

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 0 2 5 3 0 1 5

☐ PHOTOS TAKEN☐ OH-2☐ OH-3☐ SECONDARY CRASH☐ OH-1P☐ OTHER☐ Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME *

GARFIELD HEIGHTS PD

NCIC *

0 1 8 2 0

HITS/KIP

1 - Solved
2 - Unsolved

NUMBER OF VEHICLES

0 2

UNIT IN FLOOD

98 - ANIMAL
99 - UNKNOWN

0 2

COUNTY *

1 8

LOCALITY *

1

1 - CITY *
2 - VILLAGE *
3 - TOWNSHIP *

LOCATION: CITY, VILLAGE, TOWNSHIP *

GARFIELD HTS

CRASH DATE/TIME *

1 1 2 1 2 0 2 5 0 7 0 3

CRASH SEVERITY

5
1 - FATAL
2 - SERIOUS INJURY
SUSPECTED
3 - MINOR INJURY
SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE
ONLYLOCATION
REFERENCE

ROUTE TYPE

ROUTE NUMBER

PREFIX

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

LOCATION ROAD NAME

TURNERY

ROAD TYPE

R D

LATITUDE (DEGREES)

4 1 4 3 0 0 5 7

ROUTE TYPE

ROUTE NUMBER

PREFIX

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

GARFIELD

ROAD TYPE

B L

LONGITUDE (DECIMAL DEGREES)

8 1 6 1 5 6 4 0

REFERENCE POINT

1 - INTERSECTION
2 - MILE POST
3 - HOUSE #

1

DIRECTION

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

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

ROAD TYPE

HW - HIGHWAY
LA - LANE
MP - MILEPOST
OV - OVAL
PK - PARKWAY
PI - PIKE
PL - PLACE

ROAD TYPE

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 - FIRST AND SECOND EVENT

1 0

1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE
TRAFFICWAY
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
(4-6 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

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

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

2

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

NARRATIVE

DRIVER OF UNIT #1 WAS TRAVELLING TURNERY RD N/B
AT GARFIELD BLVD IN THE CURB LANE WITH A GREEN
LIGHT. UNIT #2 WAS ON TURNERY RD S/B AND MADE A
LEFT TURN TO HEAD E/B ON EDGE PARK DR.
ACCORDING TO THE DRIVER OF UNIT #1, HE
SWERVED TO AVOID BEING STRUCK, BUT A CRASH
STILL OCCURRED.

Indicate the north
direction with
an "N" on the
compass diagram.

Not to Scale

N

Park Dr

Edgepark Dr

Garfield Blvd

Turney Rd

2

1

CRASH REPORTED DATE/TIME

1 1 2 1 2 0 2 5 0 7 0 3

DISPATCH DATE/TIME

1 1 2 1 2 0 2 5 0 7 0 4

ARRIVAL DATE/TIME

1 1 2 1 2 0 2 5 0 7 1 7

SCENE CLEARED DATE/TIME

1 1 2 1 2 0 2 5 0 7 3 5

REPORT TAKEN BY

POLICE AGENCY

MOTORIST

SUPPLEMENT

(CORRECTION = ADDITION)

(DELETION = REMOVAL)

TOTAL TIME ROADWAY
CLOSED

0

OTHER INVESTIGATION
TIME

3 4

TOTAL
MINUTES

6 5

OFFICER'S NAME *

Z. Kovessi

OFFICER'S BADGE NUMBER *

0 5 5

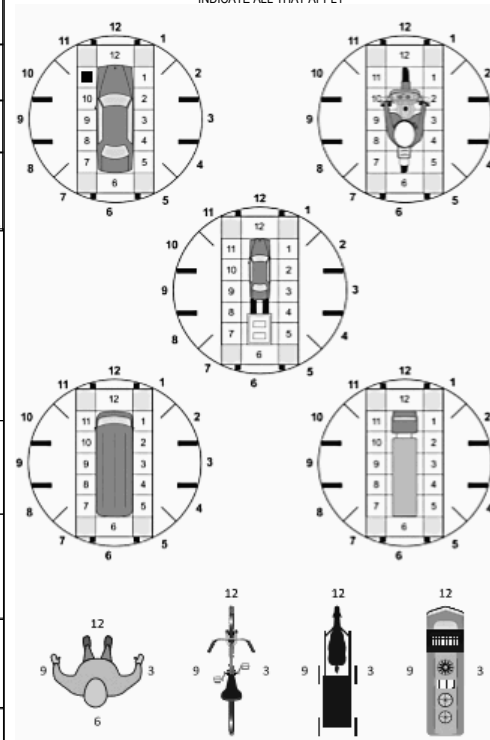
CHECKED BY OFFICER'S NAME *

R. Dodge

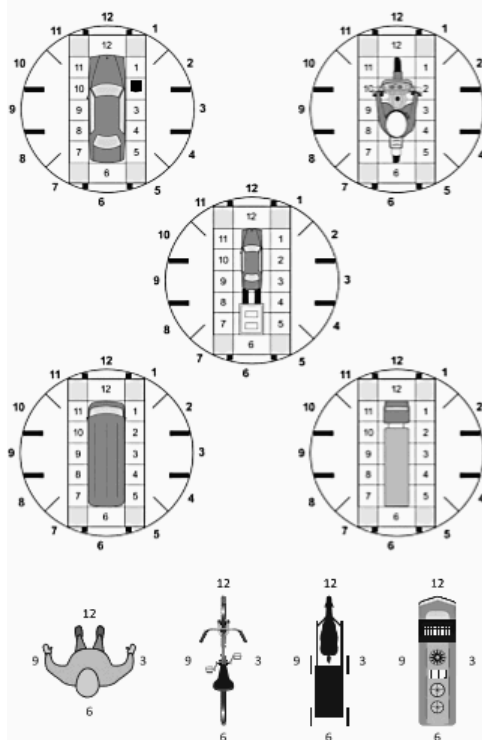
CHECKED BY OFFICER'S BADGE NUMBER *

S 2 2

| | | | | | | | |
|--|---|--|--|--|---|---|--|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE UNAIN ALESSI J | (Same As Driver) | | OWNER PHONE: INCLUDE AREA CODE _____ | (Same As Driver) | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP 4789 WALFORD RD 9 WARRENSVL HTS OH 44128 | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ | | | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____ | |
| VEHICLE | LP STATE OH | LICENSE PLATE # FIRST01 | VEHICLE IDENTIFICATION # KM8JU3AC5DU650519 | | VEHICLE YEAR 2013 | VEHICLE MAKE Hyundai | |
| | INSURANCE VERIFIED | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 3952105-SFP-35 | | VEHICLE COLOR RED | VEHICLE MODEL Tucson | |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # _____ | | TOWED BY: COMPANY NAME _____ | | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS 01 | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | |
| | VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | UNIT TYPE 03 | | 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 | | 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 | | | | | |
| EVENT(S) | 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 | | 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 | | |
| | ACTION 4 | | PRE-CRASH ACTION 01 | | | | |
| | CONTRIBUTING CIRCUMSTANCES 01 | | 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 | | | | |
| | 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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | | |
| | 3 | | 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 | | | | |
| | 5 | | FIRST HARMFUL EVENT | | | | |
| | 6 | | MOST HARMFUL EVENT | | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 20253015 | |
| DAMAGE | |
| DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 3 | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - 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 2 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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 20 | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 25 | |

| | | | | | | | |
|---|--|--|---|--|---|--|--|
| OWNER | UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE JEFFERY MICHAEL B | (Same As Driver) | | OWNER PHONE: INCLUDE AREA CODE _____ | (Same As Driver) | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP 9524 BIRCHWOOD RD CLEVELAND OH 44125 | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____ | | | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____ | |
| VEHICLE | LP STATE OH | LICENSE PLATE # KJK3516 | VEHICLE IDENTIFICATION # KM8K1CAA8MU685342 | | VEHICLE YEAR 2021 | VEHICLE MAKE Hyundai | |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY FIRST ACCEPTANCE | INSURANCE POLICY # 1AOF 00004614 | | VEHICLE COLOR BLU | VEHICLE MODEL Kona | |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # _____ | | TOWED BY: COMPANY NAME _____ | | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS 0 1 | | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | |
| | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # _____ PLACARD ID # _____ | | | | | | |
| | UNIT TYPE 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 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | | | |
| | SPECIAL FUNCTION 0 1 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 0 1 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 | | | | | | |
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| EVENT(S) | 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 3 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 0 6 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 | | | | | | |
| | SEQUENCE OF 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 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK 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 3 0 1 5 | |
| DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 3 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0 2 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 2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 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 1 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 2 0 | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 2 5 | |



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|--------------------------|---|--------------------------------|---|--|---|--|--|-------------------------|--|------------------------|---------------------------|---------------------|---------------|--------------|---|
| MOTORIST NON-MOTORIST | UNIT # 01 | | NAME: LAST, FIRST, MIDDLE UNAIN ALESSI J | | DATE OF BIRTH 12181993 | | | | AGE 31 | | GENDER M | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 4789 WALFORD RD 9 WARRENSVL HTS OH 44128 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 04 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| | OL STATE | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | |
| | OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | STATUS 1 | TYPE 1 | ALCOHOL TEST VALUE | | STATUS 1 | TYPE 1 | DRUG TEST(S) RESULT SELECT UP TO 4 |

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| MOTORIST NON-MOTORIST | UNIT # 0 2 | | NAME: LAST, FIRST, MIDDLE JEFFERY MICHAEL B | | | | | | | | | | DATE OF BIRTH 0 8 2 0 1 9 9 7 | | | | | AGE 2 8 | | GENDER M | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 9524 BIRCHWOOD RD CLEVELAND OH 44125 | | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | |
| | INJURIES 5 | | INJURED TAKEN BY | | EMS AGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | | SAFETY EQUIPMENT USED 0 4 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION 0 1 | | AIR BAG USAGE 1 | | EJECTION 1 | | TRAPPED 1 | | | | | | | |
| | OL STATE | | OPERATOR LICENSE NUMBER | | | | OFFENSE CHARGED | | | | LOCAL CODE <input type="checkbox"/> | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | | | | | | | | | |
| | OL CLASS 4 | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | | | DRIVER OBTAINED BY 1 | | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | | CONDITION 1 | | STATUS 1 | | TYPE 1 | | VALUE | | STATUS 1 | | TYPE 1 | | RESULT SELECT UP TO 4 | |
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| 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 | | | | CONDITION | | ALCOHOL TEST | | | DRUG TEST(S) | | | | | | | | |
| | | | | | | | | | | ALCOHOL MARUJIANA OTHER DRUG | | | | | | STATUS TYPE VALUE | | | STATUS TYPE RESULT SELECT UP TO 4 | | | | | | | | |
| | | | | | | | | | | | | | | | | STATUS TYPE VALUE | | | STATUS TYPE RESULT SELECT UP TO 4 | | | | | | | | |

[illegible]



2 0 2 5 3 0 1 5

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|---------|--|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | RILEY-WILLIAMS SHAWNETT | 0 7 2 8 1 9 6 1 | 6 4 | F |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| | 13914 CRANWOOD PARK BLVD GARFIELD HTS OH 44125 | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | | | | |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| | | | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | | | | |
| WITNESS | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| | | | | |



OH-2

LOCAL REPORT NUMBER
20253015

REPORTING AGENCY
GARFIELD HEIGHTS PD

| | | |
|---------------|------|--------|
| DATE OF CRASH | | |
| M 11 | D 21 | Y 2025 |

IN COUNTY OF
18

CRASH LOCATION

OFFICER MARKS SPOKE WITH MICHAEL JEFFREY ON 12/01/2025 IN
REGARDS TO THIS CRASH REPORT . MR. JEFFREY STATED HE HAD A
WITNESS NAME AND INFORMATION TO ADD TO THE REPORT .

MR. JEFFREY STATED THAT A SHAWNETH WILLIAMS HAD WITNESSED THE
CRASH AND HE WAS IN CONTACT WITH HER .

MR JEFFREY CLAIMED THAT UNIT 1 DID NOT HAVE ANY LIGHTS ON AT THE TIME OF THE CRASH AND COULD NOT SEE UNIT 1. MS. WILLIAMS CONFIRMED THAT UNIT 1 DID NOT HAVE ANY LIGHTS ON AT THE TIME OF THE CRASH .

MR. JEFFREY WISHED TO HAVE THIS INFORMATION ADDED TO THE REPORT

OFFICER'S SIGNATURE
X

BADGE NUMBER
RPT1