OHIO DEPARTA OF PUBLIC SAI SAFETY · SERVICE · PRO	TRAFFIC TRAFFIC	CRASH	REPO	RT *DENOTES	MANDATORY FIELD FOR SUPPLEMENT	REPORT			LOCAL REPORT NUMB	ER*
☐ PHOTOS TAKEN	□ OH-2 □	011.0	CAL INFORMATION					2 0 2 5	1 9 8 7	
SECONDARY CRASH	OH-1P Private Property		PORTING AGENCY		JTC	0 1 8		HIT/SKIP 1 - Solved 2 - Unsolved	0 2	0 2 98 - ANIMAL 99 - UNKNOWN
COUNTY* LOCALIT	~	LOCATION: CITY, VILLAGE		D HEIGH	110 -		CRASH DA	CRASH SEVERITY		
1 8 1 1	2 - VILLAGE *	GARFIELD	HTS					0804202	5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED	
ROUTE TYPE	ROUTE NUMBER		1 - NORTH 2 - SOUTH 3 - EAST	LOCATION RO			ROAD TYPE	I ATITITE DECIMA		3 - MINOR INJURY SUSPECTED
BOUTE TYPE	DOUTE NUMBER		4 - WEST 1 - NORTH		ELD BLVD		B L L ROAD TYPE	4 1 4 2		4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
ROUTE TYPE	ROUTE NUMBER		2 - SOUTH 3 - EAST 4 - WEST	REFERENCE E 90TH	E ROAD NAME (ROAD, MILEPOST, HOUSE #)		S T	- 8 1 1 6 2		
REFERENCE POINT			POLITE TYPE		RUVI TAN				INTERSECTION RELATE	0
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST	US - FEDERAL		1	AL - ALLEY HW - HIGHW AV - AVENUE LA - LANE BL - BOULEVARD MP - MILEPO	SQ - S	ROAD SQUARE STREET	☐ WITHIN INTERSE	CTION OR ON APPROACH	1 1
DISTANCE	4 - WEST DISTANCE	TR - NUMBER	OUTE ED COUNTY ROU [*] ED TOWNSHIP	re (CR - CIRCLE OV - OVAL CT - COURT PK - PARKW. DR - DRIVE PI - PIKE	TE - T	TERRACE FRAIL	☐ WITHIN INTERCH.	ANGE AREA	NUMBER OF APPROACHES
1 0	2 3 - Yards	ROUTE		ŀ	HE - HEIGHTS PL - PLACE					
	CATION OF EIDST HADMEI II	EVENT	I	MA	ANNER OF CRASH COLLISION/IMPA	ACT		DIRECTION OF TRAVEL	ED	MEDIAN TYPE
0 1 1 - ON ROAL 2 - ON SHOUL 3 - IN MEDIA	DWAY 9 - CROSSOVER ULDER 10 - DRIVEWAY AN ACCESS	R //ALLEY	2	1 - NOT COLLISION BETWEEN TWO MOTOR	4 - REAR-TO-REAR 5 - BACKING			1 - NORTH		ED FLUSH MEDIAN
4 - ON ROAI 5 - ON GOR 6 - OUTSIDE	DSIDE 11 - RAILWAY G E CROSSING E 12 - SHARED U	SE PATHS		TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END	6 - ANGLE 7 - SIDESWIPE, SAME DIF 8 - SIDESWIPE, OPPOSIT			2 - SOUTH 3 - EAST 4 - WEST	(≥4 F	ED FLUSH MEDIAN
TRAFFIC 7 - ON RAM 8 - OFF RAM	P 13 - BIKE LANE	TH		2 - REAR-END 3 - HEAD-ON	9 - OTHER / UNKNOWN				4 - DIVIE (ANY	ED, RAISED MEDIAN TYPE) ER / UNKNOWN
	one() of									
WORK ZONE RELATED WORKERS PRESENT		WORK ZONE T			LOCATION OF CRASH II 1 - BEFORE THE 1S'	T WORK ZONE		CONTOUR	CONDITIONS	SURFACE
UAW ENFORCEMENT PRESENT	3 - V	LANE SHIFT/CROSSOVE WORK ON SHOULDER OR MEDIAN	ER		WARNING SIGN 2 - ADVANCE WARN 3 - TRANSITION ARE 4 - ACTIVITY AREA	NING AREA		_1_	_ 1	2
ACTIVE SCHOOL ZONE	4-1	INTERMITTENT OR MOV OTHER	ING WORK		4 - ACTIVITY AREA 5 - TERMINATION A	REA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,
	CONDITION				WEATHER			3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHT		4		Y MOG, SMOKE	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIR				MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN
	WAY NOT LIGHTED OWN ROADWAY LIGHTING NOWN		4 - RAIN 5 - SLEET,	HAIL	9 - FREEZING RAIN OR FREEZI 99 - OTHER / UNKNOWN	ING DRIZZLE				
NARRATIVE						: :				Indicate the north
UNIT #1 WAS										direction with an "N" on the compass diagram.
BOULEVARD									·	
FOLLOWING										
AN ASSURED	CLEAR DISTA	ANCE, RE	SULTIN	IG IN A R	EAR			< N →		
-END. COLLIS	ION .W.IT.H. UNI	IT #1						1 1	I	
									1	
							Garfield	Blvd.		
								2	E.	90th St.
								I I	T.	
CRASH REPORTE	D DATE/TIME		DISPATCH DATE	/TIME	ARRIVAL	 L DATE/TIME		SCENE CLEAR	ED DATE/TIME	REPORT TAKEN BY
0 8 0 4 2 0 2		, ,		1 0 5	7	2 5 1		0 8 0 4 2 0 2	2 5 1 1 3 0	POLICE AGENCY MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	A. Me	edina			M. Kaye			SUPPLEMENT
0	4 5	7 8]	0 5	9			CHECKED BY OFFICER'S BADGE	NUMBER*	(CORRECTION on ADDITION TO AN EXCESSION AND FOR SIGN TO COPPS

	OH OF MPET	IO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION						2,0,2,5,1	LOCAL REPORT NUMBER
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE BOLLING AD	E (■ S DRIAN OLAND	Same As Driver)	OWNER P	HONE: INCLUDE AREA CODE	(Same As Driver)		DAMAGE DAMAGE SCALE
ER		SS: STREET, CITY, STATE, ZIP	(Same As					1 - NONE	3 - FUNCTIONAL DAMAGE
OWN	4960		DN	GARFIEL			44125	2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN
	COMMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIP	1		COMMERC	IAL CARRIER PHONE: INCLUDE A	REA CODE		
Ħ	LP STATE	LICENSE PLATE #		VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE		DAMAGED AREA(S) INDICATE ALL THAT APPLY
	LO H	KMX2307		4, D, W, 2, M, N, 3, 6, 2, 4	I ₁ 6 ₁ 4 ₁	2 0 2 1	Nissan	11 12	11 12
		RIFIED ALL STATE		979846623		VEHICLE COLOR WHI	VEHICLE MODEL Altima	10 11 1	2 10 11 1 2
	☐ COMMERC	TYPE OF USE	IN EMERGENCY	US DOT#	TOWED	BY: COMPANY NAME	1	9 9 3	3 9 9 3 3
	INTERLO		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR	·	HAZARDOUS M	ATERIAL	785	7 5 74
	DEVICE EQUIPPE	☐ HIT/SKIP UNIT	0 1 1	1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 1 3 - >26K LBS.		MATERIAL RELEASED PLACARD	CLASS# PLACARD ID#	7 6 5	12 7 6 5
		1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (L		3 - PEDESTRIAN/SKATER 4 - WHEELCHAIR (ANY TYPE)	10/	12 1
	0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR	20 - OTHER	VEHICLE 2 EQUIPMENT 2	5 - OTHER NON- MOTORIST 6 - BICYCLE	9	9 3 3
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	BICYCLE 11 - ALL TERRAIN VEHICLE	16 - FARM EQUIPMENT 17 - MOTORHOME			7 - TRAIN 9 - UNKNOWN OR HIT/SKIP	7.	8 4 7
/EHICLE			(ATV / UTV)					12 1	7 6 5 11 12
VEHI		# OF TRAILING UNITS						10 12	2 10 11 12
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	AUTO	OMATION	- UNKNOWN	10 2 -	3 9 10 2
	2	1-YES 2-NO 9-OTHER/UNKNON	WN AUTONOM MODE LET	ous 2 - PARTIAL AUTOMATION	4 - HIGH	AUTOMATION AUTOMATION		8 4 -	
		1 - NONE 2 - TAXI	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY	11 - FIRE 12 - MILITARY	16 - FAF 17 - MO		21 - MAIL CARRIER 99 - OTHER /UNKNOWN	8 7 6 5	1 1
	0 1	3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	18 - SNO 19 - TON	OW REMOVAL		6	6
	FUNCTION							12	12 12 12
	1011	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	8 - POL 9 - CAF 10 - FL/	RGO TANK 13	2 - CONCRETE MIXER 3 - AUTO TRANSPORTER 4 - GARBAGE/REFUSE	a Ma	
	CARGO BODY TYPE	7	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DU	11 DED	9 - OTHER / UNKNOWN	,609,	9 = 3 9 1 3 9 1 1 1 1 1 1 1 1 1 1
		1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	10 - DIS	ABLED FROM PRIOR	- OTHER / UNKNOWN	6	6
E	DEFECTS	3 - TAIL LAMPS 1 - INTERSECTION -	6 - TIRE BLOWOUT 3 - INTERSECTION - OTHER	DEFECTIVE 6 - BICYCLE LANE		IDENT IAN/CROSSING ISLAND 1	2 - FIRST RESPONDER		INDEPONDENCE MA
		MARKED CROSSWALK 2 - INTERSECTION -	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRI ¹ 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	5 - TRAVEL LANE-OTHER LOCATIO	N	TRA			UN	IT NOT AT SCENE [16]
		1 - NON-CONTACT 2 - NON-COLLISION	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	14 - ENT	TERING OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	IN	NITIAL POINT OF CONTACT
		3 - STRIKING 4 - STRUCK PRE-CRASH	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE 10 - PARKED	15 - WAI		20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE	0 6 0-NO DAMAGE	
		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	16 - WO		DISABLED VEHICLE 99 - OTHER / UNKNOWN	1-12 - REFER TO DIAGRAM	D UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
		9 - OTHER / UNKNOWN		12 Statement	17-100	oning veriote		13 - TOP	
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM			21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	EQL		22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN
	10111	5 - UNSAFE SPEED 6 - IMPROPER TURN	CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	FAL	LINGIGDILLING	99 - OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
6									1 - NOT INVOLVED
EVENT(SEQUENCE OF	EVENTS		EVENTS				_2_	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		.WAY VEHICLE 2	22 - WORK ZONE MAINTENANCE		
		3 - IMMERSION 4 - JACKKNIFE	UNITS 8 - RAN OFF ROAD RIGHT	TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	18 - ANII 19 - ANII	MAL - DEER MAL - OTHER	EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR	UN	NIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST
	2	5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	OR VEHICLE IN NSPORT KED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST
	2						24 - OTHER MOVABLE OBJECT	FROM 4 TO	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
				COLLISION WITH FIXED OBJECT		20	A HODIZONE WINES		9 - OTHER / UNKNOWN
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	43 - CUF 44 - DITC 45 - EMB	CH ANKMENT 5	0 -WORKZONE MAINTENANCE EQUIPMENT 1 - WALL	UNIT SPEED	DETECTED SPEED
		STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE 41 - OTHER POST, POLE OR	46 - FEN	CE 5 BOX	2 - BUILDING 3 - TUNNEL 4 - OTHER FIXED OBJECT	1 5	1 4 074770/7077111
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	SUPPORT 42 - CULVERT	48 - TREI 49 - FIRE		4 - OTHER FIXED OBJECT 9 - OTHER / UNKNOWN	1 5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR
	6, , ,		MEDICAL OTHER BARRIER					POSTED SPEED	3 - UNDETERMINED
	1	FIRST HARMFUL EVENT	_ 1	MOST HARMFUL EVENT				2 5	
HS	Y8304 OH1U 1/19 [760-08201						•	PAGE OF

OHIO DEPARTMENT OF PUBLIC SAFETY UNIT				2,0,2,5,1	LOCAL REPORT NUMBER 9 8 7
UNIT # OWNER NAME: LAST, FIRST, MIDDLE (O _ 2	Same As Driver)	WNER PHONE: INCLUDE AREA CODE	(Same As Driver)		DAMAGE DAMAGE SCALE
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same A	s Driver)	ID OH	44104	1-NONE 2-MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 3 - UNKNOWN
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DMMERCIAL CARRIER PHONE: INCLUDI			- UNKNOWN
LP STATE LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE	ı	DAMAGED AREA(S) NDICATE ALL THAT APPLY
	INSURANCE POLICY#	6,7, 2,0,1,8	Ford	11 12	11 12 1
■ INSURANCE VERIFIED FIRST CHICAGO	0HZ0024814-01	VEHICLE COLOR RED	VEHICLE MODEL Escape	10 11 1 2	10 12 1
TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		9 9 3 4	3 9 9 3 3
INTERLOCK DEVICE EQUIPPED #OCCUPANTS # OCCUPANTS	VEHICLE WEIGHT GWWR/IGCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL RELEASED PLACARD	MATERIAL CLASS# PLACARD ID#	7 6 5	8 7 5 4 11 12 1 6 5
1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELE 8 - MOTORCYCLE 3-WHEELE 9 - AUTOCYCLE 3-WHEELE 9 - AUTOCYCLE 3-WHEELE 9 - AUTOCYCLE 3-WHEELE 9 - AUTOCYCLE 3-WHEELE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	D 13 - SNOWMOBILE 19 - 14 - SINGLE UNIT TRUCK 20 - 15 - SEMI-TRACTOR 21 -	LIMO (LIVERY VEHICLE) BUS (16+ PASSENGERS) OTHER VEHICLE HEAVY EQUIPMENT - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIANISKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HITISKIP	9 8	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
# of TRAILING UNITS				10 11 12 1	6 5 11 12 1
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2 1-YES 2-NO 9-OTHER/UNKNOWN MODEL	MOUS 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	9 9 8 7 5 4	3 9 9 3 3 3 4 7 5 4
1 - NONE 6 - BUS - CHARTERTOUR	11 - FIRE 12 - MULTAPY 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	7 6 5	12 12 12
O 1 1 1-NO CARGO BODY TYPE //NOT APPLICABLE //NOT APPLICA	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGEIREFUSE 99 - OTHER / UNKNOWN	, , ,	3 9 3 3
1 - TURN SIGNALS	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN	6	6 6 6
1 - INTERSECTION - 3 - INTERSECTION - OTHER MARKED	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIANICROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13] - UNIT	Undercarriage [14] - ALL AREAS [15] NOT AT SCENE [16]
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING 8 STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKINGPASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PRAPKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTREINIS OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18. APPROACHING OR LEAVING VEHICLE 19. STANDING 20. OTHER NOM-MOTORIST 21. STANDING OUTSIDE DISABLED VEHICLE 99. OTHER / UNKNOWN	INIT O - NO DAMAGE 1-12 - REFER TO U DIAGRAM 13 - TOP	1AL POINT OF CONTACT 14 - UNDERCARRIAGE INIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
1 - NONE	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLINGSPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION	TRAFFICWAY FLOW 1 - ONE-WAY 2 2 - TWO-WAY # OF THROUGH LANES ON ROAD	TRAFFIC TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING 1 - NOT INVOLVED
S SEQUENCE OF EVENTS				3 ,	2 - INVOLVED - ACTIVE CROSSING 1 1 3 - INVOLVED - PASSIVE CROSSING
1 - OVERTURNIROLLOVER 6 - EQUIPMENT FAILURE 1 2 0 1 - FIREEEXPLOSION 7 - SEPARATION OF UNITS 3 - IMMERSION UNITS 4 - JACKINIFE 8 - RAN OFF ROAD RIGHT	OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,		/ NON-MOTORIST DIRECTION
2 LOSS OR SHIFT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	FROM 3 TO	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4
3	COLLISION WITH FIXED OBJECT - ST				4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
25 - IMPACT ATTENUATOR 31 - GUARDRAIL END (38 - OVERHEAD SIGN POST 39 - LIGHTALUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT	UNIT SPEED	DETECTED SPEED
5 29 - BRIDGE PADVE! 35 - MEDIAN CONCRETE BARRIER 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER		48 - TREE 49 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED
1 FIRST HARMFUL EVENT 1 HSY8304 OH1U 1/19 [760-0820]	MOST HARMFUL EVENT			2 5	PAGE OF

OHIO DEPARTMENT	MOTORIST / NO	N MOTODI	ет					CAL REPORT NUMBE		
OF PUBLIC SAFETY SAPETY - SERVICE - PROTECTION	MOTORIST / NO	M-MOTORI	51			2	2 0 2 5 1 DATE OF BIRTH	9 8 1	7	
M UNIT # NAME: LAST, FIRST	T, MIDDLE									GENDER
BOLL	ING .	ADRIAN	OLAN	DO			1 0 7 2 0	0 1	<u> 2 3 </u>	∟ M ⊔
R ADDRESS: STREET, CITY, STATE, ZIP						CONTA	ACT PHONE - INCLUDE AREA CODE			
\$ 4960 E 90 S			ARFIELD HTS	_	44125					
N BY	IS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	USED		DOT-COMP	SEATING POSITION	AIR BAG USA	AGE EJECTION	
o 5 1	MCE MIMDED	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPTION	- MC HELM	ET 0 1	CITATION NU		1
M O I I I	HOE HOMBER	GITEROE	OTANGED	CODE	OF ENGL DECOME FION			OTATION NO	moer.	
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT		CONDITION	ALC	OHOL TEST		DRUG TEST(S)	
R		DISTRACTED BY	ALCOHOL MA	RIJUANA		STATUS TYPE		TATUS TYP	E RESU	ILT SELECT UP TO 4
			OTHER DRUG			1 1	┵┃╸└──┼──┤	1 1		
M UNIT# NAME: LAST, FIRST	T, MIDDLE						DATE OF BIRTH	0 0	AGE	GENDER
HOOF	KS .	<u>JEANA</u>	ROSH	IA			2 1 1 1 9	9 9	2 6	∟ F
ADDRESS: STREET, CITY, STATE, ZIP	A		E) (E) AND	011	44405	CONTA	CT PHONE - INCLUDE AREA CODE			
10422 DOVE	MS AGENCY (NAME)		_EVELAND	SAFETY	44105 EQUIPMENT		SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED
N TAKEN BY 1 1				USED	0 4	DOT-COMP	ET 0 1	.l. 1	1 1	1 1
OL STATE OPERATOR LICE	INSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPTION			CITATION NUI		<u> </u>
M O		335.0)7	CODE	DUS			G2025	1565	
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTI	ED	CONDITION		OHOL TEST		DRUG TEST(S)	
		BY 1	ALCOHOL MA	RIJUANA	. "	TATUS TYPE		TATUS TYPE	RESUI	LT SELECT UP TO 4
	F MIDDLE		OTHER DRUG		<u> </u>	<u> </u>	DATE OF BIRTH		AGE	GENDER
M UNIT# NAME: LAST, FIRST	, MIDULE						DATE OF BIRCH		AGE	GENDER
R ADDRESS: STREET, CITY, STATE, ZIP						CONTA	CT PHONE - INCLUDE AREA CODE			
1 S						CONTA	I I I I	1 1		1 1
T INJURIES INJURED EI	MS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY I	EQUIPMENT		SEATING POSITION	AIR BAG USA	GE EJECTION	TRAPPED
N BY						DOT-COMP MC HELM			ılı	
- OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPTION			CITATION NUI	MBER	
Ö				CODE						
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECTI		CONDITION	ALC STATUS TYPE	OHOL TEST VALUE ST	TATUS TYP	DRUG TEST(S) E RESU	LT SELECT UP TO 4
s	1 11 1 11 1		ALCOHOL MA OTHER DRUG	RIJUANA		- da				
INJURIES	SEATING POSITION	AIR BAG	OL CI	ASS	OL RES	TRICTION(S)	DRIVER DISTRACTION	ON	TEST ST	
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A		1 - ALCOHOL INTE		1 - NOT DISTRACTED		NONE GIVEN	
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B		2 - CDL INTRASTA		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION	ON	TEST REFUSED	INATED
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 (O	HIO = D)	3 - CORRECTIVE L 4 - FARM WAIVER	ENSES	DEVICE (TEXTING, TYPING, DIALING)		TEST GIVEN, CONTAN SAMPLE / UNUSABLE	IINATED
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		5 - EXCEPT CLASS 6 - EXCEPT CLASS		3 - TALKING ON HANDS-FREE		TEST GIVEN, RESULT	
	6 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B BUS		COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD	5 - 1	TEST GIVEN, RESULT	S UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)				7 - EXCEPT TRACT 8 - INTERMEDIATE	LICENSE	COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN			
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE				9 - LEARNER'S PER		ELECTRONIC DEVICE		ALCOHOL T	EST TYPE
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	OL ENDO	RSEMENT	RESTRICTIONS 10 - LIMITED TO DA	3	6 - PASSENGER 7 - OTHER DISTRACTION INSIDE	1-	NONE	ESTTIFE
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		ONLY		THE VEHICLE		BLOOD	
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER		11 - LIMITED TO EN 12 - LIMITED - OTH		8 - OTHER DISTRACTIONS OUTS THE VEHICLE	3-	URINE BREATH	
SAFETY EQUIPMENT	PICK-UP WITH CAP) 12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER		13 - MECHANICAL (SPECIAL BRAKI		9 - OTHER / UNKNOWN		OTHER	
1 - NONE USED 2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MOT	TORCYCLE	CONTROLS, OR ADAPTIVE DEVI	OTHER				
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	44 PIPING ON VEHICLE	1 - NOT TRAPPED	S - SCHOOL BUS		14 - MILITARY VEH	IICLES ONLY			DRUG TE	ST TYPE
5 - CHILD RESTRAINT SYSTEM -	EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE T	RAILERS	15 - MOTOR VEHIC WITHOUT AIR				NONE	
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT) 15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT		16 - OUTSIDE MIRE 17 - PROSTHETIC		CONDITION		JRINE	
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MECHANICAE MEANS			18 - OTHER		1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT		OTHER	
8 - HELMET USED							3 - EMOTIONAL (E.G. DEPRESSED),		
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)			GENI	DER			ANGRY, DISTURBED)	1	DRUG TEST AMPHETAMINES	RESULT(S)
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE				4 - ILLNESS 5 - FELL ASLEEP, FAINTED,	2 -	BARBITURATES	
/BICYCLE ONLY 99 - OTHER / UNKNOWN			M - MALE U - OTHER/UNKNOWN				FATIGUED, ETC.		BENZODIAZEPINES CANNABINOIDS	
33 STILLY ON MOWN			U - OTHER/UNKNOWN				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS	5-	COCAINE	
							/ ALCOHOL		OPIATES / OPIOIDS OTHER	
							9 - OTHER / UNKNOWN		NEGATIVE RESULTS	

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OF OFF DEPARTMENT OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER				
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	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
		/E CLEVELAND OH	44105	T	T			EJECTION	TRAPPED	
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET 0	POSITION AIR BAG USAGI	1	1	
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10422 DOVE AVE CLEVELAND OH 44105										
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UNIT#	NAME: LAST, FIF	RST, MIDDLE				DATE OF BIRT	гн	AGE	GENDER	
ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
INJURIES	INJURED	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT	SEATING	POSITION AIR BAG USAGE	EJECTION	TRAPPED	
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