

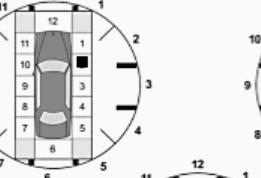
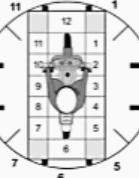
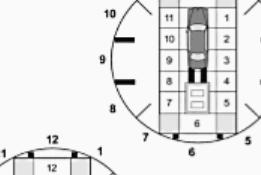
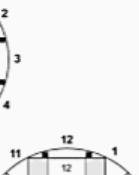
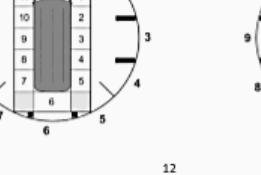
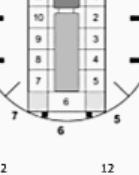
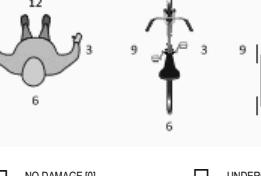
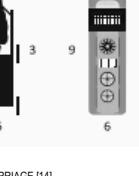
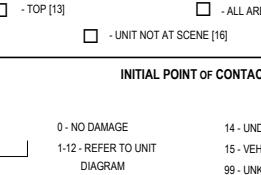
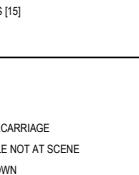


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				LOCAL REPORT NUMBER *																																								
<input type="checkbox"/> PHOTOS TAKEN <table border="0"> <tr> <td><input checked="" type="checkbox"/> OH-2</td> <td><input type="checkbox"/> OH-3</td> </tr> <tr> <td><input type="checkbox"/> OH-1P</td> <td><input type="checkbox"/> OTHER</td> </tr> </table> <input type="checkbox"/> SECONDARY CRASH <table border="0"> <tr> <td><input type="checkbox"/> Private Property</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	<input type="checkbox"/> Private Property		REPORTING AGENCY NAME * NCIC * <table border="0"> <tr> <td>GARFIELD HEIGHTS</td> <td>0 1 8 2 0</td> </tr> </table>		GARFIELD HEIGHTS	0 1 8 2 0	HIT/SKIP <table border="0"> <tr> <td>1 - Solved</td> <td>2 - Unsolved</td> </tr> </table>	1 - Solved	2 - Unsolved	MINIMUM AC LIMITS <table border="0"> <tr> <td>0 2</td> <td></td> </tr> </table>	0 2		UNIT IN CD/DO <table border="0"> <tr> <td>0 2</td> <td>98-ANIMAL</td> </tr> </table>	0 2	98-ANIMAL	0 2 <table border="0"> <tr> <td>99-UNKNOWN</td> </tr> </table>	99-UNKNOWN																						
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NARRATIVE				Indicate the north direction with an "N" on the compass diagram.																																								
UNIT 1 WAS TRAVELING WESTBOUND ON MCCRACKEN RD. UNIT 2 WAS TRAVELING SOUTHBOUND ON ORCHARD RD. UNIT 2 FAILED TO STOP AT THE STOP SIGN/SLID ON ICE STRIKING UNIT 1. TURNING NORTHBBOUND ONTO ORCHARD RD. UNIT 2 FLED THE SCENE.																																												
CRASH REPORTED DATE/TIME 1 2 3 1 2 0 2 5 1 6 4 6		DISPATCH DATE/TIME 1 2 3 1 2 0 2 5 1 6 4 8		ARRIVAL DATE/TIME 1 2 3 1 2 0 2 5 1 7 0 5		SCENE CLEARED DATE/TIME 1 2 3 1 2 0 2 5 1 7 1 5																																						
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 3 7		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION TO AN EXISTING REPORT SENT TO COPS)																																						
OFFICER'S NAME * C. Cramer		OFFICER'S BADGE NUMBER * 0 5 1		CHECKED BY OFFICER'S NAME * R. Dodge		CHECKED BY OFFICER'S BADGE NUMBER * S 2 2																																						



OWNER	UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE THOMAS JAMES E		OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver) (<input type="checkbox"/> Same As Driver)																																																																		
OWNER ADDRESS: STREET, CITY, STATE, ZIP 4500 E 143RD ST		CLEVELAND OH 44128																																																																			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																			
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■ INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 980-072-546	VEHICLE COLOR GRY	VEHICLE MODEL Full Size Truck																																																																	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																																																																		
INTERLOCK <input type="checkbox"/> DEVICE EQUIPPED	HIT/SKIP UNIT <input type="checkbox"/>	# OCCUPANTS 0 2	VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10.001 - 26K LBS. 3 - >26K LBS.																																																																		
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4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE																																																																	
5 - CARGO VAN	11 - ALL TERRAIN VEHICLE (ATV / UTV)	16 - EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN																																																																	
6 - VAN (9-15 SEATS)	17 - MOTORHOME	18 - MOTORHOME	19 - TOWING	99 - UNKNOWN OR HIT/SKIP																																																																	
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OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE Unknown Unknown		OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)		
	0 2				(<input type="checkbox"/> Same As Driver)		
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP			(<input type="checkbox"/> Same As Driver)			
				OH			
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE		
					Other/Unknown		
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR	VEHICLE MODEL		
					Other/Unknown		
	TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME			
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	<input type="checkbox"/> MATERIAL RELEASED	HAZARDOUS MATERIAL		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input checked="" type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 0 1	<input type="checkbox"/> PLACARD	CLASS #		
<input type="checkbox"/> UNIT TYPE				PLACARD ID #			
9 9	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 - 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 99 - UNKNOWN OR HIT/SKIP			
	# OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN		
1 - YES 2 - NO 9 - OTHER / UNKNOWN							
SPECIAL FUNCTION		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		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	5 - INTERMODAL CONTAINER CHASSIS 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	
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		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 PRE-CRASH ACTION	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		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/ACDA 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	
EVENTS)	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 MOBILE 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 POLE, 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	1	2	3	4	5		
6	1	2	3	4	5		
FIRST HARMFUL EVENT							
MOST HARMFUL EVENT							



MOTORIST / NON-MOTORIST

M O T O R I N O N - M O T O R I S T	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
	0 1	THOMAS		JAMES		E	0 9 1 8 1 9 5 2	7 3	M						
ADDRESS: STREET, CITY, STATE, ZIP															
4500 E 143RD ST CLEVELAND OH 44128															
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5		5					0 4	0 1	1	1	1	1			
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	STATUS	TYPE	VALUE	STATUS	TYPE	DRUG TEST(S) RESULT SELECT UP TO 4	
4		4			1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	1			
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
0 2		Unknown		Unknown						U					
ADDRESS: STREET, CITY, STATE, ZIP															
OH															
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	9 9	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
5		5					9 9	9 9	9	4	1				
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UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP															
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		
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9		9			9	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	1	1	1	1			
INJURIES		SEATING POSITION		AIR BAG		OL CLASS	OL RESTRICTION(S)		DRIVER DISTRACTION			TEST STATUS			
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED		1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE		1 - NOT DISTRACTED			1 - NONE GIVEN				
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE		2 - DEPLOYED FRONT		2 - CLASS B	2 - CDL INTRASTATE ONLY		2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)			2 - TEST REFUSED				
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE		3 - CLASS C	3 - CORRECTIVE LENSES		3 - EXCEPT CLASS A BUS			3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE				
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT / SIDE		4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER		4 - EXCEPT CLASS A & CLASS B BUS			4 - TEST GIVEN, RESULTS KNOWN				
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE		5 - NOT APPLICABLE		5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS		5 - EXCEPT CLASS A & CLASS B BUS			5 - TEST GIVEN, RESULTS UNKNOWN				
	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS		6 - EXCEPT CLASS A & CLASS B BUS							
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - NOT DEPLOYED		7 - EXCEPT TRACTOR-TRAILER	7 - EXCEPT TRACTOR-TRAILER		7 - EXCEPT TRACTOR-TRAILER			1 - NONE				
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE		8 - PARTIALLY EJECTED		8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE			2 - BLOOD				
2 - EMS	9 - THIRD - RIGHT SIDE		9 - TOTALLY EJECTED		9 - LEARNER'S PERMIT RESTRICTIONS	9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN			3 - URINE				
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB		10 - NOT APPLICABLE		10 - LIMITED TO DAYLIGHT ONLY	10 - LIMITED TO DAYLIGHT ONLY		10 - OTHER DISTRACTION INSIDE THE VEHICLE			4 - BREATH				
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - NOT APPLICABLE		11 - LIMITED TO EMPLOYMENT	11 - LIMITED TO EMPLOYMENT		11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE			5 - OTHER				
SAFETY EQUIPMENT											ALCOHOL TEST TYPE				
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - NOT APPLICABLE		12 - LIMITED - OTHER	12 - LIMITED - OTHER		12 - LIMITED - OTHER			1 - NONE				
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT		13 - NOT TRAPPED		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)			2 - BLOOD				
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR		14 - EXTRICATED BY MECHANICAL MEANS		14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY			3 - URINE				
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST		15 - FREED BY NON-MECHANICAL MEANS		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES			4 - OTHER				
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	16 - OUTSIDE MIRROR		16 - PROSTHETIC AID		16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR			DRUG TEST TYPE				
6 - CHILD RESTRAINT SYSTEM - REAR FACING	17 - OTHER		17 - OTHER		17 - PROSTHETIC AID	17 - PROSTHETIC AID		17 - PROSTHETIC AID			1 - NONE				
7 - BOOSTER SEAT	18 - OTHER		18 - OTHER		18 - OTHER	18 - OTHER		18 - OTHER			2 - BLOOD				
8 - HELMET USED	GENDER		F - FEMALE		1 - APPARENTLY NORMAL	1 - APPARENTLY NORMAL		1 - APPARENTLY NORMAL			3 - URINE				
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	M - MALE		M - MALE		2 - PHYSICAL IMPAIRMENT	2 - PHYSICAL IMPAIRMENT		2 - PHYSICAL IMPAIRMENT			4 - OTHER				
10 - REFLECTIVE CLOTHING	U - OTHER/UNKNOWN		U - OTHER/UNKNOWN		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)			4 - BREATH				
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY	GENDER		F - FEMALE		4 - ILLNESS	4 - ILLNESS		4 - ILLNESS			5 - COCAINE				
99 - OTHER / UNKNOWN	M - MALE		M - MALE		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			6 - CANNABINOID				
	U - OTHER/UNKNOWN		U - OTHER/UNKNOWN		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL			6 - OPIATES / OPIOIDS				
	GENDER		F - FEMALE		9 - OTHER / UNKNOWN	9 - OTHER / UNKNOWN		9 - OTHER / UNKNOWN			7 - OTHER				
	M - MALE		M - MALE		GENDER	GENDER		GENDER			8 - NEGATIVE RESULTS				
	U - OTHER/UNKNOWN		U - OTHER/UNKNOWN		GENDER	GENDER		GENDER							



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 5 3 3 5 2

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE THOMAS WILEEN Z				DATE OF BIRTH 0 7 2 0 1 9 7 2	AGE 5 3	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 4500 E 143RD ST CLEVELAND 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 0 4	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OCCUPANT	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 <input type="checkbox"/>	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 _____					
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		SAFETY EQUIPMENT USED 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN							EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN							TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 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 _____				
WITNESS	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____	AGE _____	GENDER _____		
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WITNESS	NAME: LAST, FIRST, MIDDLE _____					DATE OF BIRTH _____	AGE _____	GENDER _____		
	ADDRESS: STREET, CITY, STATE, ZIP _____					CONTACT PHONE - INCLUDE AREA CODE _____				



OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20253352	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 12 D 31 Y 2025
IN COUNTY OF 18	CRASH LOCATION	

Unit 1 operator believes the vehicle to be a black mitsubishi.

OFFICER'S SIGNATURE
X

BADGE NUMBER
051