OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER *						
PHOTOS TAKEN OH-2 OH-3 CARFIELD HEIGHTS								[2 0 2 5 1 9 4 5						
SECONDARY CRASH	OH-1P Private Property	OTHER	REPORTING AGENC		ITC	HIT/SKIP 1 - Solved 2 - Unsolved	MIIMRED OF LIMITS	0 1 1 98 - ANIN	MAL					
COUNTY* LOCA	ALITY*	LOCATION: CITY, V		LD HEIGH	113			CRASH DA	TE/TIME *		CRASH SEVERITY	,		
1 8 6	2 - VILLAGE * 3 - TOWNSHIP *	GARFIE	LD HTS					0729202	5 2 0 3 5	5	1 - FATAL 2 - SERIOUS INJURY	Y		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION RO.	N ROAD NAME ROAD TYPE			I ATITIDE DECIMA	SUSPECTED 3 - MINOR INJURY SUSPECTED					
LOCATION		_ 3	4 - WEST	126	LS _I T			4 1 1 4 3 8 1 1 5 8			4 - INJURY POSSIBL 5 - PROPERTY DAM			
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCI MAPLEI	ROAD TY			LONGITUDE DECIMAL			ONLY			
REFERENCE PO	INT DIRECTION		POLITE TYPE			ID TYPE	A _I V _I	8 1 1 5 8 9 5 2 2						
1 - INTERSECTIO 2 - MILE POST	ON 1-NORTH	IR - INTE	'ERSTATE ROUTE (TP) AL - ALLEY HW - HIGHWAY RD - RC				ID - ROAD IQ - SQUARE	☐ WITHIN INTERSE	CTION OR ON APPROACH					
1 3 - HOUSE #	2 3-EAST 4-WEST	SR - STA	TE ROUTE MBERED COUNTY ROL	E	BL - BOULEVARD MP - CR - CIRCLE OV - CT - COURT PK -	- BOULEVARD MP - MILEPOST S - CIRCLE OV - OVAL TI		☐ WITHIN INTERCHANGE AREA			NUMBER OF APPROACHES			
DISTANCE CROWN RECEDENACE	DISTANCE	TR - NUI ROI	IBERED TOWNSHIP ITE		OR - DRIVE PI - F HE - HEIGHTS PL - I		ROADWAY							
4 0	2 - Feet 3 - Yards							☐ ROADWAY DIVID	DIVIDED					
0 1 1-0NR		VER		MA 1 - NOT COLLISION	ANNER OF CRASH COLLISIO			DIRECTION OF TRAVEL		MEDIAN T	TYPE			
3 - IN ME	OADSIDE 11 - RAILWA	S Y GRADE	_1_	BETWEEN TWO MOTOR VEHICLES IN	5 - BACKING 6 - ANGLE			1 - NORTH						
6 - OUTS	SIDE 12 - SHARED FICWAY OR TRA	USE PATHS ILS		TRANSPORT 2 - REAR-END 3 - HEAD-ON	7 - SIDESWIPE, 8 - SIDESWIPE, 9 - OTHER / UNI	OPPOSITE DIRECTION		3 - EAST 4 - WEST		ED, DEPRE	ESSED MEDIAN D MEDIAN			
8 - OFF F	RAMP 14 - TOLL BO 99 - OTHER	OTH		o ne e on					(ANY 9 - OTHE	TYPE) R / UNKNO	OWN			
WORK ZONE RELATI	r I	WORK ZO - LANE CLOSURE - LANE SHIFT/CROS	SOVER		1 - BEFORE WARNING		E E	CONTOUR	CONDITIONS		SURFACE			
LAW ENFORCEMENT PRESENT		OR MEDIAN - INTERMITTENT OR			3 - TRANSIT 4 - ACTIVITY	/ AREA		1 - STRAIGHT LEVEL	1 - DRY		1 - CONCRETE	_		
☐ ACTIVE SCHOOL ZO		- OTHER	MOVING WORK		5 - TERMINA	ATION AREA		2 - STRAIGHT GRADE 3 - CURVE LEVEL	2 - WET 3 - SNOW 4 - ICE		2 - BLACKTOP, BITUMINOUS, ASPHALT			
	GHT CONDITION		4 01545		WEATHER			4 - CURVE GRADE 9 - OTHER /UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,		3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE			
1 - DAYLIGHT 1 - CLEAR 6 - SNOW 2 - DAWN/DUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - DARK - LIGHTED ROADWAY 3 - FOG. SMOG, SMOKE 8 - BLOWING SAND, SOLL, DIRT, SNOW								MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		5 - DIRT 9 - OTHER /UNKNOWN				
4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - LINKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 4 - RAIN 5 - SLEET, HAIL 99 - OTHER / UNKNOWN														
NARRATIVE Indicate the nor														
UNIT #01 W	AS TRAVELING	EASTB	OUND O	N						1	direction w an "N" on t compass di	the		
MAPLEROW AVE. AND, WHILE NAVIGATING A RIGHT														
HAND TURN	TO TRAVEL S	OUTHB	10 DUNC	N E. 126 S	T.,			(= N ∍ D)						
WENT OFF THE ROADWAY LEFT AND STRUCK A TREE. Not To Scale														
									Ĩ		T			
											MAPLEROW AVE			
											ROW			
							E. 126	ST.			Ĭ.			
											J.			
	RTED DATE/TIME	101712	DISPATCH DAT		1	RRIVAL DATE/TIME	121014171	1	RED DATE/TIME		REPORT TAKEN POLICE AGENCY	N BY		
CLOSED	TIME	MINUTE	A. HI		R'S BADGE NUMBER*		T. Baon	CHECKED BY OFFICER'S BADGE	NUMBER*	-	SUPPLEME (CORRECTION or AD) to we position report sent to			
0	1 0	[7 7		$\lfloor 0 \rfloor 2 \rfloor$	1		S 2 0							

	OHI OF SAPET	IO DEPARTMENT PUBLIC SAFETY Y - BERVICE - PROTECTION						2,0,2,5,1	LOCAL REPORT NUMBER 9 4 5				
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE BUTLER CH	· (□ Sam RISTOPHER DA	ne As Driver)	OWNER P	HONE: INCLUDE AREA CODE	(Same As Driver)		DAMAGE DAMAGE SCALE				
NER	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)								3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE				
\$ 12820 THRAVES AVE UP GARFIELD HTS OH 44125 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE									9 - UNKNOWN				
									DAMAGED AREA(S)				
	LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE VEHICLE YEAR VEHICLE WAKE VEHICLE YEAR VEHICLE WAKE VEHICLE YEAR VEHICLE YE							INDICATE ALL THAT APPLY					
	INSU	IRANCE INSURANCE COMPANY		INSURANCE POLICY#	1-1-1	VEHICLE COLOR	VEHICLE MODEL	"	11 12 1				
	U VER	TYPE of USE		US DOT #	TOWED	BLU BY: COMPANY NAME	Escape	10 2					
	☐ COMMERC	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS M	ATERIAL	7 7 5 5 7	8 4 7				
	INTERLO	☐ HIT/SKIP UNIT	# OCCUPANTS 0 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	7 6 5				
	0 4	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE		S+ PASSENGERS) 2	3 - PEDESTRIAN/SKATER 4 - WHEELCHAIR (ANY TYPE) 5 - OTHER NON- MOTORIST	10/	11 1 2				
		3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY 22 - ANIMAL	EQUIPMENT 2 . WITH RIDER OR 2	6 - BICYCLE 7 - TRAIN 9 - UNKNOWN OR HIT/SKIP	e	9 3 3 3				
	UNIT TYPE	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE 9	9 - UNKNOWN OK HIT/SKIP	8	7 6 5				
VEHICLE		# OF TRAILING UNITS						11 12 1	6 11 12				
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE		DITIONAL S	- UNKNOWN	10 1 2	10 1 2				
	2	1-YES 2-NO 9-OTHER/UNKNO	AUTOMOMOUS	2 - PARTIAL AUTOMATION	4 - HIGH	AUTOMATION AUTOMATION		8 4 7	8 4 -3				
	1 - NONE 6 - BUS - CHARTER/TOUR 0 1 2 - TAXI 7 - BUS - INTERCITY			11 - FIRE 12 - MILITARY	16 - FAF	WING	21 - MAIL CARRIER 99 - OTHER /UNKNOWN	8 7 6 5	, 6				
	4 - SCHOOL TRANSPORT 9 - BUS - OTHER 1-			13 - POLICE				6	12 12 12				
				5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER				12	1 1 1				
	2 - BUS 4 - LOGGING 6 - CC CARGO BODY 7 - G		CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFU		3 - AUTO TRANSPORTER 4 - GARBAGE/REFUSE 9 - OTHER / UNKNOWN	, , , ,	3 9 3 9 3					
	TYPE	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES		TOR TROUBLE 9	3 - OTHER / UNKNOWN	6					
Ļ	VEHICLE DEFECTS	2 - HEAD LAMPS 3 - TAIL LAMPS 1 - INTERSECTION -	5 - STEERING 6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER	8 - TRAILER EQUIPMENT DEFECTIVE 6 - BICYCLE LANE	ACC	ABLED FROM PRIOR IDENT IANICROSSING ISLAND	2 - FIRST RESPONDER		6 6 6				
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI 11 - SHA	VEWAY ACCESS IRED USE PATHS OR	AT INCIDENT SCENE 19 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	Undercarriage [14] - All Areas [15]				
	LOCATION AT IMPACT	UNMARKED CROSSWALK 1 - NON-CONTACT	5 - TRAVEL LANE-OTHER LOCATION 1 - STRAIGHT AHEAD		TRA		18 - APPROACHING	_	NOT AT SCENE [16]				
	_	2 - NON-COLLISION 3 - STRIKING 0 5	2 - BACKING 3 - CHANGING LANES	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	14 - ENT	TERING OR CROSSING	OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	INI	TIAL POINT OF CONTACT				
		4 - STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10 - PARKED		11 - SLOWING OR STOPPED	15 - WALKING, RUNNING, 21 - STANDING O JOGGING, PLAYING DISABLED VE		21 - STANDING OUTSIDE DISABLED VEHICLE	0 1 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE					
		& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12 - DRIVERLESS	16 - WORKING 99 - OTHER / UNKNOWN 17 - PUSHING VEHICLE			DIAGRAM 13 - TOP	99 - UNKNOWN				
									TRAFFIC				
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPE	ERATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN				
	9 9	4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	FAL	AD SHIFTING/ LING/SPILLING ROPER CROSSING	ROADWAY 9 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY	6 2-SIGNAL 5-YIELD SIGN				
	CONTRIBUTING CIRCUMSTANCES	05 - IMPROPER LURIN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING				ACTION	# OF THROUGH LANES ON ROAD	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING					
S)	OII.COMOTATOES							ON ROAD	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING				
EVENT(SEQUENCE OF	EVENTS		EVENTS				2	3 - INVOLVED - PASSIVE CROSSING				
	1 0 9 1	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	17 - ANIN	MAL - FARM	22 - WORK ZONE MAINTENANCE EQUIPMENT	LIMI	IT / NON-MOTORIST DIRECTION				
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	18 - ANIMAL - DEER 23 - STRUCK BY FALL 19 - ANIMAL - OTHER SHIFTING CARGO 20 - MOTOR VEHICLE IN ANYTHING SET III		23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN	. ON	1 - NORTH 5 - NORTHEAST				
	² 4 8	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE		NSPORT KED MOTOR VEHICLE	MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE	4	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST				
	3			COLLISION WITH FIXED OBJECT	STRUCK		OBJECT	FROM 4 TO	2 4 - WEST 8 - SOUTHWEST				
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUF 44 - DITC	ж	0 -WORKZONE MAINTENANCE EQUIPMENT 1 - WALL	UNIT SPEED	DETECTED SPEED				
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	45 - EMB 46 - FEN 47 - MAIL	CE 5	2 - BUILDING 3 - TUNNEL						
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	48 - TREI	_	4 - OTHER FIXED OBJECT 9 - OTHER / UNKNOWN	1,5,	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR				
	6 1 1		50 - MIEDIAN OTHER BARKIEK					POSTED SPEED	3 - UNDETERMINED				
								. 2 . 5					
HSY	1 78304 OH1U 1/19 [7	FIRST HARMFUL EVENT	2	OST HARMFUL EVENT				2 5	PAGE OF				

OHIO DEPARTMENT MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER								
OF PUBLIC SAFETY SAFETY - SERVICE - PROTECTION	WOTORIST / NO	JIN-IVIO I OKI	31				_2_	0 2 5	11	9 4 5	5			
M UNIT# NAME: LAST, FI	DATE OF BIRTH AGE GENDER 0 6 2 6 2 0 0 7 1 8 M													
									CONTACT PHONE - INCLUDE AREA CODE					
12020	/ES AVE		ARFIELD HTS	OH 4				1 0547110 00	OUTION	AID DAG HOAD	- FIFOTION			
N BY	MIS AGENCY (NAME)	INJURED TAKEN TO: MED	CAL FACILITY (NAME, CITY)	USED	10 14		DOT-COMPLIANT		SITION 1	AIR BAG USAG	E EJECTION	TRAPPED		
N L	ENSE NUMBER	OFFENSE	CHARGED		FFENSE DESCRIPTI				_	CITATION NUME		<u> </u>		
M				CODE										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT		CONDITION	STATUS	ALCOHO TYPE	L TEST VALUE	STATI		DRUG TEST(S) RESU	JLT SELECT UP TO 4		
			ALCOHOL M	ARIJUANA	1	_1_	_1_	• 💷	<u>_1</u>	11				
M UNIT# NAME: LAST, FI	ST, MIDDLE		_		,		<u> </u>	DATE OF B	IRTH		AGE	GENDER		
T														
R ADDRESS: STREET, CITY, STATE, 21F							CONTACT PHONE - INCLUDE AREA CODE							
I INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EQUIF	PMENT	1		SEATING POS	SITION	AIR BAG USAGI	E EJECTION	TRAPPED		
N BY BY				USED			MC HELMET				_			
OL STATE OPERATOR LI	ENSE NUMBER	OFFENSE	CHARGED	LOCAL OF	FENSE DESCRIPTION	ON				CITATION NUME	ER			
OL CLASS ENDORSEMENT														
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	ED RIJUANA	CONDITION	STATUS	TYPE	VALUE	STATU		DRUG TEST(S) RESU	LT SELECT UP TO 4		
s			OTHER DRUG			ш								
M UNIT # NAME: LAST, FII	ST, MIDDLE							DATE OF B	IRTH		AGE	GENDER		
											ШШ			
R ADDRESS: STREET, CITY, STATE, ZIF S							CONTACT P	PHONE - INCLUDE AREA CODI	: 	1 1	1	1 1 1		
I INJURIES INJURED TAKEN	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIP USED	MENT	T	DOT-COMPLIANT	SEATING POS	SITION	AIR BAG USAGI	EJECTION	TRAPPED		
»							MC HELMET					J L		
OL STATE OPERATOR LI	ENSE NUMBER	OFFENSE	CHARGED	LOCAL OI	FFENSE DESCRIPTI	ON				CITATION NUME	ER			
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	ED	CONDITION		ALCOHO	L TEST			DRUG TEST(S)			
R SELECT UP TO 2		DISTRACTED BY		RUUANA		STATUS	TYPE	VALUE	STATU			JLT SELECT UP TO 4		
T L L			OTHER DRUG					•						
INJURIES 1 - FATAL	SEATING POSITION 1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	OL C	LASS	1 - ALCOHOL IN	NTERLOCK	I(S)	1 - NOT DISTRACTED	TRACTION	1 - NC	NE GIVEN	TATUS		
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		DEVICE 2 - CDL INTRAS			2 - MANUALLY OPERATI ELECTRONIC COMMI			ST REFUSED			
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT	3 - CLASS C SIDE 4 - REGULAR CLASS (0	OHIO = D)	3 - CORRECTIV 4 - FARM WAIV			DEVICE (TEXTING, TYI DIALING)	PING,		ST GIVEN, CONTAI MPLE / UNUSABLE			
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT CL			3 - TALKING ON HANDS- COMMUNICATION DE			ST GIVEN, RESULT ST GIVEN, RESULT			
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B E 7 - EXCEPT TR		.ER	4 - TALKING ON HAND-H	ELD	3-12	31 GIVEN, RESULT	3 UNINOWN		
1 - NOT TRANSPORTED //TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE				8 - INTERMEDIA RESTRICTIO			5 - OTHER ACTIVITY WIT	TH AN					
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SI FEPER SECTION OF	10 - SLEEDER SECTION OF			OL ENDORSEMENT 9 - LEARNER'S PERMIT RESTRICTIONS			ELECTRONIC DEVICE 6 - PASSENGER			ALCOHOL TEST TYPE			
3 - POLICE 9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	1 - NOT EJECTED 2 - PARTIALLY EJECTED	H - HAZMAT M - MOTORCYCLE	10 - LIMITED TO DA				7 - OTHER DISTRACTION THE VEHICLE	THER DISTRACTION INSIDE		1 - NONE 2 - BLOOD			
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO		NT	8 - OTHER DISTRACTION THE VEHICLE	NS OUTSIDE	3 - UF	RINE			
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER		13 - MECHANIC			9 - OTHER / UNKNOWN		4 - BF 5 - O1	REATH			
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MO		CONTROLS, ADAPTIVE D	OR OTHER				3-01	mer.			
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	1 - NOT TRAPPED 2 - EXTRICATED BY	S - SCHOOL BUS		14 - MILITARY \	VEHICLES ON	ILY				DRUG TE	ST TYPE		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS		T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT		15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR					1 - NONE 2 - BLOOD			
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS			17 - PROSTHET			1 - APPARENTLY NORM		3 - UR	INE			
7 - BOOSTER SEAT 8 - HELMET USED					18 - OTHER			2 - PHYSICAL IMPAIRME	ENT	4 - OT	HER			
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				050				3 - EMOTIONAL (E.G. DE ANGRY, DISTURBED)	PRESSED,		DRUG TEST	RESULT(S)		
10 - REFLECTIVE CLOTHING			F - FEMALE	DER				4 - ILLNESS			IPHETAMINES IRBITURATES			
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			M - MALE					5 - FELL ASLEEP, FAINT FATIGUED, ETC.	ED,	3 - BE	NZODIAZEPINES			
										4 - CA				
99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN					6 - UNDER THE INFLUE MEDICATIONS / DRUG		5 - CC	NNABINOIDS DCAINE			
			U - OTHERIUNKNOWN					MEDICATIONS / DRUG / ALCOHOL		5 - CC	OCAINE PIATES / OPIOIDS			
			U - O HERIONANOWN					MEDICATIONS / DRUG		5 - CC 6 - OF 7 - OT	OCAINE PIATES / OPIOIDS			

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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20251945	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 07 D 29 Y 2025						
IN COUNTY OF 18	CRASH LOCATION 3 126 ST GARFIELD HEIGHTS							
Unit #01 stated previous damage to the front right quarter panel caught the front wheel								
causing the vehicle to jerk o	off the roadway and into the tree. Officer	s observed the						
damage described by the di	river and appeared to be damage sustai	ned prior to the						
above mentioned crash.								
	OFFICER'S SIGNATURE	BADGE NUMBER 021						