OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT							LOCAL REPORT NUMBER *							
PHOTOS TAKEN OH-2 OH-3 COAL INFORMATION TOPICZ								2 0 2 5 2 7 3 1						
SECONDARY CRASH	OH-1P OTHER PEDOPTING ACENCY NAME *						HIT/SKIP 1 - Solved 2 - Unsolved	NIIMRED OF LINITS	0 1 98 - ANIMAL 99 - UNKNOWN					
COUNTY* LOCALIT		LOCATION: CITY, V	_	ם חבוטח	113			CRASH DA	TE/TIME *	CRASH SEVERITY				
1 8 1	2 - VILLAGE *	GARFIE	LD HTS					101172012	5 1 0 0 1	2 1- FATAL 2- SERIOUS INJURY SUSPECTED				
ROUTE TYPE	ROUTE NUMBER	PREFIX	2 - SOUTH 3 - EAST	LOCATION ROA			ROAD TYPE	I ATITIME DECIMAL DECIDES 3 - MINOR INJURY SUSPECTED						
ROUTE TYPE	4-WEST BROADWAY					4- INJUTY POSSIBLE LONGITUDE DECIMAL DEGREES LONGITUDE DECIMAL DEGREES LONGITUDE DECIMAL DEGREES LONGITUDE DECIMAL DEGREES								
REENCE HTTP	ROUTE NUMBER	PREFIX 1 - NORTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE				- 8 1 - 6 0 5 0 2 6								
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # DISTANCE	DIRECTION DECEDEAGE 1 - NORTH 3 - 2 - SOUTH 3 - A - SAST 4 - WEST DISTANCE INITICE LEAGUIGE 1 - Miles	IR - INTE US - FEE SR - ST/ CR - NU TR - NU	POINTE TYPE				SQ - SQUARE ST - STREET 'E - TERRACE 'L - TRAIL	INTERSECTION RELATED WITHIN INTERSECTION OF ON APPROACH WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY						
[1 0 0 _]	2 - Feet 3 - Yards							□ ROADWAY DIVIDED						
	CATION or EIDST HADMEI II		T	MA	NNER OF CRASH COLLISIO	ON/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE				
0 2 1 -0 N ROA 2 -0 N SHO 3 -1 N MEDI 4 -0 N ROA 5 -0 N GOR 6 -0 UTSID! TRAFFIC 7 - 0 N RAM 8 - 0 F F RAM	ULDER 10 - DRIVEWA AN ACCESS DSIDE 11 - RAILWAY E CROSSIN E 12 - SHARED WAY OR TRAIL P 13 - BIKE LAN	AY / ALLEY ; ; / GRADE IG USE PATHS LS IE OTH	1	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	4 - REAR-TO-RE 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, 8 - SIDESWIPE, 9 - OTHER / UNI	SAME DIRECTION OPPOSITE DIRECTION		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	(<4 F 2 - DIVIE (24 F 3 - DIVIE 4 - DIVIE (ANY	DED FLUSH MEDIAN EET) EED FLUSH MEDIAN EET) EED, DEPRESSED MEDIAN DED, RAISED MEDIAN TYPE) ER / UNKNOWN				
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE	2 3 4 5	WORK ZO - LANE CLOSURE - LANE SHIFT/CROS - WORK ON SHOUL OR MEDIAN - INTERMITTENT OF	DER		1 - BEFORE WARNIN 2 - ADVANC 3 - TRANSIT 4 - ACTIVITY 5 - TERMINA	E WARNING AREA ION AREA / AREA		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, OIL, GRAVEL	SURFACE 2 1 - CONCRETE 2 - BLOCKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK				
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWNIDUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - LINKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1 - CLEAR 1 - CLEAR 2 - CLOUDY 3 - SEVER CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OF FREEZING PRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN						9 - OTHER JUNKNOWN	4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER JUNKNOWN							
NADRATIVE UNIT 1 WAS TRAVELING WB ON BROADWAY AVE								Indicate the north						
					_		}			an "N" on the compass diagram.				
NEAR TOPICZ BAR WHEN HE DROVE OFF THE ROAD														
TO THE RIGHT AND STRUCK A UTILITY POLE. DRIVER								Not To Scale						
1 - Constitution of the co								TOPICZ						
TRANSPORTED BY SQUAD TO METRO ER FOR.														
TREATMENT, CEI ADVISED OF THE DAMAGE TO THE														
POLE (UNKNOWN POLE NUMBER). SEE LONG.														
NARRATIVE FOR FURTHER INFO:														
CRASH REPORTE			DISPATCH DATE			RRIVAL DATE/TIME		.	RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY				
TOTAL TIME ROADWAY OTHER INVESTIGATION TOTAL OFFICER'S NAME * CHECKED BY OFFICE							1101172025 11030							
CLOSED						N. Rossi	CHECKED BY OFFICER'S BADGE	SUPPLEMENT (CORRECTION or ADDITION						
2 0	3 0	$\lfloor 5 \rfloor 9 \rfloor$		0 1				S 1 1 3	HOMBEN	to we locates earcer six 1 to core				

ĺ	OH OF SAFET	IIO DEPARTMENT PUBLIC SAFETY TY - BERVICE - PROTECTION				HONE: INCLUDE AREA CODE		L2_0_2_5_2	LOCAL REPORT NUMBER			
	UNIT#	OWNER NAME: LAST, FIRST, MIDDLE KALU OKEC	· (■ San SHUKWU STANL	DAMAGE DAMAGE SCALE								
ÉR	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)							1 - NONE 2 - MINOR DAMAGE	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE			
МО	846 BROADWAY AV 201 BEDFORD OH 44146 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP							4	9 - UNKNOWN			
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP								DAMAGED AREA(S)			
Ī	LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR O , H , KRM3127 12 , T , 1 , B , U , R , H , E , 2 , E , C , 0 , 0 , 6 , 8 , 7 , 9 , 2 , 0 , 1 , 4						VEHICLE MAKE		INDICATE ALL THAT APPLY			
	O H	KRM3127 INSURANCE COMPANY		INSURANCE POLICY#)	2 0 1 4	Toyota VEHICLE MODEL	11 12	11 12 1			
L		RIFIED		1	TOWER	BLK	Camry	10 11 1 2	2 10 11 1 2			
	☐ COMMERC	TYPE OF USE COMMERCIAL GOVERNMENT RESPONSE		US DOT # TOWED BY: COMPANY NAME				9 8 3 4	3 9 9 3 3			
	INTERLOCK DEVICE HIT/SKIP UNIT		#OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS.		HAZARDOUS I MATERIAL RELEASED PLACARD	MATERIAL CLASS# PLACARD ID#	8 7 6 5 5	8 7 5 4			
H	EQUIPPE	1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	3 - >26K LBS. 12 - GOLF CART	18 - I IMO (I		23 - PEDESTRIAN/SKATER	6	11 12 6			
	0 1	2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE	13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK	19 - BUS (16 20 - OTHER	+ PASSENGERS) VEHICLE	24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE		10 2			
	UNIT TYPE	4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE		22 - ANIMAL	. WITH RIDER OR	27 - TRAIN 99 - UNKNOWN OR HIT/SKIP	· ·	• • • • •			
Ë	^	o min (o-10 dEM10)	(ATV / UTV)	A - MOTORTOWIE				12	7 6 5 12			
VEHICLE	0	# OF TRAILING UNITS						10 12	2 10 11 12 2			
		WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED?	MOUS MODE 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE	AUTO	OMATION	9 - UNKNOWN	10 2 3	3 9 10 2			
	2	1-YES 2-NO 9-OTHER/UNKNOW	WN AUTONOMOUS MODE LEVEL	2 DADTIAL ALITOMATION	4 - HIGH	AUTOMATION AUTOMATION		8 4	8 4 -			
	1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY		7 - BUS - INTERCITY	11 - FIRE 16 - FARM 12 - MILITARY 17 - MOWING			21 - MAIL CARRIER 99 - OTHER /UNKNOWN	8 7 6 5	,			
	SPECIAL			14 - PUBLIC UTILITY	18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL			6	6			
		2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX			8 - POLE 12 - CONCRETE MIXER 9 - CARCO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGEREFUSE 11 - DIMINP 99 - OTHER / UNINOVOM			12	12 12 12			
	0 1			CHASSIS 6 - CARGO VAN/ENCLOSED BOX				9 P. A. P. 3				
	CARGO BODY 7 - GRAINCHIPSIGRAVE TYPE		7 - GRAIN/CHIPS/GRAVEL				0	⊕				
	VE.1101 E			8 - TRAILER EQUIPMENT	9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 10 - DISABLED FROM PRIOR ACCIDENT			6 6 6				
H	DEFECTS	1 - INTERSECTION - MARKED	3 - INTERSECTION - OTHER	6 - BICYCLE LANE			12 - FIRST RESPONDER	O DAMAGE [0]	UNDERCARRIAGE [14]			
	NON-MOTORIST LOCATION AT	CROSSWALK 4-MIDBLOOK - MARKED 7 - SHOULDERHONDISIDE ON-MOTORIST 2. INTERSECTION -			10 - DRIVEWAY ACCESS AT INCIDENT SCENE 11 - SHARED USE PATHS OR TRAILS 47 INCIDENT SCENE 99 - OTHER / UNKNOWN			TOP [13]	- ALL AREAS [15]			
	IMPACT	CROSSWALK 1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEG	GOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE	_	IITIAL POINT OF CONTACT			
	2	2 - NON-COLLISION 3 - STRIKING	3 - CHANGING LANES	8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE	SPE	ERING OR CROSSING CIFIED LOCATION	19 - STANDING 20 - OTHER NON-MOTORIST					
	4 - STRUCK PRE-CRASH ACTION 5 - BOTH STRIKING		4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN	10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC		LKING, RUNNING, IGING, PLAYING RKING	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN	1 2 0 - NO DAMAGE 1-12 - REFER TO DIAGRAM				
		8 STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 9 - OTHER / JUNKNOWN			17 - PUSHING VEHICLE			DINGKAM 99 - UNKNOWN 13 - TOP				
		4 1000	7 LEET OF OFFICE			ON OBOTRICTION	M. LVINO IN DOLONIA		TRAFFIC			
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED	18 - OPE	RATING DEFECTIVE	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO	TRAFFICWAY FLOW	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN			
	1111	4 - RAN STOP SIGN 9 - IMPROPER LANE ILLEGALLY CHANGING 15 - SWERVING TO AVOID 10 - IMPROPER PASSING 45 - IMPROPER MAN.		15 - SWERVING TO AVOID	19 - LOAD SHIFTING/ ROADWAY FALLING/SPILLING 99 - OTHER IMPROPER			1 - ONE-WAY 2 2 - TWO-WAY	6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL			
	CONTRIBUTING	6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY 12 - IMPROPER BACKING		is-wiche war	20 - IMPROPER GROSSING ACTION			#OFTHROUGH LANES	3 - FLASHER 6 - NO CONTROL RAIL GRADE CROSSING			
	CIRCUMSTANCES							ON ROAD	1 - NOT INVOLVED			
EVENT(S	SEQUENCE OF	EVENTS		EVENTS				4	2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING			
		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF		WAY VEHICLE MAL - FARM	22 - WORK ZONE MAINTENANCE					
		2 -		18 - ANIMAL - DEER EQUIPMENT 19 - ANIMAL - OTHER 23 - STRUCK BY SHIFTING CA		23 - STRUCK BY FALLING, SHIFTING CARGO OR	UN	IIT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST				
2	4 0	5 - CARGO / EQUIPMENT LOSS OR SHIFT	9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	14 - PEDESTRIAN 15 - PEDALCYCLE	TRA	OR VEHICLE IN NSPORT KED MOTOR VEHICLE	ANYTHING SET IN MOTION BY A MOTOR VEHICLE		2 - SOUTH 6 - NORTHWEST			
3	3,						24 - OTHER MOVABLE OBJECT	FROM 3 то	3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST			
		25 - IMPACT ATTENUATOR	31 - GUARDRAIL END	COLLISION WITH FIXED OBJECT - 37 - TRAFFIC SIGN POST	- STRUCK 43 - CUF	ıB	50 -WORKZONE MAINTENANCE		9 - OTHER / UNKNOWN			
	4, , ,	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER	38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT	44 - DITC 45 - EMB	H ANKMENT	EQUIPMENT 51 - WALL 52 - BUILDING	UNIT SPEED	DETECTED SPEED			
		STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX		53 - TUNNEL 54 - OTHER FIXED OBJECT	5,0,,	1 1-STATED/ESTIMATED SPEED			
		29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT				2 - CALCULATED / EDR			
6	6							POSTED SPEED	3 - UNDETERMINED			
	2		0					3 5				
HSY83	2 304 OH1U 1/19 [FIRST HARMFUL EVENT	2	IOST HARMFUL EVENT					PAGE OF			

OHIO DEPARTMENT MOTORIST / NON-MOTORIST MOTORIST / NON-MOTORIST						LOCAL REPORT NUMBER						
SAPETY - SERVICE - PROTECTION	WOTORIST / NO	JIN-IVIO I OKI	31				_2_	0 2 5	_ 2 _	7 3 1		
M UNIT # NAME: LAST,	FIRST, MIDDLE											GENDER
OKECHUKWU STANLEY ADDRESS: STREET CITY, STATILE 2P						0 1 3 1 1 9 8 0 45 M						
\$ 846 BRO	ADWAY AV 201	BI	EDFORD	OH 4	14146		CONTACT		-	1 1	1 1	1 1
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)		CAL FACILITY (NAME, CITY)	SAFETY EQU USED			DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
	SQUAD 2	METRO			0 4	<u> </u>	MC HELMET		1	4	<u> </u>	1_1_
OL STATE OPERATOR	LICENSE NUMBER	OFFENSE		CODE	OFFENSE DESCRIPT		ONTE	201		CITATION NUMBE		
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	331.3	ALCOHOL / DRUG SUSPECT		FAILURE	100	ALCOH	COL		G202520	U/4 RUG TEST(S)	
R SELECT UP TO 2		DISTRACTED BY	ALCOHOL M	ARIJUANA	1 .	STATUS 1	TYPE 1	VALUE	STATU	IS TYPE	RESUI	LT SELECT UP TO 4
			OTHER DRUG	Į L	'	1_		DATE OF BI	1			
M UNIT# NAME: LAST,	HRS1, MIDDLE						l	DATE OF BI	KIN I	_ , _ ,] ,	AGE	GENDER
R ADDRESS: STREET, CITY, STATE,	DP .						CONTACT PHONE - INCLUDE AREA CODE					
S T												
I INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MED	ICAL FACILITY (NAME, CITY)	SAFETY EQ USED	UIPMENT		DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
O L STATE OPERATOR	LICENSE NUMBER	OFFENSE (CHARGED	LOCAL	OFFENSE DESCRIPT		MC HELMET			CITATION NUMBER	<u> </u>	
M O	ICENSE NUMBER	OFFENSE	CHARGED	CODE	OFFENSE DESCRIFT	IION				CITATION NUMBER	N.	
O OL CLASS ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED	CONDITION		ALCOHO				RUG TEST(S)	
R I		BY		ARIJUANA		STATUS	TYPE	VALUE	STATU	S TYPE	RESUL	T SELECT UP TO 4
S UNIT# NAME: LAST,	FIRST MINDLE		OTHER DRUG	L			Ш	DATE OF BI	RTH		AGE	GENDER
O T								1 1 1	1 1			1
R ADDRESS: STREET, CITY, STATE,	IP						CONTACT	PHONE - INCLUDE AREA CODE				
S T												
INJURIES INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDI	CAL FACILITY (NAME, CITY)	SAFETY EQU USED	IPMENT		DOT-COMPLIAN	SEATING POS	SITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE OPERATOR	ICENSE NUMBER	OFFENSE (CHARGED	LOCAL	OFFENSE DESCRIPT	TION	MC HELMET			CITATION NUMBER	l L	
M 0	INCLUSE HOMBER	0.12.02	5.18 N.O.L.D	CODE	OFFENSE DESCRIF	TION				ommon nomber	•	
O OL CLASS ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED	ALCOHOL / DRUG SUSPECT	ED	CONDITION	STATUS	ALCOHO TYPE	DL TEST VALUE	STATU		RUG TEST(S)	T SELECT UP TO 4
S		BY	ALCOHOL MA OTHER DRUG	ARIJUANA	1	Jana	1	_	SIAIU	S I TIPE	RESUL	II SELECTOP 104
INJURIES	SEATING POSITION	AIR BAG	OL C	LASS	OL	RESTRICTION	N(S)	DRIVER DIS	TRACTION		TEST ST	ATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A		1 - ALCOHOL DEVICE	INTERLOCK		1 - NOT DISTRACTED 2 - MANUALLY OPERATION	NG AN		E GIVEN	
2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE	2 - CLASS B 3 - CLASS C		2 - CDL INTRA 3 - CORRECTI			ELECTRONIC COMMU	INICATION		refused Given, Contam	INATED
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT	SIDE 4 - REGULAR CLASS (C	OHIO = D)	4 - FARM WAI	VER		DEVICE (TEXTING, TYPE DIALING)			PLE / UNUSABLE F GIVEN, RESULTS	NAIOWAI
3-NO ALL ARENT MOORT	5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY		6 - EXCEPT C	LASS A		3 - TALKING ON HANDS-I COMMUNICATION DE			GIVEN, RESULTS	
INJURED TAKEN BY	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - DEPLOYMENT UNKNOWN	6 - NO VALID OL		7 - EXCEPT TI	RACTOR-TRAIL		4 - TALKING ON HAND-H COMMUNICATION DE				
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE				8 - INTERMED RESTRICTI	IONS		5 - OTHER ACTIVITY WIT ELECTRONIC DEVICE				
2 - EMS 3 - POLICE	9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF	EJECTION 1 - NOT EJECTED	OL ENDO H - HAZMAT	RSEMENT	9 - LEARNER'S RESTRICT	TIONS		6 - PASSENGER 7 - OTHER DISTRACTION		1 - NON	ALCOHOL TE	EST TYPE
9 - OTHER / UNKNOWN	TRUCK CAB 11 - PASSENGER IN OTHER	2 - PARTIALLY EJECTED	M - MOTORCYCLE		10 - LIMITED 1			THE VEHICLE		2 - BLO	OD	
	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	3 - TOTALLY EJECTED	P - PASSENGER N - TANKER		12 - LIMITED -			8 - OTHER DISTRACTION THE VEHICLE	19 OUTSIDE	3 - URIN 4 - BRE		
SAFETY EQUIPMENT 1 - NONE USED	12 - PASSENGER IN UNENCLOSED	4 - NOT APPLICABLE	Q - MOTOR SCOOTER		(SPECIAL E	ICAL DEVICES BRAKES, HAND		9 - OTHER / UNKNOWN		4 - BRE 5 - OTH		
2 - SHOULDER BELT ONLY USED	CARGO AREA	TRAPPED 1 - NOT TRAPPED	R - THREE-WHEEL MO	TORCYCLE	ADAPTIVE							
3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED	13 - TRAILING UNIT 14 - RIDING ON VEHICLE	2 - EXTRICATED BY	S - SCHOOL BUS T - DOUBLE & TRIPLE	TDAII EDC	14 - MILITARY 15 - MOTOR V	VEHICLES ON VEHICLES	NLY			1 - NONI	DRUG TES	T TYPE
5 - CHILD RESTRAINT SYSTEM -	EXTERIOR (NON-TRAILING UNIT)	MECHANICAL MEANS 3 - FREED BY	X - TANKER / HAZMAT	ITAILLITO	WITHOUT 16 - OUTSIDE	AIR BRAKES MIRROR		2010	TION	2 - BLO0	OD	
FORWARD FACING					17 - PROSTHE 18 - OTHER	ETIC AID		1 - APPARENTLY NORM		3 - URIN		
6 - CHILD RESTRAINT SYSTEM - REAR FACING	15 - NON-MOTORIST 99 - OTHER / UNKNOWN	NON-MECHANICAL MEANS										
6 - CHILD RESTRAINT SYSTEM -	15 - NON-MOTORIST	NON-MECHANICAL MEANS						2 - PHYSICAL IMPAIRME		4 - OTHE	±K	
6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT	15 - NON-MOTORIST	NON-MECHANICAL MEANS	GEN	DER				3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED)			DRUG TEST F	RESULT(S)
6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED	15 - NON-MOTORIST	NON-MECHANICAL MEANS	F - FEMALE	DER				3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED) 4 - ILLNESS	PRESSED,	1 - AMP		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	NON-MECHANICAL MEANS	F - FEMALE M - MALE					3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINT FATIGUED, ETC.	PRESSED,	1 - AMP 2 - BARI 3 - BENI	DRUGTIEST I HETAMINES BITURATES ZODIAZEPINES	RESULT(S)
6 - CHILD RESTRAINT SYSTEM - REAR FACINIG 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN	15 - NON-MOTORIST	NON-MECHANICAL MEANS	F - FEMALE					3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINT FATIGUED, ETC. 6 - UNDER THE INFLUEN MEDICATIONS / DRUG	PRESSED, ED,	1 - AMP 2 - BARI 3 - BEN 4 - CAN 5 - COC	DRUG TEST F HETAMINES BITURATES ZODIAZEPINES NABINOIDS VAINE	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	NON-MECHANICAL MEANS	F - FEMALE M - MALE					3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINT FATIGUED, ETC. 6 - UNDER THE INFLUEN	PRESSED, ED,	1 - AMP 2 - BARI 3 - BEN 4 - CAN 5 - COC 6 - OPIA 7 - OTH	DRUG TEST F HETAMINES BITURATES ZODIAZEPINES NABINOIDS AINE LTES / OPIOIDS ER	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	NON-MECHANICAL MEANS	F - FEMALE M - MALE					3 - EMOTIONAL (E.G. DEI ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINT FATIGUED, ETC. 6 - UNDER THE INFLUED MEDICATIONS / DRUG / ALCOHOL	PRESSED, ED,	1 - AMP 2 - BARI 3 - BEN 4 - CAN 5 - COC 6 - OPIA 7 - OTH	DRUG TEST F HETAMINES BITURATES ZODIAZEPINES NABINOIDS AINE KTES / OPIOIDS	result(s)

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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

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LOCAL REPORT NUMBER 20252731	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 10 D 17 Y 2025							
IN COUNTY OF 18	CRASH LOCATION TOPICZ								
THE POLE THAT WAS STR	RUCK WAS DAMAGED ON THE BOTTOM, BUT	STILL							
STABLE. NO POLE NUMBE	ER WAS LISTED, HOWEVER, THE POLE SITS	AT THE							
FOLLOWING COORDINAT	ES, 41.433377, -81.604842. CEI WAS NOTIFIE	D OF							
THE DAMAGE TO THE PO	LE AND RESPONDED TO REPLACE IT.								
	OFFICER'S SIGNATURE	BADGE NUMBER							
	X	017							