# OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

**LOCAL REPORT NUMBER ***: 2025232 3

☐ PHOTOS TAKEN ☐ SECONDARY CRASH ☐ OH-2 ☐ OH-3 ☐ OH-1P ☐ OTHER ☐ Private Property

LOCAL INFORMATION

**REPORTING AGENCY NAME ***: GARFIELD HEIGHTS PD

**NCIC ***: 01820

**HIT/SKIP** (1 - Solved, 2 - Unsolved):

**NUMBER OF UNITS**: 02

**UNIT IN ERROR** (98 - ANIMAL, 99 - UNKNOWN): 02

**COUNTY ***: 18

**LOCALITY *** (1 - CITY *, 2 - VILLAGE *, 3 - TOWNSHIP *): 1

**LOCATION: CITY, VILLAGE, TOWNSHIP ***: GARFIELD HTS

**CRASH DATE/TIME ***: 09/08/2025 1514

**CRASH SEVERITY**: 4 (1 - FATAL, 2 - SERIOUS INJURY SUSPECTED, 3 - MINOR INJURY SUSPECTED, 4 - INJURY POSSIBLE, 5 - PROPERTY DAMAGE ONLY)

## LOCATION

| ROUTE TYPE | ROUTE NUMBER | PREFIX (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST) | LOCATION ROAD NAME | ROAD TYPE |
|---|---|---|---|---|
| | | | ROCKSIDE | RD |

**LATITUDE DECIMAL DEGREES**: 41.400993

## REFERENCE

| ROUTE TYPE | ROUTE NUMBER | PREFIX (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST) | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE |
|---|---|---|---|---|
| | | | TURNEY | RD |

**LONGITUDE DECIMAL DEGREES**: -81.594578

**REFERENCE POINT** (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE #): 1

**DIRECTION FROM REFERENCE** (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST):

**DISTANCE FROM REFERENCE**:

**DISTANCE UNIT OF MEASURE** (1 - Miles, 2 - Feet, 3 - Yards):

**ROUTE TYPE**: IR - INTERSTATE ROUTE (TP); US - FEDERAL US ROUTE; SR - STATE ROUTE; CR - NUMBERED COUNTY ROUTE; TR - NUMBERED TOWNSHIP ROUTE

**ROAD TYPE**: AL - ALLEY; AV - AVENUE; BL - BOULEVARD; CR - CIRCLE; CT - COURT; DR - DRIVE; HE - HEIGHTS; HW - HIGHWAY; LA - LANE; MP - MILEPOST; OV - OVAL; PK - PARKWAY; PI - PIKE; PL - PLACE; RD - ROAD; SQ - SQUARE; ST - STREET; TE - TERRACE; TL - TRAIL; WA - WAY

**INTERSECTION RELATED**

☐ WITHIN INTERSECTION OR ON APPROACH

☐ WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES:

**ROADWAY**

☐ ROADWAY DIVIDED

**LOCATION OF FIRST HARMFUL EVENT**: 01

1 - ON ROADWAY; 2 - ON SHOULDER; 3 - IN MEDIAN; 4 - ON ROADSIDE; 5 - ON GORE; 6 - OUTSIDE TRAFFICWAY; 7 - ON RAMP; 8 - OFF RAMP; 9 - CROSSOVER; 10 - DRIVEWAY / ALLEY ACCESS; 11 - RAILWAY GRADE CROSSING; 12 - SHARED USE PATHS OR TRAILS; 13 - BIKE LANE; 14 - TOLL BOOTH; 99 - OTHER / UNKNOWN

**MANNER OF CRASH COLLISION/IMPACT**: 2

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT; 2 - REAR-END; 3 - HEAD-ON; 4 - REAR-TO-REAR; 5 - BACKING; 6 - ANGLE; 7 - SIDESWIPE, SAME DIRECTION; 8 - SIDESWIPE, OPPOSITE DIRECTION; 9 - OTHER / UNKNOWN

**DIRECTION OF TRAVEL** (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST):

**MEDIAN TYPE** (1 - DIVIDED FLUSH MEDIAN (<4 FEET); 2 - DIVIDED FLUSH MEDIAN (≥4 FEET); 3 - DIVIDED, DEPRESSED MEDIAN; 4 - DIVIDED, RAISED MEDIAN (ANY TYPE); 9 - OTHER / UNKNOWN):

☐ WORK ZONE RELATED
☐ WORKERS PRESENT
☐ LAW ENFORCEMENT PRESENT
☐ ACTIVE SCHOOL ZONE

**WORK ZONE TYPE** (1 - LANE CLOSURE; 2 - LANE SHIFT/CROSSOVER; 3 - WORK ON SHOULDER OR MEDIAN; 4 - INTERMITTENT OR MOVING WORK; 5 - OTHER):

**LOCATION OF CRASH IN WORK ZONE** (1 - BEFORE THE 1ST WORK ZONE WARNING SIGN; 2 - ADVANCE WARNING AREA; 3 - TRANSITION AREA; 4 - ACTIVITY AREA; 5 - TERMINATION AREA):

**CONTOUR**: 1 (1 - STRAIGHT LEVEL; 2 - STRAIGHT GRADE; 3 - CURVE LEVEL; 4 - CURVE GRADE; 9 - OTHER /UNKNOWN)

**CONDITIONS**: 1 (1 - DRY; 2 - WET; 3 - SNOW; 4 - ICE; 5 - SAND, MUD, DIRT, OIL, GRAVEL; 6 - WATER (STANDING, MOVING); 7 - SLUSH; 9 - OTHER/UNKNOWN)

**SURFACE**: 2 (1 - CONCRETE; 2 - BLACKTOP, BITUMINOUS, ASPHALT; 3 - BRICK/BLOCK; 4 - SLAG, GRAVEL, STONE; 5 - DIRT; 9 - OTHER /UNKNOWN)

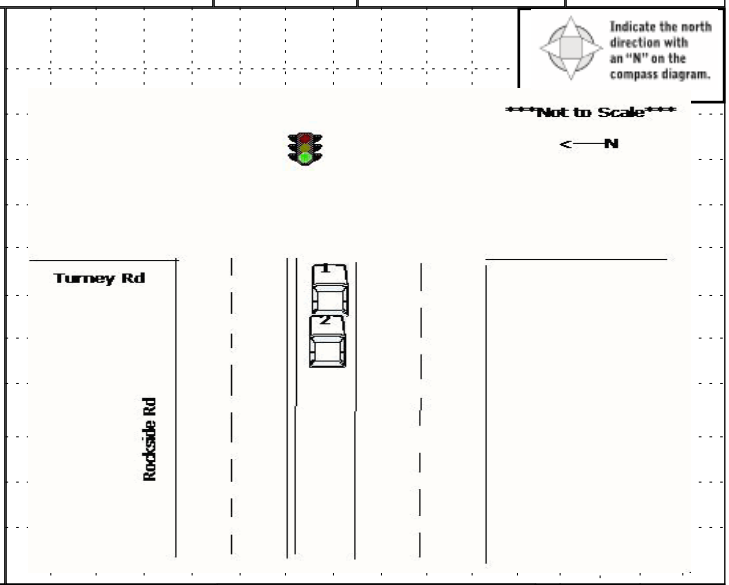
**LIGHT CONDITION**: 1 (1 - DAYLIGHT; 2 - DAWN/DUSK; 3 - DARK - LIGHTED ROADWAY; 4 - DARK - ROADWAY NOT LIGHTED; 5 - DARK - UNKNOWN ROADWAY LIGHTING; 9 - OTHER / UNKNOWN)

**WEATHER**: 2 (1 - CLEAR; 2 - CLOUDY; 3 - FOG, SMOG, SMOKE; 4 - RAIN; 5 - SLEET, HAIL; 6 - SNOW; 7 - SEVERE CROSSWINDS; 8 - BLOWING SAND, SOIL, DIRT, SNOW; 9 - FREEZING RAIN OR FREEZING DRIZZLE; 99 - OTHER / UNKNOWN)

**NARRATIVE**

DRIVER OF UNIT #1 WAS IN THE TURNING LANE ON ROCKSIDE RD E/B AT TURNEY RD WAITING FOR TRAFFIC TO CLEAR IN ORDER TO TURN. DRIVER OF UNIT #2 WAS DIRECTLY BEHIND UNIT #1 AND BOTH VEHICLES WERE NOT IN MOTION. ACCORDING TO THE DRIVER OF UNIT #2, HER FOOT SLIPPED OFF THE BRAKE AND HER VEHICLE STRUCK UNIT #1.

Indicate the north direction with an "N" on the compass diagram.




| CRASH REPORTED DATE/TIME | DISPATCH DATE/TIME | ARRIVAL DATE/TIME | SCENE CLEARED DATE/TIME | REPORT TAKEN BY |
|---|---|---|---|---|
| 09/08/2025 1514 | 09/08/2025 1516 | 09/08/2025 1522 | 09/08/2025 1545 | ■ POLICE AGENCY ☐ MOTORIST |

| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME * | CHECKED BY OFFICER'S NAME* | ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |
|---|---|---|---|---|---|
| 0 | 35 | 64 | Z. Kovesdi | D. Bailey | |

**OFFICER'S BADGE NUMBER***: 055

**CHECKED BY OFFICER'S BADGE NUMBER***: L07

OHIO DEPARTMENT OF PUBLIC SAFETY

# UNIT

LOCAL REPORT NUMBER: 20252323

## OWNER

UNIT #: 01

OWNER NAME: LAST, FIRST, MIDDLE: SALEEM MEDINAH M ( ■ Same As Driver)

OWNER PHONE: INCLUDE AREA CODE ( ■ Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ■ Same As Driver): 14412 SUMMIT AVE MAPLE HTS OH 44137

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

## VEHICLE

| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
|---|---|---|---|---|
| OH | KOU9020 | 3GNAXUEV3ML381113 | 2021 | Chevrolet |

| INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE COLOR | VEHICLE MODEL |
|---|---|---|---|---|
| ■ | STATE FARM | 4192430-SFP-35 | WHI | Equinox |

TYPE OF USE: ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #:

TOWED BY: COMPANY NAME:

☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT

# OCCUPANTS: 01

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL: ☐ MATERIAL RELEASED ☐ PLACARD — CLASS # — PLACARD ID #

UNIT TYPE: 01
1 - PASSENGER CAR; 2 - PASSENGER VAN (MINIVAN); 3 - SPORT UTILITY VEHICLE; 4 - PICK UP; 5 - CARGO VAN; 6 - VAN (9-15 SEATS); 7 - MOTORCYCLE 2-WHEELED; 8 - MOTORCYCLE 3-WHEELED; 9 - AUTOCYCLE; 10 - MOPED OR MOTORIZED BICYCLE; 11 - ALL TERRAIN VEHICLE (ATV/UTV); 12 - GOLF CART; 13 - SNOWMOBILE; 14 - SINGLE UNIT TRUCK; 15 - SEMI-TRACTOR; 16 - FARM EQUIPMENT; 17 - MOTORHOME; 18 - LIMO (LIVERY VEHICLE); 19 - BUS (16+ PASSENGERS); 20 - OTHER VEHICLE; 21 - HEAVY EQUIPMENT; 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE; 23 - PEDESTRIAN/SKATER; 24 - WHEELCHAIR (ANY TYPE); 25 - OTHER NON-MOTORIST; 26 - BICYCLE; 27 - TRAIN; 99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS:

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2 (1 - YES 2 - NO 9 - OTHER / UNKNOWN)

AUTONOMOUS MODE LEVEL:
0 - NO AUTOMATION; 1 - DRIVER ASSISTANCE; 2 - PARTIAL AUTOMATION; 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

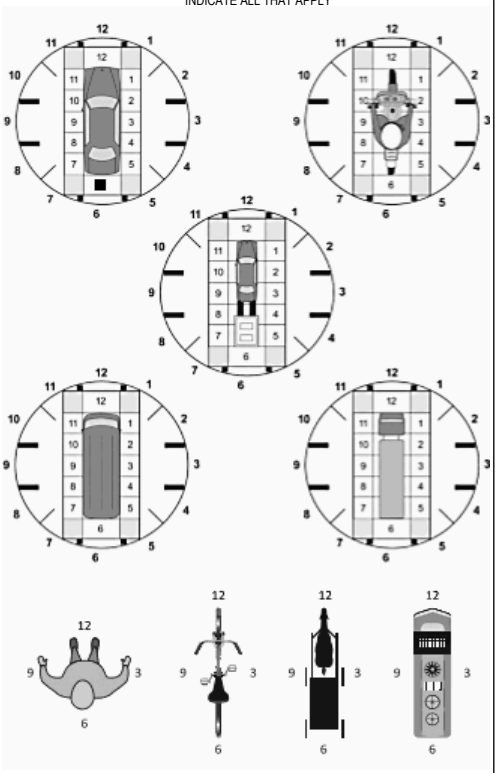
CARGO BODY TYPE: 01
1 - NO CARGO BODY TYPE / NOT APPLICABLE; 2 - BUS; 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE; 4 - LOGGING; 5 - INTERMODAL CONTAINER CHASSIS; 6 - CARGO VAN/ENCLOSED BOX; 7 - GRAIN/CHIPS/GRAVEL; 8 - POLE; 9 - CARGO TANK; 10 - FLAT BED; 11 - DUMP; 12 - CONCRETE MIXER; 13 - AUTO TRANSPORTER; 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

## DAMAGE

DAMAGE SCALE: 2
1 - NONE; 2 - MINOR DAMAGE; 3 - FUNCTIONAL DAMAGE; 4 - DISABLING DAMAGE; 9 - UNKNOWN

DAMAGED AREA(S) — INDICATE ALL THAT APPLY



☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT: 06
0 - NO DAMAGE; 1-12 - REFER TO UNIT DIAGRAM; 13 - TOP; 14 - UNDERCARRIAGE; 15 - VEHICLE NOT AT SCENE; 99 - UNKNOWN

## EVENT(S)

NON-MOTORIST LOCATION AT IMPACT:
1 - INTERSECTION - MARKED CROSSWALK; 2 - INTERSECTION - UNMARKED CROSSWALK; 3 - INTERSECTION - OTHER; 4 - MIDBLOCK - MARKED CROSSWALK; 5 - TRAVEL LANE-OTHER LOCATION; 6 - BICYCLE LANE; 7 - SHOULDER/ROADSIDE; 8 - SIDEWALK; 9 - MEDIAN/CROSSING ISLAND; 10 - DRIVEWAY ACCESS; 11 - SHARED USE PATHS OR TRAILS; 12 - FIRST RESPONDER AT INCIDENT SCENE; 99 - OTHER / UNKNOWN

ACTION: 4
1 - NON-CONTACT; 2 - NON-COLLISION; 3 - STRIKING; 4 - STRUCK; 5 - BOTH STRIKING & STRUCK; 9 - OTHER / UNKNOWN

PRE-CRASH ACTION: 11
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: 01
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/ACDA; 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

SEQUENCE OF EVENTS

1: 20
2:
3:
4:
5:
6:

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

## TRAFFIC

TRAFFICWAY FLOW: 2 (1 - ONE-WAY; 2 - TWO-WAY)

TRAFFIC CONTROL: 2
1 - ROUNDABOUT; 2 - SIGNAL; 3 - FLASHER; 4 - STOP SIGN; 5 - YIELD SIGN; 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING:
1 - NOT INVOLVED; 2 - INVOLVED - ACTIVE CROSSING; 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 1
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - OTHER / UNKNOWN

UNIT SPEED: 0

DETECTED SPEED: 1
1 - STATED/ESTIMATED SPEED; 2 - CALCULATED / EDR; 3 - UNDETERMINED

POSTED SPEED: 35

OHIO DEPARTMENT OF PUBLIC SAFETY

# UNIT

LOCAL REPORT NUMBER: 20252323

## OWNER

UNIT #: 02

OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver): HAMPTON STEPHANIE MARIE

OWNER PHONE: INCLUDE AREA CODE (Same As Driver):

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver): 12015 SHADY OAK BLVD GARFIELD HTS OH 44125

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP:

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE:

## VEHICLE

| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
|---|---|---|---|---|
| OH | DZG8596 | 3VW2B7AJ7HM382536 | 2017 | Volkswagen |

| INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE COLOR | VEHICLE MODEL |
|---|---|---|---|---|
| ■ | STATE FARM | 4245305-SFP-35 | RED | Jetta |

TYPE OF USE: ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #:

TOWED BY: COMPANY NAME:

☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT

# OCCUPANTS: 01

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VEHICLE DEFECTS:
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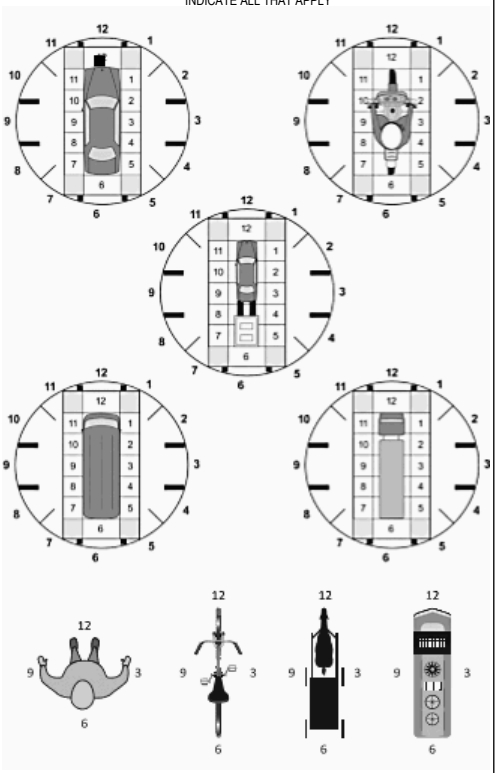
## DAMAGE

DAMAGE SCALE: 2
1 - NONE; 2 - MINOR DAMAGE; 3 - FUNCTIONAL DAMAGE; 4 - DISABLING DAMAGE; 9 - UNKNOWN

DAMAGED AREA(S) — INDICATE ALL THAT APPLY



☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT: 12
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## EVENT(S)

NON-MOTORIST LOCATION AT IMPACT:
1 - INTERSECTION - MARKED CROSSWALK; 2 - INTERSECTION - UNMARKED CROSSWALK; 3 - INTERSECTION - OTHER; 4 - MIDBLOCK - MARKED CROSSWALK; 5 - TRAVEL LANE-OTHER LOCATION; 6 - BICYCLE LANE; 7 - SHOULDER/ROADSIDE; 8 - SIDEWALK; 9 - MEDIAN/CROSSING ISLAND; 10 - DRIVEWAY ACCESS; 11 - SHARED USE PATHS OR TRAILS; 12 - FIRST RESPONDER AT INCIDENT SCENE; 99 - OTHER / UNKNOWN

ACTION: 3
1 - NON-CONTACT; 2 - NON-COLLISION; 3 - STRIKING; 4 - STRUCK; 5 - BOTH STRIKING & STRUCK; 9 - OTHER / UNKNOWN

PRE-CRASH ACTION: 11
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: 08
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/ACDA; 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

SEQUENCE OF EVENTS

1: 20
2:
3:
4:
5:
6:

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

## TRAFFIC

TRAFFICWAY FLOW: 2 (1 - ONE-WAY 2 - TWO-WAY)

TRAFFIC CONTROL: 2
1 - ROUNDABOUT; 2 - SIGNAL; 3 - FLASHER; 4 - STOP SIGN; 5 - YIELD SIGN; 6 - NO CONTROL

# OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING:
1 - NOT INVOLVED; 2 - INVOLVED - ACTIVE CROSSING; 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 1
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - OTHER / UNKNOWN

UNIT SPEED: 5

DETECTED SPEED: 1
1 - STATED/ESTIMATED SPEED; 2 - CALCULATED / EDR; 3 - UNDETERMINED

POSTED SPEED: 35

OHIO DEPARTMENT OF PUBLIC SAFETY

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER: 2025232300

## MOTORIST / NON-MOTORIST

| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| 01 | SALEEM MEDINAH M | 10061988 | 36 | F |

ADDRESS: STREET, CITY, STATE, ZIP: 14412 SUMMIT AVE MAPLE HTS OH 44137

CONTACT PHONE - INCLUDE AREA CODE:

| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 1 | GHFD SQUAD 1 | | 04 | ☐ | 01 | 1 | 1 | 1 |

| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
|---|---|---|---|---|---|
| | | | ☐ | | |

| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST(S) STATUS | DRUG TEST(S) TYPE | DRUG TEST(S) RESULT SELECT UP TO 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | | | 1 | ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG | 1 | 1 | 1 | . | 1 | 1 | |

## MOTORIST / NON-MOTORIST

| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| 02 | HAMPTON STEPHANIE MARIE | 09021980 | 45 | F |

ADDRESS: STREET, CITY, STATE, ZIP: 12015 SHADY OAK BLVD GARFIELD HTS OH 44125

CONTACT PHONE - INCLUDE AREA CODE:

| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| 5 | | | | 01 | ☐ | 01 | 1 | 1 | 1 |

| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
|---|---|---|---|---|---|
| | | | ☐ | | |

| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST(S) STATUS | DRUG TEST(S) TYPE | DRUG TEST(S) RESULT SELECT UP TO 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | | | 1 | ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG | 1 | 1 | 1 | . | 1 | 1 | |

## MOTORIST / NON-MOTORIST

| UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
|---|---|---|---|---|
| | | | | |

ADDRESS: STREET, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE:

| INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
|---|---|---|---|---|---|
| | | | | | |

| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED | CONDITION | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST(S) STATUS | DRUG TEST(S) TYPE | DRUG TEST(S) RESULT SELECT UP TO 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | ALCOHOL MARIJUANA OTHER DRUG | | | | . | | | |

### INJURIES
1 - FATAL
2 - SUSPECTED SERIOUS INJURY
3 - SUSPECTED MINOR INJURY
4 - POSSIBLE INJURY
5 - NO APPARENT INJURY

### INJURED TAKEN BY
1 - NOT TRANSPORTED /TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN

### 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

### SEATING POSITION
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

### AIR BAG
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT / SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

### EJECTION
1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE

### TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

### OL CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO = D)
5 - M / C MOPED ONLY
6 - NO VALID OL

### 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

### GENDER
F - FEMALE
M - MALE
U - OTHER/UNKNOWN

### OL RESTRICTION(S)
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

### DRIVER DISTRACTION
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

### 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

### TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

### ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

### 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