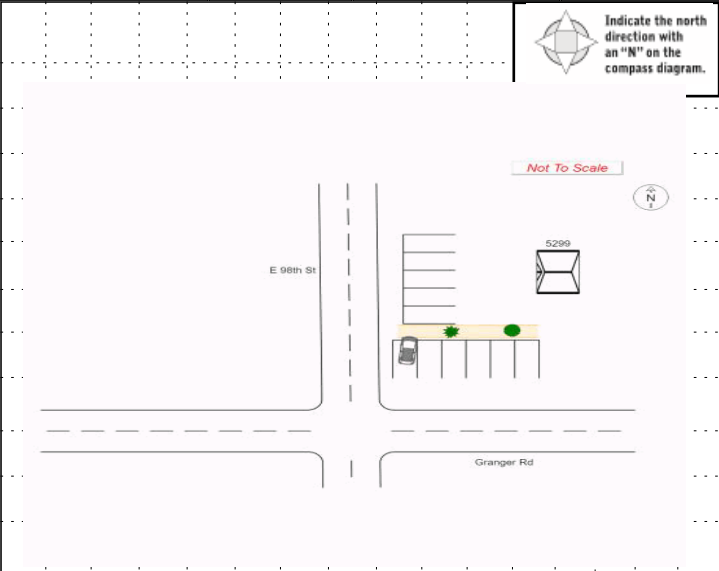


TRAFFIC CRASH REPORT

*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	<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 1 7 4 7		HITS/SKIP 1 - Solved 2 - Unsolved		NUMBER OF UNITS 0 1		UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN	
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 7 0 9 2 0 2 5 0 3 0 8				CRASH SEVERITY 5			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 3		LOCATION ROAD NAME 98TH		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 4 1 4 1 7 6 7 0			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5299		ROAD TYPE 		LONGITUDE DECIMAL DEGREES 8 1 6 1 5 8 0 3			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		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 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		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 					
DISTANCE EDDP IN DECIMALS 3 0		DISTANCE 1 - MILE 2 - FEET 3 - YARDS 2						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED					
LOCATION - FIRST UADMEII EVENT 0 4		MANNER OF CRASH COLLISION/IMPACT 1		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET) 3 - DIVIDED, DEPRESSIONED 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		CONDITIONS 1		SURFACE 2			
LIGHT CONDITION 3		WEATHER 1											
NARRATIVE DRIVER OF UNIT 1 FELL ASLEEP AT THE WHEEL, LEFT THE ROADWAY RIGHT, STRIKING A CURB IN THE PARKING LOT NEXT TO 5299 E 98TH. THE VEHICLE THEN STRUCK THE CURB IN FRONT OF 5299 BEFORE COMING TO REST BACK IN THE ROADWAY ON E 98TH ST.													
CRASH REPORTED DATE/TIME 0 7 0 9 2 0 2 5 0 3 0 8		DISPATCH DATE/TIME 0 7 0 9 2 0 2 5 0 3 0 9		ARRIVAL DATE/TIME 0 7 0 9 2 0 2 5 0 3 1 3		SCENE CLEARED DATE/TIME 0 7 0 9 2 0 2 5 0 3 3 0		REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 5 1		OFFICER'S NAME * J. Huskey		CHECKED BY OFFICER'S NAME * D. Simia		SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED NUMBER 9999999999)			
						OFFICER'S BADGE NUMBER * 0 0 3		CHECKED BY OFFICER'S BADGE NUMBER * S 2 3					

ON 7-9-25 OFFICER KOVESDI #55 SPOKE WITH THE
PROPERTY OWNER, TODD STEIN, AT THE CRASH
SCENE. HE STATED HE OWNS BRUNSWICK
COMPANIES AND BOTH HIS PROPERTIES WERE
DAMAGED, ONE AT 5309 TRANSPORTATION BLVD AND
ONE NEXT DOOR AT 5299 TRANSPORTATION BLVD.

***OWNER OF 5309 AND 5299 TRANSPORTATION
BLVD***

BRUNSWICK COMPANIES

TODD STEIN

5309 TRANSPORTATION BLVD

HSY8304 OH1U 1/19 [760-0820]

PAGE OF



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE PATRICK NOAH JAMES		DATE OF BIRTH 05172002		AGE 23		GENDER M																	
	ADDRESS: STREET, CITY, STATE, ZIP 8230 GREEN DR GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE _____																				
	INJURIES 5		INJURED TAKEN BY 1		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 331.34a			LOCAL CODE ■		OFFENSE DESCRIPTION FAILURE TO CONTROL					CITATION NUMBER G20251417										
	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		RESULT SELECT UP TO 4 _____	
	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 _____		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION _____		AIR BAG USAGE _____		EJECTION _____		TRAPPED _____							
	OL STATE _____		OPERATOR LICENSE NUMBER _____			OFFENSE CHARGED _____			LOCAL CODE _____		OFFENSE DESCRIPTION _____					CITATION NUMBER _____										
	OL CLASS _____		ENDORSEMENT SELECT UP TO 2 _____		RESTRICTION SELECT UP TO 3 _____			DRIVER DISTRACTED BY _____		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG			CONDITION _____		STATUS _____		ALCOHOL TEST TYPE _____		VALUE _____		STATUS _____		TYPE _____		RESULT SELECT UP TO 4 _____	

[illegible]

LOCAL REPORT NUMBER 20251747	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 07 D 09 Y 2025		
IN COUNTY OF 18	CRASH LOCATION 3 98TH ST			
THE TRAFFIC CRASH CAUSED DAMAGE TO THE CURB AND UNDERGROUND SPRINKLER SYSTEM PIPING IN FRONT OF 5299 E 98TH. AT THE TIME OF THIS REPORT, NO CONTACT INFORMATION COULD BE LOCATED FOR THE OWNER OF THE PROPERTY.				
OFFICER'S SIGNATURE X		BADGE NUMBER 003		