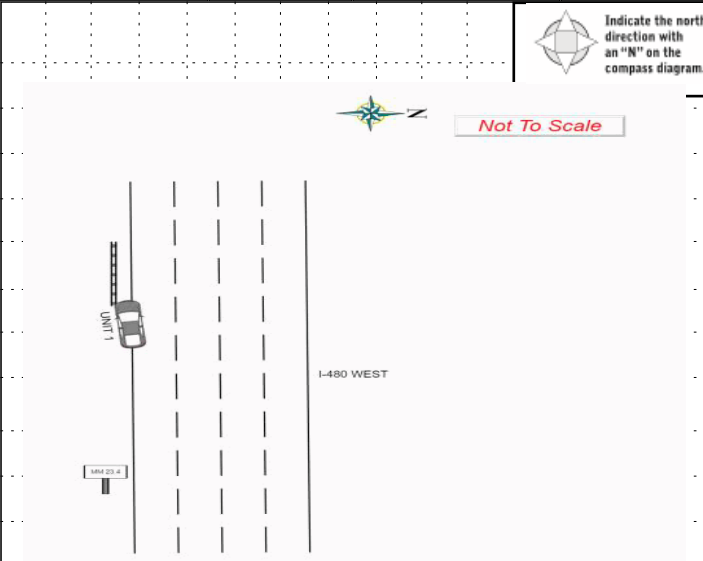


TRAFFIC CRASH REPORT

*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			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
MILE * 0 1 8 2 0			
COUNTY * 1 8		LOCALITY * 1	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 7 2 4 2 0 2 5 1 9 1 6	
ROUTE TYPE 1 R		ROUTE NUMBER 4 8 0	
PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME I-480 WEST	
ROAD TYPE H W		ATTITUDE (NORMAL DEGREE) 4 1 4 1 2 7 5 2	
ROUTE TYPE		ROUTE NUMBER	
PREFIX		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 23.4	
ROAD TYPE M P		LONGITUDE DECIMAL DEGREES 8 1 6 1 5 8 2 8	
REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 2		DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST 4	
DISTANCE EDPM DECEASED/MP 5 0		DISTANCE 1-MILE 2- FEET 3- YARDS 2	
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 1	
ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST DAMAGE EVENT 0 1 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE 5- ON GORE 6- OUTSIDE 7- ON RAMP 8- OFF RAMP 9- CROSSOVER 10- DRIVEWAY / ALLEY ACCESS 11- RAILWAY GRADE CROSSING 12- SHARED USE PATHS OR TRAILS 13- BIKE LANE 14- TOLL BOOTH 99- OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 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	
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> 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 1 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 DRIVING WESTBOUND ON I-480 AND WAS COMING UP TO TRAFFIC. TRAFFIC BEGAN TO MOVE, A VEHICLE IN FRONT OF UNIT 1 LOCKED UP BRAKES AND UNIT 1 SWERVED LEFT TO AVOID HITTING AND LOST CONTROL AND HIT A GUARD RAIL. UNIT 1 SUFFERED DISABLING DAMAGE TO DRIVER FRONT SIDE; NO DAMAGE TO GUARD RAIL.			
			
CRASH REPORTED DATE/TIME 0 7 2 4 2 0 2 5 1 9 1 6		DISPATCH DATE/TIME 0 7 2 4 2 0 2 5 1 9 2 0	
ARRIVAL DATE/TIME 0 7 2 4 2 0 2 5 1 9 2 6		SCENE CLEARED DATE/TIME 0 7 2 4 2 0 2 5 2 0 1 5	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0	
TOTAL MINUTES 6 5		OFFICER'S NAME * Se. Sabelli	
OFFICER'S BADGE NUMBER * 0 2 6		CHECKED BY OFFICER'S NAME * T. Baon	
CHECKED BY OFFICER'S BADGE NUMBER * S 2 0		REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION TO EXISTING REPORT DATE/TIME)	

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) MATCHITOM SITHDATE	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 4391 HARRIS RD BROADVIEW HTS OH 44147		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # JCM2313	VEHICLE IDENTIFICATION # 19UDE2F38HA015854
INSURANCE VERIFIED	INSURANCE COMPANY ROOT	INSURANCE POLICY #
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME KUFFNER
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS 01
VEHICLE WEIGHT GVWR/GVWR	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	CLASS #
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
UNIT TYPE	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 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL	
SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	
CARGO BODY TYPE	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	
ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	
CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	
SEQUENCE OF EVENTS	EVENTS	
1 3 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	
2	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	
3	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	
4	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	
5	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	
6	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	
1	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	
1	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	
1	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
1	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	
FIRST HARMFUL EVENT	MOST HARMFUL EVENT	

LOCAL REPORT NUMBER 20251888	
DAMAGE DAMAGE SCALE 4 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 1 1 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
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	
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 50	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 60	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE MATCHITTON SITHIDATE										DATE OF BIRTH 02101980					AGE 45		GENDER M							
	ADDRESS: STREET, CITY, STATE, ZIP 4391 HARRIS RD BROADVIEW HTS OH 44147																	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 		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
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 		DRUG TEST(S) 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 		DRUG TEST(S) 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 										
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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 		DRUG TEST(S) RESULT SELECT UP TO 4 	

[illegible]