



LOCAL REPORT NUMBER *

HSY7001 OH1 1/19 [760-0820]



MOTORIST / NON-MOTORIST	UNIT # 01	NAME: LAST, FIRST, MIDDLE MCNAIR DARYL LANCE				DATE OF BIRTH 07271997				AGE 28		GENDER M											
	ADDRESS: STREET, CITY, STATE, ZIP 350 ROYAL OAK BLVD RICHMOND HTS OH 44143								CONTACT PHONE - INCLUDE AREA CODE _____														
	INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 99		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1				
	OL STATE _____		OPERATOR LICENSE NUMBER			OFFENSE CHARGED 333.01a1a			LOCAL CODE ■		OFFENSE DESCRIPTION OVI				CITATION NUMBER G2052286								
	OL CLASS 6		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ■ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1		STATUS 2		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		DRUG TEST(S) RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	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 _____		DRUG TEST(S) RESULT SELECT UP TO 4
MOTORIST / NON-MOTORIST	UNIT # _____		NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH _____				AGE _____		GENDER _____						
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	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 _____		DRUG TEST(S) RESULT SELECT UP TO 4

[illegible]

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20252957	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 11 D 12 Y 2025	
IN COUNTY OF 18	CRASH LOCATION TRINITY HIGH SCHOOL		
After further investigation, the following was determined. While the driver (Daryl McNair 07/27/97) of Unit # 1 was driving N/B on E. 126 Street near 5267 E. 126. Mr. McNair drove off the roadway to the left, struck the curb and continued driving w/b through the fence of the Trinity High School football practice field. Major damage was caused and sustained to the fence that protects the field. Mr. McNair was located trying to walk away from the crash scene, but was quickly apprehended by officers. He was put through Standard Field Sobriety Testing, due to showing strong indicators of being impaired of alcohol. He did poorly of each test and was arrested for OVI. Photo's were taken of the fence and the damage caused by Mr. Nair driving a vehicle into it while being impaired. At the time of this accident and arrest, attempts to get the vehicle insurance was attempted, but was unsuccessful in retrieving that information. Nothing further to report..			
OFFICER'S SIGNATURE X		BADGE NUMBER 010	