


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 0 0 7 7						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 1 0 9 2 0 2 6 0 7 5 1		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 E 88TH ST		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 4 1 4 2 6 0 4 9	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4911		ROAD TYPE 		LONGITUDE DECIMAL DEGREES 8 1 6 2 3 4 8 0	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		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 NUMBER OF APPROACHES 			
DISTANCE ED/M (DECIMALS/M) 		DISTANCE 1 - Miles 2 - Feet 3 - Yards 						ROADWAY <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION - FIRST ROAD/MILE 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 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 8 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 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
LIGHT CONDITION 2 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 4 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 SOUTHBOUND ON E 88TH ST. UNIT 2 WAS TRAVELING NORTHBOUND ON E 88TH ST. UNIT 2 PASSED A PARKED VEHICLE IN FRONT OF 4911 E 88TH ST. UNIT 2 AND 1 CLIPPED DRIVER SIDE MIRRORS.											
CRASH REPORTED DATE/TIME 0 1 0 9 2 0 2 6 0 7 5 1		DISPATCH DATE/TIME 0 1 0 9 2 0 2 6 0 7 5 2		ARRIVAL DATE/TIME 0 1 0 9 2 0 2 6 0 7 5 7		SCENE CLEARED DATE/TIME 0 1 0 9 2 0 2 6 0 8 1 2		REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 3 0		OFFICER'S NAME * C. Cramer		CHECKED BY OFFICER'S NAME* M. Berdysz		SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED MORE THAN 100 WORDS)	
						OFFICER'S BADGE NUMBER* 0 5 1		CHECKED BY OFFICER'S BADGE NUMBER* L 1 4			

VEHICLE

□
□

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE JAMES DENNIS PAYTON	OWNER PHONE: INCLUDE AREA CODE () Same As Driver		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 5027 E 86 ST GARFIELD HTS OH 44125				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP			COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # KFS9132	VEHICLE IDENTIFICATION # 1C4RJ1FBG77FC948808	VEHICLE YEAR 2015	VEHICLE MAKE Jeep
	INSURANCE VERIFIED	INSURANCE COMPANY Progressive	INSURANCE POLICY # 986857498	VEHICLE COLOR DBL	VEHICLE MODEL Grand Cherokee
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
	VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	UNIT TYPE 0 3		1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 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 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP		
	# of TRAILING UNITS				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN		
	SPECIAL FUNCTION 0 1		1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - OTHER UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 23 - OTHER UNKNOWN 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 24 - OTHER UNKNOWN 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL		
	CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 15 - DUMP 16 - OTHER / UNKNOWN		
VEHICLE DEFECTS		1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT 11 - SHARED USE PATHS OR TRAILS			
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 0 1		1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS AT INCIDENT SCENE 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - OTHER / UNKNOWN 13 - TOP		
	ACTION 5		1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 22 - DISABLED VEHICLE 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN		
	CONTRIBUTING CIRCUMSTANCES 2 2		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACADA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING		
	SEQUENCE OF EVENTS		EVENTS		
	1 2 0		1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - OTHER / UNKNOWN 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 26 - OTHER / UNKNOWN		
COLLISION WITH FIXED OBJECT - STRUCK		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 49 - FIRE HYDRANT			
1		1			
FIRST HARMFUL EVENT		MOST HARMFUL EVENT			

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



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE MILCINOVIC MICHAEL M		DATE OF BIRTH 11181984		AGE 41		GENDER M																	
	ADDRESS: STREET, CITY, STATE, ZIP 4652 E 88 ST 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 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA			CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4	
	UNIT # 02		NAME: LAST, FIRST, MIDDLE JAMES DENNIS PAYTON					DATE OF BIRTH 07211983					AGE 42		GENDER M											
	ADDRESS: STREET, CITY, STATE, ZIP 5027 E 86 ST GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE																				
	INJURIES 5		INJURED TAKEN BY		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 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA			CONDITION 1		STATUS 1		ALCOHOL TEST 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			CONDITION		STATUS		ALCOHOL TEST 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			CONDITION		STATUS		ALCOHOL TEST TYPE		VALUE		STATUS		TYPE		RESULT SELECT UP TO 4		
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE & CLASS B 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 - TALKING ON HAND-HELD COMMUNICATION DEVICE			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 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE			5 - TEST GIVEN, RESULTS UNKNOWN									
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN			6 - NO VALID OL			7 - EXCEPT TRACTOR-TRAILER			6 - PASSENGER			ALCOHOL TEST TYPE									
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			EJECTION			H - HAZMAT			8 - INTERMEDIATE LICENSE RESTRICTIONS			7 - OTHER DISTRACTION INSIDE THE VEHICLE			1 - NONE									
2 - EMS		8 - THIRD - MIDDLE			1 - NOT EJECTED			M - MOTORCYCLE			9 - LEARNER'S PERMIT RESTRICTIONS			8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE			2 - BLOOD									
3 - POLICE		9 - THIRD - RIGHT SIDE			2 - PARTIALLY EJECTED			P - PASSENGER			10 - LIMITED TO DAYLIGHT ONLY			9 - OTHER / UNKNOWN			3 - URINE									
9 - OTHER / UNKNOWN		10 - SLEEPER SECTION OF TRUCK CAB			3 - TOTALLY EJECTED			N - TANKER			11 - LIMITED TO EMPLOYMENT						4 - BREATH									
SAFETY EQUIPMENT		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			4 - NOT APPLICABLE			Q - MOTOR SCOOTER			12 - LIMITED - OTHER						5 - OTHER									
1 - NONE USED		12 - PASSENGER IN UNCLOSED CARGO AREA			TRAPPED			R - THREE-WHEEL MOTORCYCLE			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)						DRUG TEST TYPE									
2 - SHOULDER BELT ONLY USED		13 - TRAILING UNIT			1 - NOT TRAPPED			S - SCHOOL BUS			14 - MILITARY VEHICLES ONLY			CONDITION			1 - NONE									
3 - LAP BELT ONLY USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			2 - EXTRICATED BY MECHANICAL MEANS			T - DOUBLE & TRIPLE TRAILERS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES			1 - APPARENTLY NORMAL			2 - BLOOD									
4 - SHOULDER & LAP BELT USED		15 - NON-MOTORIST			3 - FREED BY NON-MECHANICAL MEANS			X - TANKER / HAZMAT			16 - OUTSIDE MIRROR			2 - PHYSICAL IMPAIRMENT			3 - URINE									
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		99 - OTHER / UNKNOWN						GENDER			17 - PROSTHETIC AID			3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)			4 - OTHER									

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20260077	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 09 Y 2026	
IN COUNTY OF 18	CRASH LOCATION		
<p>Both vehicle operators had conflicting stories. Unit 1 operator stated Unit 2 did not have the right away and should have yielded to his vehicle when passing the parked car. Unit 2 operator stated he waited for another vehicle traveling southbound in front of Unit 1 before he passed the parked vehicle. Unit 2 operator stated Unit 1 was still at the stop sign at E 88TH ST/ Reed Ave and sped up rapidly at a higher speed while he was already passing the parked car believing the Unit 1 operator was upset at him for doing so. Unit 1 operator has a video of the interaction of the two parties after the accident occurred. No independent witnesses on scene. Unit 2 had no damage and Unit 1 had a scuff mark on it's driver side mirror.</p>			
OFFICER'S SIGNATURE X		BADGE NUMBER 051	