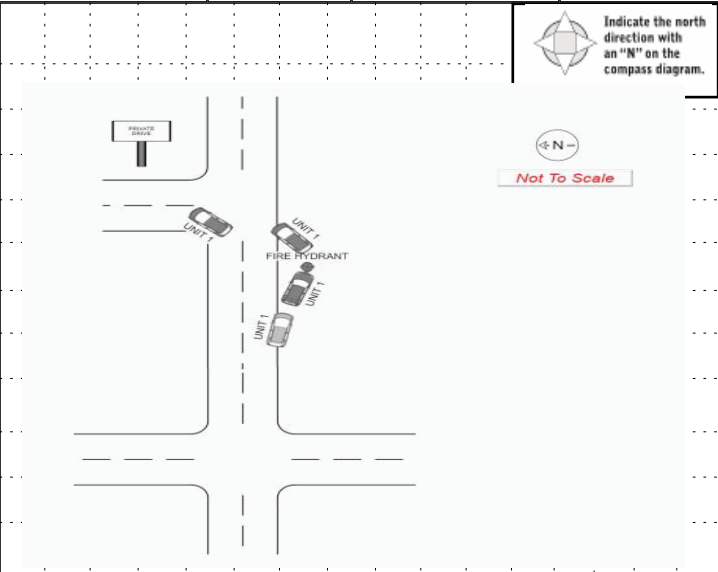


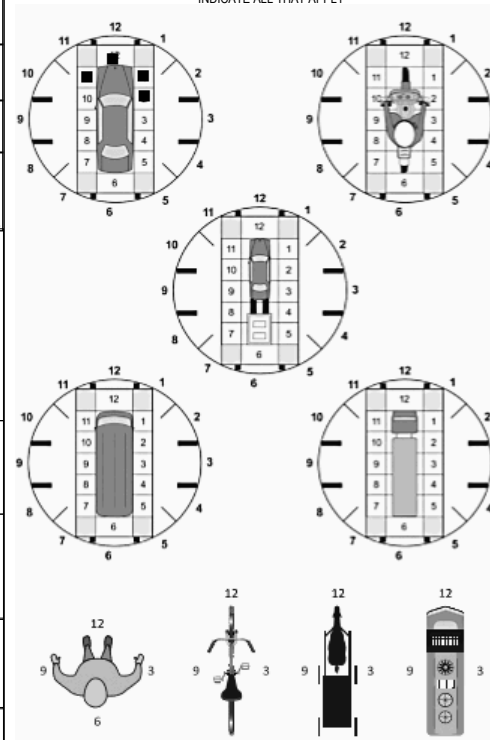
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 5 3 1 8 4						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 1 2 1 2 2 0 2 5 0 9 4 5		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME ANTENUCCI		ROAD TYPE B L		LATITUDE DECIMAL DEGREES 4 1 4 0 9 5 6 6	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 5595 TRANSPORTATION		ROAD TYPE 		LONGITUDE DECIMAL DEGREES 8 1 6 1 4 8 4 8	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		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		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 	
DISTANCE EDPM DECIMAL MILE 0		DISTANCE 1 UNIT PER MILE/1000 FT 1 - Miles 2 - Feet 3 - Yards 2		ROADWAY ☐ ROADWAY DIVIDED							
LOCATION - FIRST MILE/1000 FT EVENT 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		DIRECTION 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			
☐ 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 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	
LIGHT CONDITION 1 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									
NARRATIVE UNIT 1 WAS TRAVELING EAST BOUND ON ANTENUCCI CROSSING TRANSPORTATION BLVD, AFTER EXITING I480. UNIT 1 FAILED TO MAINTAIN CONTROL OF THE VEHICLE AND RAN OFF THE ROAD RIGHT STRIKING A FIRE HYDRANT, CAUSING DISABLING DAMAGE TO THE VEHICLE.											
CRASH REPORTED DATE/TIME 1 2 1 2 2 0 2 5 0 9 4 5		DISPATCH DATE/TIME 1 2 1 2 2 0 2 5 0 9 4 7		ARRIVAL DATE/TIME 1 2 1 2 2 0 2 5 1 0 1 5		SCENE CLEARED DATE/TIME 1 2 1 2 2 0 2 5 1 0 3 0		REPORT TAKEN BY POLICE AGENCY ☐ MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 5 3		OFFICER'S NAME * Alejandro Rosa		CHECKED BY OFFICER'S NAME* N. Rossi		☐ SUPPLEMENT (CORRECTION = ADDITION TO ORIGINAL REPORT ONLY)	
				OFFICER'S BADGE NUMBER* 0 6 7		CHECKED BY OFFICER'S BADGE NUMBER* S 1 3					

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20253184	
OWNER NAME: LAST, FIRST, MIDDLE SHAW HERBERT LAMONT		OWNER PHONE: INCLUDE AREA CODE ()	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 6530 PHILETUS AVE CLEVELAND OH 44127		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE ()	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			
LP STATE OH		LICENSE PLATE # JYX3590	
VEHICLE IDENTIFICATION # LVY992MK6JP034871		VEHICLE YEAR 2018	
VEHICLE MAKE Volvo			
INSURANCE VERIFIED PROGRESSIVE		INSURANCE POLICY # 86040397	
VEHICLE COLOR SIL		VEHICLE MODEL S90	
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 01		# 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	
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 3		ACTION 13	
CONTRIBUTING CIRCUMSTANCES 11		SEQUENCE OF EVENTS 108	
EVENTS 108		EVENTS 108	
COLLISION WITH FIXED OBJECT - STRUCK 25		COLLISION WITH FIXED OBJECT - STRUCK 25	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 2	

DAMAGE			
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4			
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 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 4		RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 2 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
UNIT SPEED 25		DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 35			



LOCAL REPORT NUMBER

2 0 2 5 3 1 8 4

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE SHAW HERBERT LAMONT			DATE OF BIRTH 12211972			AGE 		GENDER M											
	ADDRESS: STREET, CITY, STATE, ZIP 6530 PHILETUS AVE CLEVELAND OH 44127					CONTACT PHONE - INCLUDE AREA CODE 																
	INJURIES 5		INJURED TAKEN BY 		EMS AGENCY (NAME) 		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) 		SAFETY EQUIPMENT USED 04		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1			
	OL STATE 		OPERATOR LICENSE NUMBER 			OFFENSE CHARGED 331.34A		LOCAL CODE ■		OFFENSE DESCRIPTION FAILURE TO CONTROL				CITATION NUMBER 20253460027								
	OL CLASS 4		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE VALUE 1		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 		☐ 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 					
	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 	
	UNIT # 		NAME: LAST, FIRST, MIDDLE 								DATE OF BIRTH 				AGE 		GENDER 					
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	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]