

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|  |   |   |   |  |   |  |  |
|--|---|---|---|--|---|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> Private Property   |   | LOCAL INFORMATION<br><b>GARFIELD HEIGHTS</b>  |   | 2   0   2   5   1   7   6   2  |   |  |  |
|  |   | REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>  |   | NCIC *<br>0   1   8   2   0  | HITSKIP<br>1 - Solved<br>2 - Unsolved   | NUMBER OF UNITS<br>0   1   | UNIT IN EDDP<br>98 - ANIMAL<br>99 - UNKNOWN  |
| COUNTY *<br>1   8  | LOCALITY *<br>1   | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>  |   | CRASH DATE/TIME *<br>0   7   1   1   2   0   2   5   0   0   5   2   |   | CRASH SEVERITY<br>3  |  |
| ROUTE TYPE<br>I   R  | ROUTE NUMBER<br>4   8   0   | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | LOCATION ROAD NAME  | ROAD TYPE  | LATITUDE DECIMAL DEGREES<br>4   1   .   3   9   6   0   6   9   |  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE   | ROUTE NUMBER  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>24.0   | ROAD TYPE<br>M   P   | LONGITUDE DECIMAL DEGREES<br>- 8   1   .   5   4   1   5   3   5  |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>2   | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4  | 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  | ROAD TYPE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input checked="" type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES |  |
| DISTANCE<br>1   0   0  | DISTANCE<br>1 - Miles<br>2 - Feet<br>3 - Yards<br>3   | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED  |   |  |   |  |  |
| LOCATION - FIRST MILE EVENT<br>0   7<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>7 - ON RAMP<br>8 - OFF RAMP  |   | MANNER OF CRASH COLLISION/IMPACT<br>1<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON   |   | DIRECTION OF TRAVEL<br>2<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | MEDIUM TYPE<br>4<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (24 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |  |
| <input type="checkbox"/> 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 | 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 | CONTOUR<br>3<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN  |  |  |
| LIGHT CONDITION<br>3<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  |   | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL  |   | WEATHER<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                |   |  |  |
| NARRATIVE<br>UNIT #01 WAS TRAVELING SOUTH ON THE ENTRANCE RAMP TO IR-480 EASTBOUND FROM BROADWAY AVE. AND WHILE NAVIGATING THE CURVED ROADWAY STRUCK A MOBILE CONSTRUCTION SPEED LIMIT SIGN. UNIT #01 CONTINUED THROUGH THE MOBILE CONSTRUCTION SPEED LIMIT SIGN OFF THE ROADWAY RIGHT, INTO THE GUARD RAIL, AND CONTINUED BACK ONTO THE ROADWAY INTO THE RAISED CONCRETE MEDIAN OF THE ENTRANCE RAMP TO IR-480. |   |   |   |  | Indicate the north direction with an "N" on the compass diagram.  |  |  |
|    |   |   |   |  |   |  |  |
| CRASH REPORTED DATE/TIME<br>0   7   1   1   2   0   2   5   0   0   5   2  |   | DISPATCH DATE/TIME<br>0   7   1   1   2   0   2   5   0   0   5   3   |   | ARRIVAL DATE/TIME<br>0   7   1   1   2   0   2   5   0   0   5   9   |   | SCENE CLEARED DATE/TIME<br>0   7   1   1   2   0   2   5   0   1   4   4   |  |
| TOTAL TIME ROADWAY CLOSED<br>0   | OTHER INVESTIGATION TIME<br>1   0   | TOTAL MINUTES<br>6   1  | OFFICER'S NAME *<br>A. Hlywa  | CHECKED BY OFFICER'S NAME*<br>T. Baon  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |  |
|  |   |   | OFFICER'S BADGE NUMBER*<br>0   2   1  | CHECKED BY OFFICER'S BADGE NUMBER*<br>S   2   0  | <input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION)   |  |  |

OWNER UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) SMITH JABOUA MARY  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver ) 4151 E 93 ST CLEVELAND OH 44105  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH LICENSE PLATE # KFK4016 VEHICLE IDENTIFICATION # 1 9 X F B 2 F 5 5 C E 0 5 1 5 4 2 VEHICLE YEAR 2 0 1 2 VEHICLE MAKE Honda  
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR GRY VEHICLE MODEL Civic  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 3 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

DAMAGED AREA(S)  
INDICATE ALL THAT APPLY

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

UNIT TYPE 0 1  
 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP  
 # of TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL 0  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 0 1  
 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER UNKNOWN

CARGO BODY TYPE 0 1  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 0 1  
 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 0 1  
 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

ACTION 3  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN  
 PRE-CRASH ACTION 1 3  
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

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

CONTRIBUTING CIRCUMSTANCES 0 5  
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

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

SEQUENCE OF EVENTS  
 EVENTS  
 1 0 8 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
 2 2 2 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN  
 3 3 0 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

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

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 1 MOST HARMFUL EVENT 4

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

UNIT SPEED 7 0  
 POSTED SPEED 6 0  
 DETECTED SPEED 1  
 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



# OCCUPANT / WITNESS ADDENDUM

|                               |
|-------------------------------|
| LOCAL REPORT NUMBER           |
| 2   0   2   5   1   7   6   2 |

|          |  |   |  |   |                                |
|----------|--|---|--|---|--------------------------------|
| OCCUPANT | UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>FISHER DERIC | DATE OF BIRTH<br>0   2   2   8   2   0   1   9 | AGE<br>6  | GENDER<br>M                    |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>4151 E 93 ST CLEVELAND OH 44105 |   |  | CONTACT PHONE - INCLUDE AREA CODE               |                                |
|          | INJURIES<br>5  | INJURED TAKEN BY<br>1                     | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0   7 |

|          |  |   |  |   |                                |
|----------|--|---|--|---|--------------------------------|
| OCCUPANT | UNIT #<br>1  | NAME: LAST, FIRST, MIDDLE<br>FISHER DAMIR | DATE OF BIRTH<br>0   4   1   5   2   0   2   0 | AGE<br>5  | GENDER<br>M                    |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br>4151 E 93 ST CLEVELAND OH 44105 |   |  | CONTACT PHONE - INCLUDE AREA CODE               |                                |
|          | INJURIES<br>5  | INJURED TAKEN BY<br>1                     | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0   7 |

|          |                                   |                           |                   |   |                       |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------|
| 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 |

|          |                                   |                           |                   |   |                       |
|----------|-----------------------------------|---------------------------|-------------------|---|-----------------------|
| 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 |

|   |  |  |   |
|---|--|--|---|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | <b>SAFETY EQUIPMENT USED</b><br>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 | <b>SEATING POSITION</b><br>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 | <b>AIR BAG USAGE</b><br>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 |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                           |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  | <b>TRAPPED</b><br>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 |     |        |

|         |                                   |                                   |     |        |
|---------|-----------------------------------|-----------------------------------|-----|--------|
| 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 |     |        |

# OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

|  |   |                                       |
|--|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>20251762  | REPORTING AGENCY<br>GARFIELD HEIGHTS      | DATE OF CRASH<br>M 07   D 11   Y 2025 |
| IN COUNTY OF<br>18   | CRASH LOCATION<br>IR 480 GARFIELD HEIGHTS |                                       |
| <p>While observing city cameras, Unit #01 was observed traveling at a high rate of speed on the entrance ramp to IR-480 eastbound while appearing to race another vehicle before the crash. Unit #01 made mention of another vehicle involved during the accident but was unclear as to how she lost control of her vehicle.</p> |   |                                       |
|  |   |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>  |   | BADGE NUMBER<br>021                   |