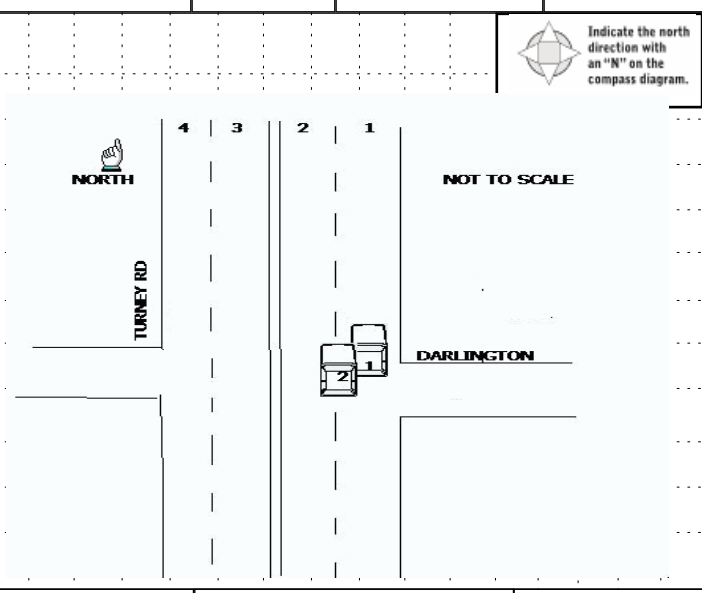


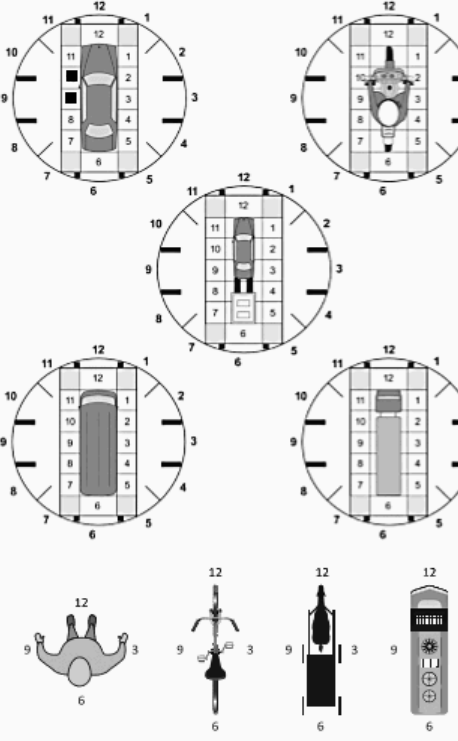
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                                    |  |                                                                                                                                           |  |                                                                                                                                                                            |  |                                                                                                                                                                                                         |  |                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property                                                                                                                      | <input type="checkbox"/> OH-3<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS                                                                                                                   |  | 2   0   2   5   2   1   8   5                                                                                                             |  | HITS/SKIP<br>1 - Solved<br>2 - Unsolved<br>2                                                                                                                               |  | NUMBER OF LANE<br>0   2                                                                                                                                                                                 |  | UNIT IN EDDP<br>98 - ANIMAL<br>99 - UNKNOWN<br>0   2 |  |
| COUNTY *<br>1   8                                                                                                                                                                                                                                                                                                                                                                                   |  | LOCALITY *<br>1 - CITY *<br>2 - VILLAGE *<br>3 - TOWNSHIP *<br>1                                                                                                                                                                             |                                                                 | LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS                                                                                                                                |  | CRASH DATE/TIME *<br>0   8   2   5   2   0   2   5   1   6   3   0                                                                        |  |                                                                                                                                                                            |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br>5                                                       |  |                                                      |  |
| ROUTE TYPE<br>                                                                                                                                                                                                                                                                                                                                                                                      |  | ROUTE NUMBER<br>                                                                                                                                                                                                                             |                                                                 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>                                                                                                                       |  | LOCATION ROAD NAME<br>TURNERY                                                                                                             |  | ROAD TYPE<br>R   D                                                                                                                                                         |  | LATITUDE (DEGREE) DEGREES<br>4   1     4   1   2   1   1   9                                                                                                                                            |  |                                                      |  |
| ROUTE TYPE<br>                                                                                                                                                                                                                                                                                                                                                                                      |  | ROUTE NUMBER<br>                                                                                                                                                                                                                             |                                                                 | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>                                                                                                                       |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>DARLINGTON                                                                               |  | ROAD TYPE<br>A   V                                                                                                                                                         |  | LONGITUDE (DECIMAL DEGREES)<br>8   1     6   0   2   4   9   7                                                                                                                                          |  |                                                      |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                                                            |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>                                                                                                                                                                              |                                                                 | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                       |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                            |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>                                     |  |                                                      |  |
| DISTANCE<br>EDP/IN DEGREE/MP<br>                                                                                                                                                                                                                                                                                                                                                                    |  | DISTANCE<br>1 - Miles<br>2 - Feet<br>3 - Yards<br>                                                                                                                                                                                           |                                                                 |                                                                                                                                                                                    |  |                                                                                                                                           |  |                                                                                                                                                                            |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                     |  |                                                      |  |
| LOCATION - FIRST LANE/MI EVENT<br>0   1  <br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE<br>7 - ON RAMP<br>8 - OFF RAMP                                                                                                                                                                                                                     |  | CROSSOVER<br>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY<br>ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS<br>OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN                                           |                                                                 | MANNER OF CRASH COLLISION/IMPACT<br>7  <br>1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON                                    |  | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br> <br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                 |  | MEDIAN TYPE<br> <br>1 - DIVIDED FLUSH MEDIAN<br>(<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(24 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN<br>(ANY TYPE)<br>9 - OTHER / UNKNOWN |  |                                                      |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT<br>PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                                                        |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>or MEDIAN<br>4 - INTERMITTENT or MOVING WORK<br>5 - OTHER<br>                                                                                      |                                                                 | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA<br> |  | CONTOUR<br>1  <br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT<br>GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER<br>UNKNOWN               |  | CONDITIONS<br>1  <br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |  | SURFACE<br>2  <br>1 - CONCRETE<br>2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER<br>/UNKNOWN                                         |  |                                                      |  |
| LIGHT CONDITION<br>1  <br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                               |  | WEATHER<br>1  <br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN or FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |                                                                 |                                                                                                                                                                                    |  |                                                                                                                                           |  |                                                                                                                                                                            |  |                                                                                                                                                                                                         |  |                                                      |  |
| NARRATIVE/<br>UNIT 1 WAS TRAVELING NORTH ON TURNERY NEAR<br>DARLINGTON IN THE CURB LANE WHEN UNIT 2 WHICH<br>WAS TRAVELING NORTH ON TURNERY IN THE CENTER<br>LANE AND CAME INTO UNIT 1 LANE SIDE SWIPING UNIT<br>1... BOTH UNITS STOPPED DRIVERS EXITED THEIR<br>VEHICLES TO EXCHANGE INFORMATION THE DRIVER<br>OF UNIT 2 REENTERED HIS VEHICLE AND FLED<br>NORTH ON TURNERY TO ANTENUCCI WESTBOUND |  |                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                                    |  |                                                       |  |                                                                                                                                                                            |  |                                                                                                                                                                                                         |  |                                                      |  |
| CRASH REPORTED DATE/TIME<br>0   8   2   5   2   0   2   5   1   1   2   1   2   7                                                                                                                                                                                                                                                                                                                   |  | DISPATCH DATE/TIME<br>0   8   2   5   2   0   2   5   1   1   2   1   2   8                                                                                                                                                                  |                                                                 | ARRIVAL DATE/TIME<br>0   8   2   5   2   0   2   5   1   1   2   1   2   9                                                                                                         |  | SCENE CLEARED DATE/TIME<br>0   8   2   5   2   0   2   5   1   1   3   1   3   5                                                          |  | REPORT TAKEN BY<br>POLICE AGENCY<br>MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION = ADDITION<br>DO NOT WRITE IN THESE SPACES)                             |  |                                                                                                                                                                                                         |  |                                                      |  |
| TOTAL TIME ROADWAY<br>CLOSED<br>0                                                                                                                                                                                                                                                                                                                                                                   |  | OTHER INVESTIGATION<br>TIME<br>                                                                                                                                                                                                              |                                                                 | TOTAL<br>MINUTES<br>6   7                                                                                                                                                          |  | OFFICER'S NAME *<br>J. Marks                                                                                                              |  | CHECKED BY OFFICER'S NAME*<br>R. Dodge                                                                                                                                     |  |                                                                                                                                                                                                         |  |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                                    |  | OFFICER'S BADGE NUMBER*<br>R   P   T   1                                                                                                  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>S   2   2                                                                                                                            |  |                                                                                                                                                                                                         |  |                                                      |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
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| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNIT #<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>HARDEN JAMES CLIFTON | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)                                                                                                                                      |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>6061 ANDOVER BLVD GARFIELD HTS OH 44125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                  |                                                                                                                                                                                          |                                                                                                   |                              |
| VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LICENSE PLATE #<br>KGL1894                                                   | VEHICLE IDENTIFICATION #<br>WDDJH1F8JJB0EA803561                                                                                                                                         | VEHICLE YEAR<br>2014                                                                              | VEHICLE MAKE<br>Mercedes-Ben |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSURANCE COMPANY<br>geico                                                   | INSURANCE POLICY #<br>4124980063                                                                                                                                                         | VEHICLE COLOR<br>BLK                                                                              | VEHICLE MODEL<br>E-Class     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 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<br>01                                                                                                                                                                        | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | UNIT TYPE<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                        |                                                                              | # of TRAILING UNITS                                                                                                                                                                      |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 - YES 1 - NO 9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SPECIAL FUNCTION<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS-CHARTER/TOUR<br>7 - BUS-INTERCITY<br>8 - BUS-SHUTTLE<br>9 - BUS-OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CARGO BODY TYPE<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
| ACTION<br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
| CONTRIBUTING CIRCUMSTANCES<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
| EVENT(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                                                         |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN                                           |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FIRST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                          |                                                                                                   |                              |

|                                                                                                                                                                                                                              |                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20252185                                                                                                                                                                                              |                                                                                                                     |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                                     |
| DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                                                                                 |                                                                                                                     |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                                                     |
|                                                                                                                                          |                                                                                                                     |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                                     |
| INITIAL POINT OF CONTACT<br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                                                                     |                                                                                                                     |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                                                     |
| TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING        |
| UNIT / NON-MOTORIST DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                   |                                                                                                                     |
| UNIT SPEED<br>25                                                                                                                                                                                                             | DETECTED SPEED<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                            |
| POSTED SPEED<br>25                                                                                                                                                                                                           |                                                                                                                     |





|                         |                                                                              |  |                                                   |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  |                                                  |  |                           |                     |                                |              |               |             |              |  |                                           |
|-------------------------|------------------------------------------------------------------------------|--|---------------------------------------------------|--|--------------------------------|---------------------|--|-----------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|--------------------------------------------------|--|---------------------------|---------------------|--------------------------------|--------------|---------------|-------------|--------------|--|-------------------------------------------|
| MOTORIST / NON-MOTORIST | UNIT #<br>0   1                                                              |  | NAME: LAST, FIRST, MIDDLE<br>HARDEN JAMES CLIFTON |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  | DATE OF BIRTH<br>0   9   1   7   1   9   5   2   |  |                           |                     |                                | AGE<br>7   2 |               | GENDER<br>M |              |  |                                           |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>6061 ANDOVER BLVD GARFIELD HTS OH 44125 |  |                                                   |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  | CONTACT PHONE - INCLUDE AREA CODE<br>            |  |                           |                     |                                |              |               |             |              |  |                                           |
|                         | INJURIES<br>5                                                                |  | INJURED TAKEN BY<br>                              |  | EMS AGENCY (NAME)<br>          |                     |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |                                        |                                                                                                                                        | SAFETY EQUIPMENT USED<br>0   4 |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>0   1 |                     | AIR BAG USAGE<br>1             |              | EJECTION<br>1 |             | TRAPPED<br>1 |  |                                           |
|                         | OL STATE<br>                                                                 |  | OPERATOR LICENSE NUMBER<br>                       |  |                                | OFFENSE CHARGED<br> |  |                                                     | LOCAL CODE<br><input type="checkbox"/> |                                                                                                                                        | OFFENSE DESCRIPTION<br>        |  |                                                  |  |                           | CITATION NUMBER<br> |                                |              |               |             |              |  |                                           |
|                         | OL CLASS<br>4                                                                |  | ENDORSEMENT SELECT UP TO 2<br>                    |  | RESTRICTION SELECT UP TO 3<br> |                     |  | DRIVER DISTRACTED BY<br>1                           |                                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                |  | CONDITION<br>1                                   |  | STATUS<br>1               |                     | ALCOHOL TEST<br>TYPE 1 VALUE   |              | STATUS<br>1   |             | TYPE 1       |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |
| MOTORIST / NON-MOTORIST | UNIT #<br>0   2                                                              |  | NAME: LAST, FIRST, MIDDLE<br>unknown              |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  | DATE OF BIRTH<br>                                |  |                           |                     |                                | AGE<br>      |               | GENDER<br>M |              |  |                                           |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>                        OH              |  |                                                   |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  | CONTACT PHONE - INCLUDE AREA CODE<br>            |  |                           |                     |                                |              |               |             |              |  |                                           |
|                         | INJURIES<br>                                                                 |  | INJURED TAKEN BY<br>                              |  | EMS AGENCY (NAME)<br>          |                     |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |                                        |                                                                                                                                        | SAFETY EQUIPMENT USED<br>      |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>      |                     | AIR BAG USAGE<br>1             |              | EJECTION<br>1 |             | TRAPPED<br>1 |  |                                           |
|                         | OL STATE<br>                                                                 |  | OPERATOR LICENSE NUMBER<br>                       |  |                                | OFFENSE CHARGED<br> |  |                                                     | LOCAL CODE<br><input type="checkbox"/> |                                                                                                                                        | OFFENSE DESCRIPTION<br>        |  |                                                  |  |                           | CITATION NUMBER<br> |                                |              |               |             |              |  |                                           |
|                         | OL CLASS<br>                                                                 |  | ENDORSEMENT SELECT UP TO 2<br>                    |  | RESTRICTION SELECT UP TO 3<br> |                     |  | DRIVER DISTRACTED BY<br>1                           |                                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                |  | CONDITION<br>1                                   |  | STATUS<br>1               |                     | ALCOHOL TEST<br>TYPE 1 VALUE   |              | STATUS<br>1   |             | TYPE 1       |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |
| MOTORIST / NON-MOTORIST | UNIT #<br>                                                                   |  | NAME: LAST, FIRST, MIDDLE<br>                     |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  | DATE OF BIRTH<br>                                |  |                           |                     |                                | AGE<br>      |               | GENDER<br>  |              |  |                                           |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>                                        |  |                                                   |  |                                |                     |  |                                                     |                                        |                                                                                                                                        |                                |  | CONTACT PHONE - INCLUDE AREA CODE<br>            |  |                           |                     |                                |              |               |             |              |  |                                           |
|                         | INJURIES<br>                                                                 |  | INJURED TAKEN BY<br>                              |  | EMS AGENCY (NAME)<br>          |                     |  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |                                        |                                                                                                                                        | SAFETY EQUIPMENT USED<br>      |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>      |                     | AIR BAG USAGE<br>              |              | EJECTION<br>  |             | TRAPPED<br>  |  |                                           |
|                         | OL STATE<br>                                                                 |  | OPERATOR LICENSE NUMBER<br>                       |  |                                | OFFENSE CHARGED<br> |  |                                                     | LOCAL CODE<br><input type="checkbox"/> |                                                                                                                                        | OFFENSE DESCRIPTION<br>        |  |                                                  |  |                           | CITATION NUMBER<br> |                                |              |               |             |              |  |                                           |
|                         | OL CLASS<br>                                                                 |  | ENDORSEMENT SELECT UP TO 2<br>                    |  | RESTRICTION SELECT UP TO 3<br> |                     |  | DRIVER DISTRACTED BY<br>                            |                                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                |  | CONDITION<br>                                    |  | STATUS<br>                |                     | ALCOHOL TEST<br>TYPE     VALUE |              | STATUS<br>    |             | TYPE         |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |

[illegible]



## OH-2

LOCAL REPORT NUMBER  
20252185

REPORTING AGENCY  
GARFIELD HEIGHTS

|               |      |        |
|---------------|------|--------|
| DATE OF CRASH |      |        |
| M 08          | D 23 | Y 2025 |

IN COUNTY OF  
18

CRASH LOCATION

THE DRIVER OF UNIT 1 DESCRIBED THE DRIVER OF UNIT 2 AS A B/M 5'05'  
150 LBS NO FACIAL HAIR . DRIVER OF UNIT 1 DESCRIBED UNIT 2 AS A  
GRAY DODGE CHALLENGER WITH THE LAST FOUR NUMBERS ON THE  
LICENSE PLATE AS 8987 .

OFFICER MARKS CHECKED THE CITY CAMERAS BUT COULD NOT SEE THE  
CRASH HAPPEN .

OFFICER'S SIGNATURE  
X

BADGE NUMBER  
RPT1