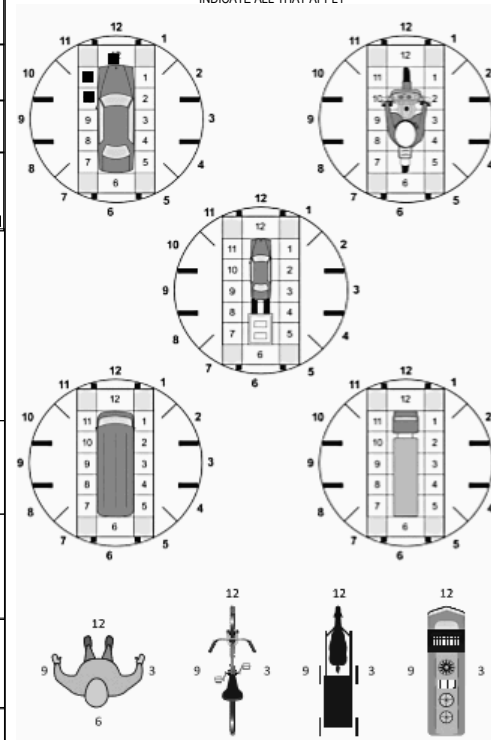


TRAFFIC CRASH REPORT

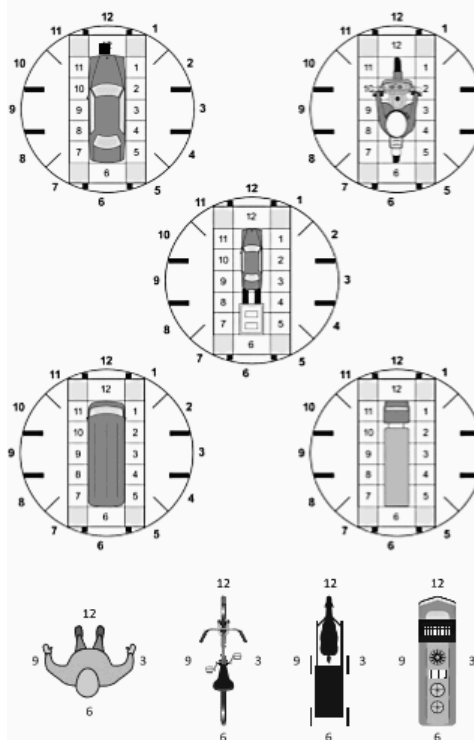
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION I-480 WEST/TRANSPORTATION		2 0 2 5 1 9 8 5						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		HITS/SKIP 1 - Solved 2 - Unsolved <input type="checkbox"/>	NUMBER OF LINES 0 2	UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN 0 1			
ROUTE TYPE 1 R		ROUTE NUMBER 4 8 0		PREFIX 4	LOCATION ROAD NAME 480	ROAD TYPE H W		CRASH DATE/TIME * 0 8 0 4 2 0 2 5 1 0 1 0 6			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 22.0	ROAD TYPE M P		CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		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 EDP# IN DECIMALS 1 0		DISTANCE 1 UNIT PER MILE/1000 FEET 1 - Miles 2 - Feet 3 - Yards 3				ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED					
LOCATION - FIRST MILE/1000 FEET 0 2		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 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 9 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 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 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			
LIGHT CONDITION 3 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		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN							
NARRATIVE UNIT 1 WAS TRAVELING WEST ON I-480 WEST BOUND WHEN THEY WENT OFF THE ROAD TO THE LEFT, STRIKING A WORK ZONE TRAFFIC CONTROL DEVICE CAUSING IT TO FALL OVER. UNIT 1 CONTINUED WEST STRIKING THE GUARD RAIL BEFORE COMING TO A STOP ON THE SHOULDER OF I-480. UNIT 1 THEN CAUGHT ON FIRE. UNIT 2 WAS TRAVELING WEST ON I-480 BEHIND UNIT 1. UNIT 2 STRUCK THE TRAFFIC CONTROL DEVICE THAT WAS NOW LAYING IN THE FAST LANE OF I-480.											
CRASH REPORTED DATE/TIME 0 8 0 4 2 0 2 5 1 0 1 0 6		DISPATCH DATE/TIME 0 8 0 4 2 0 2 5 1 0 1 0 7		ARRIVAL DATE/TIME 0 8 0 4 2 0 2 5 1 0 1 1 0		SCENE CLEARED DATE/TIME 0 8 0 4 2 0 2 5 1 0 1 4 1		REPORT TAKEN BY POLICE AGENCY <input checked="" type="checkbox"/> MOTORIST <input type="checkbox"/>			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 		TOTAL MINUTES 3 4		OFFICER'S NAME * B. Paul		CHECKED BY OFFICER'S NAME* R. Jarzembak		SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED 1000 CHARACTERS)	
OFFICER'S BADGE NUMBER* 0 5 7		CHECKED BY OFFICER'S BADGE NUMBER* L 1 6									

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20251985	
OWNER NAME: LAST, FIRST, MIDDLE PAIGE SHANICE		DAMAGE	
(Same As Driver)		DAMAGE SCALE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 4197 W 49TH ST CLEVELAND OH 44144		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE OH		LICENSE PLATE # HAP8264	
VEHICLE IDENTIFICATION # 4A31K5DF7CE004111		VEHICLE YEAR 2012	
VEHICLE MAKE Mitsubishi		VEHICLE MODEL Eclipse	
INSURANCE VERIFIED <input type="checkbox"/>		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR BLK	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		TOWED BY: COMPANY NAME INTERSTATE	
US DOT #		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		CLASS #	
PLACARD ID #			
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>	
# OCCUPANTS 01			
UNIT TYPE 01			
# of TRAILING UNITS 0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
SPECIAL FUNCTION 01		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 01		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 01		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 01		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 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	
CONTRIBUTING CIRCUMSTANCES 99		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/JACDA 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	
SEQUENCE OF EVENTS		INITIAL POINT OF CONTACT 12	
EVENTS		0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
1 2 0		1 2	
2 0 9		1 2	
3 5 0		1 2	
4 3 0		1 2	
5 0 2		1 2	
6		1 2	
1		1 2	
FIRST HARMFUL EVENT		MOST HARMFUL EVENT	
4		4	
COLLISION WITH FIXED OBJECT - STRUCK		TRAFFIC	
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		TRAFFICWAY FLOW 2 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		UNIT SPEED 60 POSTED SPEED 60	
DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED		PAGE OF	

UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE MEHANDRU SATYA PAL (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP 5100 RIVER TRL LYNDHURST OH 44124 (Same As Driver)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # KCV1412	VEHICLE IDENTIFICATION # W1N14N4HBXNJ336989
INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 971205323
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		VEHICLE YEAR 2022
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		VEHICLE MAKE Mercedes-Ben
# OCCUPANTS 01		VEHICLE COLOR BLK
US DOT #		TOWED BY: COMPANY NAME PRIVATE COMPANY
VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
UNIT TYPE 01 # of TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		
SPECIAL FUNCTION 01 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 01 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 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 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 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		
CONTRIBUTING CIRCUMSTANCES 01 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/JACDA 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		
SEQUENCE OF EVENTS EVENTS 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 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		
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 2		

LOCAL REPORT NUMBER 20251985	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 4 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 2 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 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 60 POSTED SPEED 60	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE PAIGE SHANICE										DATE OF BIRTH 07161988										AGE 37		GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 4197 W 49TH ST CLEVELAND OH 44144												CONTACT PHONE - INCLUDE AREA CODE													
	INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY (NAME) GHS2				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) METRO HOSPITAL				SAFETY EQUIPMENT USED 01		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 3		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 checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA				CONDITION 6		STATUS 1		ALCOHOL TEST TYPE 1 VALUE		STATUS 1		TYPE 1		DRUG TEST(S) RESULT SELECT UP TO 4	
	UNIT # 02		NAME: LAST, FIRST, MIDDLE MEHANDRU SATYA PAL										DATE OF BIRTH 05121943										AGE 82		GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 5100 RIVER TRL LYNDHURST OH 44124												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 2		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"/> OTHER DRUG <input type="checkbox"/> MARIJUANA				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				CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		DRUG TEST(S)		
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				CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		DRUG TEST(S)		
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				CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		DRUG TEST(S)		
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				CONDITION		STATUS		ALCOHOL TEST		STATUS		TYPE		DRUG TEST(S)		
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				
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ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE														

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20251985	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 04 Y 2025
IN COUNTY OF 18	CRASH LOCATION IR 480 4 480 HW I-480 WEST/TRANSPORTATION	
<p>UPON MY ARRIVAL, I NOTICED DAMAGE TO THE TRAFFIC CONTROL DEVICE AND TO THE GUARD RAIL. THE DRIVER OF UNIT 1 WAS STILL INSIDE THE VEHICLE. I ASSISTED THE OPERATOR IN EXITING THE VEHICLE. WHILE DOING SO, THEY ADMITTED THE ACCIDENT WAS THEIR FAULT. THE OPERATOR OF UNIT 1 WAS TRANSPORTED TO METRO HOSPITAL FOR POSSIBLE INJURIES. THE OPERATOR HAD A BLACK EYE AND A CUT ABOVE THEIR LEFT EYE ALONG WITH INJURIES TO THEIR LEG. THEIR VEHICLE WAS TOWED BY INTERSTATE TOWING. UNIT 2 HAD NO INJURIES AND WAS NOT TREATED ON SCENE BY EMS.</p> <p>UNIT 1 CAUSED DAMAGE TO A GUARD RAIL BELONGING TO ODOT. 5500 TRANSPORTATION BLVD. GARFIELD HTS. OHIO 44125. PH# 216-581-2100. DAMAGE WAS ALSO CAUSED TO A PORTABLE TRAFFIC DEVICE BELONGING TO CLEVELAND BARRICADE SYSTEMS 2608 GREAT LAKES WAY, HINCKLEY OH. 44233. PH # 330-220-3904</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 057