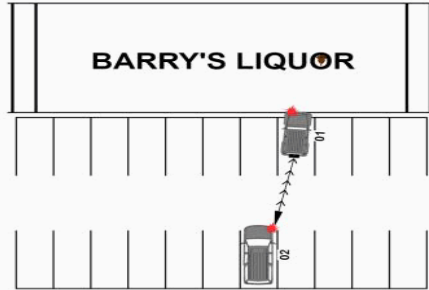


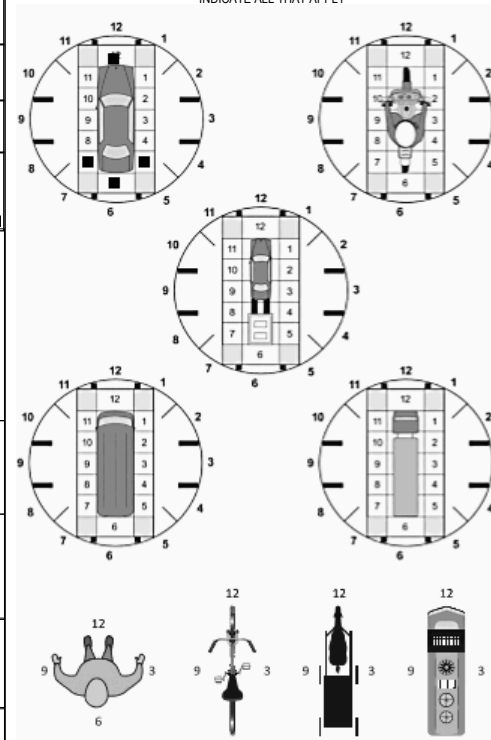
TRAFFIC CRASH REPORT

*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-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Private Property	LOCAL INFORMATION VITRUM SMOKE SHOP REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 3 0 5 9					
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *			CRASH DATE/TIME *		CRASH SEVERITY			
1 8	1	GARFIELD HTS			1 1 2 6 2 0 2 5 2 1 2 8		5 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 (DEGREE) DECIMAL DEGREES			NUMBER OF APPROACHES		
			TRANSPORTATION	B L	4 1 4 1 7 8 9 9					
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE (DEGREE) DECIMAL DEGREES			ROADWAY		
			5288		8 1 6 1 6 1 3 0					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	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 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA				
DISTANCE EDPM DECEASE/MP	DISTANCE 1 - Miles 2 - Feet 3 - Yards					ROADWAY <input type="checkbox"/> ROADWAY DIVIDED				
1 0	2									
LOCATION - FIRST WADMEII 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 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				
<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 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN		CONDITIONS 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 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN	
1 3		1		6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN or FREEZING DRIZZLE 99 - OTHER / UNKNOWN						
3 -		1 -								
NARRATIVE ON 11/26/25, AT APPROXIMATELY 2130 HOURS, UNIT 1 (PAWPAW1) WAS TRAVELING WB INTO A PARKING SPACE AT BARRYS LIQUOR (5288 TRANSPORTATION BLVD) AND DROVE INTO THE BUILDING. UNIT 1 THEN REVERSED AND STRUCK UNIT 2 (KMX2415) WHICH WAS A PARKED UNOCCUPIED VEHICLE.										
										
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY POLICE AGENCY MOTORIST		
1 1 2 6 2 0 2 5 2 1 3 1		1 1 2 6 2 0 2 5 2 1 3 4		1 1 2 6 2 0 2 5 2 1 3 5		1 1 2 6 2 0 2 5 2 2 0 0		<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *		CHECKED BY OFFICER'S NAME *					
0	1 5	4 1	A. Pietraszkiewicz		R. Jarzembak					
			OFFICER'S BADGE NUMBER *		CHECKED BY OFFICER'S BADGE NUMBER *					
			0 4 7		L 1 6					

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20253059	
OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver DIXON CLIFFORD WALLACE		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver 9816 DAVID RD GARFIELD HTS OH 44125			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # PAWPAW1	
VEHICLE IDENTIFICATION # 1C6HJ1TFG5PL522712		VEHICLE YEAR 2023	
VEHICLE MAKE Jeep			
INSURANCE VERIFIED NATIONAL GENERAL		INSURANCE POLICY # 2028079732	
VEHICLE COLOR GRY		VEHICLE MODEL Wrangler	
TYPE OF USE COMMERCIAL () GOVERNMENT () IN EMERGENCY RESPONSE ()		US DOT #	
INTERLOCK DEVICE EQUIPPED () HIT/SKIP UNIT ()		# OCCUPANTS 01	
VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		HAZARDOUS MATERIAL MATERIAL RELEASED () PLACARD () CLASS # PLACARD ID #	
UNIT TYPE 03		# of TRAILING UNITS 0	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
SPECIAL FUNCTION 01		CARGO BODY TYPE 01	
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
NON-MOTORIST LOCATION AT IMPACT 3		ACTION 3	
CONTRIBUTING CIRCUMSTANCES 11		SEQUENCE OF EVENTS 15	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	

DAMAGE			
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 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 12 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 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
UNIT SPEED 5		DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 10			

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LOCAL REPORT NUMBER

2 0 2 5 3 0 5 9

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE ROBINSON		SABRINA		V		DATE OF BIRTH 04081972		AGE 53		GENDER F										
	ADDRESS: STREET, CITY, STATE, ZIP 9816 DAVID RD 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 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 ____		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		ALCOHOL TEST TYPE 1 VALUE _____		STATUS 1		TYPE 1		DRUG TEST(S) 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 MARIJUANA OTHER DRUG		CONDITION ____		STATUS ____		ALCOHOL TEST TYPE ____ VALUE _____		STATUS ____		TYPE ____		DRUG TEST(S) 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 MARIJUANA OTHER DRUG		CONDITION ____		STATUS ____		ALCOHOL TEST TYPE ____ VALUE _____		STATUS ____		TYPE ____		DRUG TEST(S) 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 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 20253059	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 11 D 26 Y 2025		
IN COUNTY OF 18	CRASH LOCATION VITRUM SMOKE SHOP			
THE OWNER OF BARRYS LIQUOR, BHARATSINGH VASHI, ARRIVED AND PROVIDED OFFICERS WITH A UPDATED PHONE NUMBER OF 216-798-7184. THE OWNER OF THE STORE DOES HAVE VIDEO FOOTAGE OF INCIDENT AND WAS ADVISED TO RETAIN THE FOOTAGE. THERE WAS MINOR DAMAGE TO THE BUILDING AND A FEW BOTTLES OF LIQUOR WERE KNOCKED TO THE GROUND. BUILDING DAMAGED IS OWNED BY BHARATSINGH VASHI: 216-798-7184 5288 TRANSPORTATION BLVD. GARFIELD HTS OH 44125				
OFFICER'S SIGNATURE X		BADGE NUMBER 047		