

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 5 | 2 | 5 | 8 | 8 |

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

LOCAL INFORMATION

REPORTING AGENCY NAME *

GARFIELD HEIGHTS

0 | 1 | 8 | 2 | 0 |

HITSKIP
1 - Solved
2 - UnsolvedNUMBER OF UNITS
0 | 3 |UNIT IN EDDP
98 - ANIMAL
99 - UNKNOWN
0 | 1 |

COUNTY *

1 | 8 |

LOCALITY *

1 |

LOCATION: CITY, VILLAGE, TOWNSHIP *

GARFIELD HTS

CRASH DATE/TIME *

1 | 0 | 0 | 2 | 2 | 0 | 2 | 5 | 1 | 5 | 3 | 0 |

CRASH SEVERITY

5 |
1 - FATAL
2 - SERIOUS INJURY
SUSPECTED
3 - MINOR INJURY
SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE
ONLYLOCATION
REFERENCE

ROUTE TYPE

ROUTE NUMBER

PREFIX

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

LOCATION ROAD NAME

TURNERY

ROAD TYPE

R | D |

LATITUDE DECIMAL DEGREES

4 | 1 | 4 | 2 | 4 | 2 | 7 | 3 |

ROUTE TYPE

ROUTE NUMBER

PREFIX

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

MCCRACKEN

ROAD TYPE

R | D |

LONGITUDE DECIMAL DEGREES

8 | 1 | 5 | 8 | 2 | 4 | 3 | 5 |

REFERENCE POINT

1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
1 |

DIRECTION

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
2 |

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

ROAD TYPE

HW - HIGHWAY
LA - LANE
MP - MILEPOST
OV - OVAL
PK - PARKWAY
PI - PIKE
PL - PLACE

ROAD TYPE

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 - FIRST AND SECOND EVENT

0 | 1 |
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

6 |
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
(4-6 FEET)
3 - DIVIDED, DEPRESSION 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

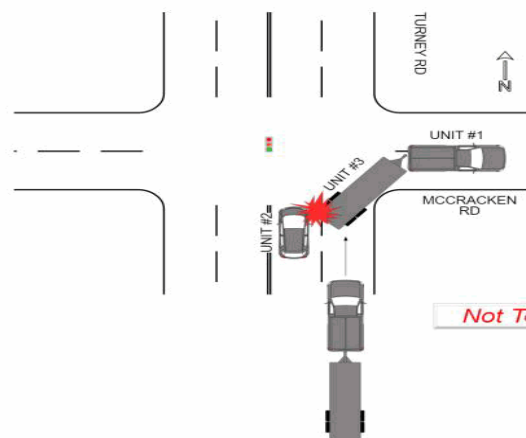
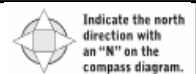
1 |
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN

WEATHER

1 |
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

UNIT #1 AND #3 WERE MAKING A RIGHT TURN ONTO
MCCRACKEN RD. WHEN MAKING THE RIGHT TURN A
POLE THAT WAS ON UNIT #3 WENT INTO #2'S LANE OF
TRAVEL AND SCRATCHED THE HOOD OF UNIT #2



CRASH REPORTED DATE/TIME

1 | 0 | 0 | 2 | 2 | 0 | 2 | 5 | 1 | 1 | 8 | 1 | 3 |

DISPATCH DATE/TIME

1 | 0 | 0 | 2 | 2 | 0 | 2 | 5 | 1 | 1 | 8 | 3 | 3 |

ARRIVAL DATE/TIME

1 | 0 | 0 | 2 | 2 | 0 | 2 | 5 | 1 | 1 | 8 | 3 | 3 |

SCENE CLEARED DATE/TIME

1 | 0 | 0 | 2 | 2 | 0 | 2 | 5 | 1 | 1 | 8 | 5 | 0 |

REPORT TAKEN BY

☐ POLICE AGENCY☐ MOTORIST

SUPPLEMENT

(CORRECTION = ADDITION
TO EXISTING REPORT ONLY TO DATE)TOTAL TIME ROADWAY
CLOSED

0 |

OTHER INVESTIGATION
TIME

1 | 5 |

TOTAL
MINUTES

3 | 2 |

OFFICER'S NAME *

T. Vasko

OFFICER'S BADGE NUMBER *

0 | 1 | 9 |

CHECKED BY OFFICER'S NAME *

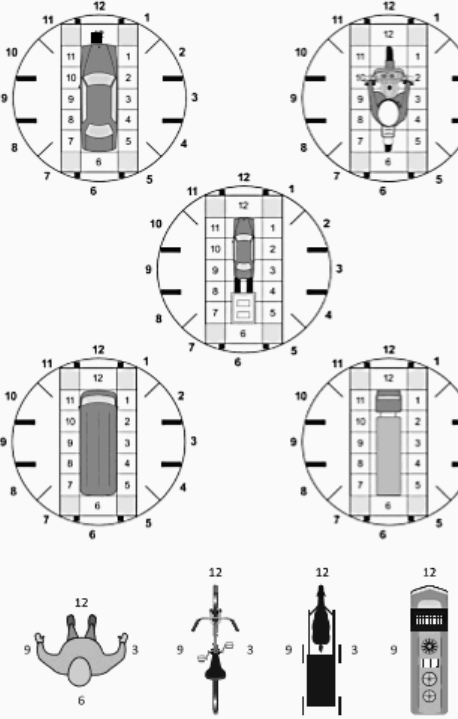
T. Baon

CHECKED BY OFFICER'S BADGE NUMBER *

S | 2 | 0 |

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20252588	
OWNER NAME: LAST, FIRST, MIDDLE Ringler James D		DAMAGE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 6400 Center Street 25 MENTOR OH 44060		DAMAGE SCALE	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP MR. EXCAVATOR 8616 EUCLD CHARDON KIRTLAND OH		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		DAMAGED AREA(S) INDICATE ALL THAT APPLY	
LP STATE OH		1 11 12 1 2 3 4 5 6 7 8 9 10	
LICENSE PLATE # PLY4181		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE IDENTIFICATION # 1FDUF5HTXPEC78439		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE YEAR 2023		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE MAKE Ford		11 12 1 2 3 4 5 6 7 8 9 10	
INSURANCE VERIFIED CONTINENTAL		11 12 1 2 3 4 5 6 7 8 9 10	
INSURANCE COMPANY CONTINENTAL		11 12 1 2 3 4 5 6 7 8 9 10	
INSURANCE POLICY # 7095020067		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE COLOR WHI		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE MODEL F-550		11 12 1 2 3 4 5 6 7 8 9 10	
TYPE OF USE COMMERCIAL		11 12 1 2 3 4 5 6 7 8 9 10	
US DOT #		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		11 12 1 2 3 4 5 6 7 8 9 10	
TOWED BY: COMPANY NAME		11 12 1 2 3 4 5 6 7 8 9 10	
HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD		11 12 1 2 3 4 5 6 7 8 9 10	
UNIT TYPE 1		11 12 1 2 3 4 5 6 7 8 9 10	
# OF TRAILING UNITS 1		11 12 1 2 3 4 5 6 7 8 9 10	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN		11 12 1 2 3 4 5 6 7 8 9 10	
AUTONOMOUS MODE LEVEL 0		11 12 1 2 3 4 5 6 7 8 9 10	
SPECIAL FUNCTION 1 5		11 12 1 2 3 4 5 6 7 8 9 10	
CARGO BODY TYPE 1 0		11 12 1 2 3 4 5 6 7 8 9 10	
VEHICLE DEFECTS 1 0		11 12 1 2 3 4 5 6 7 8 9 10	
NON-MOTORIST LOCATION AT IMPACT 1 0		11 12 1 2 3 4 5 6 7 8 9 10	
ACTION 3		11 12 1 2 3 4 5 6 7 8 9 10	
PRE-CRASH ACTION 0 5		11 12 1 2 3 4 5 6 7 8 9 10	
CONTRIBUTING CIRCUMSTANCES 9 9		11 12 1 2 3 4 5 6 7 8 9 10	
SEQUENCE OF EVENTS 1 2 0		11 12 1 2 3 4 5 6 7 8 9 10	
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		11 12 1 2 3 4 5 6 7 8 9 10	
FIRST HARMFUL EVENT 1		11 12 1 2 3 4 5 6 7 8 9 10	
MOST HARMFUL EVENT 1		11 12 1 2 3 4 5 6 7 8 9 10	
TRAFFICWAY FLOW 2		11 12 1 2 3 4 5 6 7 8 9 10	
TRAFFIC CONTROL 2		11 12 1 2 3 4 5 6 7 8 9 10	
# OF THROUGH LANES ON ROAD 4		11 12 1 2 3 4 5 6 7 8 9 10	
RAIL GRADE CROSSING 1		11 12 1 2 3 4 5 6 7 8 9 10	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 3		11 12 1 2 3 4 5 6 7 8 9 10	
UNIT SPEED 5		11 12 1 2 3 4 5 6 7 8 9 10	
DETECTED SPEED 1		11 12 1 2 3 4 5 6 7 8 9 10	
POSTED SPEED 2 5		11 12 1 2 3 4 5 6 7 8 9 10	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) SMITH DIANE S	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 3625 E 138TH ST CLEVELAND OH 44120					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # KQS7022	VEHICLE IDENTIFICATION # 1FAHP2EW1B6119554	VEHICLE YEAR 2011	VEHICLE MAKE Ford	
	☐ INSURANCE VERIFIED	INSURANCE COMPANY NONE	INSURANCE POLICY #	VEHICLE COLOR BLK	VEHICLE MODEL Taurus	
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS 0 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED CLASS # ☐ PLACARD	
	UNIT TYPE 0 1	1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP				
	# of TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - PARTIAL AUTOMATION 2 - FULL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION				
	SPECIAL FUNCTION 0 1	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL				
	CARGO BODY TYPE 0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 99 - OTHER / UNKNOWN				
	VEHICLE DEFECTS	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 6 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT				
	NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS				
ACTION	1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE					
CONTRIBUTING CIRCUMSTANCES	1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING					
EVENT(S)	SEQUENCE OF EVENTS					
	EVENTS					
	1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - OTHER FIXED OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER / UNKNOWN					
	COLLISION WITH FIXED OBJECT - STRUCK					
	25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT					
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 0 2 5 2 5 8 8	
DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR 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 1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 2 TO 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 2 5	

OWNER		LOCAL REPORT NUMBER	
UNIT # 03		20252588	
OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver flesher holding company		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver 8616 EUCLID-CHARDON RD KIRTLAND OH 44094			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP MR. EXCAVATOR 8616 EUCLD CHARDON KIRTLAND OH		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # TAU6264	
VEHICLE IDENTIFICATION # 4Z1G1F4025S005348		VEHICLE YEAR 2025	
VEHICLE MAKE Other/Unknown			
INSURANCE VERIFIED CONTINENTAL		INSURANCE POLICY # 7095020067	
VEHICLE COLOR BLK		VEHICLE MODEL Other/Unknown	
TYPE OF USE COMMERCIAL		US DOT #	
HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # PLACARD ID #			
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 00	
VEHICLE WEIGHT GVWR/GCWR 1			
UNIT TYPE 0		# of TRAILING UNITS	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 15			
CARGO BODY TYPE 08			
VEHICLE DEFECTS			
NON-MOTORIST LOCATION AT IMPACT			
ACTION 3			
CONTRIBUTING CIRCUMSTANCES			
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	
DAMAGE			
DAMAGED AREA(S) INDICATE ALL THAT APPLY			
INITIAL POINT OF CONTACT			
TRAFFIC			
TRAFFICWAY FLOW		TRAFFIC CONTROL	
# OF THROUGH LANES ON ROAD		RAIL GRADE CROSSING	
UNIT / NON-MOTORIST DIRECTION			
UNIT SPEED		DETECTED SPEED	
POSTED SPEED			



MOTORIST / NON-MOTORIST	UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER											
	01		Ringle James D		10061987		37		M											
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
	6400 Center Street 25 MENTOR OH 44060																			
	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		1						99		☐		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		DRUG TEST(S)					
					02		1		☐ ALCOHOL ☐ OTHER DRUG		1		STATUS 1 TYPE 1 VALUE		STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
MOTORIST / NON-MOTORIST	UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER											
	02		SMITH DIANE S		01271990		35		F											
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
	3625 E 138TH ST CLEVELAND OH 44120																			
	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		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		DRUG TEST(S)					
	4						1		☐ ALCOHOL ☐ OTHER DRUG		1		STATUS 1 TYPE 1 VALUE		STATUS 1 TYPE 1 RESULT SELECT UP TO 4					
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		DRUG TEST(S)					
									ALCOHOL OTHER DRUG				STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UP TO 4					
MOTORIST / NON-MOTORIST	INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS							
	1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN							
	2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED							
	3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE & CLASS B BUS		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE							
	4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN							
	5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M / C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN							
	INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		6 - PASSENGER									
	1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						8 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE									
	2 - EMS		8 - THIRD - MIDDLE		EJECTION		OL ENDORSEMENT		9 - LEARNER'S PERMIT RESTRICTIONS		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE		ALCOHOL TEST TYPE							
	3 - POLICE		9 - THIRD - RIGHT SIDE		1 - NOT EJECTED		H - HAZMAT		10 - LIMITED TO DAYLIGHT ONLY		9 - OTHER / UNKNOWN		1 - NONE							
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB		2 - PARTIALLY EJECTED		M - MOTORCYCLE		11 - LIMITED TO EMPLOYMENT				2 - BLOOD								
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		3 - TOTALLY EJECTED		P - PASSENGER		12 - LIMITED - OTHER				3 - URINE								
1 - NONE USED		12 - PASSENGER IN UNCLOSED CARGO AREA		4 - NOT APPLICABLE		N - TANKER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)				4 - BREATH								
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT		TRAPPED		Q - MOTOR SCOOTER		14 - MILITARY VEHICLES ONLY				5 - OTHER								
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				R - THREE-WHEEL MOTORCYCLE		15 - MOTOR VEHICLES WITHOUT AIR BRAKES				DRUG TEST TYPE								
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						16 - OUTSIDE MIRROR				1 - NONE								
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID												

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20252588	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 10 D 02 Y 2025	
IN COUNTY OF 18	CRASH LOCATION		
Unit #1 and Unit #2 were on Turney Rd at the intersection of McCracken Rd facing north bound stopped at the red light. Unit #1 was in the curb lane, Unit #2 was in the straight ahead lane. Unit #1 made a right turn onto McCracken Rd. When making the right turn Unit #2 was carrying in its cargo a pole. The pole traversed into the straight head lane and scratched and dented the hood of Unit #1. Unit #1 suffered minor damage to its hood. This report is currently incomplete and awaiting the company to contact GHPD with Unit #1 driver and vehicle information.			
OFFICER'S SIGNATURE X		BADGE NUMBER 019	