATE OF BIRTH<br>0 3 0 4 1 9 7 9                 |                         |   |               | AGE<br>4 6   | GENDER<br>M |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>12410 Marshal CLEVELAND OH 44105 5431 |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE<br>            |                         |   |               |              |             |
|  | INJURIES<br>4  | INJURED TAKEN BY<br>9  | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 3 | AIR BAG USAGE<br>1  | EJECTION<br>1 | TRAPPED<br>1 |             |
| OCCUPANT   | UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>CARTER RASHAUN MAURICE  |                   |   |   | DATE OF BIRTH<br>1 0 0 8 1 9 9 8                 |                         |   |               | AGE<br>2 6   | GENDER<br>M |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>8208 Dennsion CLEVELAND OH 44102      |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE<br>            |                         |   |               |              |             |
|  | INJURIES<br>4  | INJURED TAKEN BY<br>9  | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 4 | AIR BAG USAGE<br>1  | EJECTION<br>1 | TRAPPED<br>1 |             |
| OCCUPANT   | UNIT #<br>   | NAME: LAST, FIRST, MIDDLE  |                   |   |   | DATE OF BIRTH<br>                                |                         |   |               | AGE<br>      | GENDER<br>  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |  |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE<br>            |                         |   |               |              |             |
|  | INJURIES<br>   | INJURED TAKEN BY<br>   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>    | AIR BAG USAGE<br>   | EJECTION<br>  | TRAPPED<br>  |             |
| INJURIES   |  | SAFETY EQUIPMENT USED  |                   |   | SEATING POSITION  |  |                         | AIR BAG USAGE   |               |              |             |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |  | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                   |   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  |                         | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |               |              |             |
| INJURED TAKEN BY   |  |  |                   |   |   |  |                         | EJECTION  |               |              |             |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |  |  |                   |   |   |  |                         | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |               |              |             |
| GENDER   |  |  |                   |   |   |  |                         | TRAPPED   |               |              |             |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  |  |                   |   |   |  |                         | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |               |              |             |

|         |                                   |  |  |  |  |                                       |  |  |  |     |        |
|---------|-----------------------------------|--|--|--|--|---------------------------------------|--|--|--|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE         |  |  |  |  | DATE OF BIRTH                         |  |  |  | AGE | GENDER |
|         | ADDRESS: STREET, CITY, STATE, ZIP |  |  |  |  | CONTACT PHONE - INCLUDE AREA CODE<br> |  |  |  |     |        |
| WITNESS | NAME: LAST, FIRST, MIDDLE         |  |  |  |  | DATE OF BIRTH                         |  |  |  | AGE | GENDER |
|         | ADDRESS: STREET, CITY, STATE, ZIP |  |  |  |  | CONTACT PHONE - INCLUDE AREA CODE<br> |  |  |  |     |        |
| WITNESS | NAME: LAST, FIRST, MIDDLE         |  |  |  |  | DATE OF BIRTH                         |  |  |  | AGE | GENDER |
|         | ADDRESS: STREET, CITY, STATE, ZIP |  |  |  |  | CONTACT PHONE - INCLUDE AREA CODE<br> |  |  |  |     |        |

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

|   |                                      |                                       |  |  |
|---|--------------------------------------|---------------------------------------|--|--|
| LOCAL REPORT NUMBER<br>20251611   | REPORTING AGENCY<br>GARFIELD HEIGHTS | DATE OF CRASH<br>M 06   D 26   Y 2025 |  |  |
| IN COUNTY OF<br>18  | CRASH LOCATION                       |                                       |  |  |
| Driver of Unit#1 stated, he was stopped, has not moved his vehicle, and the other vehicle had made a wide right turn. The trailer(yellow) clipped the left front(paint transfer)BWC. ( Unit#1 was stopped at the stop sign)   |                                      |                                       |  |  |
| Driver of Unit#2 stated, completing a right turn and about to turn right into the parking lot. The vehicle has not been moved, and the other vehicle was creeping up slowly and hit his trailer. Does not believe any damage to the trailer.(old damage on trailer)BWC (Unit#2 was approximately 40' east of E131 St) |                                      |                                       |  |  |
| Passenger of Unit#2 stated, the left back of trailer was bent.BWC   |                                      |                                       |  |  |
| At time of report, conflicting statements and no independent witnesses. No citations were issued.   |                                      |                                       |  |  |
| OFFICER'S SIGNATURE<br>X  |                                      | BADGE NUMBER<br>037                   |  |  |