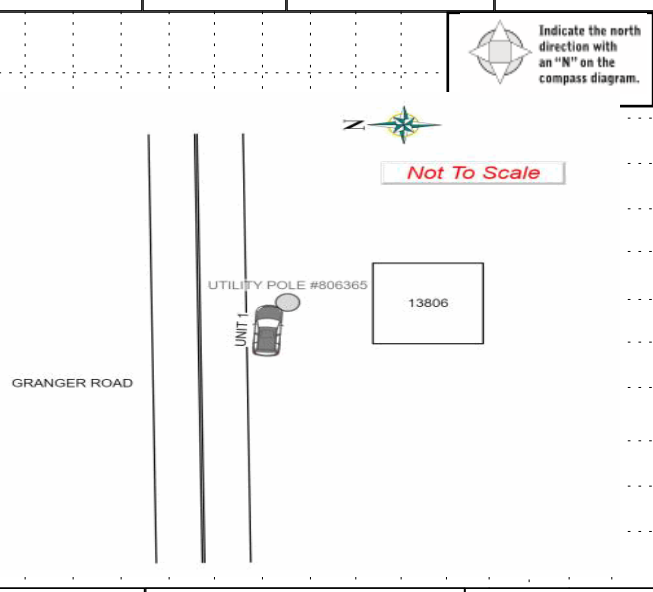


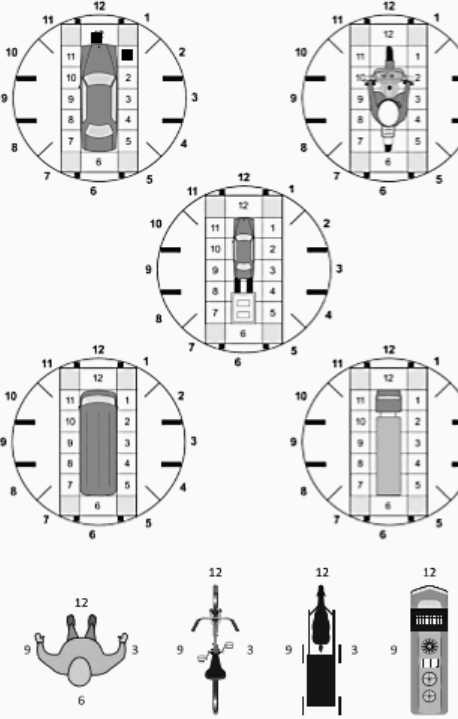
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

| | | | | | | | |
|--|--|---|---|---|-----------------------------------|--|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH | | <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property | <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS | | 2 0 2 5 3 0 3 2 | |
| COUNTY * | LOCALITY * | LOCATION: CITY, VILLAGE, TOWNSHIP * | | CRASH DATE/TIME * | | CRASH SEVERITY | |
| 1 8 | 1 | GARFIELD HTS | | 1 1 2 3 2 0 2 5 0 4 1 4 | | 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES | | |
| | | | GRANGER | R D | 4 1 . 4 1 7 4 7 7 | | |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES | | |
| | | | 13806 | | - 8 1 . 5 8 5 4 5 1 | | |
| REFERENCE POINT | DIRECTION | ROUTE TYPE | | ROAD TYPE | | INTERSECTION RELATED | |
| 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 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 | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES | |
| DISTANCE | DISTANCE | | | | | ROADWAY | |
| 1 0 | 2 | | | | | <input type="checkbox"/> ROADWAY DIVIDED | |
| LOCATION - FIRST UADMEII EVENT | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | | MEDIAN TYPE | |
| 0 1 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 | | 1 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 | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN | |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 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 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN | |
| NARRATIVE UNIT 1 WAS TRAVELING EASTBOUND ON GRANGER ROAD. UNIT 1 DROVE WHILE BEING DISTRACTED ON CELL PHONE AND DROVE OFF ROAD AND STRUCK UTILITY POLE #806365. UNIT 1 SUFFERED DAMAGE TO PASSENGER FRONT SIDE. | | | |  | | | |
| CRASH REPORTED DATE/TIME | | DISPATCH DATE/TIME | | ARRIVAL DATE/TIME | | SCENE CLEARED DATE/TIME | |
| 1 1 1 2 3 2 0 2 5 0 4 1 4 | | 1 1 1 2 3 2 0 2 5 0 4 1 5 | | 1 1 1 2 3 2 0 2 5 0 4 2 1 | | 1 1 1 2 3 2 0 2 5 0 4 5 8 | |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME * | CHECKED BY OFFICER'S NAME * | | REPORT TAKEN BY | |
| 3 0 | 1 0 | 5 3 | Se. Sabelli | R. Jarzembak | | POLICE AGENCY MOTORIST | |
| | | | OFFICER'S BADGE NUMBER * | CHECKED BY OFFICER'S BADGE NUMBER * | | SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES) | |
| | | | 0 2 6 | L 1 6 | | | |

| | | | | | |
|---|---|---|---|---|-----------------------|
| OWNER | UNIT # 01 | OWNER NAME: LAST, FIRST, MIDDLE BOXLEY HANNAH R | OWNER PHONE: INCLUDE AREA CODE () Same As Driver | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP 5148 THEODORE ST MAPLE HEIGHTS OH 44137 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE OH | LICENSE PLATE # JMZ6481 | VEHICLE IDENTIFICATION # 2HKRM4H58GH652221 | VEHICLE YEAR 2016 | VEHICLE MAKE Honda |
| | <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # | VEHICLE COLOR SIL | VEHICLE MODEL CR-V |
| | <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS 01 | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |
| | TYPE OF USE | | TOWED BY: COMPANY NAME | | |
| | <input type="checkbox"/> PASSENGER CAR <input type="checkbox"/> PASSENGER VAN (MINIVAN) <input type="checkbox"/> SPORT UTILITY VEHICLE <input type="checkbox"/> PICK UP <input type="checkbox"/> CARGO VAN <input type="checkbox"/> VAN (9-15 SEATS) | | <input type="checkbox"/> MOTORCYCLE 2-WHEELED <input type="checkbox"/> MOTORCYCLE 3-WHEELED <input type="checkbox"/> AUTOCYCLE <input type="checkbox"/> MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> ALL TERRAIN VEHICLE (ATV / UTV) | | |
| | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) | | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | | |
| | UNIT TYPE | | # of TRAILING UNITS | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | AUTONOMOUS MODE LEVEL | | |
| | 2 | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | | |
| SPECIAL FUNCTION | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | | |
| | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | | |
| | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | | |
| | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK | | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION | | |
| ACTION | 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 | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | | |
| | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 17 - VISION OBSTRUCTION 22 - NOT DISCERNABLE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING | | |
| EVENT(S) | CONTRIBUTING CIRCUMSTANCES | | SEQUENCE OF EVENTS | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | EVENTS | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | | |
| | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT | | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT | | | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | FIRST HARMFUL EVENT | | | |
| 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | MOST HARMFUL EVENT | | | |

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| LOCAL REPORT NUMBER 20253032 | |
| DAMAGE | |
| DAMAGE SCALE | |
| 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| 4 | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
|  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT | |
| 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| 01 | |
| 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 | RAIL GRADE CROSSING |
| 2 | 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | |
| 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED | DETECTED SPEED |
| 40 | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED | |
| 35 | |



| | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|----------------------------|--|----------------------------|-----------------------------------|---|--|---------------------------|--|---|--|------------------|------------------------|-----------------|--------------------|----------|---------------|-----------------------|-----------------------|--|--|
| MOTORIST / NON-MOTORIST | UNIT # 01 | | NAME: LAST, FIRST, MIDDLE BOXLEY HANNAH R | | DATE OF BIRTH 03161986 | | AGE 39 | | GENDER F | | | | | | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 5148 THEODORE ST MAPLE HEIGHTS OH 44137 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | | | | |
| | INJURIES 3 | | INJURED TAKEN BY 2 | | EMS AGENCY (NAME) GHE1 | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT HOSPITA | | SAFETY EQUIPMENT USED 04 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION 01 | | AIR BAG USAGE 4 | | 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 2 | | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA | | CONDITION 1 | STATUS 1 | 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 | | <input type="checkbox"/> 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 OTHER DRUG MARIJUANA | | CONDITION | STATUS | 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 | | <input type="checkbox"/> 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 OTHER DRUG MARIJUANA | | CONDITION | STATUS | 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 | | <input type="checkbox"/> 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 OTHER DRUG MARIJUANA | | CONDITION | STATUS | 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 | | <input type="checkbox"/> 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 OTHER DRUG MARIJUANA | | CONDITION | STATUS | 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 | | <input type="checkbox"/> 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 OTHER DRUG MARIJUANA | | CONDITION | STATUS | 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 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION | | AIR BAG USAGE | | EJECTION | | TRAPPED | | | |
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| 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 | | <input type="checkbox"/> 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 OTHER DRUG MARIJUANA | | CONDITION | STATUS | 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 | | | | | | | | | | | | | | | | |
| INJ | | | | | | | | | | | | | | | | | | | | | |

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

| | | | |
|---------------------------------|--|---------------------------------------|--|
| LOCAL REPORT NUMBER 20253032 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 11 D 23 Y 2025 | |
| IN COUNTY OF 18 | CRASH LOCATION CEI Utility Pole #806365 located in front of 13806 Granger Road damaged from MVA . Property Owner is CEI 6896 Miller Rd. Brecksville OH (440) 527-8059 | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 026 | |