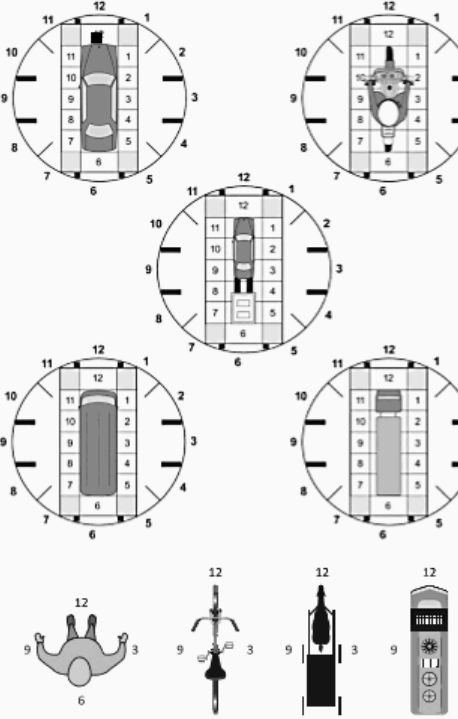




LOCAL REPORT NUMBER \*

HSY7001 OH1 1/19 [760-0820]

|  |   |   |  |   |                      |  |
|--|---|---|--|---|----------------------|--|
| UNIT #<br>01   | OWNER NAME: LAST, FIRST, MIDDLE<br>FERGUSON BELINDA | ( ) Same As Driver  |  | OWNER PHONE: INCLUDE AREA CODE<br>_____ | ( ) Same As Driver   |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>4683 BEECHGROVE AV GARFIELD HTS OH 44125  |   |   |  |   |                      |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>_____   |   |   |  |   |                      |  |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>_____   |   |   |  |   |                      |  |
| LP STATE<br>OH   | LICENSE PLATE #<br>JVZ8640                          | VEHICLE IDENTIFICATION #<br>KNAFU4A2XA5054283   |  | VEHICLE YEAR<br>2010                    | VEHICLE MAKE<br>Kia  |  |
| INSURANCE VERIFIED<br><input type="checkbox"/>   |   | INSURANCE COMPANY<br>NONE   |  | INSURANCE POLICY #<br>_____             | VEHICLE COLOR<br>GRY |  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |   | US DOT #<br>_____   |  | TOWED BY: COMPANY NAME<br>_____         |                      |  |
| INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>  |   | HIT/SKIP UNIT<br><input type="checkbox"/>   |  | # OCCUPANTS<br>02                       |                      |  |
| VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.  |   | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |  |   |                      |  |
| UNIT TYPE<br>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<br>_____   |   |   |  |   |                      |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN  |   |   |  |   |                      |  |
| SPECIAL FUNCTION<br>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<br>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<br>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<br>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<br>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<br>15 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<br>1 08 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<br>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<br>1 2 MOST HARMFUL EVENT  |   |   |  |   |                      |  |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>20253301  |  |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE<br>4 9 - UNKNOWN  |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>   |  |
| <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<br>1 2 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN  |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br>2<br>RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING  |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>25<br>POSTED SPEED<br>25   | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |



|                         |   |  |   |  |                                |                                       |   |                           |                             |   |  |  |                        |  |                    |                              |                                   |  |              |  |           |  |   |  |
|-------------------------|---|--|---|--|--------------------------------|---------------------------------------|---|---------------------------|-----------------------------|---|--|--|------------------------|--|--------------------|------------------------------|-----------------------------------|--|--------------|--|-----------|--|---|--|
| MOTORIST / NON-MOTORIST | UNIT #<br>01  |  | NAME: LAST, FIRST, MIDDLE<br>DRUMMOND ANGELIQUE Y |  | DATE OF BIRTH<br>11031968      |                                       | AGE<br>57   |                           | GENDER<br>F                 |   |  |  |                        |  |                    |                              |                                   |  |              |  |           |  |   |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>3684 E 147TH ST CLEVELAND OH 44120 |  |   |  |                                | CONTACT PHONE - INCLUDE AREA CODE<br> |   |                           |                             |   |  |  |                        |  |                    |                              |                                   |  |              |  |           |  |   |  |
|                         | INJURIES<br>5   |  | INJURED TAKEN BY<br>                              |  | EMS AGENCY (NAME)<br>          |                                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |                           | SAFETY EQUIPMENT USED<br>04 |   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>01 |  | AIR BAG USAGE<br>1 |                              | EJECTION<br>1                     |  | TRAPPED<br>1 |  |           |  |   |  |
|                         | OL STATE<br>  |  | OPERATOR LICENSE NUMBER<br>                       |  |                                | OFFENSE CHARGED<br>331.34A            |   |                           | LOCAL CODE<br>■             |   | OFFENSE DESCRIPTION<br>FAILURE TO CONTROL        |  |                        |  |                    | CITATION NUMBER<br>G20252547 |                                   |  |              |  |           |  |   |  |
|                         | OL CLASS<br>4   |  | ENDORSEMENT SELECT UP TO 2<br>                    |  | RESTRICTION SELECT UP TO 3<br> |                                       |   | DRIVER DISTRACTED BY<br>1 |                             | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |  |  | CONDITION<br>1         |  | STATUS<br>1        |                              | ALCOHOL TEST<br>TYPE VALUE<br>1 ■ |  | STATUS<br>1  |  | TYPE<br>1 |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |  |
|                         | UNIT #<br>  |  | NAME: LAST, FIRST, MIDDLE<br>                     |  |                                |                                       |   |                           |                             |   | DATE OF BIRTH<br>                                |  |                        |  | AGE<br>            |                              | GENDER<br>                        |  |              |  |           |  |   |  |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>                                   |  |   |  |                                | CONTACT PHONE - INCLUDE AREA CODE<br> |   |                           |                             |   |  |  |                        |  |                    |                              |                                   |  |              |  |           |  |   |  |
|                         | INJURIES<br>  |  | INJURED TAKEN BY<br>                              |  | EMS AGENCY (NAME)<br>          |                                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |                           | SAFETY EQUIPMENT USED<br>   |   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>   |  | AIR BAG USAGE<br>  |                              | EJECTION<br>                      |  | TRAPPED<br>  |  |           |  |   |  |
|                         | OL STATE<br>  |  | OPERATOR LICENSE NUMBER<br>                       |  |                                | OFFENSE CHARGED<br>                   |   |                           | LOCAL CODE<br>              |   | OFFENSE DESCRIPTION<br>                          |  |                        |  |                    | CITATION NUMBER<br>          |                                   |  |              |  |           |  |   |  |
|                         | OL CLASS<br>  |  | ENDORSEMENT SELECT UP TO 2<br>                    |  | RESTRICTION SELECT UP TO 3<br> |                                       |   | DRIVER DISTRACTED BY<br>  |                             | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG  |  |  | CONDITION<br>          |  | STATUS<br>         |                              | ALCOHOL TEST<br>TYPE VALUE<br>    |  | STATUS<br>   |  | TYPE<br>  |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |  |

[illegible]

## OCCUPANT / WITNESS ADDENDUM

|  |   |  |                           |   |  | LOCAL REPORT NUMBER   |  |  |  |   |  |                    |  |               |  |              |
|--|---|--|---------------------------|---|--|---|--|--|--|---|--|--------------------|--|---------------|--|--------------|
|  |   |  |                           |   |  | 2 0 2 5 3 3 0 1   |  |  |  |   |  |                    |  |               |  |              |
| OCCUPANT   | UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>BROWN-REYNOLDS                      JESSE                      LAVELLE  |                           |   |  | DATE OF BIRTH<br>0 7 2 1 1 9 7 6  |  |  |  | AGE<br>4 9  |  | GENDER<br>M        |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>11808 WORTHINGTON CLEVELAND OH 44111 |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |
|  | INJURIES<br>4   | INJURED TAKEN BY<br>1  | EMS AGENCY (NAME)<br>GHFD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>0 4  |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>0 3   |  | AIR BAG USAGE<br>1 |  | EJECTION<br>1 |  | TRAPPED<br>1 |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                           |   |  | DATE OF BIRTH   |  |  |  | AGE   |  | GENDER             |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |
|  | 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      |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                           |   |  | DATE OF BIRTH   |  |  |  | AGE   |  | GENDER             |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |
|  | 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      |
| OCCUPANT   | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                           |   |  | DATE OF BIRTH   |  |  |  | AGE   |  | GENDER             |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |
|  | 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      |
| INJURIES   |   | SAFETY EQUIPMENT USED  |                           |   |  | SEATING POSITION  |  |  |  | AIR BAG USAGE   |  |                    |  |               |  |              |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |   | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                           |   |  | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  |  |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  |                    |  |               |  |              |
| INJURED TAKEN BY   |   |  |                           |   |  |   |  |  |  | EJECTION  |  |                    |  |               |  |              |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   |  |                           |   |  |   |  |  |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |  |                    |  |               |  |              |
| GENDER   |   |  |                           |   |  |   |  |  |  | TRAPPED   |  |                    |  |               |  |              |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |   |  |                           |   |  |   |  |  |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |  |                    |  |               |  |              |
| WITNESS  | NAME: LAST, FIRST, MIDDLE   |  |                           |   |  | DATE OF BIRTH   |  |  |  | AGE   |  | GENDER             |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |
| WITNESS  | NAME: LAST, FIRST, MIDDLE   |  |                           |   |  | DATE OF BIRTH   |  |  |  | AGE   |  | GENDER             |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |
| WITNESS  | NAME: LAST, FIRST, MIDDLE   |  |                           |   |  | DATE OF BIRTH   |  |  |  | AGE   |  | GENDER             |  |               |  |              |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                           |   |  | CONTACT PHONE - INCLUDE AREA CODE<br>   |  |  |  |   |  |                    |  |               |  |              |

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

|                                 |                                      |                                       |  |
|---------------------------------|--------------------------------------|---------------------------------------|--|
| LOCAL REPORT NUMBER<br>20253301 | REPORTING AGENCY<br>GARFIELD HEIGHTS | DATE OF CRASH<br>M 12   D 25   Y 2025 |  |
| IN COUNTY OF<br>18              | CRASH LOCATION<br>CRANWOOD PARK B    |                                       |  |
| Owner of pole: First Energy     |                                      |                                       |  |
| No pole number found            |                                      |                                       |  |
| 341 White Pond Dr               |                                      |                                       |  |
| Akron, OH 44320                 |                                      |                                       |  |
| 1-800-633-4766                  |                                      |                                       |  |
|                                 |                                      |                                       |  |
|                                 |                                      |                                       |  |
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|                                 |                                      |                                       |  |
|                                 |                                      |                                       |  |
|                                 |                                      |                                       |  |
|                                 |                                      |                                       |  |
| OFFICER'S SIGNATURE<br>X        |                                      | BADGE NUMBER<br>022                   |  |