OHIO DEPARTA OF PUBLIC SAI SAPETY - SERVICE - PRO	TRAFFIC		LOCAL REPORT NUMBER *											
☐ PHOTOS TAKEN	■ OH-2	OH-3 12	[2 0 2 5 2 3 9 6											
SECONDARY CRASH	OH-1P Private Property		ORTING AGENCY N	IAME* D HEIGHT	-S	0 1	HIT/SKIP 1 - Solved 2 - Unsolved	NIMRED OF LIMITS	0 1 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALIT		LOCATION: CITY, VILLAGE		DIIEIGIII	<u> </u>		CRASH DA	CRASH SEVERITY						
1 8 1 1	2 - VILLAGE * 3 - TOWNSHIP *	GARFIELD	HTS				09114202	1 - FATAL 2 - SERIOUS INJURY SUSPECTED						
ROUTE TYPE	ROUTE NUMBER		1 - NORTH 2 - SOUTH 3 - EAST	LOCATION ROAD			I ATITITE DECIMA		3 - MINOR INJURY SUSPECTED					
DOUTE TIPE	DOUTE NUMBER		4 - WEST 1 - NORTH	CARPEN	IEK		LONGITUDE DECIMAL	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY						
ROUTE TYPE	ROUTE NUMBER		2 - SOUTH 3 - FAST	12941	OAD NAME (ROAD, MILEPOST,	HOUSE#)	ROAD TYPE	2 1 1 1 2 1						
REFERENCE POINT	DIRECTION		ROLLTE TYPE		RO	AN TYPF			INTERSECTION RELATE	D				
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST	US - FEDERAL		AV -	AVENUE LA	- LANE S	RD - ROAD GQ - SQUARE ST - STREET	☐ WITHIN INTERSE	CTION OR ON APPROACH	1 1				
DISTANCE	DISTANCE	TR - NUMBER	ED COUNTY ROUTE	CR - CT - DR -	COURT PK DRIVE PI-	- OVAL 1 - PARKWAY 1 PIKE 1	E - TERRACE L - TRAIL VA - WAY	☐ WITHIN INTERCH		NUMBER OF APPROACHES				
1 1 0 1	1 - Miles 2 - Feet 2 3 - Yards	ROUTE		HE-	HEIGHTS PL	- PLACE		_	ROADWAY					
	CATION OF EIDST HADMEIII	EVENT		MAN	NER OF CRASH COLLISI	ON/IMPACT		ROADWAY DIVID	ED	MEDIAN TYPE				
0 2 1- ON ROAL 2- ON SHOUL 3- IN MEDIA	DWAY 9 - CROSSOVE ULDER 10 - DRIVEWAY	R		- NOT COLLISION BETWEEN	4 - REAR-TO-F 5 - BACKING			1 - NORTH		DED FLUSH MEDIAN				
4 - ON ROAI 5 - ON GOR 6 - OUTSIDE	DSIDE 11 - RAILWAY (E CROSSING E 12 - SHARED U	SE PATHS		TWO MOTOR VEHICLES IN TRANSPORT		E, SAME DIRECTION		2 - SOUTH 3 - EAST 4 - WEST	(≥4 F	T) FLUSH MEDIAN				
TRAFFIC 7 - ON RAM 8 - OFF RAM	P 13 - BIKE LANE	TH		- REAR-END - HEAD-ON	4 - DIVIE (ANY	3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN								
	33-0111ER70	Millowit												
☐ WORK ZONE RELATED		WORK ZONE T			1 - BEFOR	CRASH IN WORK ZON E THE 1ST WORK ZON	E E	CONTOUR	CONDITIONS	SURFACE				
WORKERS PRESENT LAW ENFORCEMENT PRESENT	3-1	LANE SHIFT/CROSSOVE WORK ON SHOULDER OR MEDIAN	R		2 - ADVAN 3 - TRANSI	NG SIGN CE WARNING AREA ITION AREA		_1_	_ 1	_ 2				
ACTIVE SCHOOL ZONE	4-1	INTERMITTENT OR MOVI OTHER	NG WORK		4 - ACTIVIT 5 - TERMIN	I Y AREA IATION AREA		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE	1 - DRY 2 - WET 3 - SNOW	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS,				
	T CONDITION	1			VEATHER			3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER /UNKNOWN	4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING,	ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE				
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHT			1 - CLEAR 2 - CLOUDY 3 - FOG, SMC	OG, SMOKE	6 - SNOW 7 - SEVERE CROSSW 8 - BLOWING SAND, S	SOIL, DIRT, SNOW		JUNKNOWN	MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	5 - DIRT 9 - OTHER /UNKNOWN				
	WAY NOT LIGHTED OWN ROADWAY LIGHTING NOWN		4 - RAIN 5 - SLEET, HA	AIL	9 - FREEZING RAIN O 99 - OTHER / UNKNO	R FREEZING DRIZZLE WN								
NARRATIVE										Indicate the north				
WHILE UNIT #	# 1 WAS TRAV	ELING E/I	3 ON CA	RPENTE	R					direction with an "N" on the compass diagram.				
RD APPROAC	CHING 12941.	UNIT 1 LC	ST CON	ITROL AN	D									
RAN OFF THE	E ROADWAY T	O THE LE	FT AND	STRUCK	Α			4						
TREE CAUSII	NG DAMAGE T	O THE VE	EHICLE.					(N)						
								Not To Scal	e					
								129	141 CARPENTER RD					
									*					
									La Company					
									·\$					
				0-		UNIT 1— CARPENTER R	D							
CRASH REPORTE	D DATE/TIME		DISPATCH DATE/T	TIME	1	ARRIVAL DATE/TIME		SCENE CLEAF	RED DATE/TIME	REPORT TAKEN BY				
0 9 1 4 2 0 2		,		2 1 5 8	0 9 1 4	2 0 2 5		10191114121012	2 5 2 2 3 5	POLICE AGENCY MOTORIST				
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NA			·	T. Baon	FICER'S NAME*		SUPPLEMENT				
0		3 7		0FFICER'S	BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER* [S 2 0						

	OH OF MAPET	TIO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION UNIT		LOCAL REPORT NUMBER						
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE OOTEN TIA	(Li San	ne As Driver)	OWNER P	HONE: INCLUDE AREA CODE	(Same As Driver)		DAMAGE DAMAGE SCALE	
OWNER	0WNER ADDRE	SS: STREET, CITY, STATE, ZIP MAPLE PAI	(☐ Same As D	river) MAPLE	HEIGH	HTS OH	44137	1 - NONE 4 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
0		RRIER: NAME, ADDRESS, CITY, STATE, ZIF		WAI LL		IAL CARRIER PHONE: INCLUDE			o dialomi	
	LP STATE	LICENSE PLATE #	l v	VEHICLE MAKE	DAMAGED AREA(S) INDICATE ALL THAT APPLY					
	LO H	FHY4953	L2IGKIALIM	EHICLE IDENTIFICATION # 1 E ₁ K ₁ 6 ₁ E ₁ 6 ₁ 2 ₁ 1 ₁ 5 INSURANCE POLICY #	1,2,4	VEHICLE YEAR 2 0 1 4 VEHICLE COLOR		11 12 1	11 12 1	
		RIFIED NONE				GRY	Terrain	10	2 10 11 1	
	☐ COMMERC	TYPE OF USE CIAL GOVERNMENT	IN EMERGENCY RESPONSE	US DOT #	1 '	BY: COMPANY NAME ERTSTATE T	OWING	9 9 3	3 9 9 3 3	
	INTERLO DEVICE EQUIPPE	☐ HIT/SKIP UNIT	# OCCUPANTS 0 3	VEHICLE WEIGHT GWWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL RELEASED PLACARD	MATERIAL CLASS# PLACARD ID #	8 7 6 5	11 12 1 6 5 5 4	
	0 3	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	19 - BUS (16 20 - OTHER 21 - HEAVY 22 - ANIMAL	6+ PASSENGERS) VEHICLE EQUIPMENT LWITH RIDER OR	23 - PEDESTRIANISKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	9	11 1 2 2 3 3 3 5 4 6 6	
VEHICLE		# OF TRAILING UNITS						11 12 1	2 10 12 1	
	_ 2	WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED? 1 - YES 2 - NO 9 - OTHER / UNKNO	WN AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTO 4 - HIGH 5 - FULL	IDITIONAL OMATION H AUTOMATION L AUTOMATION	9 - UNKNOWN	9 9 3 4 7 5	3 9 5 2 3 3 5 4 5 4	
	0 1	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	19 - TO\	WING OW REMOVAL	21 - MAIL CARRIER 99 - OTHER /UNKNOWN	7 6 5	12 12 12	
	$10_{1}1_{1}$			5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VANIENCLOSED BOX 7 - GRAINICHIPSIGRAVEL	10 - FL/ 11 - DU	JARGO TANIK 13 - AUTO TRANSPORTER FLAT BED 14 - GARBAGEREUSE DUMP 99 - OTHER / UNKNOWN		, ,	3 9 3 3	
	1/511101.5			7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	10 - DIS	FOR TROUBLE ABLED FROM PRIOR CIDENT	99 - OTHER / UNKNOWN	6	6 6 6	
	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	10 - DRI	DIAN/CROSSING ISLAND VEWAY ACCESS ARED USE PATHS OR BILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13] - UN	UNDERCARRIAGE [14] -ALL AREAS [15] IT NOT AT SCENE [16]	
		1-NON-CONTACT 2-NON-COLLISION 0 9	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	14 - ENT	GOTIATING A CURVE TERING OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	ı	NITIAL POINT OF CONTACT	
	ACTION	3 - STRIKING	3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	15 - WAI JOG 16 - WO	CIFIED LOCATION LINING, RUNNING, SGING, PLAYING RKING SHING VEHICLE	20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	1 2 0 - NO DAMAGE 1-12 - REFER TI DIAGRAM 13 - TOP		
		1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM		ION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL	
		2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING	A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY	EQL 19 - LOA	ERATING DEFECTIVE JIPMENT AD SHIFTING/	22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT	
	' '	5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	15 - SWERVING TO AVOID 16 - WRONG WAY		LING/SPILLING PROPER CROSSING	99 - OTHER IMPROPER ACTION	2 2-TWO-WAY	6 2-SIGNAL 5-YIELD SIGN 3-FLASHER 6-NO CONTROL	
	CONTRIBUTING CIRCUMSTANCES							# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED	
EVENT(S)	SEQUENCE OF	EVENTS		FLIFTING				2	2 - INVOLVED - ACTIVE CROSSING 1 3 - INVOLVED - PASSIVE CROSSING	
ŭ	¹ 0 9	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY	17 - ANII 18 - ANII	LWAY VEHICLE MAL - FARM MAL - DEER MAL - OTHER	22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,		NIT / NON-MOTORIST DIRECTION	
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	20 - MOT TRA	TOR VEHICLE IN NSPORT KEED MOTOR VEHICLE	SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE	4	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST	
	3			COLLISION WITH FIXED OBJE	CT - STRUCK		OBJECT	FROM 4 TO	5 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
	4, , ,	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	43 - CUF 44 - DITC 45 - EMB	CH NANKMENT	50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED	
	5	STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	33 - MEDIAN CABLE BARKIEK 34 - MEDIAN GUARDRAIL BARKIER 35 - MEDIAN CONCRETE BARKIER 36 - MEDIAN OTHER BARRIER	39 - LIGHTI/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	46 - FEN 47 - MAIL 48 - TREI	CE LBOX	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	[3 5	3 1- STATED/ESTIMATED SPEED 2 - CALCULATED / EDR	
	6							POSTED SPEED	3 - UNDETERMINED	
HS	1 Y8304 OH1U 1/19 [FIRST HARMFUL EVENT	2	OST HARMFUL EVENT				2 5	PAGE OF	

OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / NO	N MOTOD	ет							REPORT NUMBER				
~			1 3 I				2	0 2 5	2	3 9 6				
M UNIT# NAME: LAST, FIR 0 0 1		DATE OF BIRTH AGE GENDER GENDER												
R ADDRESS: STREET, CITY, STATE, ZIP	Γ	TATIANA	SAMO	ONE		CONTACT PHONE - INCLUDE AREA CODE								
1 \$ 15309 MAPLE	E PARK DR APT	M	APLE HTS	OH 4										
	MS AGENCY (NAME)		ICAL FACILITY (NAME, CITY)	SAFETY EQUII USED	, DOT-COMPLIA	SEATING PO	SITION	AIR BAG USAGE	EJECTION	I TRAPPED				
<u>5</u> <u>1</u>					0 4		MC HELMET		1	∟ 2				
OL STATE OPERATOR LIC	ENSE NUMBER	331.3		CODE	FFENSE DESCRIPT		ONTE	201		2025182				
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPEC	CONDITION	DITION ALCOHOL TEST					DRUG TEST(S)				
R SELECT UP 10 2		BY 1	☐ ALCOHOL ☐ N ☐ OTHER DRUG	MARUUANA	1 .	STATUS	TYPE	VALUE	US TYPE	RESU	ILT SELECT UP TO 4			
M UNIT# NAME: LAST, FIR	ST, MIDDLE		OTHER DRUG	٦				DATE OF B	IRTH		AGE	GENDER		
0 T 0							l	1 1 1	1 1			1		
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA CODE						
S T / INJURIES INJURED	EMS AGENCY (NAME)	u_	ICAL FACILITY (NAME, CITY)	SAFETY EQUI	DMENT	_		SEATING POS	INOITION	AIR BAG USAGE	G USAGE EJECTION TRAPPED			
/ INJURIES INJURED TAKEN BY	LINO AGENTI (NUME)	INJURED TAKEN TO: MED	ICAL PACILITY (NAME, CITY)	1 1		DOT-COMPLIAN		I		Lucion	I			
N OL STATE OPERATOR LIG	ENSE NUMBER	OFFENSE	CHARGED	LOCAL O	FFENSE DESCRIPT	ION				CITATION NUMBE	N NUMBER			
0				CODE										
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECT	TED IARUUANA	CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATU	DRUG TEST(S) TUS TYPE RESULT SELECT UP TO A				
s L L L L L			OTHER DRUG					- L L L	J		J ∟∟∟			
M UNIT# NAME: LAST, FIR	ST, MIDDLE	•		•				DATE OF B	IRTH		AGE	GENDER		
0							ш							
R ADDRESS: STREET, CITY, STATE, ZIP S							CONTACT PHONE - INCLUDE AREA CODE							
Т	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQUIP USED	PMENT			SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED		
N							MC HELMET	T L			」	J .		
OL STATE OPERATOR LIC	ENSE NUMBER	OFFENSE	CHARGED	LOCAL O	FFENSE DESCRIPT	TION				CITATION NUMBE	R	•		
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	COHOL / DRUG SUSPECTED CONDITION				ALCOHOL TEST DRUG TE:				TEST(S)		
R SELECT UP TO 2		DISTRACTED BY	ALCOHOL M		STATUS									
5 T			OTHER DRUG											
1 - FATAL	1 - FRONT - LEFT SIDE	1 - NOT DEPLOYED	1 - CLASS A	CLASS	1 - ALCOHOL I	RESTRICTION INTERLOCK	V(S)	1 - NOT DISTRACTED	TRACTION	1 - NON	TEST ST IE GIVEN	TATUS		
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B			2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION			T REFUSED T GIVEN, CONTAM	ANIATED.		
4 - POSSIBLE INJURY	3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE	3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT	3 - CLASS C / SIDE 4 - REGULAR CLASS (4 - REGULAR CLASS (OHIO = D)				DEVICE (TEXTING, TYPE DIALING)		SAMPLE / UNUSABLE				
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	(5 - EXCEPT CL 6 - EXCEPT CL	LASS A	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE				4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY	6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		& CLASS B 7 - EXCEPT TF		LER	4 - TALKING ON HAND-H COMMUNICATION DE						
1 - NOT TRANSPORTED /TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE			IATE LICENSE	E	5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE								
2 - EMS 3 - POLICE	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDO	DRSEMENT	9 - LEARNER'S RESTRICT	IONS	6 - PASSENGER			ALCOHOL TEST TYPE 1 - NONE				
9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE	M - MOTORCYCLE				THE VEHICLE		2 - BLOOD				
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER N - TANKER	12			ENT	8 - OTHER DISTRACTION THE VEHICLE	3 - UKI	3 - URINE				
SAFETY EQUIPMENT 1 - NONE USED	PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED	4 - NOT APPLICABLE	Q - MOTOR SCOOTER	MOTOR SCOOTER (SPECIAL BRAKES, HAND							4 - BREATH 5 - OTHER			
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	TRAPPED 1 - NOT TRAPPED	R - THREE-WHEEL MC	OTORCYCLE	ADAPTIVE I									
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY		S - SCHOOL BUS 1 T - DOUBLE & TRIPLE TRAILERS			NLY			1 - NON	DRUG TES	ST TYPE		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	(NON-TRAILING UNIT) 15 - NON-MOTORIST	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT		16 - OUTSIDE 17 - PROSTHE			COND	ITION	2 - BLO				
6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS						CONDITION 1 - APPARENTLY NORMAL			3 - URINE 4 - OTHER			
8 - HELMET USED								2 - PHYSICAL IMPAIRME 3 - EMOTIONAL (E.G. DE						
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				NDER				ANGRY, DISTURBED) 4 - ILLNESS			DRUG TEST I	RESULT(S)		
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN			F - FEMALE M - MALE					5 - FELL ASLEEP, FAINT	ED,	2 - BAR	RBITURATES IZODIAZEPINES			
/ BICYCLE ONLY 99 - OTHER / UNKNOWN			U - OTHER/UNKNOWN	4				FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF			INABINOIDS			
								MEDICATIONS / DRUG / ALCOHOL			ATES / OPIOIDS			
								9 - OTHER / UNKNOWN		7 - OTH 8 - NEG	HER GATIVE RESULTS			

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OHIO D OF PUB	DEPARTMENT BLIC SAFETY	OCCUPANT / WIT	LOCAL REPORT NUMBER										
w) =			2 0 2 5 2	2,0,2,5,2,3,9,6,,,,,,,									
UNIT#	NAME: LAST, FI		JOS	DATE OF BIRTH AGE GENDER COLUMN AGE SENDER COLUM									
4	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
		PARK DR MAPLE HT			<u> </u>								
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HEIGHT	ΓS	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET 0	POSITION AIR BAG USAGE	EJECTION 1	TRAPPED 1					
UNIT#	NAME: LAST, FI	,	DEF	DATE OF BIRT		AGE	GENDER						
1 1	OOTEN		CONTACT PHONE - INCLUDE AREA CO	2 0 1 8	7	<u> </u>							
		PARK DR MAPLE HT	rs oh 4	CONTACT PHONE - INCLUDE AREA CO	J	1 1	1						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	POSITION AIR BAG USAGE	EJECTION	TRAPPED				
3	2	GARFIELD HEIGH	TS	UH HOSPITAL	0 4	mc HELMET 0	7 1		1				
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRT	' н	AGE	GENDER				
ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DE		' '				
ADDRESS: STRE	_												
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	POSITION AIR BAG USAGE	EJECTION	TRAPPED				
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRT	тн	AGE	GENDER				
									<u> </u>				
ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING I	POSITION AIR BAG USAGE	EJECTION	TRAPPED				
	TAKEN BY				USED	DOT-COMPLIANT MC HELMET							
1 - FATAL	IN	JURIES	1 - NONE USED	SAFETY EQUIPMENT USED	SEATI 1 - FRONT - LEFT SIDE (MOTORCYC	NG POSITION LE DRIVER)	AIR B	AG USAGE					
2 - SUSPECTED S 3 - SUSPECTED M 4 - POSSIBLE INJU 5 - NO APPARENT 1 - NOT TRANSPP TREATED AT: 2 - EMS 3 - POLICE 9 - OTHER / UNKL	MINOR INJURY URY INJURY INJURE PORTED / SCENE	ED TAKEN BY	3 - LAP BELT O 4 - SHOULDER 5 - CHILD REST FORWARD F	BELT ONLY USED NLY USED & LAP BELT USED RAINT SYSTEM - ACING RAINT SYSTEM - G EAT ED E PADS USED VEES, ETC, // EC LOTHING PEDESTRIAN NLY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - RIGHT SIDE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCE 8 - THIRD - MIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLC (NON-TRAILING UNIT) 112, PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERION (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNIKNOWN	E SIDE CAR) CAB SIED CARGO AREA P WITH CAP) CARGO AREA	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYDE DOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EUGETION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE						
F - FEMALE M - MALE U - OTHER/UNKN	IOWN						1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC						
								,					
NAME: LAST, FIRST,	T, MIDDLE					DATE OF BIRT	H	AGE	GENDER				
NAME: LAST, FIRST, ADDRESS: STREET						DATE OF BIRT		AGE	GENDER				
ADDRESS: STREET	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	A CODE						
	ET, CITY, STATE, ZIP						A CODE	AGE AGE	GENDER				
ADDRESS: STREET	T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	A CODE						
ADDRESS: STREET NAME: LAST, FIRST, ADDRESS: STREET	T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE/	A CODE H CODE	AGE	GENDER				
ADDRESS: STREET	T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	A CODE H CODE						
ADDRESS: STREET NAME: LAST, FIRST, ADDRESS: STREET	T, CITY, STATE, ZIP T, MIDDLE TT, CITY, STATE, ZIP T, MIDDLE					CONTACT PHONE - INCLUDE ARE/	A CODE H CODE	AGE	GENDER				

1P 1/19 [760· 1500]



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20252396							REPORTING AGENCY GARFIELD HEIGHTS DATE OF CRASH M 09 D 14 Y 2025 CRASH LOCATION)25		
IN COL	UNTY O	F				(PENT	TER RD)										
The	tree	in t	he f	ront	yard	of 1	2941	CA	RPE	NT	ER R	D sı	ıstaiı	ned	dama	age.	The					
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