

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN		<input 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	
13549 FOXCROFT	
REPORTING AGENCY NAME *	0 1 8 2 0
GARFIELD HEIGHTS	

COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *	
1 8	1	GARFIELD HTS	

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE
			13549 FOXCROFT	D R
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
			13549 FOXCROFT	

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (TP)	AL - ALLEY
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD
	4 - WEST	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
			PI - PIKE
			PL - PLACE
			RD - ROAD
			SQ - SQUARE
			ST - STREET
			TE - TERRACE
			TL - TRAIL
			WA - WAY

DISTANCE	DISTANCE
1 5	2

INTERSECTION RELATED
<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH
<input type="checkbox"/> WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES

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 (≥4 FEET)
3 - EAST	3 - DIVIDED, DEPRESSIONED MEDIAN
4 - WEST	4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
	9 - OTHER / UNKNOWN

WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE
<input type="checkbox"/> LAW ENFORCEMENT PRESENT	2 - LANE SHIFT/CROSSOVER	WARNING SIGN
<input type="checkbox"/> PRESENT	3 - WORK ON SHOULDER	2 - ADVANCE WARNING AREA
	OR MEDIAN	3 - TRANSITION AREA
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA
	5 - OTHER	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	SURFACE
1	1	2

1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
9 - OTHER / UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
	6 - WATER (STANDING, MOVING)	9 - OTHER / UNKNOWN
	7 - SLUSH	
	9 - OTHER/UNKNOWN	

NARRATIVE	
UNIT #1 FAILED TO MAINTAIN CONTROL, LEFT THE ROADWAY AND STRUCK A TREE. STATES BRAKES WENT OUT.	

CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
0 7 0 4 2 0 2 5 1 1 7 3 7		0 7 0 4 2 0 2 5 1 1 7 3 8		0 7 0 4 2 0 2 5 1 1 7 4 9		0 7 0 4 2 0 2 5 1 1 9 0 8	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *	REPORT TAKEN BY		
0	4 5	1 3 5	N. Ivaskovic	D. Bailey	POLICE AGENCY		
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *	MOTORIST		
			0 5 6	L 0 7	<input type="checkbox"/> SUPPLEMENT		



Indicate the north direction with an "N" on the compass diagram.

FOXCROFT DR



NOT TO SCALE

UNIT #		OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> Same As Driver)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> Same As Driver)	
0 1		MILEY CRYSTAL ANN			
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> Same As Driver)					
6530 HUNTER DR		GARFIELD HTS		OH 44125	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
O H	KIG9184	1 G C E K 1 9 B 8 6 Z 2 7 5 9 0 6		2 0 0 6	Chevrolet
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	VEHICLE COLOR	VEHICLE MODEL
	STATE FARM		2005195SFP35	BLK	Full Size Truck
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE		INTERSTATE	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL	
		0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD	
UNIT TYPE		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 99 - UNKNOWN OR HIT/SKIP			
# of TRAILING UNITS					
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		9 - UNKNOWN	
2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
SPECIAL FUNCTION		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 20 - SAFETY SERVICE PATROL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT			
CARGO BODY TYPE		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 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 6 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT			
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 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN			
ACTION		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 SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE			
CONTRIBUTING CIRCUMSTANCES		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 12 - IMPROPER BACKING 16 - WRONG WAY			
SEQUENCE OF EVENTS		EVENTS			
1 4 8		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 - BUILDING 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 52 - TUNNEL 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN 6 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 54 - OTHER FIXED OBJECT 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 99 - OTHER / UNKNOWN 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			
1		1			

LOCAL REPORT NUMBER
2 0 2 5 1 6 9 3

DAMAGE
DAMAGE SCALE
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN
4

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14]
☐ - TOP [13] ☐ - ALL AREAS [15]
☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN
1 2

TRAFFIC
TRAFFICWAY FLOW
1 - ONE-WAY 2 - TWO-WAY
2
TRAFFIC CONTROL
1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL
6

OF THROUGH LANES ON ROAD
2
RAIL GRADE CROSSING
1 - NOT INVOLVED
2 - INVOLVED - ACTIVE CROSSING
3 - INVOLVED - PASSIVE CROSSING
1

UNIT / NON-MOTORIST DIRECTION
1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN
FROM 2 TO 1

UNIT SPEED
3 5
DETECTED SPEED
1 1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED
POSTED SPEED
2 5



MOTORIST / NON-MOTORIST	UNIT # <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">01</div>		NAME: LAST, FIRST, MIDDLE <div style="display: flex; justify-content: space-between; width: 100%;"> CONNOR CALEB LINELL </div>		DATE OF BIRTH <div style="display: flex; justify-content: space-between; width: 100%;"> 0328 2000 0251 M </div>														
	ADDRESS: STREET, CITY, STATE, ZIP <div style="display: flex; justify-content: space-between; width: 100%;"> 6530 HUNTER DR GARFIELD HTS OH 44125 </div>					CONTACT PHONE - INCLUDE AREA CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>													
	INJURIES <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">5</div>		INJURED TAKEN BY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		EMS AGENCY (NAME) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		SAFETY EQUIPMENT USED <div style="display: flex; justify-content: space-between; width: 100%;"> 04 <input type="checkbox"/> DOT-COMPLIANT MC HELMET </div>		SEATING POSITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">01</div>		AIR BAG USAGE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		EJECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		TRAPPED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		
	OL STATE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"> </div>		OPERATOR LICENSE NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		OFFENSE CHARGED <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">331.34A</div>		LOCAL CODE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"> </div>		OFFENSE DESCRIPTION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">FAILURE TO CONTROL</div>				CITATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">G20251363</div>						
	OL CLASS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">4</div>		ENDORSEMENT SELECT UP TO 2 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		RESTRICTION SELECT UP TO 3 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		DRIVER DISTRACTED BY <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		ALCOHOL / DRUG SUSPECTED <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <input type="checkbox"/> OTHER DRUG </div>		CONDITION <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div>		ALCOHOL TEST <div style="display: flex; justify-content: space-between; width: 100%;"> <div>TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div></div> <div>VALUE <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div> </div>		DRUG TEST(S) <div style="display: flex; justify-content: space-between; width: 100%;"> <div>STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div></div> <div>TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">1</div></div> <div>RESULT SELECT UP TO 4 <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div> </div>		
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ADDRESS: STREET, CITY, STATE, ZIP <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					CONTACT PHONE - INCLUDE AREA CODE 														

[illegible]