

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☒ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ Private Property	☐ OH-3 ☐ OTHER	LOCAL INFORMATION GARFIELD HEIGHTS REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 2 9 6 2	
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 1 1 1 3 2 0 2 5 2 2 3 9	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 3	LOCATION ROAD NAME 126	ROAD TYPE S T	CRASH SEVERITY 5
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5269	ROAD TYPE 	CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 4		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE 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	
DISTANCE EDPM DECEASED/MP 2 0		DISTANCE 1 UNIT PER MILE/1000 FT 2 - Miles 2 - Feet 3 - Yards 2		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 		ROADWAY ☐ ROADWAY DIVIDED	
LOCATION - FIRST MILE/1000 FT EVENT 9 9 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 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		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 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 1 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 1 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 #02 WHILE DRIVING NORTHBOUND WITHIN THE PARKING LOT OF 5269 E. 126 ST. STRUCK UNIT #01 WHILE PARKED AND UNOCCUPIED.						Indicate the north direction with an "N" on the compass diagram. NORTH NOT TO SCALE 5269 E. 126 ST. UNIT #01 UNIT #02	
CRASH REPORTED DATE/TIME 1 1 1 3 2 0 2 5 2 2 3 9		DISPATCH DATE/TIME 1 1 1 3 2 0 2 5 2 2 4 0		ARRIVAL DATE/TIME 1 1 1 3 2 0 2 5 2 2 4 2		SCENE CLEARED DATE/TIME 1 1 1 3 2 0 2 5 2 3 2 0	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 6 0		OFFICER'S NAME * A. Hlywa OFFICER'S BADGE NUMBER * 0 2 1	
				CHECKED BY OFFICER'S NAME * T. Baon CHECKED BY OFFICER'S BADGE NUMBER * S 2 0		REPORT TAKEN BY ☒ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)	

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE TRIPP SELENA E (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP 5269 E 126TH 202 GARFIELD HTS OH 44125 (Same As Driver)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

LP STATE OH	LICENSE PLATE # KOV3305	VEHICLE IDENTIFICATION # 1FMCU0G63LUA97313	VEHICLE YEAR 2020	VEHICLE MAKE Ford
☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR WHI	VEHICLE MODEL Escape
☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS 00	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED CLASS # ☐ PLACARD PLACARD ID #

UNIT TYPE 01	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
# of TRAILING UNITS					

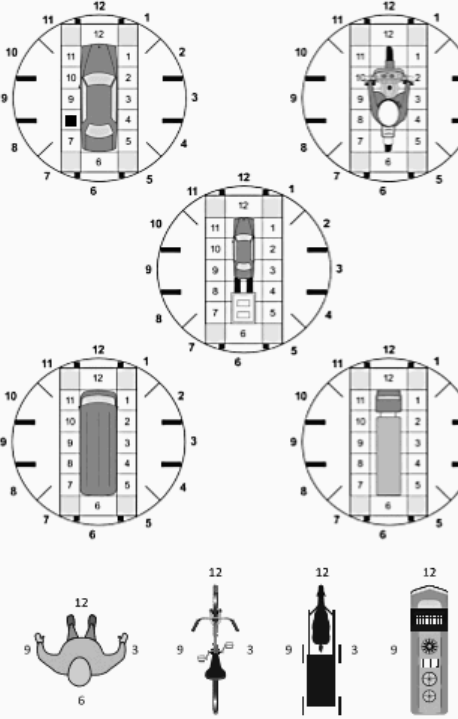
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	1 - YES 2 - NO 9 - OTHER / UNKNOWN	AUTONOMOUS MODE LEVEL 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
SPECIAL FUNCTION 01	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 01	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
VEHICLE DEFECTS	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

NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN
ACTION 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN	7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY	17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS	EVENTS			
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE	16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE
COLLISION WITH FIXED OBJECT - STRUCK				
4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT	43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT
5	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
1	FIRST HARMFUL EVENT			
1	MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 20252962
DAMAGE
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 3
DAMAGED AREA(S) INDICATE ALL THAT APPLY

☐ - NO DAMAGE [0] ☐ - TOP [13] ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT
0 8 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

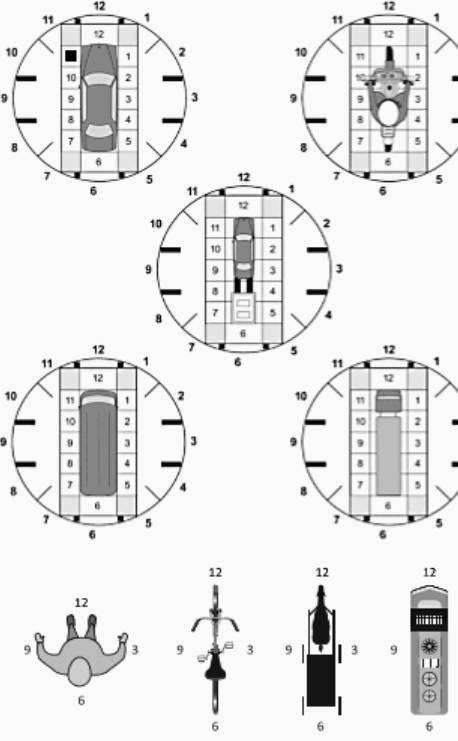
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING 1
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UNIT / NON-MOTORIST DIRECTION
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
FROM 3 TO 4

UNIT SPEED 0	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 10	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) SPRAGGINS SIERRA ARNEICE	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 5297 E 126 ST 202 GARFIELD HTS OH 44125				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JIQ2093	VEHICLE IDENTIFICATION # YV1992AH6A1122218	VEHICLE YEAR 2010	VEHICLE MAKE Volvo
	INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 99481658	VEHICLE COLOR GRY	VEHICLE MODEL 4S
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 0 1	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
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	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN				
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EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTION 9 9 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
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	COLLISION WITH FIXED OBJECT - STRUCK 4 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1				

LOCAL REPORT NUMBER 2 0 2 5 2 9 6 2	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 2	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 1 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL	
# OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 5	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 1 0	



MOTORIST / NON-MOTORIST	UNIT # 0 2		NAME: LAST, FIRST, MIDDLE SPRAGGINS SIERRA ARNEICE										DATE OF BIRTH 0 4 2 6 1 9 8 8					AGE 3 7		GENDER F								
	ADDRESS: STREET, CITY, STATE, ZIP 5297 E 126 ST 202 GARFIELD HTS OH 44125														CONTACT PHONE - INCLUDE AREA CODE 													
	INJURIES 5		INJURED TAKEN BY 1		EMS AGENCY (NAME)				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)				SAFETY EQUIPMENT USED 0 4		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1					
	OL STATE 		OPERATOR LICENSE NUMBER				OFFENSE CHARGED 335.12A				LOCAL CODE ■		OFFENSE DESCRIPTION HIT SKIP						CITATION NUMBER G20252289									
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 				DRIVER DISTRACTED BY 9		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG				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 	
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 		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 	

[illegible]

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20252962	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 11 D 13 Y 2025		
IN COUNTY OF 18	CRASH LOCATION 3 126 ST GARFIELD HEIGHTS			
During the investigation, a resident from 5269 E. 126 St., APT. 201 stated he heard a crash within the parking lot in front of his address. Upon further investigation, the resident stated he observed Unit #02 to have caused the damage to Unit #01. The resident further mentioned to police the operator of Unit #02 was a female. Police spoke with the operator of Unit #02 who denied her involvement with the accident mentioned above. Please note, Unit #02 admitted to driving within the parking lot and made nonsensical statements about the incident. Furthermore, the operator of Unit #02 made claims the witness was most likely her boyfriend who was said to reside in the city of Mayfield Heights. Lastly, officers observed what appeared to be a single streak of white paint transfer on Unit #02's front left bumper. This damage appeared to be consistent with the damage that occurred to Unit #01's white vehicle. I spoke with the owner of Unit #01 who stated the damage sustained to her vehicle had not been present before the accident mentioned above. Due to the obvious and unprobable explanation of Unit #02 regarding her involvement with the accident I believed she had been untruthful with police and deemed her at fault for the damage.				
OFFICER'S SIGNATURE X		BADGE NUMBER 021		