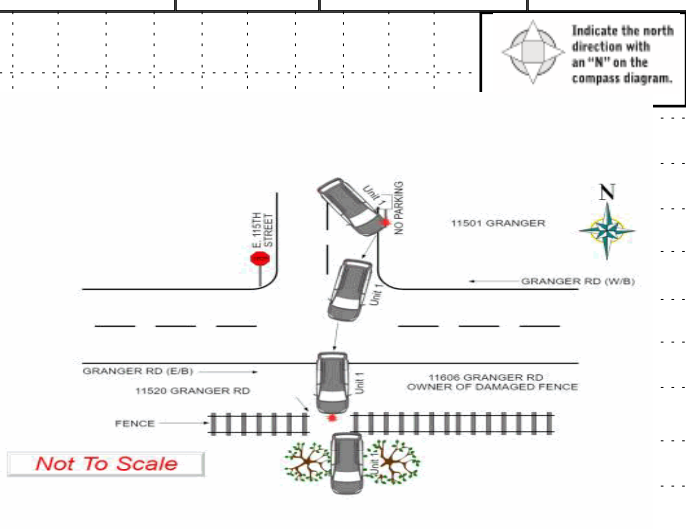


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property	LOCAL INFORMATION 11606 GRANGER RD REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 2 0 1 3						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 8 0 6 2 0 2 5 2 2 5 9		CRASH SEVERITY 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME GRANGER		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 4 1 . 4 1 6 8 2 7	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 11606		ROAD TYPE 		LONGITUDE DECIMAL DEGREES - 8 1 . 6 0 2 7 6 4	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 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 			
DISTANCE EDPM DECEASED/PC 1 7 5		DISTANCE 1 UNIT PER MILE/1000 2 - Miles 3 - Feet 2						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION - FIRST MILE/1000 EVENT 0 2 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 - 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, 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		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 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									
NARRATIVE/ UNIT # 1 WAS TRAVELING S/B ON E. 115TH STREET APPROACHING THE INTERSECTION OF GRANGER RD, WHEN THE DRIVER SWERVED TO AVOID STRIKING A COUPLE OF DEER. UNIT # 1 LOST CONTROL, DRIVING UP ON THE CURB STRIKING A NO PARKING SIGN POLE, STRIKING A FENCE AND TWO TREES.											
CRASH REPORTED DATE/TIME 0 8 0 6 2 0 2 5 2 2 5 9		DISPATCH DATE/TIME 0 8 0 6 2 0 2 5 2 2 5 9		ARRIVAL DATE/TIME 0 8 0 6 2 0 2 5 2 3 0 3		SCENE CLEARED DATE/TIME 0 8 0 7 2 0 2 5 0 0 2 8		REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 3 5		OTHER INVESTIGATION TIME 4 0		TOTAL MINUTES 0		OFFICER'S NAME * J. Lee		CHECKED BY OFFICER'S NAME* R. Jarzembak		SUPPLEMENT (CORRECTION = ADDITION 10-660000-0000-0000-0000)	
				OFFICER'S BADGE NUMBER* 0 1 0		CHECKED BY OFFICER'S BADGE NUMBER* L 1 6					

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20252013	
OWNER NAME: LAST, FIRST, MIDDLE SMITH GWENETTA MICOLE		DAMAGE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 13104 EASTWOOD BLVD GARFIELD HTS OH 44125		DAMAGE SCALE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		4	
LP STATE OH		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
LICENSE PLATE # HLQ8008		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
VEHICLE IDENTIFICATION # 1GBFG15T531232725		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
VEHICLE YEAR 2003		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
VEHICLE MAKE Chevrolet		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
INSURANCE VERIFIED ALLSTATE		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
INSURANCE COMPANY ALLSTATE		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
INSURANCE POLICY # 0741562144		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
VEHICLE COLOR DGR		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
VEHICLE MODEL Express		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
US DOT #		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
TOWED BY: COMPANY NAME INTERSTATE TOWING		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
CLASS #		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
PLACARD ID #		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
UNIT TYPE 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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
# of TRAILING UNITS		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
SPECIAL FUNCTION 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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
CARGO BODY TYPE 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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
ACTION 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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
CONTRIBUTING CIRCUMSTANCES 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		11 12 1 10 11 12 2 9 10 11 12 3 8 9 10 11 4 7 8 9 10 5 6 7 8 9 6 5 6 7 8 7 4 5 6 7 8 3 4 5 6 9 2 3 4 5 10 1 2 3 4 11	
SEQUENCE OF EVENTS		INITIAL POINT OF CONTACT	
EVENTS 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		0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
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		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 15		DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 15			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 5	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE JOHNSON FREDRICK RICHARD		DATE OF BIRTH 11201980		AGE 44		GENDER M															
	ADDRESS: STREET, CITY, STATE, ZIP 13104 EASTWOOD BLVD GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE																		
	INJURIES 4		INJURED TAKEN BY 2		EMS AGENCY (NAME) GARFIELD HEIGHTS E		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARY MOUNT		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 2		EJECTION 2		TRAPPED 2					
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED 331.34A			LOCAL CODE ■		OFFENSE DESCRIPTION FAILURE TO CONTROL					CITATION NUMBER G20251572								
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 9		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	

[illegible]

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 2 0 1 3

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JOHNSON KING				DATE OF BIRTH 0 4 1 8 2 0 1 2				AGE 1 3	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 13104 EASTWOOD BLVD GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 3	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JOHNSON GE'SEAN				DATE OF BIRTH 1 2 0 6 2 0 1 5				AGE 9	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 13104 EASTWOOD BLVD GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 6	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
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	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION			AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN			1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY								EJECTION			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN								1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER								TRAPPED			
F - FEMALE M - MALE U - OTHER/UNKNOWN								1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 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

OH-2

LOCAL REPORT NUMBER 20252013	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 06 Y 2025	
IN COUNTY OF 18	CRASH LOCATION 11606 GRANGER RD		
<p>Upon further investigation, it was discovered, Unit # 1 then drove off the roadway, near 11520 Granger Rd traveling s/b through the back yard of said address striking/damaging a white fence. After striking the fence, Unit # 1 came to a stop after striking two trees on the left- and right-hand side in the back yard. The impact from Unit # 1 striking the trees, assisted the vehicle to flip over on the right passenger side, causing damage to the vehicle, the no parking sign and the fence. The driver of Unit # 1 was issued a traffic citation for Failure To Control: ORD # 331.34a.</p> <p>Owner of Private property damaged: Le'ann Vajda, 11606 Granger Road.</p>			
OFFICER'S SIGNATURE X		BADGE NUMBER 010	