

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

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

LOCAL INFORMATION	
12941 CARPENTER RD	
REPORTING AGENCY NAME *	0 1 8 2 0
GARFIELD HEIGHTS	

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

ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE
			CARPENTER	R D
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
			12941	

REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE
3	1	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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
DISTANCE	DISTANCE	INTERSECTION RELATED	
1 0	2	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
		ROADWAY	
		<input type="checkbox"/> ROADWAY DIVIDED	

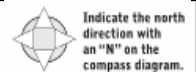
LOCATION - FIRST AND SECOND EVENT	MANNER OF CRASH COLLISION/IMPACT	DIRECTION OF TRAVEL	MEDIAN TYPE
0 2	1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSION MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN

WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN WORK ZONE	CONTOUR	CONDITIONS	SURFACE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1	1	2
<input type="checkbox"/> ACTIVE SCHOOL ZONE			1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN

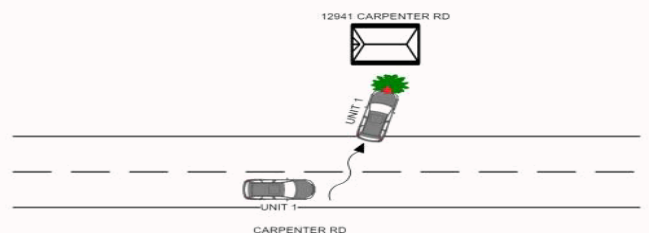
LIGHT CONDITION	WEATHER
3	1

CRASH REPORTED DATE/TIME	DISPATCH DATE/TIME	ARRIVAL DATE/TIME	SCENE CLEARED DATE/TIME	REPORT TAKEN BY
0 9 1 4 2 0 2 5 1 2 1 5 7	0 9 1 4 2 0 2 5 1 2 1 5 8	0 9 1 4 2 0 2 5 1 2 2 0 0	0 9 1 4 2 0 2 5 1 2 2 3 5	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME*
0		3 7	B. Paul	T. Baon
			OFFICER'S BADGE NUMBER*	CHECKED BY OFFICER'S BADGE NUMBER*
			0 5 7	S 2 0
				<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)

WHILE UNIT # 1 WAS TRAVELING E/B ON CARPENTER RD APPROACHING 12941. UNIT 1 LOST CONTROL AND RAN OFF THE ROADWAY TO THE LEFT AND STRUCK A TREE CAUSING DAMAGE TO THE VEHICLE.



Not To Scale



VEHICLE

□
□



M O T O R I S T N O N - M O T O R I S T M O T O R I S T N O N - M O T O R I S T M O T O R I S T N O N - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE HURT TATIANA SAMONE		DATE OF BIRTH 0 4 0 8 2 0 0 3	AGE 2 2	GENDER F						
	ADDRESS: STREET, CITY, STATE, ZIP 15309 MAPLE PARK DR APT MAPLE HTS OH 44137				CONTACT PHONE - INCLUDE AREA CODE 							
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
	OL STATE 	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 331.34A	LOCAL CODE ■	OFFENSE DESCRIPTION FAILURE TO CONTROL		CITATION NUMBER 20251825				
	OL CLASS 	ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
							STATUS 1	TYPE 1	VALUE 	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
	UNIT # 	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH 		AGE 	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE 							
	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 		
	OL STATE 	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS 	ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION 	ALCOHOL TEST		DRUG TEST(S)		
							STATUS 	TYPE 	VALUE 	STATUS 	TYPE 	RESULT SELECT UP TO 4
	UNIT # 	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH 		AGE 	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE 							
	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 		
	OL STATE 	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS 	ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION 	ALCOHOL TEST		DRUG TEST(S)		
							STATUS 	TYPE 	VALUE 	STATUS 	TYPE 	RESULT SELECT UP TO 4
	UNIT # 	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH 		AGE 	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE 							
	INJURIES 	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 		
	OL STATE 	OPERATOR LICENSE NUMBER		OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
	OL CLASS 	ENDORSEMENT SELECT UP TO 2 	RESTRICTION SELECT UP TO 3 	DRIVER DISTRACTED BY 	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION 	ALCOHOL TEST		DRUG TEST(S)		
							STATUS 	TYPE 	VALUE 	STATUS 	TYPE 	RESULT SELECT UP TO 4

[illegible]

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 2 3 9 6

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE OOTEN JOSIAH				DATE OF BIRTH 0 1 0 4 2 0 2 0				AGE 5	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 15309 MAPLE PARK DR MAPLE HTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HEIGHTS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UH HOSPITAL	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 5	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE OOTEN DERONDO				DATE OF BIRTH 0 7 0 4 2 0 1 8				AGE 7	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 15309 MAPLE PARK DR MAPLE HTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HEIGHTS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) UH HOSPITAL	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 7	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
	INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE				
	1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
	INJURED TAKEN BY						EJECTION				
	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN						1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE				
GENDER						TRAPPED					
F - FEMALE M - MALE U - OTHER/UNKNOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20252396	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 09 D 14 Y 2025				
IN COUNTY OF 18	CRASH LOCATION 12941 CARPENTER RD					
<p>The tree in the front yard of 12941 CARPENTER RD sustained damage. The property owner Michael Oleksy was notified.</p>						
OFFICER'S SIGNATURE X		BADGE NUMBER 057				