| OHIO DEPARTMENT OF PUBLIC SAFETY TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT | | | | | | | LOCAL REPORT NUMBER * | | | | | |
|--|--|--|---|--|--|--|---|---|---|---|--|--|
| □ PHOTOS TAKEN □ OH2 □ OH3 □ COCAL INFORMATION Rockside Chiropractic | | | | | | [2 0 2 5 2 8 0 3 | | | | | | |
| SECONDARY CRASH OH-1P OTHER Private Property | | | REPORTING AGENCY NAME* GARFIELD HEIGHTS O 1 8 2 0 | | | | | 2 HIT/SKIP 1 - Solved 2 - Unsolved | NI IMPED OF LIMITS | 0 1 98 - ANIMAL 99 - UNKNOWN | | |
| COUNTY* LOCALIT | COUNTY LOCATION CRY WE LOC TAMAGENET | | | | | | | CRASH DA | TE/TIME * | CRASH SEVERITY | | |
| 1 8 1 | 1-CIY* 2-VIII AGE* | | | | | | | 1026202 | 5 1- FATAL 2- SERIOUS INJURY SUSPECTED | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST | LOCATION RO | | | ROAD TYPE | LATITUDE DECIMAL DECIDEDS 3- MINOR INJU- SUSPECTED | | | | |
| L | | | 4-WEST 5004 TURNEY | | | 4 - INJURY POSSIBLE 5 - PROPERTY DAM ONLY | | | | | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE 5004 TU | CE ROAD NAME (ROAD, MILEPOST, HOUS JRNEY | SE#) | ROAD TYPE | - 8 1 1 6 1 | | ONLY | | |
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST | 1 - NORTH | IR - INTE | ROLITE TYPE | | ROAN AL-ALLEY HW-HI | GHWAY RI | D - ROAD | ☐ WITHIN INTERSE | INTERSECTION RELATE | D | | |
| 3 - HOUSE# | 1 2-SOUTH 3-EAST 4-WEST | SR - STA | ERAL US ROUTE TE ROUTE IBERED COUNTY ROU | | AV - AVENUE LA - LAN BL - BOULEVARD MP - MII CR - CIRCLE OV - OV CT - COURT PK - PAI | MILEPOST ST - STREET DVAL TE - TERRACE | | ☐ WITHIN INTERCH | NUMBER OF APPROACHES | | | |
| DISTANCE CDOM DECEDEMOE | DISTANCE | | BERED TOWNSHIP | | DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLA | E W. | TL - TRAIL WA - WAY | NUMBER OF APPROACHES ROADWAY | | | | |
| 5 0 | 2 - Feet 3 - Yards | | | | | | | ROADWAY DIVIDED | | | | |
| | CATION OF EIDST HADMEI II DWAY 9 - CROSSOVE | | | | IANNER OF CRASH COLLISION | | | DIRECTION OF TRAVEL MEDIAN TYPE | | | | |
| 2 - ON SHOU 3 - IN MEDIA 4 - ON ROAD | JLDER 10 - DRIVEWAY IN ACCESS DSIDE 11 - RAILWAY | Y / ALLEY GRADE | 1 | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN | 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE | ₹ | | 1 - NORTH 1 - DIVIDED FLUSH MEDIAN (-4 FEET) | | | | |
| 5 - ON GORE 6 - OUTSIDE TRAFFICI | 12 - SHARED L WAY OR TRAIL | JSE PATHS S | | TRANSPORT 2 - REAR-END | 7 - SIDESWIPE, SAI 8 - SIDESWIPE, OP 9 - OTHER / UNKNI | POSITE DIRECTION | | 3 - EAST 4 - WEST | (≥4 F 3 - DIVIE | DED FLUSH MEDIAN EET) DED, DEPRESSED MEDIAN DED, RAISED MEDIAN | | |
| 7 - ON RAMP 8 - OFF RAM | | TH | | 3 - HEAD-ON | 3 - OTHER / UNKN | O.111 | | | (ANY | TYPE) NOISED MEDIAN TYPE) UNKNOWN | | |
| | | | | | | | | | | | | |
| WORK ZONE RELATED WORKERS PRESENT | | WORK ZO LANE CLOSURE LANE SHIFT/CROS | | | LOCATION OF CRA 1 - BEFORE TH WARNING S | IE 1ST WORK ZONE | | CONTOUR | CONDITIONS | SURFACE | | |
| LAW ENFORCEMENT PRESENT | 3 - | WORK ON SHOULD OR MEDIAN | ER | | 2 - ADVANCE V 3 - TRANSITION 4 - ACTIVITY AI | VARNING AREA N AREA REA | | 1 | 1.009 | 2 | | |
| 4 - INTERMITTENT OR MOVING WORK 5 - TERMINATION AREA 5 - OTHER | | | | | | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | 1 - DRY 2 - WET 3 - SNOW 4 - ICE | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT | | | | |
| | CONDITION | | | | WEATHER | | | 4 - CURVE GRADE 9 - OTHER /UNKNOWN | 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, | 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE | | |
| 1 - DAYLIGHT 1 - LLEAR 6 - SNOW 2 - DAWNIDUSK 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 3 - DARK - LIGHTED ROADWAY 3 - FOG. SMOG. SMOKE 8 - BLOWNING SAND, SOIL, DIRT, SNOW | | | | | | | | MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 5 - DIRT 9 - OTHER /UNKNOWN | | | |
| | OWN ROADWAY LIGHTING | | 4 - RAIN 5 - SLEET | HAIL | 9 - FREEZING RAIN OR FR 99 - OTHER / UNKNOWN | EEZING DRIZZLE | | | | | | |
| | | | | | | | | | | | | |
| NARRATIVE | | | | | | | | | | Indicate the north | | |
| UNIT ONE WAS TRAVELING THROUGH THE PARKING | | | | | | | | | | | | |
| LOT OF THE 1 | TURNEY TOW | N PLAZ | A. UNIT (| ONE WAS | S | | | | | | | |
| UNABLE TO K | EEP CONTRO | OL OF T | HE VEHI | CLE | | | | | TURNEY | RD | | |
| STRIKING A P | OLE IN THE F | PARKING | G.LOT.IN | FRONT (| DF | | | | N \\ | | | |
| ROCKSIDE CH | ROCKSIDE CHIROPRACTOR | | | | | | | | | /// | | |
| | | | | | | | UNIT 1 | | | | | |
| | | | | | | | 7 | PRIVAT | E DRIVE TO PARKING LOT | | | |
| | | | | | | 5004 TU | RNEY RD/ ROCKSI | DE CHIROPRACTOR | | ///// | | |
| | | | | | | | ///// | | | | | |
| | | | | | | | ///// | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CRASH REPORTED DATE/TIME DISPATCH DATE/TIME ARRIVAL DATE/TIME 1 0 2 6 2 0 2 5 0 2 1 6 1 0 2 6 2 0 2 5 0 2 1 7 1 0 2 6 2 0 2 5 0 2 3 3 1 0 2 6 2 0 2 5 0 2 3 3 | | | | | | | SCENE CLEARED DATE/TIME REPORT TAKEN BY POLICE AGENCY | | | | | |
| TOTAL TIME ROADWAY CLOSED | TOTAL TIME ROADWAY OTHER INVESTIGATION TOTAL OFFICER'S NAME * CHECKED BY CONSTRUCTION OF THE CHECKED BY CHECKE | | | | | CHECKED BY OF | DEFICER'S NAME* | | | | | |
| | B. Paul OFFICER'S BADGE NUMBER' | | | | r. Jarzei | CHECKED BY OFFICER'S BADGE NUMBER* CHECKED BY OFFICER'S BADGE NUMBER* | | | | | | |
| | | $\lfloor 2 \rfloor 6 \rfloor$ | | 0 5 | 7 | | | L 1 6 | | | | |

| | OH OF SAFE | HIO DEPARTMENT UNIT | | | | | | LOCAL REPORT NUMBER | | | |
|---------|--|---|--|--|---|--|-------------------------------|--|--|--|--|
| | UNIT# | OWNER NAME: LAST, FIRST, MIDDLE | E (□ Sam | DAMAGE | | | | | | | |
| | 0 1 | PAYNE TEAI | RA MARIE | DAMAGE SCALE | | | | | | | |
| OWNER | - | ESS: STREET, CITY, STATE, ZIP PARKMOUI | (□ Same As Di NT AVF | 1 - NONE 2 - MINOR DAMAGE | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | | | | |
| O | | ARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | | | | | | |
| | | | | | DAMAGED AREA(S) | | | | | | |
| | LP STATE | LICENSE PLATE # JVW5259 | | EHICLE IDENTIFICATION # $ S_1T_1X_1L_1F_10_18_12_1 $ | VEHICLE YEAR 2 , 8 , 1 , 2 , 0 , 2 | | 12 | INDICATE ALL THAT APPLY | | | |
| | INSL | URANCE INSURANCE COMPANY | | INSURANCE POLICY# | VEHICLE COLOR | I | " " | 11 12 | | | |
| | U VE | TYPE OF USE | | US DOT# | WHI TOWED BY: COMPANY NAME | Malibu | 10 1 | 10/ 11/2/2 | | | |
| | COMMERCIAL GOVERNMENT RESPONSE | | 1 1 1 1 1 1 1 | | | 9 8 8 - | 3 9 9 9 9 | | | | |
| | INTERLO | | # OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. | HAZARD MATERIAL RELEASED | OUS MATERIAL CLASS # PLACARD ID # | 8 7 8 | 4 8 7 9 5 4 | | | |
| | EQUIPPE | | 0 1 _ | 2 - 10,001 - 26K LBS. 3 - >26K LBS. | PLACARD | | 7 6 5 | 12 7 6 5 | | | |
| | | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED | 12 - GOLF CART 13 - SNOWMOBILE | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE | 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST | 10/ | 11 1 2 2 | | | |
| | 0 1 | 3 - SPORT UTILITY VEHICLE 4 - PICK UP | 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE | 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR | 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR | 26 - BICYCLE 27 - TRAIN | 9 (| 9 3 3 | | | |
| | UNIT TYPE | 5 - CARGO VAN 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT 17 - MOTORHOME | ANIMAL-DRAWN VEHICLE | 99 - UNKNOWN OR HIT/SKIP | a 7 1 5 74 | | | | |
| /EHICLE | 0 | # OF TRAILING UNITS | | | | | 11 12 | 7 6 5 112 1 | | | |
| Ν | | | | | | | 10 11 1 | 10 11 1 | | | |
| | 2 | WAS VEHICLE OPERATING IN AUTONO WHEN CRASH OCCURED? | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION | 9 - UNKNOWN | 9 9 3 | 3 9 9 3 | | | |
| | | 1 - YES 2 - NO 9 - OTHER / UNKNO | most terte | | 5 - FULL AUTOMATION | | 8 7 5 7 | 8 7 5 74 | | | |
| | 1 - NONE 6 - BUS - CHARTER/TOUR 2 - TAXI 7 - BUS - INTERCITY 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE | | | 11 - FIRE 12 - MILITARY 13 - POLICE | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL | 21 - MAIL CARRIER 99 - OTHER /UNKNOWN | 7 6 5 | 7 6 5 | | | |
| | SPECIAL FUNCTION | 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER | 9 - BUS - OTHER 10 - AMBULANCE | 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 19 - TOWING 20 - SAFETY SERVICE PATROL | | | 12 12 12 | | | |
| | | 1 - NO CARGO BODY TYPE | 3 - VEHICLE TOWING ANOTHER | 5 - INTERMODAL CONTAINER | 8 - POLE | 12 - CONCRETE MIXER | 12 | 1 1 🖹 | | | |
| | O 1 | / NOT APPLICABLE 2 - BUS | MOTOR VEHICLE 4 - LOGGING | CHASSIS 6 - CARGO VAN/ENCLOSED BOX | 9 - CARGO TANK 10 - FLAT BED | 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | 9 1 19 9 | 3 9 8 3 | | | |
| | TYPE | T | | 7 - GRAIN/CHIPS/GRAVEL | 11 - DUMP | 55 - OTHER / UNKNOWN | 0 | | | | |
| | VEHICLE | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER / UNKNOWN | 6 | 6 6 6 | | | |
| H | DEFECTS | 1 - INTERSECTION - | 3 - INTERSECTION - OTHER | 6 - BICYCLE LANE | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER | - NO DAMAGE [0] | UNDERCARRIAGE [14] | | | |
| | NON-MOTORIST | MARKED CROSSWALK 2 - INTERSECTION - | 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION | 7 - SHOULDER/ROADSIDE 8 - SIDEWALK | 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS | AT INCIDENT SCENE 99 - OTHER / UNKNOWN | TOP [13] | - ALL AREAS [15] | | | |
| | LOCATION AT IMPACT | UNMARKED CROSSWALK | | | | 18 - APPROACHING | _ | F NOT AT SCENE [16] | | | |
| | | 1 - NON-CONTACT 2 - NON-COLLISION | 1 - STRAIGHT AHEAD 2 - BACKING | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION | OR LEAVING VEHICLE 19 - STANDING | INI | TIAL POINT OF CONTACT | | | |
| | | 3 - STRIKING 4 - STRUCK PRE-CRASH ACTION | 4 OVERTIMENTO NOTICE | 10 - PARKED 11 - SLOWING OR STOPPED | 15 - WALKING, RUNNING, JOGGING, PLAYING | 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE | 1 1 1 0 - NO DAMAGE | 14 - UNDERCARRIAGE UNIT 15 - VEHICLE NOT AT SCENE | | | |
| | ACTION | 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN | IN TRAFFIC 12 - DRIVERLESS | 16 - WORKING 17 - PUSHING VEHICLE | 99 - OTHER / UNKNOWN | DIAGRAM 13 - TOP | 99 - UNKNOWN | | | |
| | | 3- OTHER / ONRINGIN | | | | | | TDAFFIC | | | |
| | | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE | TRAFFICWAY FLOW | TRAFFIC CONTROL | | | |
| | | 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN | 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE | 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ | 23 - OPENING DOOR INTO ROADWAY | 1 - ONE-WAY | 1 - ROUNDABOUT | | | |
| | 2 2 | 5 - UNSAFE SPEED 6 - IMPROPER TURN | CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD | 15 - SWERVING TO AVOID 16 - WRONG WAY | FALLING/SPILLING 20 - IMPROPER CROSSING | 99 - OTHER IMPROPER ACTION | 2 2 - TWO-WAY | 6 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL | | | |
| | CONTRIBUTING CIRCUMSTANCES | | 12 - IMPROPER BACKING | | | | # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING | | | |
| (S) | | | | | | | | 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING | | | |
| EVENT(S | SEQUENCE OF | EVENTS | | EVENTS | | | 2 | 3 - INVOLVED - PASSIVE CROSSING | | | |
| | | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM | 22 - WORK ZONE MAINTENANCE EQUIPMENT | | | | | |
| | | 3 - IMMERSION 4 - JACKKNIFE | UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT | 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN | 23 - STRUCK BY FALLING, SHIFTING CARGO OR | UNI | IT / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST | | | |
| | 2 | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN | 14 - PEDESTRIAN 15 - PEDALCYCLE | TRANSPORT 21 - PARKED MOTOR VEHICLE | ANYTHING SET IN MOTION BY A MOTOR VEHICLE | | 2 - SOUTH 6 - NORTHWEST | | | |
| | 3. | | | | | 24 - OTHER MOVABLE OBJECT | FROM 9 TO | 9 4- WEST 8- SOUTHEAST | | | |
| | | | | COLLISION WITH FIXED OBJECT | T - STRUCK 43 - CURB | 50 -WORKZONE MAINTENANCE | | 9 - OTHER / UNKNOWN | | | |
| | 4, , , | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT | 44 - DITCH 45 - EMBANKMENT | EQUIPMENT 51 - WALL | UNIT SPEED | DETECTED SPEED | | | |
| | | STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE 41 - OTHER POST, POLE OR | 46 - FENCE 47 - MAILBOX | 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT | | 3 11-STATED/ESTIMATED SPEED | | | |
| | 5 | 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | SUPPORT 42 - CULVERT | 48 - TREE 49 - FIRE HYDRANT | 99 - OTHER / UNKNOWN | | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR | | | |
| | 6, , , | | STREET BY WILLIAM | | | | POSTED SPEED | 3 - UNDETERMINED | | | |
| | | | | | | | | | | | |
| | _ 1 | FIRST HARMFUL EVENT | 1 | OST HARMFUL EVENT | | | 0 | | | | |
| HS | Y8304 OH1U 1/19 [| [760-0820] | - | | • | | | PAGE OF | | | |

| OHIO DEPARTMENT OF PUBLIC SAFETY | MOTORIST / NO | N-MOTORI | ST | | | | | LOCAL REPORT | NUMBER | | |
|---|---|--|--|----------------------|--|--|---|--------------|--------------------------------|---------------------------|-------------|
| M UNIT# NAME: LAST, FIR | | | | | | 2 | 0 2 5 | 2 8 | 0 3 | <u> </u> | GENDER |
| UNKI | DATE OF BIRTH AGE GENUER | | | | | | | | | | |
| R ADDRESS: STREET, CITY, STATE, ZIP I I I I I I I I I I I I I I I I I I I | OWN. | 1.18 | II (NI OVA INI | 011 | | CONTACT PHO | NE - INCLUDE AREA CODE | 1 1 | | | |
| UNKING | MS AGENCY (NAME) | | CAL FACILITY (NAME, CITY) | OH SAFETY EQUI | | | SEATING POSIT | TION AIR B | AG USAGE | EJECTION | TRAPPED |
| N | | | | USED | | DOT-COMPLIANT MC HELMET | | | 4 L | L | 1 |
| OL STATE OPERATOR LIC | ENSE NUMBER | OFFENSE | CHARGED | LOCAL CODE | DFFENSE DESCRIPTION | | • | CITAT | TION NUMBER | | |
| O OL CLASS ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED | ALCOHOL / DRUG SUSPECT | | CONDITION | ALCOHOL T | ST VALUE | STATUS | DRUG TE | ST(S) RESULT SEL | ECT UP TO 4 |
| | | BY L | ALCOHOL M | ARIJUANA | | | | L | | | |
| M UNIT# NAME: LAST, FIRE | ST, MIDDLE | | | | | | DATE OF BIR | тн | AGE | | GENDER |
| R ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT PHO | NE - INCLUDE AREA CODE | | | | |
| | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDI | CAL FACILITY (NAME, CITY) | SAFETY EQUI | IPMENT | | SEATING POSIT | TION AIR B | AG USAGE I | EJECTION | TRAPPED |
| N BY | | | | USED | | DOT-COMPLIANT MC HELMET | | | | | |
| OL STATE OPERATOR LIC | ENSE NUMBER | OFFENSE (| CHARGED | LOCAL O | FFENSE DESCRIPTION | | | CITAT | ION NUMBER | | |
| O OL CLASS ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED | ALCOHOL / DRUG SUSPECT | ED | CONDITION | ALCOHOL TO | VALUE | STATUS | DRUG TE | ST(S) RESULT SELE | ECT UP TO 4 |
| 1 S T | | BT | ALCOHOL MA OTHER DRUG | ARIJUANA | | = l | | L | | LLL L | |
| M UNIT# NAME: LAST, FIRE | ST, MIDDLE | | | · | • | | DATE OF BIR | тн | AGE | | GENDER |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | CONTACT BHO | NE - INCLUDE AREA CODE | | | | |
| I S | | | | | | L | NE - INCLUDE AREA GODE | | | | |
| INJURIES INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDIC | CAL FACILITY (NAME, CITY) | SAFETY EQUIF USED | PMENT | DOT-COMPLIANT MC HELMET | SEATING POSIT | TION AIR B. | AG USAGE | EJECTION | TRAPPED |
| OL STATE OPERATOR LIC | ENSE NUMBER | OFFENSE (| CHARGED | | OFFENSE DESCRIPTION | MC RELINET | | CITAT | ION NUMBER | | |
| O OLCLASS ENDORSEMENT | | | | CODE | | | | | | | |
| O OL CLASS ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECT ALCOHOL MA | TED ARIJUANA | CONDITION | TYPE | VALUE | STATUS | DRUG TE | ST(S) RESULT SELI | ECT UP TO 4 |
| s т | | | OTHER DRUG | L | | <u> </u> | | | | | |
| 1 - FATAL | SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | LASS | 1 - ALCOHOL INTERLOCK DEVICE | 1- | DRIVER DISTR NOT DISTRACTED | | 1 - NONE GIVE | TEST STATUS | |
| 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | | 2 - CDL INTRASTATE ONLY | | MANUALLY OPERATING ELECTRONIC COMMUN | | 2 - TEST REFU | | |
| 4 - POSSIBLE INJURY | 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE | 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / | 3 - CLASS C SIDE 4 - REGULAR CLASS (C | 01110 = D) | 3 - CORRECTIVE LENSES 4 - FARM WAIVER | | DEVICE (TEXTING, TYPIN | IG, | 3 - TEST GIVEN SAMPLE / U | I, CONTAMINATE NUSABLE | ED |
| 5 - NO APPARENT INJURY | (MOTORCYCLE PASSENGER) | 5 - NOT APPLICABLE | 5 - M / C MOPED ONLY | , | 5 - EXCEPT CLASS A BUS | | DIALING) TALKING ON HANDS-FF | REE | 4 - TEST GIVEN | , RESULTS KNO | WN |
| | 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | | 6 - EXCEPT CLASS A & CLASS B BUS | | COMMUNICATION DEVI | | 5 - TEST GIVEN | I, RESULTS UNK | NOWN |
| INJURED TAKEN BY | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | | 7 - EXCEPT TRACTOR-TRAI | ILER | TALKING ON HAND-HEL COMMUNICATION DEVI | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 8 - THIRD - MIDDLE | | | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | E 5- | OTHER ACTIVITY WITH | AN | | | |
| 2 - EMS | 9 - THIRD - RIGHT SIDE | EJECTION | OL ENDO | RSEMENT | 9 - LEARNER'S PERMIT RESTRICTIONS | 6- | PASSENGER | | | LCOHOL TEST T | YPE |
| 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB | 1 - NOT EJECTED | H - HAZMAT | | 10 - LIMITED TO DAYLIGHT | 7 - | OTHER DISTRACTION II | NSIDE | 1 - NONE | | |
| 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | | ONLY 11 - LIMITED TO EMPLOYME | | THE VEHICLE OTHER DISTRACTIONS | OUTSIDE | 2 - BLOOD 3 - URINE | | |
| | (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED 4 - NOT APPLICABLE | P - PASSENGER N - TANKER | | 12 - LIMITED - OTHER | | THE VEHICLE | | 4 - BREATH | | |
| SAFETY EQUIPMENT | 12 - PASSENGER IN | 4-NOT APPLICABLE | Q - MOTOR SCOOTER | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND | | OTHER / UNKNOWN | | 5 - OTHER | | |
| 1 - NONE USED 2 - SHOULDER BELT ONLY USED | UNENCLOSED CARGO AREA | TRAPPED | R - THREE-WHEEL MO | | CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | |
| 3 - LAP BELT ONLY USED | 13 - TRAILING UNIT | 1 - NOT TRAPPED | S - SCHOOL BUS | | 14 - MILITARY VEHICLES OF | NLY | | | | DRUG TEST TYP | PE |
| 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - | 14 - RIDING ON VEHICLE EXTERIOR | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE 1 | TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | | | 1 - NONE | | |
| FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - | (NON-TRAILING UNIT) 15 - NON-MOTORIST | 3 - FREED BY | X - TANKER / HAZMAT | | 16 - OUTSIDE MIRROR | | CONDITI | ION | 2 - BLOOD | | |
| REAR FACING | 99 - OTHER / UNKNOWN | NON-MECHANICAL MEANS | | | 17 - PROSTHETIC AID 18 - OTHER | 1 | - APPARENTLY NORMAL | - | 3 - URINE | | |
| 7 - BOOSTER SEAT 8 - HELMET USED | | | | | | | - PHYSICAL IMPAIRMEN | | 4 - OTHER | | |
| 9 - PROTECTIVE PADS USED | | | | | | | - EMOTIONAL (E.G. DEPR ANGRY, DISTURBED) | RESSED, | | RUG TEST RESUL | IT(S) |
| (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING | | | GEN F - FEMALE | IDER | | | - ILLNESS | | 1 - AMPHETAN | | (0) |
| 11 - LIGHTING - PEDESTRIAN | | | M - MALE | | | | - FELL ASLEEP, FAINTED | Ο, | 2 - BARBITURA | | |
| / BICYCLE ONLY 99 - OTHER / UNKNOWN | | | U - OTHER/UNKNOWN | | | | FATIGUED, ETC. | | 3 - BENZODIAZ 4 - CANNABINO | | |
| | | | | | | | - UNDER THE INFLUENC MEDICATIONS / DRUGS | | 5 - COCAINE | | |
| | | | | | | | ALCOHOL | | 6 - OPIATES / C 7 - OTHER | OPIOIDS | |
| | | | | | | 9 | - OTHER / UNKNOWN | | 8 - NEGATIVE I | RESULTS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER 20252803 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF M 10 | CRASH D 26 Y 2025 |
|------------------------------|---------------------------------------|-----------------|----------------------|
| IN COUNTY OF 18 | CRASH LOCATION Rockside Chiropractic | | • |
| GHPD DISPATCH WAS AB | LE TO REVIEW CITY CAMERAS AND C | BSERVED A | |
| BLACK SUV BEARING OH | - JFA7373 PARK NEXT TO THE HIT SKI | P VEHICLE. | |
| THE CAMERAS WERE UN | ABLE TO RECORD ANYONE EXITING | THE HIT SKIP | |
| VEHICLE. HOWEVER, THE | E BLACK SUV HEADED SOUTH BOUND | O AND WAS | |
| STOPPED BY PTL. SABEL | LI AND PTL. MATASH. THEY STATED T | HE | |
| PASSENGER IN JFA7373 \ | WAS THE OWNER OF THE MALIBU BU | T MS. T. PAYN | IE |
| DENIED HAVING ANYTHIN | IG TO DUE WITH THE ACCIDENT AT TU | JRNEY TOWN | |
| PLAZA. IT SHOULD BE KN | IOWN THAT OFFICERS STATED MS. T. | PAYNE | |
| SEEMED TO BE HIGHLY IN | NTOXICATED. DUE TO NOT HAVING DI | EFINITIVE | |
| PROOF THAT MS. T. PAYN | IE WAS BEHIND THE WHEEL OF THE V | VEHICLE, HEF | 2 |
| AND THE DRIVER OF JFA | 7373 WERE RELEASED WITHOUT ISS | UE. | |
| | | | |
| PROPERTY OWNER OF T | HE POLE THAT WAS DAMAGED: TURN | IEYTOWN | |
| SHOPPING CENTER, 4908 | 3 TURNEY RD, 216-765-8080 | | |
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| | OFFICER'S SIGNATURE | | BADGE NUMBER 057 |