

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN		☐ OH-2	☐ OH-3
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER
☐ Private Property			
LOCAL INFORMATION			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
COUNTY * 1 8			
LOCALITY * 1			
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			
ROUTE TYPE 1 R		ROUTE NUMBER 4 8 0	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
ROUTE TYPE		ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 21		ROAD TYPE M P	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
DISTANCE EDPM DECEASED/PC 1 - Miles 2 - Feet 3 - Yards		DISTANCE 1 - MILE 2 - FEET 3 - YARDS	
IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	
INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES	
ROADWAY ☒ ROADWAY DIVIDED			
LOCATION OF FIRST CRASH EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	
DIRECTION OF TRAVEL 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 2 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSION MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT ☐ PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	
LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN	
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN	
CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN	
NARRATIVE UNIT 1 WAS EASTBOUND ON IR480 AT THE TRANSPORTATION BLVD ON RAMP MERGE IN THE RIGHT LANE WHEN A UNKNOWN UNIT 2 WHICH WAS ENTERING IR480 EASTBOUND AND FAILED TO YIELD TO UNIT 1. STRIKING UNIT 1. AND CONTINUED EAST ON IR 480. WITHOUT STOPPING .			
Indicate the north direction with an "N" on the compass diagram.			
CRASH REPORTED DATE/TIME 1 0 3 0 2 0 2 5 1 1 1 4 8		DISPATCH DATE/TIME 1 0 3 0 2 0 2 5 1 1 1 4 9	
ARRIVAL DATE/TIME 1 0 3 0 2 0 2 5 1 1 1 5 0		SCENE CLEARED DATE/TIME 1 0 3 0 2 0 2 5 1 1 2 2 4	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME	
TOTAL MINUTES 3 5		OFFICER'S NAME * J. Marks	
OFFICER'S BADGE NUMBER* R P T 1		CHECKED BY OFFICER'S NAME* D. Bailey	
CHECKED BY OFFICER'S BADGE NUMBER* L 0 7		REPORT TAKEN BY POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION TO ORIGINAL REPORT ONLY)	

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) BANKS ANDERSON	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 4110 BRAINARD AVE ORANGE VL OH 44022		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # KIG6971	VEHICLE IDENTIFICATION # 2GNFLFE38G6258962
INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 1
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE	US DOT #	VEHICLE YEAR 2016
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT ☐	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD
VEHICLE MAKE Chevrolet	VEHICLE COLOR WHI	VEHICLE MODEL Equinox
UNIT TYPE 03	# OCCUPANTS 01	
# of TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		
AUTONOMOUS MODE LEVEL 0		
SPECIAL FUNCTION 01		
CARGO BODY TYPE 01		
VEHICLE DEFECTS		
NON-MOTORIST LOCATION AT IMPACT		
ACTION 4		
CONTRIBUTING CIRCUMSTANCES		
SEQUENCE OF EVENTS		
EVENTS		
COLLISION WITH FIXED OBJECT - STRUCK		
FIRST HARMFUL EVENT		
MOST HARMFUL EVENT		

LOCAL REPORT NUMBER 20252840
DAMAGE DAMAGE SCALE 3
DAMAGED AREA(S) INDICATE ALL THAT APPLY
INITIAL POINT OF CONTACT 05
TRAFFIC TRAFFICWAY FLOW 1
TRAFFIC CONTROL 6
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3
UNIT SPEED 55
DETECTED SPEED 1

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (☐ Same As Driver)
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As Driver)		
VEHICLE	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	LP STATE OH	LICENSE PLATE # unknown	VEHICLE IDENTIFICATION #
	INSURANCE VERIFIED ☐		INSURANCE COMPANY
	INSURANCE POLICY #		VEHICLE COLOR
	VEHICLE YEAR		VEHICLE MAKE
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #
	TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL
	INTERLOCK DEVICE EQUIPPED ☐		HIT/SKIP UNIT ☐
	# OCCUPANTS 01		VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.
	UNIT TYPE 99		
# of TRAILING UNITS			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9			
AUTONOMOUS MODE LEVEL 9			
SPECIAL FUNCTION 01			
CARGO BODY TYPE 01			
VEHICLE DEFECTS			
NON-MOTORIST LOCATION AT IMPACT			
ACTION			
CONTRIBUTING CIRCUMSTANCES			
SEQUENCE OF EVENTS			
EVENTS			
COLLISION WITH FIXED OBJECT - STRUCK			
FIRST HARMFUL EVENT			
MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 20252840	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
INITIAL POINT OF CONTACT	
00	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 4 TO 3	
UNIT SPEED	DETECTED SPEED
45	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
60	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE BANKS ANDERSON		DATE OF BIRTH 11151938		AGE 86		GENDER M																
	ADDRESS: STREET, CITY, STATE, ZIP 4110 BRAINARD AVE ORANGE VL OH 44022					CONTACT PHONE - INCLUDE AREA CODE																			
	INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1						
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE ☐		OFFENSE DESCRIPTION			CITATION NUMBER											
	OL CLASS 1		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ OTHER DRUG ☐ MARIJUANA		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4	
	UNIT # 02		NAME: LAST, FIRST, MIDDLE unknown					DATE OF BIRTH					AGE		GENDER U										
	ADDRESS: STREET, CITY, STATE, ZIP OH					CONTACT PHONE - INCLUDE AREA CODE																			
	INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1						
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE ☐		OFFENSE DESCRIPTION			CITATION NUMBER											
	OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ OTHER DRUG ☐ MARIJUANA		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE		GENDER											
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																				
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED							
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE ☐		OFFENSE DESCRIPTION			CITATION NUMBER												
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ OTHER DRUG ☐ MARIJUANA		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4		
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH					AGE		GENDER											
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																				
INJURIES		INJURED TAKEN BY		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED							
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE ☐		OFFENSE DESCRIPTION			CITATION NUMBER												
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG		CONDITION		STATUS		ALCOHOL TEST TYPE		VALUE		STATUS		TYPE		RESULT SELECT UP TO 4		
INJURIES		SEATING POSITION		AIR BAG		OL CLASS		OL RESTRICTION(S)		DRIVER DISTRACTION		TEST STATUS													
1 - FATAL		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A		1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED		1 - NONE GIVEN													
2 - SUSPECTED SERIOUS INJURY		2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B		2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2 - TEST REFUSED													
3 - SUSPECTED MINOR INJURY		3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C		3 - CORRECTIVE LENSES		3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE & CLASS B BUS		3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE													
4 - POSSIBLE INJURY		4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		4 - TALKING ON HAND-HELD COMMUNICATION DEVICE		4 - TEST GIVEN, RESULTS KNOWN													
5 - NO APPARENT INJURY		5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M / C MOPED ONLY		5 - EXCEPT CLASS A BUS		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN													
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		6 - PASSENGER															
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						8 - INTERMEDIATE LICENSE RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE															
2 - EMS		8 - THIRD - MIDDLE						9 - LEARNER'S PERMIT RESTRICTIONS		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE															
3 - POLICE		9 - THIRD - RIGHT SIDE						10 - LIMITED TO DAYLIGHT ONLY		9 - OTHER / UNKNOWN															
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB						11 - LIMITED TO EMPLOYMENT																	
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)						12 - LIMITED - OTHER																	
1 - NONE USED		12 - PASSENGER IN UNCLOSED CARGO AREA						13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																	
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT						14 - MILITARY VEHICLES ONLY																	
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						15 - MOTOR VEHICLES WITHOUT AIR BRAKES																	
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST						16 - OUTSIDE MIRROR																	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						17 - PROSTHETIC AID																	
6 - CHILD RESTRAINT SYSTEM - REAR FACING								18 - OTHER																	
7 - BOOSTER SEAT																									
8 - HELMET USED																									
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)																									