

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN		☒ OH-2	☐ OH-3
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER
☐ Private Property			
LOCAL INFORMATION			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
N/CIC * 0 1 8 2 0			
COUNTY * 1 8		LOCALITY * 1	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 8 1 7 2 0 2 5 0 3 5 7	
ROUTE TYPE 1		ROUTE NUMBER 1	
PREFIX 1		LOCATION ROAD NAME MCCRACKEN	
ROAD TYPE R D		ROAD TYPE A V	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BROADWAY		LONGITUDE DECIMAL DEGREES 8 1 6 1 6 2 7 9	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4	
DISTANCE EDPM DECIMAL MILE 2 0		DISTANCE 1 UNIT PER MILE/1000 FEET 1 - Miles 2 - Feet 3 - Yards 2	
IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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 1		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	
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3		WEATHER 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	
CONDITIONS 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 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
NARRATIVE UNIT 1 WAS TRAVELING WESTBOUND ON MCCRACKEN ROAD APPROACHING BROADWAY AVENUE INTERSECTION. UNIT 1 OPERATOR FELL ASLEEP AT THE WHEEL AND WENT THROUGH INTERSECTION. UNIT 1 WENT OFF THE ROAD TO THE LEFT OVER A CURB AND STRUCK A WOODEN FENCE.			
SCENE DIAGRAM Indicate the north direction with an "N" on the compass diagram. Not To Scale BROADWAY AVENUE MCCRACKEN ROAD UNIT 1 UNIT 1			
CRASH REPORTED DATE/TIME 0 8 1 7 2 0 2 5 0 3 5 7		DISPATCH DATE/TIME 0 8 1 7 2 0 2 5 0 3 5 8	
ARRIVAL DATE/TIME 0 8 1 7 2 0 2 5 0 4 0 2		SCENE CLEARED DATE/TIME 0 8 1 7 2 0 2 5 0 5 0 5	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 2 0	
TOTAL MINUTES 8 7		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 MOTORIST SUPPLEMENT (CORRECTION=ADDITION TO PREVIOUS REPORT ONLY TO CORRECT)	

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) REEDER MICHAEL DEMETRIOUS	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 6811 MAYFIELD RD 591 MAYFIELD HTS OH 44124		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH	LICENSE PLATE # T605260	VEHICLE IDENTIFICATION # 2C4RC1BG8MR595657	VEHICLE YEAR 2021	VEHICLE MAKE Chrysler
☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR GRY	VEHICLE MODEL Pacifica
☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	
☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
TYPE OF USE		TOWED BY: COMPANY NAME		
☐ HAZARDOUS MATERIAL		CLASS #		
☐ PLACARD		PLACARD ID #		

UNIT TYPE 01	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
# of TRAILING UNITS					

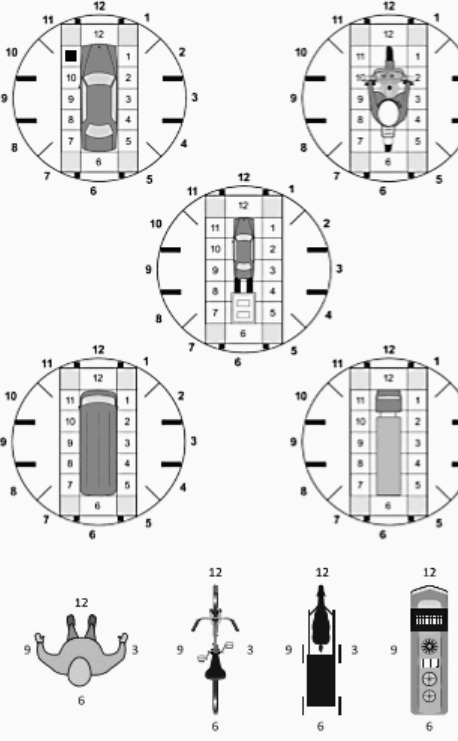
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN	
01	SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 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

01	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
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	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTION 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	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
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SEQUENCE OF EVENTS					
EVENTS					
109	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					
4	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
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 20252102	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
☐ - NO DAMAGE [0] ☐ - TOP [13] ☐ - UNIT NOT AT SCENE [16]	
☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15]	
INITIAL POINT OF CONTACT 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 2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 2	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 10	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	



MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE REEDER MICHAEL DEMETRIOUS		DATE OF BIRTH 11151996		AGE 28		GENDER M				
	ADDRESS: STREET, CITY, STATE, ZIP 6811 MAYFIELD RD 591 MAYFIELD HTS OH 44124				CONTACT PHONE - INCLUDE AREA CODE _____							
MOTORIST / NON-MOTORIST	INJURIES 5	INJURED TAKEN BY _____	EMS AGENCY (NAME) _____	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) _____		SAFETY EQUIPMENT USED 04		☐ 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 _____		
MOTORIST / NON-MOTORIST	OL CLASS 4	ENDORSEMENT SELECT UP TO 2 _____	RESTRICTION SELECT UP TO 3 _____		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE _____		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 _____	
	UNIT # _____	NAME: LAST, FIRST, MIDDLE _____						DATE OF BIRTH _____		AGE _____	GENDER _____	
MOTORIST / NON-MOTORIST	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 _____
MOTORIST / NON-MOTORIST	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 _____	ALCOHOL TEST STATUS _____ TYPE _____ VALUE _____		DRUG TEST(S) STATUS _____ TYPE _____ RESULT SELECT UP TO 4 _____	
MOTORIST / NON-MOTORIST	UNIT # _____	NAME: LAST, FIRST, MIDDLE _____						DATE OF BIRTH _____		AGE _____	GENDER _____	
	ADDRESS: STREET, CITY, STATE, ZIP _____				CONTACT PHONE - INCLUDE AREA CODE _____							
MOTORIST / NON-MOTORIST	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 _____
	OL STATE _____	OPERATOR LICENSE NUMBER _____		OFFENSE CHARGED _____		LOCAL CODE _____	OFFENSE DESCRIPTION _____			CITATION NUMBER _____		
MOTORIST / NON-MOTORIST	OL CLASS _____	ENDORSEMENT SELECT UP TO 2 _____	RESTRICTION SELECT UP TO 3 _____		DRIVER DISTRACTED BY _____	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION _____	ALCOHOL TEST STATUS _____ TYPE _____ VALUE _____		DRUG TEST(S) STATUS _____ TYPE _____ RESULT SELECT UP TO 4 _____	
	UNIT # _____	NAME: LAST, FIRST, MIDDLE _____						DATE OF BIRTH _____		AGE _____	GENDER _____	
MOTORIST / NON-MOTORIST	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 _____
MOTORIST / NON-MOTORIST	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 _____	ALCOHOL TEST STATUS _____ TYPE _____ VALUE _____		DRUG TEST(S) STATUS _____ TYPE _____ RESULT SELECT UP TO 4 _____	

[illegible]



OH-2

LOCAL REPORT NUMBER
20252102

20252102

18

REPORTING AGENCY
GARFIELD HEIGHTS

DATE OF CRASH		
M 08	D 17	Y 2025

M 08

D 17

Y 2025

IN COUNTY OF
18

CRASH LOCATION

Fence damaged is property of the City of Garfield Hts. 5555 Turney Rd. Garfield Hts.

OH. 216-475-1100.

OFFICER'S SIGNATURE

BADGE NUMBER

026