OHIO DEPAR OF PUBLIC S SAPETY - SERVICE -	TRAFFIC	CRASH	LOCAL REPORT NUMBER*										
☐ PHOTOS TAKEN	■ OH-2	OH-3	2 0 2 5 2 7 7 8 1 1 1 1 1										
SECONDARY CRASH  OH-1P OTHER REPORTING AGENCY NAME*  NCIC.*							HIT/SKIP 1 - Solved 2 - Unsolved	NI IMRED OF LINITS	0 2 98 - ANIMAL 99 - UNKNOWN				
COUNTY* LOCALITY* LOCATION* CITY VILLAGE TAMAGEME!								CRASH DATE/TIME * CRASH SEVERITY					
1 8 _	1 - CIIY *	GARFIEL					10222202	3 1- FATAL 2- SERIOUS INJURY SUSPECTED					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST	LOCATION R		ROAD TYPE	I ATITIDE DECIMA	3 - MINOR INJURY SUSPECTED					
S R	1 7		4 - WEST	Grange	er 	$R_1D_1$	4 1 . 4 1	4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE					
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	11412	NCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	- 8   1   - 6   0   4   1   8   8						
REFERENCE POI  1 - INTERSECTIO 2 - MILLE POST 3 - HOUSE #  DISTANCE CDAM DECEDEMAGE		IR - INTER US - FEDE SR - STAT CR - NUME	BERED COUNTY ROU' BERED TOWNSHIP	TE	## HW- HIGHWAY AV- AVENUE LA - LANE BL - BOLLEVARD MF - MILEPOST CR - CIRCLE OV - OVAL CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE	INTERSECTION RELATED  WITHIN INTERSECTION OR ON APPROACH  WITHIN INTERCHANGE AREA NUMBER OF APPROACHES  ROADWAY							
	2 - Feet 3 - Yards						☐ ROADWAY DIVID	ED					
	OCATION ~ FIRST HARMEI II DADWAY 9 - CROSSOV		T		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE				
U I 2- ON SH 3-IN ME 4- ON RG 5- ON GG 6- OUTS	HOULDER         10 - DRIVEWARDIAN           DIAN         ACCESS           DADSIDE         11 - RAILWAY           DRE         CROSSIN           IDE         12 - SHARED           FICWAY         OR TRAIL           MMP         13 - BIKE LAN	AY / ALLEY GRADE IG USE PATHS LS JE OTH	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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ed Flush Median Et) De rush Median Et) De rush Median Et) Do depressed Median Do raised Median YPE) XPE						
WORK ZONE RELATE WORKERS PRESENT LAW ENFORCEMENT PRESENT  ACTIVE SCHOOL ZON	. 1. 2. 3	WORK ZON - LANE CLOSURE - LANE SHIFTICROSS - WORK ON SHOULDE OR MEDIAN - INTERMITTENT OR N - OTHER	OVER ER		LOCATION OF CRASH IN WORK Z  1 SEFORE THE 1ST WORK ZI WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	ONE	CONTOUR  1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	CONDITIONS  2  1-DRY 2-WET 3-SNOW 4-ICE	SURFACE  2  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT				
LIGHT CONDITION  LIGHT CONDITION  LIGHT CONDITION  1 - DAYLIGHT 2 - DAWNINDLSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - DRAWNOVN NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN  3 - CQC SWEETER 4 - RAIN 9 - FREEZING RAIN OF FREEZING DRIZZLE 99 - OTHER / UNKNOWN  3 - CQC SWEETER 4 - RAIN 9 - FREEZING RAIN OF FREEZING DRIZZLE 99 - OTHER / UNKNOWN								5 - SAND, MUD. DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHERUNKNOWN	3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN				
NARRATIVE						: : :			Indicate the north				
UNIT 2 WAS	TRAVELING E	ASTBOU	ND ON C	GRANGE	ER				direction with an "N" on the compass diagram.				
RD. FROM T	URNEY RD. U	NIT 2 SW	'ERVED	TO AVOII	D			·					
	VEHICLE IN W												
	ROL, WENT O					-L 1 1	1.1		(Ř)				
RIGHT, SPUN AROUND ON THE GRASS, AND STRUCK A													
HOUSE AND	A VEHICLE PA	ARKED II	N THE DF	RIVEWAY	Y AT		Granger Rd.						
11412 GRAN	IGER RD.····					11		11410 11412 5					
						ļļi	j   L	11412					
									Not To Scale				
	TED DATE/TIME	110101	DISPATCH DATE		ARRIVAL DATE/TIM		1	RED DATE/TIME	REPORT TAKEN BY POLICE AGENCY				
TOTAL TIME ROADWAY	2 5   1 6 1 8  OTHER INVESTIGATION TIME	102 TOTAL MINUTES	2 2 0 2 5 OFFICER'S		19 1101212121012151	CHECKED BY O	1101212121012	<u> </u>	MOTORIST				
CLOSED			C. Cr		CER'S BADGE NUMBER*	D. Bailey	CHECKED BY OFFICER'S BADGE	NUMBER*	SUPPLEMENT  (CORRECTION on ADDITION TO MEDICINE SHAPPER SHAPT TO COPE				
0	1 0	3   1		0   5	5 <sub>1</sub> 1 <sub>1 1 1</sub>		L   0   7						

	OH OF M	HIO DEPARTMENT PUBLIC SAFETY	TIV								. 2 . 0 .	2.5.3	LOCAL REP	ORT NUMBER	
	UNIT # OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver) OWNER PHONE: INCLUDE AREA CODE (☐ Same As Driver)									10 40: )	2   0	2   0   2	DAMAC		
	0 1	O_1 VANITZAN JANO									DAMAGE SCALE				
WNER	0WNER ADDRE 11412		GER RE	(□ Same <i>l</i> <b>)</b>	As Driver)	GARFIEL	р нт	S OH	44	1125		ONE INOR DAMAGE	9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
0	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE												o ommonii		
											DAMAGED AREA(S)				
Ī	LP STATE	LICENSE PLATE #		4 0 4 7 5		NTIFICATION#		VEHICLE YEAR	, T	VEHICLE MAKE	INDICATE ALL THAT APPLY				
	O_H_ U306499					•	6 6	2 0 1 0	<u>'- </u>	Chevrolet  VEHICLE MODEL	11	12		11 12	1
	☐ INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY #						RED		Malibu	10 11		2	10 11 1	2	
	TYPE OF USE US DOT #				US DOT#	TOWED BY: COMPANY NAME				9 10			9 2 3	٦,	
	COMMERCIAL GOVERNMENT RESPONSE				-	HAZARDOUS	DIAL			<b>ブ</b> 。	8 4 7 5	1, 7,			
	INTERLO  DEVICE	☐ HIT/SKIF	P UNIT	# OCCUPANTS		≤10K LBS. 10,001 - 26K LBS.		MATERIAL RELEASED	CLASS# PLACARD ID#	, ,	,	12	7 6	1	
	EQUIPPE			0 0	3-	26K LBS.		PLACARD	L			,	11 12	<u> </u>	
	0 4	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVA	AN) 8 - N	NOTORCYCLE 2-WHEELE NOTORCYCLE 3-WHEELE	D 13 - SNO	OWMOBILE		IVERY VEHICLE) i+ PASSENGERS) VEHICLE	24 - W	EDESTRIAN/SKATER HEELCHAIR (ANY TYPE) THER NON- MOTORIST		10	10		
	0 1	3 - SPORT UTILITY VEHICLE 4 - PICK UP	10 - 1	JUTOCYCLE MOPED OR MOTORIZED BICYCLE	15 - SEM	II-TRACTOR	22 - ANIMAL	EQUIPMENT WITH RIDER OR	26 - BI 27 - TF	CYCLE RAIN		9 (	_ 3 0	3 3	
	UNIT TYPE	5 - CARGO VAN 6 - VAN (9-15 SEATS)	11 - A	ALL TERRAIN VEHICLE ATV / UTV)		M EQUIPMENT FORHOME	ANIMAL	-DRAWN VEHICLE	1U - 99	NKNOWN OR HIT/SKIP		8		5 /4	
EHICLE	<b>.</b>	# TD/** ***	,	•							11	12	7 6	5 11 12	.1
VEH		# OF TRAILING UNITS									10	12	2	10 12	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE 0 0 - NO AUTOMATION 3 - CONDITIONAL 9 - UNKNOWN WHEN CRASH OCCURED? 1 - DRIVER ASSISTANCE AUTOMATION									9 10	2		10 2	<b>│</b>		
	2 1-YES 2-NO 9-OTHER/UNKNOWN MODELEVEL 1-OFFICE AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 5-FULL AUTOMATION										- 8		<del>-</del> )	8 4	-
	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CAR  1 - YOUR 17 - POUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER IU								8 7	8 7 6	\\ \ \				
	0 1	3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING						99-0	THER JUNKNOWN	, -	5		6	5	
	SPECIAL 5 - BUS-TRANSITICOMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL FUNCTION											12	12	12	
	. 0 . 1 .	0 1 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER MOTOR VEHICLE CHASSIS AND CHASSIS A						.E RGO TANK		NCRETE MIXER ITO TRANSPORTER	12 <b>Q</b> (	)	4		iiiiiii
	CARGO BODY	2 - BUS		OGGING	6 - CARG	O VAN/ENCLOSED BOX I/CHIPS/GRAVEL	10 - FLA 11 - DUI	AT BED	T BED 14 - GARBAGE/REFUSE			J3 3	9 _ 2 = 3	9 7 3 9	₩ 3
	TYPE							an Though 5			0		Ť		⊕ ⊕
	1 - TURN SIGNALS				ER EQUIPMENT	10 - DISA	OR TROUBLE ABLED FROM PRIOR IDENT	99 - OT	HER / UNKNOWN	6 6 6				6	
	DEFECTS	1 - INTERSECTION -		TERSECTION - OTHER	6 - BICYO		9 - MED	IAN/CROSSING ISLAND		RST RESPONDER	☐ -NO D	AMAGE [0]		- UNDERCARRIAGE [14]	
	NON-MOTORIST	MARKED CROSSWALK 2 - INTERSECTION -	CR	DBLOCK - MARKED OSSWALK	8 - SIDE\	ILDER/ROADSIDE VALK	11 - SHA	VEWAY ACCESS RED USE PATHS OR		T INCIDENT SCENE THER / UNKNOWN	☐ -TOP			- ALL AREAS [15]	
ı	LOCATION AT IMPACT	UNMARKED CROSSWALK	5 - TR	AVEL LANE-OTHER LOCAT	TION		TRAILS					I	UNIT NOT AT SCENE	[16]	
ı		1 - NON-CONTACT 2 - NON-COLLISION		TRAIGHT AHEAD ACKING		IG U-TURN RING TRAFFIC LANE	14 - ENT	SOTIATING A CURVE ERING OR CROSSING	C	APPROACHING OR LEAVING VEHICLE STANDING			INITIAL POINT O	F CONTACT	
		3 - STRIKING 4 - STRUCK PR	3-CF	HANGING LANES VERTAKING/PASSING	9 - LEAVI 10 - PARI	NG TRAFFIC LANE KED	15 - WAL	CIFIED LOCATION LKING, RUNNING,	20 - C	OTHER NON-MOTORIST STANDING OUTSIDE	0 5	0 - NO DAMAG	GE	14 - UNDERCARRIAGE	
		5 - BOTH STRIKING & STRUCK	ACTION 5 - MA	AKING RIGHT TURN		NING OR STOPPED AFFIC	JOGGING, PLAYING DISABLED VEHICLE  16 - WORKING 99 - OTHER / UNKNOWN			0 3	1-12 - REFER DIAGRA		15 - VEHICLE NOT AT SCENE 99 - UNKNOWN		
		9 - OTHER / UNKNOWN	0 - M/	AKING LEFT TURN	12 - DRIV	ERLESS	17 - PUS	SHING VEHICLE				13 - TOP			
													TRAFF		
		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8 - FC	FT OF CENTER DLLOWING TOO OSE/ACDA	A PAR	OPER START FROM IKED POSITION PED OR PARKED	18 - OPE	ON OBSTRUCTION ERATING DEFECTIVE JIPMENT	22 - N	YING IN ROADWAY OT DISCERNABLE	TRAFFICWAY	FLOW	1	TRAFFIC CONTROL - ROUNDABOUT 4 - STOP SIGN	u
		4 - RAN STOP SIGN 5 - UNSAFE SPEED	9 - IM CH	PROPER LANE ANGING	ILLEG		19 - LOA	.D SHIFTING/ LING/SPILLING	R	PENING DOOR INTO OADWAY	1-ON			- SIGNAL 5 - YIELD SIG	
		6 - IMPROPER TURN	11 - Di	IPROPER PASSING ROVE OFF ROAD IPROPER BACKING	16 - WROI			ROPER CROSSING		THER IMPROPER CTION	2 - TW	O-WAY		- FLASHER 6 - NO CONTR	ROL
	CONTRIBUTING CIRCUMSTANCES		12 - IIV	IFROPER BACKING							# OF THROUGH L ON ROAD	ANES		RAIL GRADE CROSSING	
(S)														1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING	
EVENT	SEQUENCE OF	EVENTS				EVENTS					_ 2		1_	3 - INVOLVED - PASSIVE CROSSING	i
		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	7 - SE	QUIPMENT FAILURE EPARATION OF	OPPO	IS CENTERLINE - ISITE DIRECTION OF	17 - ANIN	WAY VEHICLE MAL - FARM	M	ORK ZONE AINTENANCE OLIDMENT					
		3 - IMMERSION 4 - JACKKNIFE	UN 8 - R#	ITS AN OFF ROAD RIGHT		NHILL RUNAWAY	19 - ANIN	MAL - DEER MAL - OTHER	23 - S1	QUIPMENT TRUCK BY FALLING, HIFTING CARGO OR			UNIT / NON-MOTO	IORTH 5 - NORTHEAST	
	2	5 - CARGO / EQUIPMENT LOSS OR SHIFT		AN OFF ROAD LEFT ROSS MEDIAN	14 - PEDE 15 - PEDA		TRAI	OR VEHICLE IN NSPORT KED MOTOR VEHICLE	AN Me	NYTHING SET IN OTION BY A MOTOR EHICLE				OUTH 6 - NORTHWEST	
					.J-1 LUM	· <del></del>	ZI-PAK	NEO MOTOR VEHICLE	24 - 0	THER MOVABLE BJECT	FROM 1	то	1 2 1		
	3				COLL	SION WITH FIXED OBJECT	STRUCK					_	4-1	WEST 8 - SOUTHWEST 9 - OTHER / UNKNO	OWN
	4,	25 - IMPACT ATTENUATOR / CRASH CUSHION		JARDRAIL END ORTABLE BARRIER	38 - OVER	FIC SIGN POST HEAD SIGN POST	43 - CUR 44 - DITC		EQ	DRKZONE MAINTENANCE JUIPMENT	UNIT SI	PEED		DETECTED SPEED	
		26 - BRIDGE OVERHEAD STRUCTURE	33 - ME 34 - ME	EDIAN CABLE BARRIER EDIAN GUARDRAIL		/LUMINARIES SUPPORT	46 - FENO		51 - W/ 52 - BL 53 - TL	JILDING				DETECTED OF LED	
	5	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL	35 - ME	RRIER EDIAN CONCRETE RRIER	SUPP		47 - MAIL 48 - TREE		54 - 01	THER FIXED OBJECT THER / UNKNOWN	0		_ 2	1 - STATED/ESTIMATED SPEE	ED
		30 - GUARDRAIL FACE		IRRIER EDIAN OTHER BARRIER	42 - CULV	EKI	49 - FIRE	HYDRANT						2 - CALCULATED / EDR 3 - UNDETERMINED	
	6										POSTED	SPEED		3 - GNDE I ERMINED	
	4										. 3	5			
HSY	1 78304 OH1U 1/19 [	FIRST HARMFUL EVEN	IT	1	MOST HARM	MFUL EVENT							PAGE	OF	

_	OH OF SAPET	O DEPARTMENT PUBLIC SAFETY						2,0,2,5,2	LOCAL REPORT NUMBER	
	UNIT#	OWNER NAME: LAST, FIRST, MIDDL  MOORE KO	<sup>E</sup> (■ Sa RDRELL JAROI	me As Driver) <b>V</b>	OWNER PI	HONE: INCLUDE AREA CODE	( Same As Driver)		DAMAGE DAMAGE SCALE	
ER		SS: STREET, CITY, STATE, ZIP	( Same As [	1 - NONE	3 - FUNCTIONAL DAMAGE					
OWN	5723	E 139 ST		4 2 - MINOR DAMAGE	4 - DISABLING DAMAGE 9 - UNKNOWN					
	COMMERCIAL CA	RRIER: NAME, ADDRESS, CITY, STATE, ZIF	P	AREA CODE		DAMAGED AREA(S)				
F	LP STATE LICENSE PLATE # VEHICLE IDENTIFICATION # VEHICLE YEAR VEHICLE MAKE								INDICATE ALL THAT APPLY	
O_H_U206551						2 0 1 5	Chrysler  VEHICLE MODEL	11 12 1	11 12 1	
		Go Auto In		10685		GRY	Other/Unknow	10 11 1	2 10 11 1 2	
	TYPE OF USE  COMMERCIAL GOVERNMENT RESPONSE		US DOT#	1 '	BY: COMPANY NAME ERSTATE TO	WING	9 3	3 9 9 3 3		
	INTERLO		# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS.	·	HAZARDOUS I		8 7 5	4 8 7 y 5 4	
	DEVICE EQUIPPE	HIT/SKIP UNIT	0,1	2 - 10,001 - 26K LBS. 3 - >26K LBS.	PLACARD		CLASS# PLACARD ID#	7 6 5	11 12 7 6 5	
		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED	12 - GOLF CART 13 - SNOWMOBILE		+ PASSENGERS)	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST	10_	11 1 2	
	0 1	3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	9 - AUTOCYCLE  10 - MOPED OR MOTORIZED BICYCLE	14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT	21 - HEAVY	EQUIPMENT WITH RIDER OR	26 - BICYCLE 27 - TRAIN	9 (	9 3 3	
	UNIT TYPE	6 - VAN (9-15 SEATS)	11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL	-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 5 4	
/EHICLE		# OF TRAILING UNITS						11 12	5 11 12 1	
>		WAS VEHICLE OPERATING IN AUTOM	OMOUS MODE 2	0 - NO ALITOMATION	3.00	DITIONAL	9 - UNKNOWN	10 11 1	2 10 11 1	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?  1 - YES 2 - NO 9 - OTHER / UNKNOWN  WAS VEHICLE OPERATING IN AUTONOMOUS MODE AUTONOMOUS 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION 5 - FULL AUTOMATION 5 - FULL AUTOMATION							- GARACTIN	9 9 3	3 9 9 3	
		1-NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FAR		21 - MAIL CARRIER	7 5	7 5	
	0 1 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC LITTLY				17 - MOWING 99 - OTHER /UNKNOWN 18 - SNOW REMOVAL 19 - TOWING			7 6 5	7 6 5	
		SPECIAL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SI							12 12 12	
	.0.1.	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER MOTOR VEHICLE CHASSIS		8 - POLE 12 - CONCRETE MIXER 9 - CARGO TANK 13 - AUTO TRANSPORTER		, N	* • =		
		2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	10 - FLA 11 - DU	AT BED	4 - GARBAGE/REFUSE 9 - OTHER / UNKNOWN	,	9 🚅 3 9 🕶 3	
	1 1 1	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES			OR TROUBLE SABLED FROM PRIOR	9 - OTHER / UNKNOWN	6			
Ļ	VEHICLE DEFECTS	TS 0-1ML BLOWD BLYCOME		ACCIDENT  9 - MEDIAN/CROSSING ISLAND  12 - FIRST RESPONDER				6 6 6		
		1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	10 - DRIN 11 - SHA	VEWAY ACCESS RED USE PATHS OR	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - 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]		
		1 - NON-CONTACT 2 - NON-COLLISION 0 1	1 - STRAIGHT AHEAD 2 - BACKING	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	14 - ENT	SOTIATING A CURVE TERING OR CROSSING	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING	IN	NITIAL POINT OF CONTACT	
		3 - STRIKING 4 - STRUCK PRE-CRASH ACTION		9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED	SPECIFIED LOCATION 20 - OTHER NON-MOTORIST  15 - WALKING, RUNNING, 21 - STANDING OUTSIDE  JOGGING, PLAYING DISABLED VEHICLE		1 0 0 - NO DAMAGE			
		5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	IN TRAFFIC  12 - DRIVERLESS	16 - WOI	RKING SHING VEHICLE	99 - OTHER / UNKNOWN	DIAGRAM 13 - TOP	D UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
		5-OTHER / UNKNOWN						10 101	TRAFFIC	
		1 - NONE 2 - FAILURE TO YIELD	7 - LEFT OF CENTER 8 - FOLLOWING TOO	13 - IMPROPER START FROM A PARKED POSITION			21 - LYING IN ROADWAY 22 - NOT DISCERNABLE	TRAFFICWAY FLOW	TRAFFIC CONTROL	
		3 - RAN RED LIGHT 4 - RAN STOP SIGN	CLOSE/ACDA 9 - IMPROPER LANE CHANGING	14 - STOPPED OR PARKED ILLEGALLY	EQU 19 - LOA	JIPMENT D SHIFTING/	23 - OPENING DOOR INTO ROADWAY	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN	
		5 - UNSAFE SPEED 6 - IMPROPER TURN	10 - IMPROPER PASSING 11 - DROVE OFF ROAD	15 - SWERVING TO AVOID 16 - WRONG WAY		ROPER CROSSING	99 - OTHER IMPROPER ACTION	2 2 - TWO-WAY	6 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL	
	CONTRIBUTING CIRCUMSTANCES		12 - IMPROPER BACKING					# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING  1 - NOT INVOLVED	
VT(S)	SEQUENCE OF	FVENTS							2 - INVOLVED - ACTIVE CROSSING	
EVEN		1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	EVENTS  11 - CROSS CENTERLINE -	16 - DAII	WAY VEHICLE	22 - WORK ZONE	2	3 - INVOLVED - PASSIVE CROSSING	
	1 0 8	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION	7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIN 18 - ANIN	MAL - FARM MAL - DEER	MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING,	Un	NIT / NON-MOTORIST DIRECTION	
	0	4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN	20 - MOT	MAL - OTHER OR VEHICLE IN NSPORT	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR		1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST	
	<sup>2</sup> 5 2		GROSS MEDIAN	15 - PEDALCYCLE		KED MOTOR VEHICLE	VEHICLE 24 - OTHER MOVABLE	FROM   4   TO	3 - EAST 7 - SOUTHEAST	
	<sup>3</sup> 2 1			COLLISION WITH FIXED OBJECT	- STRUCK		OBJECT	FROM 4 TO	3 4- WEST 8-SOUTHWEST 9- OTHER / UNKNOWN	
	4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST	43 - CUR 44 - DITC	н	50 -WORKZONE MAINTENANCE EQUIPMENT	UNIT SPEED	DETECTED SPEED	
		26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE	45 - EMB	ANKMENT CE	51 - WALL 52 - BUILDING 53 - TUNNEL		DETECTED SPEED	
	5	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	47 - MAIL 48 - TREE 49 - FIRE	BUX E	54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN	0	3 1 - STATED/ESTIMATED SPEED	
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER					POSTED SPEED	2 - CALCULATED / EDR 3 - UNDETERMINED	
	б							FUSTEU SPEEU		
	<sub> </sub> 1 <sub> </sub>	FIRST HARMFUL EVENT	<sub>1</sub> 1 <sub>1 1</sub>	MOST HARMFUL EVENT				3   5		
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OHIO DEPARTMENT MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER						
SAPETY - SERVICE - PROTE	RETTON WICHORIS	OI / NON-N	VIO I OKIS	<b>3</b> 1					2	0 2 5	2 _	7   7	_ 8 _		
M UNIT# NAME: LAST, FRST, MIDDLE O															
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1	139 ST									I PHONE - INCLUDE AREA CO	DE I	1	1 1	1	1 1
INJURIES INJURED TAKEN	EMS AGENCY (NAME)	IN	NJURED TAKEN TO: MEDICA			_	EQUIPMENT			SEATING P	OSITION	AIR BAG U	SAGE E	JECTION	TRAPPED
N 3 BY 1	_ Garfield Hei	ghts FD					_9_	_9_	MC HELMET	T O	1	<u>4_</u>	∟	1	_ 1
- OL STATE OPER	RATOR LICENSE NUMBER	•	OFFENSE CH	HARGED		LOCAL CODE	OFFENSE DE	SCRIPTION		'		CITATION N	NUMBER		•
O OLCLASS ENDORSE	MENT	[	333.02			•		or War				G202	52093		
O OL CLASS ENDORSEI SELECT UP		I SELECT UP TO 3 DIS BY	STRACTED	ALCOH	COHOL / DRUG SUSPECTE		CONDITIO	STATU		HOL TEST VALUE	STAT	US T	DRUG TES YPE		SELECT UP TO 4
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ADDRESS: STREET, CITY S	, STATE, ZIP								CONTAC	T PHONE - INCLUDE AREA CO	DE	1	1 1	i	1 1
I INJURIES INJURED	EMS AGENCY (NAME)	P	NJURED TAKEN TO: MEDICA	AL FACILITY (N	NAME, CITY)	SAFETY	EQUIPMENT			SEATING PO	OSITION	AIR BAG US	SAGE E.	IECTION	TRAPPED
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OL STATE OPER	RATOR LICENSE NUMBER		OFFENSE CH	HARGED		LOCAL CODE	OFFENSE DES	SCRIPTION				CITATION N	IUMBER		
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R ADDRESS: STREET, CITY, I S	, STATE, ZIP								CONTAC	T PHONE - INCLUDE AREA CO	DE				
T INJURIES INJURED TAKEN	EMS AGENCY (NAME)	IN	JURED TAKEN TO: MEDICA	AL FACILITY (N	AME, CITY)	SAFETY	EQUIPMENT			SEATING PO	OSITION	AIR BAG US	SAGE E.	IECTION	TRAPPED
N BY						USED	1 1		DOT-COMPLIA MC HELMET		1	ı		ı	l,
- OL STATE OPER	RATOR LICENSE NUMBER		OFFENSE CH	HARGED		LOCAL CODE	OFFENSE DE	SCRIPTION				CITATION N	IUMBER	,	
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O OL CLASS ENDORSEI SELECT UP		SELECT UP TO 3 DIST BY	VER TRACTED	ALCOHO	OHOL / DRUG SUSPECTE	ED PLILIANA	CONDITION	STATU		VALUE	STATI	US TY	DRUG TES		SELECT UP TO 4
s T				OTHER				_  _	ىــا اــ	•		∟	_		
INJURIES	SEATING P		AIR BAG		OL CL	ASS		OL RESTRICT			ISTRACTION		- NONE GIVEN	TEST STAT	US
1 - FATAL 2 - SUSPECTED SERIOUS INJURY	(MOTORCYCLE DRIV 2 - FRONT - MIDDLE	ER)	DEPLOYED OYED FRONT		1 - CLASS A 2 - CLASS B		DEV			1 - NOT DISTRACTED 2 - MANUALLY OPERA	TING AN		- TEST REFUSI		
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SID	-	OYED SIDE		3 - CLASS C			. INTRASTATE ON RRECTIVE LENSE		DEVICE (TEXTING, T		3	- TEST GIVEN, SAMPLE / UN		ATED
4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	4 - SECOND - LEFT SIE (MOTORCYCLE PASS	SENGER) 4 - DEPL	OYED BOTH FRONT / SI	SIDE	4 - REGULAR CLASS (OF	HIO = D)		RM WAIVER CEPT CLASS A BU	S	DIALING) 3 - TALKING ON HANDS	S-FREE	4	- TEST GIVEN,		NOWN
	5 - SECOND - MIDDLE 6 - SECOND - RIGHT S		OYMENT UNKNOWN		6 - NO VALID OL			CEPT CLASS A LASS B BUS		COMMUNICATION E 4 - TALKING ON HAND		5	- TEST GIVEN,	RESULTS U	INKNOWN
INJURED TAKEN BY  1 - NOT TRANSPORTED	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE							CEPT TRACTOR-TI		COMMUNICATION E	EVICE				
/TREATED AT SCENE 2 - EMS	8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE							STRICTIONS RNER'S PERMIT		5 - OTHER ACTIVITY W ELECTRONIC DEVICE			A1.	COHOL TES	TTVDE
3 - POLICE	10 - SLEEPER SECTIO TRUCK CAB	N OF 1 - NOT E	EJECTION EJECTED		OL ENDOR	SEMENI	RES	STRICTIONS MITED TO DAYLIG	нт	6 - PASSENGER 7 - OTHER DISTRACTION	ON INSIDE	1	1 - NONE	CONOL TES	TIFE
9 - OTHER / UNKNOWN	11 - PASSENGER IN O' ENCLOSED CARG	O AREA	IALLY EJECTED		M - MOTORCYCLE P - PASSENGER		ON			THE VEHICLE 8 - OTHER DISTRACTION	ONS OUTSIDE		2 - BLOOD 3 - URINE		
	(NON-TRAILING UNI PICK-UP WITH CAP)	IT, BUS, 3 - TOTAL	LLY EJECTED APPLICABLE		N - TANKER		12 - LIN	MITED - OTHER		THE VEHICLE 9 - OTHER / UNKNOWN		'	4 - BREATH		
SAFETY EQUIPMENT  1 - NONE USED	UNENCLOSED				Q - MOTOR SCOOTER		(SP	ECIAL BRAKES, HA NTROLS, OR OTHE	ND			5	5 - OTHER		
2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED	CARGO AREA 13 - TRAILING UNIT	1 - NOT T	TRAPPED TRAPPED		R - THREE-WHEEL MOTO	ORCYCLE	ADA	APTIVE DEVICES)  LITARY VEHICLES							
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -	14 - RIDING ON VEHIC EXTERIOR	Z-LXIII	ICATED BY IANICAL MEANS		T - DOUBLE & TRIPLE TR	RAILERS	15 - MC	OTOR VEHICLES THOUT AIR BRAK				1	- NONE	RUG TEST	TYPE
FORWARD FACING 6 - CHILD RESTRAINT SYSTEM -	(NON-TRAILING UNIT 15 - NON-MOTORIST	7) 3 - FREED	D BY		X - TANKER / HAZMAT		16 - OU	JTSIDE MIRROR	-0	CON	DITION		- BLOOD		
REAR FACING 7 - BOOSTER SEAT	99 - OTHER / UNKNOW	/N NON-N	MECHANICAL MEANS				17 - PR 18 - OT	ROSTHETIC AID THER		1 - APPARENTLY NOR			- URINE - OTHER		
8 - HELMET USED										2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G. D					
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)					GEND	ER				ANGRY, DISTURBED) 4 - ILLNESS		1	DRU I - AMPHETAMIN	IG TEST RE	SULT(S)
10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN					F - FEMALE M - MALE					5 - FELL ASLEEP, FAIN	ITED,	2	- BARBITURAT	ES	
/ BICYCLE ONLY 99 - OTHER / UNKNOWN					U - OTHER/UNKNOWN					FATIGUED, ETC.  6 - UNDER THE INFLU	NCE OF	4	3 - BENZODIAZE 4 - CANNABINOI		
										MEDICATIONS / DRU			6 - COCAINE 6 - OPIATES / OF	PIOIDS	
										9 - OTHER / UNKNOWI	١	7	7 - OTHER 3 - NEGATIVE RI		
												8	- NEGATIVE KI	LUULIO	

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OHIO D	DEPARTMENT BLIC SAFETY	OCCUPANT / WIT	LOCAL REPORT NUMBER									
SAPETY - SI	ERVICE - PROTECTION		112007	NDDENDOM		2   0   2   5   2	7   7   8					
UNIT #	NAME: LAST, FI	RST, MIDDLE		DATE OF BIRTH AGE GENDER								
ADDRESS: STRE	EET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									
ADDRESS: STRE	, , , ,											
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		DOT-COMPLIANT MC HELMET	POSITION AIR BAG USAG	GE EJECTION	TRAPPED					
UNIT#	NAME: LAST, FI	RST, MIDDLE		DATE OF BIRT	тн	AGE	GENDER					
ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DDE					
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	SEATING DOT-COMPLIANT	POSITION AIR BAG USAG	GE EJECTION	TRAPPED			
						MC HELMET						
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRT	тн	AGE	GENDER			
ADDRESS: STRE	EET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CO	DDE					
ADDRESS: STRE						ONTAGE FROME - INCLUDE AREA CUDE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING	POSITION AIR BAG USAG	GE EJECTION	TRAPPED			
						MC HELMET		_				
UNIT#	NAME: LAST, FI	RST, MIDDLE				DATE OF BIRT	тн	AGE	GENDER			
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	POSITION AIR BAG USAG	EJECTION	TRAPPED			
1	TAKEN BY			MONES PARENTS MEDIONE PROBERTY (MARE) GITTY	USED	DOT-COMPLIANT MC HELMET			1			
	IN LIN	JURIES		SAFETY EQUIPMENT USED	SEATI	NG POSITION	AIRE	BAG USAGE				
2 - SUSPECTED S 3 - SUSPECTED M 4 - POSSIBLE INJU 5 - NO APPARENT 1 - NOT TRANSP TREATED AT 2 - EMS 3 - POLICE	MINOR INJURY URY T INJURY  INJURE	ED TAKEN BY	3 - LAP BELT OI 4 - SHOULDER 5 - CHILD REST FORWARD F. 6 - CHILD REST REAR FACIN 7 - BOOSTER S 8 - HELMET US! 9 - PROTECTIVI (ELBOWS, KN 10 - REFLECTIV	BELT ONLY USED  NLY USED  & LAP BELT USED  RANNI SYSTEM - ACING  RANNI SYSTEM - G  G  EAT  ED  F PADS USED  HEES, ETC.)	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCY 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCL 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK 11 - PASSENGER IN OTHER ENCLC (NON-TRAILING UNIT) 8U; PICK-U 12 - PASSENGER IN UNENCLOSED 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST	E SIDE CAR)  CAB  SIED CARGO AREA P WITH CAP)  CARGO AREA	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT LINKNOWN  EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED					
9 - OTHER / UNK  F - FEMALE  M - MALE  U - OTHER/UNKN	G	ENDER	11 - LIGHTING - / BICYCLE OF 99 - OTHER / UI	NLY	99 - OTHER / UNKNOWN		RAPPED					
NAME: LAST, FIRST	r, MIDDLE			DATE OF BIOT	2 - EXTRICATED BY MECHAN 3 - FREED BY NON-MECHANIC		GENDER					
RODRIG	SUEZ	JOSE	DATE OF BIRTH    0   2   2   6   1   9   7   2   5   3     M									
		D TRL BRECKSVILL		111		<u> </u>						
NAME: LAST, FIRST	r, MIDDLE		DATE OF BIRT	ГН	AGE	GENDER						
ADDRESS: STREET	T, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
NAIS-							<u>                                     </u>	105				
NAME: LAST, FIRST,						DATE OF BIRT		AGE	GENDER			
ADDRESS: STREET	T, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE									

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## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20252778	REPORTING AGENCY GARFIELD HEIGHTS		DATE OF CRASH M 10 D 22 Y 2025
IN COUNTY OF 18	CRASH LOCATION SR 17		
Unit 2 driver stated he turne	ed right onto Granger F	Rd. from Turney Rd. Unit	2 driver
stated he swerved to avoid	a vehicle traveling wes	stbound in the turning la	ne and over
corrected his steering whee	el. Unit 2 driver lost cor	ntrol while holding the br	eaks.
Witness on scene identified	as Jose Rodriguez, w	as driving and observed	l the
accident. Jose stated Unit 2	turned right onto Gra	nger Rd. and lost contro	I from the
rear. On Granger Rd. Jose	stated the vehicle app	eared to be traveling ap	oroximately
50 miles per hour, lost conti	rol, hit the curb, went i	nto the air, and then stru	ick the house
and vehicle parked in the dr	riveway. Jose's statem	ent was attached to this	report.
			•
On scene it was clear where	e Unit 2 had lost contro	ol running off the roadwa	av in the front
			y iii tiio iioiit
yard of 11410 Granger Rd.	leaving tire marks thro	ugnout the yard.	
House address that was str	uck is 11412 Granger	Rd. The cement/brick fro	ont porch
was ripped off the home. Cr	racks were located on	the foundation of the ho	me and
Garfield Heights FD respon	ded to the scene. The	homeowner, Jing Li, wa	s identified
through the Cuyahoga Cou	nty website.		
Unit 2 operator, Kordrell Mo	oore, was arrested for v	willful or wanton disrega	rd.
		OFFICER'S SIGNATURE	BADGE NUMBER 051