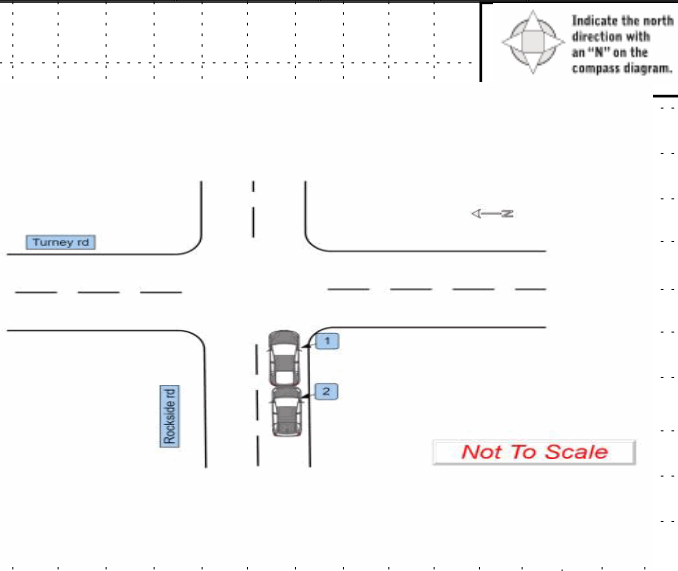


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2   0   2   5   1   7   0   5						
COUNTY * 1   8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0   7   0   5   2   0   2   5   2   0   3   0		CRASH SEVERITY 5   1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME ROCKSIDE		ROAD TYPE R   D		LATITUDE DECIMAL DEGREES 4   1   .   4   2   4   4   1   4	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) TURNERY		ROAD TYPE R   D		LONGITUDE DECIMAL DEGREES 8   1   .   6   1   2   7   1   9	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - WEST 4 - WEST 3		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA 04 NUMBER OF APPROACHES	
DISTANCE EDPM DECEASED/MP 1   5		DISTANCE 1 UNIT PER MILE/FEET 1 - Miles 2 - Feet 3 - Yards 2		MANNER OF CRASH COLLISION/IMPACT 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSION MEDIAN 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 1   1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - 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	
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		NARRATIVE UNIT 1 WAS TRAVELING EASTBOUND ON ROCKSIDE RD. STOPPED AT THE TRAFFIC SIGNAL ON TURNERY RD. UNIT 2 THEN REAR ENDED UNIT 1 AT THE TRAFFIC LIGHT CAUSING MINOR DAMAGE TO THE REAR OF UNIT 1. NO INJURIES REPORTED.							
CRASH REPORTED DATE/TIME 0   7   0   5   2   0   2   5   2   0   3   0		DISPATCH DATE/TIME 0   7   0   5   2   0   2   5   2   0   3   0		ARRIVAL DATE/TIME 0   7   0   5   2   0   2   5   2   0   3   0		SCENE CLEARED DATE/TIME 0   7   0   5   2   0   2   5   2   0   5   0		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 6   0		TOTAL MINUTES 8   0		OFFICER'S NAME * A. Miranda		CHECKED BY OFFICER'S NAME* T. Baon		<input type="checkbox"/> SUPPLEMENT (CORRECTION=ADDITION DO NOT EXCEED NUMBER 9999 TO CORRECT)	
				OFFICER'S BADGE NUMBER* 0   1   9		CHECKED BY OFFICER'S BADGE NUMBER* S   2   0					

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20251705	
OWNER NAME: LAST, FIRST, MIDDLE ZELEI WENDY		OWNER PHONE: INCLUDE AREA CODE Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 1421 MEADOWLAWN DR MACEDONIA OH 44056		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			
LP STATE OH		LICENSE PLATE # HPF4268	
VEHICLE IDENTIFICATION # 2GNAXSEV7J6193344		VEHICLE YEAR 2018	
VEHICLE MAKE Chevrolet			
INSURANCE VERIFIED STATE FARM		INSURANCE POLICY # 2762608-SFP-35	
VEHICLE COLOR SIL		VEHICLE MODEL Equinox	
TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT		# OCCUPANTS 01	
VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #	
UNIT TYPE 01 # of TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 01			
CARGO BODY TYPE 01			
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
NON-MOTORIST LOCATION AT IMPACT 4		ACTION 01	
CONTRIBUTING CIRCUMSTANCES 01			
SEQUENCE OF EVENTS 1 2 0			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	
DAMAGE 2		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 06		TRAFFIC TRAFFICWAY FLOW 2	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3		RAIL GRADE CROSSING 1	
UNIT SPEED 0		DETECTED SPEED 1	
POSTED SPEED 35			

OWNER		LOCAL REPORT NUMBER	
UNIT # 0 2		2 0 2 5 1 7 0 5	
OWNER NAME: LAST, FIRST, MIDDLE BUTLER VICTORIA MARIE		OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 4683 CENTURY CIR BROOKLYN OH 44144		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			
LP STATE OH		LICENSE PLATE # JIR9298	
VEHICLE IDENTIFICATION # KM8J3CA42LU173896		VEHICLE YEAR 2020	
VEHICLE MAKE Hyundai			
INSURANCE VERIFIED GRANGE INSURANCE		INSURANCE POLICY # 4164259	
VEHICLE COLOR BLU		VEHICLE MODEL Tucson	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
# OCCUPANTS 0 3		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 0 1		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
# of TRAILING UNITS 0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 0 1			
CARGO BODY TYPE 0 1			
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
NON-MOTORIST LOCATION AT IMPACT 3		ACTION 0 1	
CONTRIBUTING CIRCUMSTANCES 0 8		SEQUENCE OF EVENTS 1 2 0	
EVENT(S)		EVENTS	
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	
DAMAGE		DAMAGED AREA(S)	
DAMAGE SCALE 2		INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 1 2		TRAFFIC	
TRAFFICWAY FLOW 2		TRAFFIC CONTROL 2	
# OF THROUGH LANES ON ROAD 04		RAIL GRADE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 1 0		DETECTED SPEED 1	
POSTED SPEED 3 5			



LOCAL REPORT NUMBER

2 0 2 5 1 7 0 5

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE ZELEI WENDY		DATE OF BIRTH 11061952				AGE 72		GENDER F												
	ADDRESS: STREET, CITY, STATE, ZIP 1421 MEADOWLAWN DR MACEDONIA OH 44056					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 <input type="checkbox"/>		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		STATUS 1		ALCOHOL TEST TYPE 1		VALUE 		STATUS 1		TYPE 1		DRUG TEST(S) RESULT SELECT UP TO 4 

MOTORIST / NON-MOTORIST	UNIT # 02		NAME: LAST, FIRST, MIDDLE BUTLER VICTORIA MARIE		DATE OF BIRTH 07241992				AGE 32		GENDER F												
	ADDRESS: STREET, CITY, STATE, ZIP 4683 CENTURY CIR BROOKLYN OH 44144					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 <input type="checkbox"/>		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		STATUS 1		TYPE 1		VALUE _____		STATUS 1		TYPE 1		RESULT SELECT UP TO 4 _____

[illegible][illegible]

## OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 1 7 0 5

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE FARENCE ASHLEY NICOLE				DATE OF BIRTH 0 7 1 0 1 9 9 1				AGE 3 3	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 14517 KENNERDOWN AVE MAPLE HEIGHTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE GARSKY SKYLER ANN				DATE OF BIRTH 0 5 1 5 2 0 0 4				AGE 2 1	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 14517 KENNERDOWN AVE MAPLE HEIGHTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 3	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION			AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 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			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			
INJURED TAKEN BY								EJECTION			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN								1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER								TRAPPED			
F - FEMALE M - MALE U - OTHER/UNKNOWN								1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 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					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					