

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN		<input type="checkbox"/> OH-2	<input type="checkbox"/> OH-3
<input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER
<input type="checkbox"/> Private Property			

LOCAL INFORMATION	
DAIRY MART	
REPORTING AGENCY NAME *	
GARFIELD HEIGHTS	

COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *	
1 8	1	GARFIELD HTS	

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE
			TURNEY	R D
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
			5703	

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE
1 - INTERSECTION	1 - NORTH	IR - INTERSTATE ROUTE (TP)	AL - ALLEY
2 - MILE POST	2 - SOUTH	US - FEDERAL US ROUTE	AV - AVENUE
3 - HOUSE #	3 - EAST	SR - STATE ROUTE	BL - BOULEVARD
	4 - WEST	CR - NUMBERED COUNTY ROUTE	CR - CIRCLE
		TR - NUMBERED TOWNSHIP ROUTE	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

DISTANCE	DISTANCE
EDM IN DECEASE/MP	UNIT IN DECEASE/MP
	1 - Miles
	2 - Feet
	3 - Yards

INTERSECTION RELATED	NUMBER OF APPROACHES
<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH	
<input type="checkbox"/> WITHIN INTERCHANGE AREA	
ROADWAY	
<input type="checkbox"/> ROADWAY DIVIDED	

DIRECTION OF TRAVEL	MEDIAN TYPE
1 - NORTH	1 - DIVIDED FLUSH MEDIAN
2 - SOUTH	(<4 FEET)
3 - EAST	2 - DIVIDED FLUSH MEDIAN
4 - WEST	(≥4 FEET)
	3 - DIVIDED, DEPRESSION MEDIAN
	4 - DIVIDED, RAISED MEDIAN
	(ANY TYPE)
	9 - OTHER / UNKNOWN

WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT	1 - LANE CLOSURE	1 - BEFORE THE 1ST WORK ZONE
<input type="checkbox"/> LAW ENFORCEMENT	2 - LANE SHIFT/CROSSOVER	WARNING SIGN
<input type="checkbox"/> PRESENT	3 - WORK ON SHOULDER	2 - ADVANCE WARNING AREA
	OR MEDIAN	3 - TRANSITION AREA
	4 - INTERMITTENT OR MOVING WORK	4 - ACTIVITY AREA
	5 - OTHER	5 - TERMINATION AREA
<input type="checkbox"/> ACTIVE SCHOOL ZONE		

LIGHT CONDITION	WEATHER
1 - DAYLIGHT	1 - CLEAR
2 - DAWN/DUSK	2 - CLOUDY
3 - DARK - LIGHTED ROADWAY	3 - FOG, SMOG, SMOKE
4 - DARK - ROADWAY NOT LIGHTED	4 - RAIN
5 - DARK - UNKNOWN ROADWAY LIGHTING	5 - SLEET, HAIL
9 - OTHER / UNKNOWN	6 - SNOW
	7 - SEVERE CROSSWINDS
	8 - BLOWING SAND, SOIL, DIRT, SNOW
	9 - FREEZING RAIN OR FREEZING DRIZZLE
	99 - OTHER / UNKNOWN

CONTOUR	CONDITIONS	SURFACE
1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRETE
2 - STRAIGHT GRADE	2 - WET	2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - CURVE LEVEL	3 - SNOW	3 - BRICK/BLOCK
4 - CURVE GRADE	4 - ICE	4 - SLAG, GRAVEL, STONE
9 - OTHER / UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	5 - DIRT
	6 - WATER (STANDING, MOVING)	9 - OTHER / UNKNOWN
	7 - SLUSH	
	9 - OTHER/UNKNOWN	

NARRATIVE	
EAM HOLDING CONTACTED AND THEY ADVISED	
EUNICE WHITNEY 5/27/1970, WHO RESIDES AT 13404	
MELZER IN CLEVELAND IS THE RENTER OF THE	
VEHICLE INVOLVED. REFERENCE INCIDENT REPORT	

CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY	
0 8 1 9 2 0 2 5 1 1 4 5 7		0 8 1 9 2 0 2 5 1 1 4 5 7		0 8 1 9 2 0 2 5 1 1 5 0 4		0 8 1 9 2 0 2 5 1 1 5 3 0		POLICE AGENCY	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME *		CHECKED BY OFFICER'S NAME *	
0		4 5		7 8		A. Medina		R. Dodge	
						OFFICER'S BADGE NUMBER *		CHECKED BY OFFICER'S BADGE NUMBER *	
						0 5 9		S 2 2	

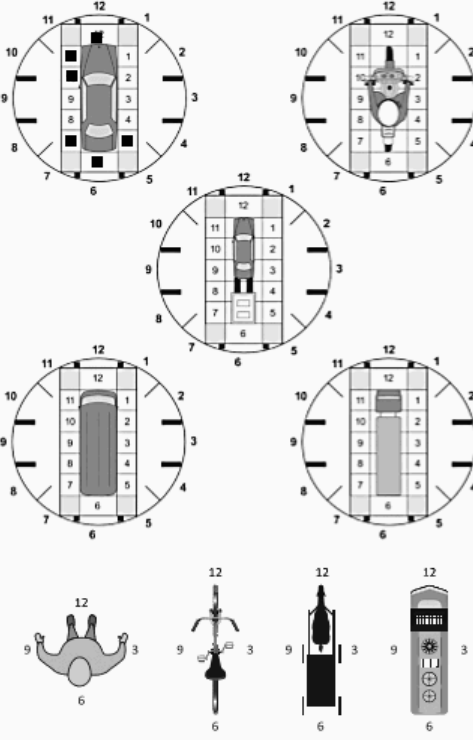
<input type="checkbox"/> SUPPLEMENT
(CORRECTION = ADDITION)
DO NOT WRITE IN THESE SPACES

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) TURKALL LISA NICOLE	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 1432 E 332ND ST EASTLAKE OH 44095		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # KLP4071	VEHICLE IDENTIFICATION # 3MVDMB7RM645236
INSURANCE VERIFIED LIBERTY MUTUAL		INSURANCE POLICY # A0V28199489870
VEHICLE YEAR 2024		VEHICLE MAKE Mazda
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>
# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
CLASS #		PLACARD ID #
UNIT TYPE 01		
# of TRAILING UNITS 0		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 01		
CARGO BODY TYPE 01		
VEHICLE DEFECTS 01		
NON-MOTORIST LOCATION AT IMPACT 01		
ACTION 4		
CONTRIBUTING CIRCUMSTANCES 01		
SEQUENCE OF EVENTS 120		
COLLISION WITH FIXED OBJECT - STRUCK 4		
FIRST HARMFUL EVENT 1		
MOST HARMFUL EVENT 1		

LOCAL REPORT NUMBER 20252133	
DAMAGE DAMAGE SCALE 2	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 06	
TRAFFIC TRAFFICWAY FLOW 2	
TRAFFIC CONTROL 6	
RAIL GRADE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1	
UNIT SPEED 10	
DETECTED SPEED 1	
POSTED SPEED 25	

OWNER		LOCAL REPORT NUMBER	
UNIT # 0 2		2 0 2 5 2 1 3 3	
OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) MOORE JORDYN NICHELLE		OWNER PHONE: INCLUDE AREA CODE (Same As Driver)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 13097 CEDAR RD CLEVELAND HTS OH 44118			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # JUM2124	
VEHICLE IDENTIFICATION # 1FAHP3FN6AW250916		VEHICLE YEAR 2010	
VEHICLE MAKE Ford			
INSURANCE VERIFIED PROGRESSIVE		INSURANCE POLICY # 974273330	
VEHICLE COLOR COM		VEHICLE MODEL Focus	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		# OCCUPANTS 0 1	
HIT/SKIP UNIT <input type="checkbox"/>		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		CLASS # PLACARD ID #	
UNIT TYPE 0 1		# of TRAILING UNITS 0	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 0 1		CARGO BODY TYPE 0 1	
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
NON-MOTORIST LOCATION AT IMPACT 3		ACTION 0 1	
CONTRIBUTING CIRCUMSTANCES 0 1		SEQUENCE OF EVENTS 1 2 0	
EVENT(S)		EVENTS	
COLLISION WITH FIXED OBJECT - STRUCK		COLLISION WITH FIXED OBJECT - STRUCK	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	
DAMAGE		DAMAGED AREA(S)	
DAMAGE SCALE 4		INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT 1 2		TRAFFIC	
TRAFFICWAY FLOW 2		TRAFFIC CONTROL 6	
# OF THROUGH LANES ON ROAD 4		RAIL GRADE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1		UNIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 25		DETECTED SPEED 1	
POSTED SPEED 25			

OWNER	UNIT # 03	OWNER NAME: LAST, FIRST, MIDDLE EAN HOLDINGS	(<input type="checkbox"/> Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(<input type="checkbox"/> Same As Driver)					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 554 WATER ST CHARDON OH 44024						(<input type="checkbox"/> Same As Driver)				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____							
VEHICLE	LP STATE OH	LICENSE PLATE # KIH3734	VEHICLE IDENTIFICATION # J1A4J14VA89RZ059920		VEHICLE YEAR 2024	VEHICLE MAKE Mitsubishi					
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY _____		INSURANCE POLICY # _____	VEHICLE COLOR SIL	VEHICLE MODEL Outlander					
	<input type="checkbox"/> COMMERCIAL	TYPE OF USE • GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # _____		TOWED BY: COMPANY NAME _____						
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # _____ <input type="checkbox"/> PLACARD PLACARD ID # _____					
	UNIT TYPE 99		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 0						
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0		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 _____		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 5		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 5		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 09		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									
EVENT(S)	SEQUENCE OF EVENTS										
	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										
	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 1					

LOCAL REPORT NUMBER 20252133	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 3	
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 12 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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED _____	DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	5	2	1	3	3		

UNIT # 01	NAME: LAST, FIRST, MIDDLE TURKALL LISA NICOLE					DATE OF BIRTH 09141984			AGE 40	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 1432 E 332ND ST EASTLAKE OH 44095						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	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 1	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"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT # 02	NAME: LAST, FIRST, MIDDLE MOORE JORDYN NICHELLE					DATE OF BIRTH 02252002			AGE 23	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 13097 CEDAR RD CLEVELAND HTS OH 44118						CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5	INJURED TAKEN BY	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 1	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"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT # 03	NAME: LAST, FIRST, MIDDLE UNKNOWN					DATE OF BIRTH			AGE	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP OH						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 <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	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	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M / C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	
INJURED TAKEN BY	1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	EJECTION	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	OL ENDORSEMENT	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	ALCOHOL TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER
SAFETY EQUIPMENT	1 - NONE USED 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	TRAPPED	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	GENDER	F - FEMALE M - MALE U - OTHER/UNKNOWN	CONDITION	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN
						DRUG TEST TYPE	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER
						DRUG TEST RESULT(S)	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20252133	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 19 Y 2025	
IN COUNTY OF 18	CRASH LOCATION DAIRY MART		
<p>Unit #1 was traveling northbound on Turney Road in the right lane near the Dairy Mart (5703 Turney Road). Unit #3 was also traveling northbound, positioned in the far-left lane behind Unit #1. Without warning, Unit #3 abruptly merged into the right lane and failed to maintain an assured clear distance, resulting in a rear-end collision with Unit # 1. Following this impact, Unit #2, which was traveling behind Unit #3, subsequently struck Unit #3 in the rear.</p>			
OFFICER'S SIGNATURE X		BADGE NUMBER 059	