OHIO DEPARTM OF PUBLIC SAF SAPETY - SERVICE - PROT	TRAFFIC	CRAS	LOCAL REPORT NUMBER*										
☐ PHOTOS TAKEN	-	OH-3	2 0 2 5 2 6 1 9 1 1 1 1 1										
SECONDARY CRASH	OH-1P Private Property	OTHER	REPORTING AGENC	YNAME*	HTS	0   1	HIT/SKIP 1 - Solved 2 - Unsolved	0 1	0 1 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALIT	1 - CITY *	LOCATION: CITY, VII	CRASH DA	CRASH SEVERITY									
1 8 1 1	2 - VILLAGE * 3 - TOWNSHIP *	GARFIE	1005202	4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED									
ROUTE TYPE	ROUTE NUMBER	PREFIX	I ATITITIE DECIMA	3 - MINOR INJURY SUSPECTED									
			4 - WEST	$R_{\downarrow}D_{\downarrow}$	4 1 . 4 2	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE							
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5068		ROAD TYPE	- 8 1 1 6 1		ONLY				
REFERENCE POINT  1 - INTERSECTION 2 - MILE POST	DIRECTION  DECEDENCE 1-NORTH 2-SOUTH		ROLLTE TYPE		AL - ALLEY HW - HIGHW AV - AVENUE LA - LANE	AY RE	INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH						
3 - HOUSE#	3 - EAST 4 - WEST	SR - STA	DERAL US ROUTE NTE ROUTE MBERED COUNTY ROU	JTE	BL - BOULEVARD MP - MILEPO CR - CIRCLE OV - OVAL CT - COURT PK - PARKW.	OST ST TE	Q - SQUARE T - STREET E - TERRACE - TRAIL	☐ WITHIN INTERCH.	ANGE AREA	NUMBER OF APPROACHES			
DISTANCE EDOM DECEDEMOE	DISTANCE	TR - NUN ROL	MBERED TOWNSHIP JTE		DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE		A - WAY		ROADWAY				
	2 - Feet 3 - Yards							ROADWAY DIVID	ED				
1 0 1-0N ROAD		ER		1 - NOT COLLISION	MANNER OF CRASH COLLISION/IMPA	ACT		DIRECTION OF TRAVEL		MEDIAN TYPE			
2 - ON SHOUL 3 - IN MEDIA 4 - ON ROAD 5 - ON GORE 6 - OUTSIDE TRAFFICI 7 - ON RAM 8 - OFF RAM	N ACCESS  SIDE 11 - RAILWAY  C CROSSINE  12 - SHARED L  WAY OR TRAIL  13 - BIKE LANE	GRADE G USE PATHS S E DTH	1	BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	5- BACKING 6- ANGLE 7- SIDESWIPE, SME DI 8- SIDESWIPE, OPPOSIT 9- OTHER / UNKNOWN	E DIRECTION		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	(<4 Fi 2 - DIVIE (24 F 3 - DIVIE 4 - DIVIE (ANY	ED FLUSH MEDIAN			
	2- 3-	WORK ZO LANE CLOSURE LANE SHIFTICROS WORK ON SHOULE OR MEDIAN INTERMITTENT OR OTHER	SOVER		LOCATION OF CRASH II  1. BEFORE THE IS WARNING SIGN 2. ADVANCE WARN 3. TRANSITION ARI 4. ACTIVITY ACT 5. TERMINATION AI  WEATHER	T WORK ZONE NING AREA EA		CONTOUR  1 - STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE	CONDITIONS  1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT,	SURFACE  2  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICKBLOCK			
1 - DAYLIGHT 2 - DAWNIDUSK 3 - DARK - LIGHTE 4 - DARK - ROADN	ED ROADWAY WAY NOT LIGHTED OWN ROADWAY LIGHTING	11	1 - CLEAR 2 - CLOUI 3 - FOG, 5 4 - RAIN 5 - SLEET	DY SMOG, SMOKE	6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOLL, DIP 9 - FREEZING RAIN OF FREEZI 99 - OTHER / UNKNOWN			9-OTHER JUNKNOWN	OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHERJUNKNOWN	4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN			
NARRATIVE UNIT 1 WAS F		^ D^ D/	INC CDO	T ON 50	60					Indicate the north direction with			
TURNEY RD.					T.T					an "N" on the compass diagram.			
INTO THE BUI			<del></del> :::::		"······								
										,			
CRASH REPORTED	D DATE/TIME		DISPATCH DAT	TE/TIME	ARRIVAL	DATE/TIME		SCENE CLEAR	ED DATE/TIME	REPORT TAKEN BY			
1100151210121			5 2 0 2		10 11010151210	2 5	1 2 1 4	1101015121012	2 5   1 2 2 3	POLICE AGENCY  MOTORIST			
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES					N. Rossi			SUPPLEMENT			
	1 0	<sub>[</sub> 2 <sub> </sub> 3 <sub> </sub>	CHECKED BY OFFICER'S BADGE	(CORRECTION or ADDITION to we busines represt silent to copie									

	OH OF SATE	HIO DEPARTMENT UNIT		 	LOCAL REPORT NUMBER  2   6   1   9	1				
	UNIT#	OWNER NAME: LAST, FIRST, MIDD	LE ( Sar	☐ Same As Driver)		DAMAGE				
	0 1								DAMAGE SCALE	
OWNER	OWNER ADDRE	ESS: STREET, CITY, STATE, ZIP	(☐ Same As D	river)				1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
Ī	COMMERCIAL CA	ARRIER: NAME, ADDRESS, CITY, STATE, Z	IP	REA CODE						
						DAMAGED AREA(S)				
	LP STATE	LICENSE PLATE # KTJ7066		EHICLE IDENTIFICATION # $B_1A_1U_1X_1R_17_19_12_11_1$	4,3,7,	VEHICLE YEAR 2   0   2   4	VEHICLE MAKE Kia	12	INDICATE ALL THAT APPLY	
		URANCE INSURANCE COMPAN	IY .	INSURANCE POLICY#		VEHICLE COLOR	VEHICLE MODEL	10	2 10 12	2
	_ VE	TYPE OF USE		2018785085 US DOT#		VHI COMPANY NAME	Soul	10 2		١.
	☐ COMMER	CIAL GOVERNMENT	IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	<b>-</b>					/
	INTERLO	☐ HIT/SKIP UNIT	# OCCUPANTS	1 - ≤10K LBS. 2 - 10,001 - 26K LBS.	1	HAZARDOUS MA TERIAL RELEASED	TERIAL CLASS # PLACARD ID #	8 7 6	8 7 9 5	4
	EQUIPPE		7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS.		CARD	DEDECTRIANIONATED	6	11 12	
	⊥0 ⊥1 ⊥	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 2-WHEELED 9 - AUTOCYCLE	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	18 - LIMO (LIVERY 19 - BUS (16+ PAS 20 - OTHER VEHIC	SSENGERS) 24 DLE 25	- PEDESTRIAN/SKATER - WHEELCHAIR (ANY TYPE) - OTHER NON- MOTORIST	. /	10 2	
	UNIT TYPE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY EQUIP 22 - ANIMAL WITH ANIMAL-DRAV	RIDER OR 27	- BICYCLE - TRAIN - UNKNOWN OR HIT/SKIP	9	- 3 1 4 - 3	
ш	OMIT THE	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME				8	7 6 5	
VEHICLE		# OF TRAILING UNITS						11 12	6 11 12	
		WAS VEHICLE OPERATING IN AUTON	IOMOUS MODE 0	0 - NO AUTOMATION	3 - CONDITION		UNKNOWN	10 1 1	10 11 1	1
	2	WHEN CRASH OCCURED?  1 - YES 2 - NO 9 - OTHER / UNKNO	AUTONOMOUS	1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	AUTOMATIC 4 - HIGH AUTO 5 - FULL AUTO	MATION		9 3 4	9 9 3	J <sup>3</sup>
		1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM		- MAIL CARRIER	8 7 6 5	4 8 7 5	4
	0 1 SPECIAL	2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT	7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER	12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY	17 - MOWING 18 - SNOW REN 19 - TOWING	MOVAL	- OTHER /UNKNOWN	6 5	6	
	FUNCTION	5 - BUS-TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SE	ERVICE PATROL			12 12 12	
	0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE 9 - CARGO TA	ANK 13 -	CONCRETE MIXER - AUTO TRANSPORTER - GARBAGE/REFUSE	, M.,		
	CARGO BODY	Y - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED 11 - DUMP		OTHER / UNKNOWN	,003	9 3 9 7 3 9	i
		1 - TURN SIGNALS 2 - HEAD LAMPS	4 - BRAKES 5 - STEERING	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT	9 - MOTOR TR 10 - DISABLED		OTHER / UNKNOWN	6	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
H	VEHICLE DEFECTS	3 - TAIL LAMPS 1 - INTERSECTION -	6 - TIRE BLOWOUT  3 - INTERSECTION - OTHER	6 - BICYCLE LANE	ACCIDENT	ROSSING ISLAND 12	- FIRST RESPONDER			
	NON-MOTORIST	MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIVEWAY 11 - SHARED U	ACCESS	AT INCIDENT SCENE - OTHER / UNKNOWN	- NO DAMAGE [0] - TOP [13]	UNDERCARRIAGE [14]  - ALL AREAS [15]	
	LOCATION AT IMPACT	2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE-OTHER LOCATION		TRAILS				UNIT NOT AT SCENE [16]	
	0	1-NON-CONTACT 2-NON-COLLISION 0 1	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE		OR CROSSING	8 - APPROACHING OR LEAVING VEHICLE 9 - STANDING		INITIAL POINT OF CONTACT	
		3 - STRIKING  4 - STRUCK  PRE-CRASI ACTION	3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	SPECIFIED 15 - WALKING, JOGGING,	RUNNING, 2	0 - OTHER NON-MOTORIST 1 - STANDING OUTSIDE DISABLED VEHICLE	1 2 0- NO DAMAG		
	ACTION	5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC  12 - DRIVERLESS	16 - WORKING 17 - PUSHING V	99	9 - OTHER / UNKNOWN	DIAGRA 13 - TOP		
		9 - OTHER / UNKNOWN						10-101	TDAFFIO	
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OB		- LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC TRAFFIC CONTROL	
		3 - RAN RED LIGHT 4 - RAN STOP SIGN	8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATIN EQUIPMEN 19 - LOAD SHIF	IT 23 FTING/	- OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN	
	0 1	5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY	FALLING/SI 20 - IMPROPER		- OTHER IMPROPER ACTION	1 2 - TWO-WAY	6 3 - FLASHER 6 - NO CONTROL	
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING	_
T(S)	05005005	- FUENTO							1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING	
EVENT(S	SEQUENCE OF			EVENTS				1	1 3 - INVOLVED - PASSIVE CROSSING	
		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY V 17 - ANIMAL - F 18 - ANIMAL - D	ARM FER	- WORK ZONE MAINTENANCE EQUIPMENT		UNIT / NON-MOTORIST DIRECTION	_
		4 - JACKKNIFE 5 - CARGO / EQUIPMENT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	19 - ANIMAL - O 20 - MOTOR VE	THER 23 HICLE IN	- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN		1 - NORTH 5 - NORTHEAST	
	2	LOSS OR SHIFT	10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRANSPOR 21 - PARKED M	OTOR VEHICLE	MOTION BY A MOTOR VEHICLE - OTHER MOVABLE	_	2 - SOUTH 6 - NORTHWEST  3 - EAST 7 - SOUTHEAST	
	3			COLLISION WITH FIXED OBJEC	T - STRUCK	24	OBJECT OBJECT	FROM 3 TO	4-WEST 8-SOUTHWEST	
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB		-WORKZONE MAINTENANCE EQUIPMENT		9 - OTHER / UNKNOWN	_
	4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	44 - DITCH 45 - EMBANKME 46 - FENCE	ENT 51	- WALL - BUILDING	UNIT SPEED	DETECTED SPEED	
	5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	BARRIER 35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX 48 - TREE	54 99	- TUNNEL - OTHER FIXED OBJECT - OTHER / UNKNOWN	3   0	1 - STATED/ESTIMATED SPEED	
		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HYDR	ANT			2 - CALCULATED / EDR 3 - UNDETERMINED	
	6							POSTED SPEED	3 - UNDETERMINED	
	. 1		1					2   5		
HS	Y8304 OH1U 1/19	FIRST HARMFUL EVENT [760-0820]	L I N	IOST HARMFUL EVENT					PAGE OF	

OHIO DEPARTMENT OF PUBLIC SAFETY	MOTORIST / NO	N MOTODI	СТ						LOCAL	REPORT NUMBI	ER					
SAPETY - SERVICE - PROTECTION	WICTORIST / NO		2 0 2 5 2 6 1 9   AGE GENDER													
M UNIT # NAME: LAST, FIRS																
MOOI  R ADDRESS: STREET, CITY, STATE, ZIP	N F	1   0   1   1   1   9   3   9   8   5     M														
.0000	GER RD 112															
N BY	Sarfield Heights FD	INJURED FAREN TO: MED	CAL FACILITY (NAME, CITY)	SAFETY EG USED	0   4		DOT-COMPLIAN MC HELMET		1	AIR BAG US	IR BAG USAGE EJECTION TRAPPED					
OL STATE OPERATOR LICE		OFFENSE	CHARGED	LOCAL CODE	OFFENSE DESCRIPT	TION				CITATION N	UMBER					
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER	ALCOHOL / DRUG SUSPECT	IED.	CONDITION		AI COH	OL TEST		DRUG TEST(S)						
R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DISTRACTED BY		ARIJUANA		STATUS	TYPE	VALUE	STAT		S TYPE RESULT SELECT UP TO 4					
			OTHER DRUG	l	1	_1_	1_1_	•								
M UNIT# NAME: LAST, FIRS	T, MIDDLE							DATE OF E	IRTH		AGE	GENDER				
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT	PHONE - INCLUDE AREA COD	E							
S T																
N TAKEN BY	MS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EC	QUIPMENT		DOT-COMPLIAN	SEATING PO	SITION	AIR BAG US	AGE EJECTION	TRAPPED				
O OL STATE OPERATOR LICE	ENSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPT	TION	MC HELMET			CITATION NU	JMBER					
M O				CODE												
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED	CONDITION	STATUS	ALCOHO TYPE	OL TEST VALUE	STATU	IS TYP	DRUG TEST(S)	LT SELECT UP TO 4				
		BY	ALCOHOL MA OTHER DRUG	ARIJUANA	1	Janus		■	III		L KESUI					
M UNIT# NAME: LAST, FIRST	r, MIDDLE							DATE OF E	IRTH		AGE	GENDER				
0 0																
R ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE									
S T INJURIES INJURED EI	MS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQ		SEATING PO	SITION	AIR BAG US	AIR BAG USAGE EJECTION TRAPPED							
N BY	,			USED	1 1		DOT-COMPLIAN MC HELMET			1						
OL STATE OPERATOR LICE	NSE NUMBER	OFFENSE	CHARGED	LOCAL	OFFENSE DESCRIPT	TION			CITATION NU	JMBER						
O OL CLASS ENDORSEMENT		Tanaga .									DRUG TEST(S)					
R SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED CONDITION  ALCOHOL MARJUANA				TYPE	OL TEST VALUE				TYPE RESULT SELECT UP TO 4				
S L L L			OTHER DRUG					•								
INJURIES 1 - FATAL	SEATING POSITION  1 - FRONT - LEFT SIDE	AIR BAG 1 - NOT DEPLOYED	1 - CLASS A	LASS	1 - ALCOHOL	RESTRICTIO INTERLOCK	N(S)	1 - NOT DISTRACTED	STRACTION	1-	1 - NONE GIVEN					
2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B					2 - MANUALLY OPERAT ELECTRONIC COMM		2 -	TEST REFUSED					
3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY	4 0500ND 15570ND	3 - DEPLOYED SIDE  4 - DEPLOYED BOTH FRONT	3 - CLASS C	- CLASS C         3 - CORRECTIVE LENSES           - REGULAR CLASS (OHIO = D)         4 - FARM WAIVER				DEVICE (TEXTING, TY			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE					
5 - NO APPARENT INJURY	(MOTORCYCLE PASSENGER)	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	,	5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS 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	BUS	ILER	4 - TALKING ON HAND-HELD  COMMUNICATION DEVICE			5- 1231 GIVEN, RESULTS UNKNOWN						
1 - NOT TRANSPORTED //TREATED AT SCENE	(MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE			8 - INTERMED RESTRICTI	DIATE LICENSE		5 - OTHER ACTIVITY WI									
2 - EMS	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION		RSEMENT	9 - LEARNER'S PERMIT RESTRICTIONS			6 - PASSENGER	E		ALCOHOL TEST TYPE  1 - NONE					
3 - POLICE 9 - OTHER / UNKNOWN	TRUCK CAB	1 - NOT EJECTED 2 - PARTIALLY EJECTED	H - HAZMAT M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY				7 - OTHER DISTRACTIO	N INSIDE		1 - NONE 2 - BLOOD					
	(NON-TRAILING UNIT, BUS,	3 - TOTALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER				8 - OTHER DISTRACTIO THE VEHICLE	NS OUTSIDE	3	3 - URINE					
SAFETY EQUIPMENT  1 - NONE USED	12 - PASSENGER IN	4 - NOT APPLICABLE	N - TANKER Q - MOTOR SCOOTER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND			9 - OTHER / UNKNOWN			4 - BREATH 5 - OTHER					
2 - SHOULDER BELT ONLY USED	UNENCLOSED CARGO AREA	TRAPPED  1 - NOT TRAPPED	R - THREE-WHEEL MO	CONTROLS, OR OTHER							o omen					
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	44 PIDING ON VEHICLE	2 - EXTRICATED BY	S - SCHOOL BUS	TDAII EDS	14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES					1-	DRUG TEST TYPE 1 - NONE					
5 - CHILD RESTRAINT SYSTEM -		MECHANICAL MEANS	X - TANKER / HAZMAT	LE & TRIPLE TRAILERS WITHOUT AIR BRAKES				CON	DITION	2 -	BLOOD					
FORWARD FACING	(NON-TRAILING UNIT)	3 - FREED BY		17 - PROSTHETIC AID 18 - OTHER			CONDITION  1 - APPARENTLY NORMAL				3 - URINE					
6 - CHILD RESTRAINT SYSTEM - REAR FACING		3 - FREED BY NON-MECHANICAL MEANS								A -	OTHER					
6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED	15 - NON-MOTORIST							1 - APPARENTLY NORM 2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DE	ENT	4-	OTHER					
6 - CHILD RESTRAINT SYSTEM- REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	15 - NON-MOTORIST		GEN	DER				2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DE ANGRY, DISTURBED)	ENT		OTHER  DRUG TEST  AMPHETAMINES	RESULT(S)				
6 - CHILD RESTRAINT SYSTEM- REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, NRES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN	15 - NON-MOTORIST			DER				2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAIN	ENT EPRESSED,	1.2	DRUG TEST - AMPHETAMINES - BARBITURATES	RESULT(\$)				
6 - CHILD RESTRAINT SYSTEM- REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING	15 - NON-MOTORIST		GEN F - FEMALE					2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DE ANGRY, DISTURBED) 4 - ILLNESS	ENT EPRESSED, FED,	1 · 2 · 3 · 4 ·	DRUG TEST - AMPHETAMINES - BARBITURATES - BENZODIAZEPINES - CANNABINOIDS	RESULT(S)				
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	15 - NON-MOTORIST		F-FEMALE M-MALE					2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DE ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAIN' FATIGUED, ETC.	ENT EPRESSED, FED, NCE OF	1. 2. 3. 4. 5.	DRUG TEST  - AMPHETAMINES - BARBITURATES - BENZODIAZEPINES - CANNABINOIDS - COCAINE - OPIATES / OPIOIDS	RESULT(S)				
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	15 - NON-MOTORIST		F-FEMALE M-MALE					2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAIN FATIGUED, ETC. 6 - UNDER THE INFLUE MEDICATIONS / DRU	EPRESSED, FED, NCE OF	1. 2. 3. 4. 5.	DRUG TEST - AMPHETAMINES - BARBITURATES - BENZODIAZEPINES - CANNABINOIDS - COCAINE					
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	15 - NON-MOTORIST		F-FEMALE M-MALE					2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. DI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAIN FATIGUED, ETC. 6 - UNDER THE INFLUE MEDICATIONS / DRUI / ALCOHOL	EPRESSED, FED, NCE OF	1. 2. 3. 4. 5.	DRUG TEST  AMPHETAMINES  BARBITURATES  BENZODIAZEPINES  CANNABINOIDS  COCAINE  OPIATES / OPIOIDS  OTHER					

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I	OHIO D OF PUB	EPARTMENT BLIC SAFETY	OCCUPANT / WIT	LOCAL REPORT NUMBER							
	SAPETY - SE	ENVICE - PROTECTION					2 0 2 5 2	6   1   9			
	UNIT#	NAME: LAST, FI		JUD	DATE OF BIRT	1 <sub> </sub> 9 <sub> </sub> 5 <sub> </sub> 8 <sub> </sub>	AGE 6 7	GENDER			
ANT	ADDRESS: STRE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO				
OCCUPANT	13593	SECO BI	VD BURTON OH 44	1021							
	INJURIES 4	INJURED TAKEN BY	EMS AGENCY (NAME) Garfield Heights FD		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  Marymount	SAFETY EQUIPMENT USED   0   4	DOT-COMPLIANT MC HELMET O	POSITION AIR BAG USAGI	EJECTION 1	TRAPPED	
	UNIT#	NAME: LAST, FI			Warymount		DATE OF BIRT	н	AGE	GENDER	
	1 1	10 till21 2101,11									
UPANT	ADDRESS: STREE	ET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							
nooo											
	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	DET MINNI E				DATE OF BIRT	н	AGE	GENDER	
	1 [	NAME. EROI, III	NOT, MIDDLE						1 1 1	1	
PANT	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DE		1	
INDOO								1 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	
							MC HELMET				
	UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRT	н	AGE	GENDER	
										L	
UPAN	ADDRESS: STREE	ET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DE			
၁၀	INJURIES	INJURED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	SEATING I	POSITION AIR BAG USAGE	EJECTION	TRAPPED	
	INJURIES	TAKEN BY	EWS AGENCT (NAME)		INJURED TAKEN TO. MEDICAL PACILITY (NAME, CITY)	USED	DOT-COMPLIANT MC HELMET	OSITION AIR BAG USAGI		INAFFED	
			JURIES	1	SAFETY EQUIPMENT USED	I 0545	ING POSITION		AG USAGE		
	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  GENDER  F - FEMALE M - MALE U - OTHER/UNKNOWN				D.  CUPANT BELT ONLY USED  NLY USED  & LAP BELT USED  & LAP BELT USED  TRAINT SYSTEM - ACNING  TRAINT SYSTEM - G  BEAT  ED  E PAGS USED  PEPESSTRIAN  NLY  NIKNOWN	1 - FRONT - LEFT SIDE (MOTORCY) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORC) 5 - SECOND - MIDDLE 6 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCY) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCH 11 - PASSENGER IN OTHER ENCL. (MON-TRALING UNIT, BUS, PICK-L 2 - PASSENGER IN UNENCL.OSEE 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIO (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	YCLE PASSENGER)  LE SIDE CAR)  ( CAB  SIED CARGO AREA  IP WITH CAP)  O CARGO AREA	1 - NOT EPECYED     2 - DEPLOYED FRONT     3 - DEPLOYED SIDE     4 - DEPLOYED BOTH FRONT/SI     5 - NOT APPLICABLE     9 - DEPLOYMENT UNKNOWN      1 - NOT EJECTED     2 - PARTIALLY EJECTED     3 - TOTALLY EJECTED     4 - NOT APPLICABLE	OE COTION		
	M - MALE U - OTHER/UNKNO							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS	orupen.	
WITNESS	M - MALE	, MIDDLE					DATE OF BIRT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC	AL MEANS	GENDER	
	M - MALE U - OTHER/UNKNO	, MIDDLE T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H	AL MEANS	GENDER	
WITNESS	M - MALE U - OTHER/UNKNO  NAME: LAST, FIRST,  ADDRESS: STREET	, MIDOLE T, CITY, STATE, ZIP , MIDOLE					CONTACT PHONE - INCLUDE AREA	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H CODE	AL MEANS AL MEANS AGE		
	M - MALE U - OTHER/UNKNO  NAME: LAST, FIRST,  ADDRESS: STREET	, MIDDLE T, CITY, STATE, ZIP , MIDDLE T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H LCODE	AL MEANS  AGE  AGE	GENDER	
WITNESS	M - MALE U - OTHER/UNKNO  NAME: LAST, FIRST,  ADDRESS: STREET	, MIDDLE T, CITY, STATE, ZIP , MIDDLE T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA  DATE OF BIRT  CONTACT PHONE - INCLUDE AREA  DATE OF BIRT	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H CODE	AL MEANS AL MEANS AGE		
WITNESS	M - MALE U - OTHER/UNKNO  NAME: LAST, FIRST,  ADDRESS: STREET	, MIDDLE T, CITY, STATE, ZIP , MIDDLE T, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE ARE/	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC 3 - FREED BY NON-MECHANIC H CODE	AL MEANS  AGE  AGE	GENDER	

HSY 8355 OH1P 1/19 [760-1500]



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20252619																		DATE OF CRASH M 10 D 05 Y 2025				
IN COL	UNTY C	)F					CRASH LOCATION  DOLLAR GENERAL - PARK HEIGHTS															
		ulled	d into	506	68 Tı	urne	ey Rd. (Dollar General). Unit 1 driver stated the										ne ve	ehicl	е			
acc	eler	ated	into	the	build	ling.	Dolla	ar G	ene	ral s	ustair	ned a	a ma	ssiv	e ho	le on	the	eas	tern			
wal	l.																					
												OFFICE	R'S SIG	NATUR	E				BA	DGE N	UMBER	