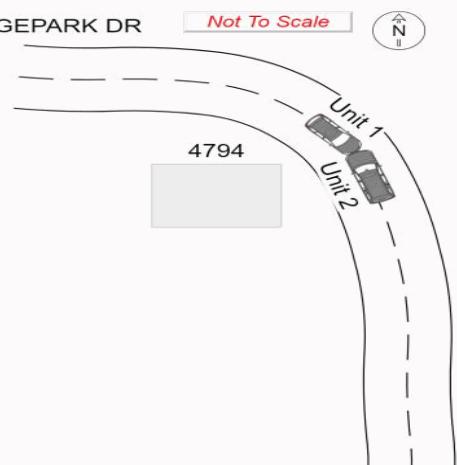




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *					
				2 0 2 6 0 1 5 8					
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Secondary Crash <input type="checkbox"/> Private Property		LOCAL INFORMATION							
		REPORTING AGENCY NAME * GARFIELD HEIGHTS				NCIC * 0 1 8 2 0			
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				HIT/SKIP 1 - Solved 2 - Unsolved	
								MIN/MDP AC/IMTS 0 2	
								UNIT IN ED/OD 0 1 98-ANIMAL 99-UNKNOWN	
								CRASH SEVERITY 4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
LOCATION	ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME EDGEPARK	ROAD TYPE D R	LATITUDE DECIMAL DEGREES 4 1 . 4 2 9 8 4 5	
	REFERENCE	ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4794	ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 1 . 6 1 1 7 4 1
REFERENCE POINT 3		DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 2		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 WITHIN INTERSECTION OR ON APPROACH WITHIN INTERCHANGE AREA
	DISTANCE 5 0	DISTANCE 2	UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards						NUMBER OF APPROACHES ROADWAY ROADWAY DIVIDED
LOCATION OF FIRST HARMFUL EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 3 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN (<4 FEET) 3 - DIVIDED, DEPRESSED 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 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 3	CONDITIONS 3	SURFACE 2	
LIGHT CONDITION 3 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		1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
NARRATIVE UNIT 1 WAS NEGOTIATING THE CURVE OF EDGEPARK DR DR SOUTHBOUND IN FRONT OF 4794 EDGEPARK. UNIT 2 WAS NEGOTIATING THE SAME CURVE IN THE OPPOSITE DIRECTION. SEE LONG NARRATIVE FOR FURTHER...									
 EDGE PARK DR Not To Scale 									
CRASH REPORTED DATE/TIME 0 1 1 7 2 0 2 6 1 1 8 1 0		DISPATCH DATE/TIME 0 1 1 7 2 0 2 6 1 1 8 1 2		ARRIVAL DATE/TIME 0 1 1 7 2 0 2 6 1 1 8 1 7		SCENE CLEARED DATE/TIME 0 1 1 7 2 0 2 6 1 1 8 3 9		REPORT TAKEN BY ■ POLICE AGENCY □ MOTORIST □ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)	
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 5 7	OFFICER'S NAME * M. Taylor	CHECKED BY OFFICER'S NAME * D. Bailey			
					OFFICER'S BADGE NUMBER * 0 1 7	CHECKED BY OFFICER'S BADGE NUMBER * L 0 7			

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE GILMORE LAVATA LAVETTE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
---------------	---	--	--------------------------------	--

OWNER ADDRESS: STREET, CITY, STATE, ZIP 5814 PROSSER AVE	(<input type="checkbox"/> Same As Driver)
---	--

CLEVELAND OH 44103

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
---	---

LP STATE O H	LICENSE PLATE # KCH7357	VEHICLE IDENTIFICATION # K N D E T C A 7 2 R 7 4 9 0 4 8 6	VEHICLE YEAR 2 0 2 4	VEHICLE MAKE Kia
■ INSURANCE VERIFIED	INSURANCE COMPANY ALLSTATE	INSURANCE POLICY # 826178083	VEHICLE COLOR WHI	VEHICLE MODEL Seltos
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Interstate (216) 475	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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
---	---	---	--	---

UNIT TYPE 0 3	# OF TRAILING UNITS			
------------------	---------------------	--	--	--

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL 0	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
---	---	--	--	---

SPECIAL FUNCTION 0 1	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 0 1	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	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 - MIDLIGHT - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/RROADSIDE 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 5	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 ACTION 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 22 - WORKING 23 - LYING IN ROADWAY 24 - NOT DISCERNABLE 25 - OPENING DOOR INTO ROADWAY 26 - LOAD SHIFTING/ FALLING/SPILLING 27 - IMPROPER CROSSING 28 - IMPROPER OBSTRUCTION 29 - SWERVING TO AVOID 30 - WRONG WAY
-------------	--	--	---	---	---

CONTRIBUTING CIRCUMSTANCES 0 7	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 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 - IMPROPER OBSTRUCTION 22 - LYING IN ROADWAY 23 - NOT DISCERNABLE 24 - OPENING DOOR INTO ROADWAY 25 - SWERVING TO AVOID 26 - WRONG WAY
--------------------------------------	---	---	--	--

SEQUENCE OF EVENTS	EVENTS
--------------------	--------

1 1 1	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
-------	---	---	---	--	--

2 0	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE 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
-----	---	--	--	--	--

3	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	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
---	---------------------	---------------------------	--	--	--

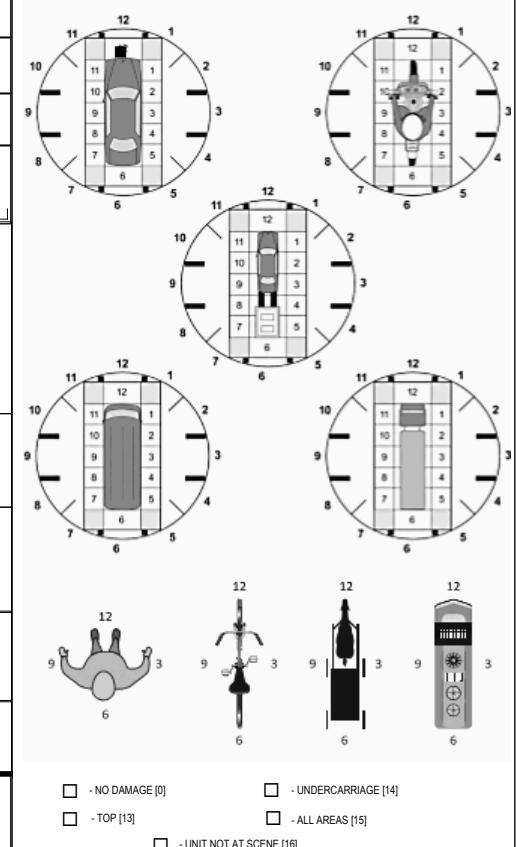
2	FIRST HARMFUL EVENT	2	MOST HARMFUL EVENT
---	---------------------	---	--------------------

DAMAGE	
--------	--

DAMAGE SCALE	
--------------	--

4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
---	--

DAMAGED AREA(S)	
-----------------	--



INITIAL POINT OF CONTACT	
--------------------------	--

1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
-----	--	---

TRAFFIC	
---------	--

2	TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
---	--	---

2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
---	-------------------------------	--

4	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
---	--

3 0	UNIT SPEED 3 - STATED/ESTIMATED SPEED 4 - CALCULATED / EDR 5 - UNDETERMINED	DETECTED SPEED
-----	--	----------------

2 5	POSTED SPEED
-----	--------------





MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 5 8

M O T O R I S T N O N - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE GILMORE LAVATA LAVETTE					DATE OF BIRTH 0 9 0 3 1 9 8 7	AGE 3 8	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 5814 PROSSER AVE CLEVELAND OH 44103					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 4		INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HTS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE 		OPERATOR LICENSE NUMBER 		OFFENSE CHARGED 331.08	LOCAL CODE ■	OFFENSE DESCRIPTION LANES OF TRAVEL		CITATION NUMBER G20260096			
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 VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
M O T O R I S T N O N - M O T O R I S T		UNIT # 0 2	NAME: LAST, FIRST, MIDDLE MOYER RASHAUNTAE DEMONTASIA					DATE OF BIRTH 0 5 1 0 2 0 0 7	AGE 1 8	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 1300 CRESTLINE AVE APT 322 CLEVELAND OH 44109		CONTACT PHONE - INCLUDE AREA CODE 									
INJURIES 4		INJURED TAKEN BY 2	EMS AGENCY (NAME) GARFIELD HTS	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
OL STATE 		OPERATOR LICENSE NUMBER 		OFFENSE CHARGED 335.01A1	LOCAL CODE ■	OFFENSE DESCRIPTION NO OL		CITATION NUMBER G20260097			
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"/> OTHER DRUG <input type="checkbox"/> MARIJUANA	CONDITION 1	STATUS 1	ALCOHOL TEST TYPE VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4
M O T O R I S T N O N - M O T O R I S T		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 	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 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE	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 HANDS-FREE 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 - EXCEPT CLASS A & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	7 - EXCEPT TRACTOR-TRAILER				
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		7 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE					
2 - EMS	9 - THIRD - RIGHT SIDE		10 - SLEEPER SECTION OF TRUCK CAB		9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN					
3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12 - PASSENGER IN UNENCLOSED CARGO AREA		10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE					
9 - OTHER / UNKNOWN	13 - TRAILING UNIT		14 - RIDING ON VEHICLE EXTERIOR		11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE					
SAFETY EQUIPMENT		15 - NON-MOTORIST		16 - OUTSIDE MIRROR		12 - LIMITED - OTHER	12 - OTHER				
1 - NONE USED	16 - PROSTHETIC AID		17 - PROSTHETIC AID		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN					
2 - SHOULDER BELT ONLY USED	17 - BOOSTER SEAT		18 - OTHER		14 - MILITARY VEHICLES ONLY	14 - BREATH					
3 - LAP BELT ONLY USED	18 - HELMET USED		19 - OTHER / UNKNOWN		15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER					
4 - SHOULDER & LAP BELT USED	19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		20 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR	16 - OTHER					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	20 - REFLECTIVE CLOTHING		21 - OTHER / UNKNOWN		17 - PROSTHETIC AID	17 - APPARENTLY NORMAL					
6 - CHILD RESTRAINT SYSTEM - REAR FACING	21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		22 - OTHER / UNKNOWN		18 - OTHER	18 - PHYSICAL IMPAIRMENT					
7 - BOOSTER SEAT	22 - HELMET USED		23 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN	19 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)					
8 - HELMET USED	23 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		24 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN	20 - ILLNESS					
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	24 - REFLECTIVE CLOTHING		25 - OTHER / UNKNOWN		21 - OTHER / UNKNOWN	21 - FELL ASLEEP, FAINTED, FATIGUED, ETC.					
10 - REFLECTIVE CLOTHING	25 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		26 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN	22 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY	26 - HELMET USED		27 - OTHER / UNKNOWN		23 - OTHER / UNKNOWN	23 - OPIATES / OPIOIDS					
99 - OTHER / UNKNOWN	27 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		28 - OTHER / UNKNOWN		24 - OTHER / UNKNOWN	24 - CANNABINOIDS					
CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 7 - OTHER 8 - NEGATIVE RESULTS											
DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS											

LOCAL REPORT NUMBER 20260158	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 17 Y 2026
IN COUNTY OF 18	CRASH LOCATION	

BOTH DRIVERS PROVIDED DIFFERENT STORIES AND BOTH STATED THAT THE OTHER WAS DRIVING ON THE WRONG SIDE OF THE ROAD. IT WAS APPARENT THAT UNIT 1 HAD BEEN DRIVING IN THE ONCOMING LANE. ONCE I WAS ON SCENE, UNIT 2 WAS STOPPED IN THE MIDDLE OF THE ROADWAY, THOUGH I WAS UNABLE TO DETERMINE WHETHER IT ARRIVED THERE PRIOR TO THE CRASH, OR AS A RESULT OF THE CRASH. THE DRIVER OF UNIT 1 WAS CITED FOR LANES OF TRAVEL AND TRANSPORTED BY SQUAD TO MARYMOUNT HOSPITAL. THE DRIVER OF UNIT 2 WAS CITED FOR NO OL AND TRANSPORTED TO MARYMOUNT HOSPITAL. BOTH VEHICLES TOWED BY INTERSTATE.

OFFICER'S SIGNATURE
X

BADGE NUMBER
017