

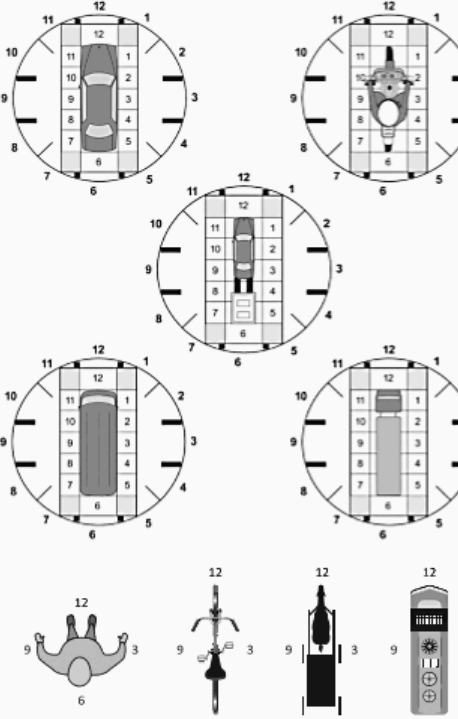
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

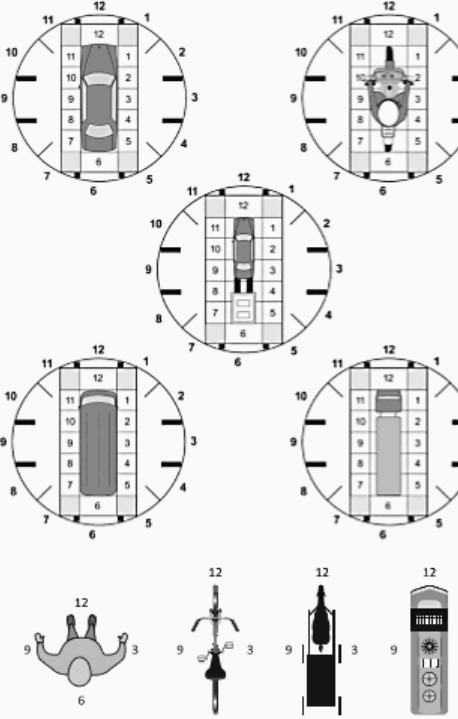
LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input checked="" 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 1 9 3	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *			CRASH DATE/TIME *	
1 8	1	GARFIELD HTS			0 1 2 2 2 0 2 6 1 3 0 3	
ROUTE TYPE		ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	CRASH SEVERITY
ROUTE TYPE		ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	
				Rockside	R D	5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
				13410		
REFERENCE POINT		DIRECTION	CRASH TYPE		INTERSECTION RELATED	
3		4	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE		DISTANCE	ROAD TYPE		ROADWAY	
5 0		2	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		<input type="checkbox"/> ROADWAY DIVIDED	
LOCATION - FIRST ROAD/MEET EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE
0 1		1		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED 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		LOCATION OF CRASH IN WORK ZONE		CONTOUR
		1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT or MOVING WORK 5 - OTHER		1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		1
LIGHT CONDITION		WEATHER		CONDITIONS		SURFACE
1		1		2		2
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		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(NON-CONTACT) WAS TRAVELING EAST NEAR 13410 ROCKSIDE IN THE INSIDE LANE.UNIT#2 WAS TRAVELING EAST NEAR 13410 ROCKSIDE IN THE OUTSIDE LANE.U#1 CHANGED INTO THE OUTSIDE LANE..U#2 TOOK EVASIVE ACTION TO THE RIGHT AND COLLIDED WITH A CURB/SNOW EMBANKMENT WHILE GOING OFF ROAD TO THE RIGHT.BOTH UNITS WERE STOPPED IN FRONT OF 13410 ROCKSIDE UPON ARRIVAL:BWC NOTE:SEE OH2						
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME
0 1 2 2 2 0 2 6 1 3 0 3		0 1 2 2 2 0 2 6 1 3 0 5		0 1 2 2 2 0 2 6 1 3 1 0		0 1 2 2 2 0 2 6 1 3 3 0
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME *
0		3 9		6 4		R. Cramer
				OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S NAME*
				0 3 7		R. Dodge
				CHECKED BY OFFICER'S BADGE NUMBER*		REPORT TAKEN BY
				S 2 2		POLICE AGENCY
						MOTORIST
						SUPPLEMENT

UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE PESATA KATHLEEN MARIE (Same As Driver)	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)
OWNER ADDRESS: STREET, CITY, STATE, ZIP 8006 BRANCH RD MEDINA OH 44256 (Same As Driver)		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
LP STATE OH	LICENSE PLATE # KFW4581	VEHICLE IDENTIFICATION # K1L4C1JB17J1B1646995
INSURANCE VERIFIED	INSURANCE COMPANY Permanent General	INSURANCE POLICY # 1goh8981593
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME
INTERLOCK DEVICE EQUIPPED	HIT/SKIP UNIT	# OCCUPANTS 02
VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
VEHICLE MAKE Buick		
VEHICLE YEAR 2018		
VEHICLE COLOR RED		
VEHICLE MODEL Other/Unknow		
UNIT TYPE 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		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN 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 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 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 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 2 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTION 03 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 22 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 EVENTS 1. 13 2. 43 3. 08 COLLISION WITH FIXED OBJECT - STRUCK 4. 45 5. 6. FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 4		

LOCAL REPORT NUMBER 20260193	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 1	
DAMAGED AREA(S) INDICATE ALL THAT APPLY 	
INITIAL POINT OF CONTACT 00 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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 0	DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) FORD JEFFREY ALLEN	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 7660 BROADVIEW RD APT 208 PARMA OH 44134					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # KQW3433	VEHICLE IDENTIFICATION # 51XP6D1G00S06108223	VEHICLE YEAR 2025	VEHICLE MAKE Kia	
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR GRY	VEHICLE MODEL Other/Unknow	
	<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	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD PLACARD ID #	
	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 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - PARTIAL AUTOMATION 2 - FULL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION					
	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 99 - OTHER/UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 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 11 - DUMP 14 - GARBAGE/REFUSE 99 - 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					
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS					
	ACTION 3 0 1 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 DISABLED VEHICLE 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 99 - OTHER / UNKNOWN 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE					
	CONTRIBUTING CIRCUMSTANCES 0 1 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/JACDA 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 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION 5 - UNSAFE SPEED 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 - BUILDING 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 52 - TUNNEL 26 - BRIDGE OVERHEAD STRUCTURE 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT 27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL 28 - BRIDGE PARAPET 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING 29 - BRIDGE RAIL 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL 30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 49 - FIRE HYDRANT					
	COLLISION WITH FIXED OBJECT - STRUCK					
	1 1 FIRST HARMFUL EVENT MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 2 0 2 6 0 1 9 3	
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"/> - TOP [13] <input type="checkbox"/> - UNIT NOT AT SCENE [16] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - ALL AREAS [15]	
INITIAL POINT OF CONTACT 1 4 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 13 - TOP 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 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 4 RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 3 7	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 0	



LOCAL REPORT NUMBER

2 0 2 6 0 1 9 3

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE GRABOWSKI PESATA CONNOR DAVID				DATE OF BIRTH 06142005				AGE 20		GENDER M											
	ADDRESS: STREET, CITY, STATE, ZIP 7988 W SMITH RD MEDINA OH 44256						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"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE 		STATUS 1		TYPE 1		DRUG TEST(S) RESULT SELECT UP TO 4

MOTORIST / NON-MOTORIST	UNIT # 0 2		NAME: LAST, FIRST, MIDDLE FORD JEFFREY ALLEN		DATE OF BIRTH 0 7 0 1 1 9 7 0				AGE 		GENDER M				
	ADDRESS: STREET, CITY, STATE, ZIP 7660 BROADVIEW RD APT 208 PARMA OH 44134					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		<input type="checkbox"/> DOT-COMPLIANT MC HELMET				
	SEATING POSITION 0 1		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 2		ENDORSEMENT SELECT UP TO 2 		RESTRICTION SELECT UP TO 3 		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 	

[illegible][illegible]

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER									
						2 0 2 6 0 1 9 3									
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE MCHUGH ADEN GLEN				DATE OF BIRTH 0 6 0 9 2 0 0 5					AGE 2 0		GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 11717 STAFFORD RD CHAGRIN FALLS OH 44023					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		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		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 		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 	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 									
	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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		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				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				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															
GENDER															
F - FEMALE M - MALE U - OTHER/UNKNOWN															
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 		
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE 									
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 20260193	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 22 Y 2026		
IN COUNTY OF 18	CRASH LOCATION			
<p>Driver of Unit#2 thought his vehicle was originally struck by the other car, approximately 50' west of 13410 Rockside. No visible damage was observed on Unit #2. Driver stated, the other car cut him off and he swerved to the right and struck a snow bank. The vehicle is new and now believes there is a problem with the alignment.</p> <p>BWC</p> <p>Driver of Unit#1 and passenger, did not feel any impact with the other car and no visible damage was observed. Driver stated, the other driver showed a badge and told him of the accident.BWC</p> <p>At time of report, no independent witnesses and conflicting statements. No citations issued on scene. In addition, I was unable to locate any disturbances in the snow near the crash location(Scene Undefined).</p>				
OFFICER'S SIGNATURE X		BADGE NUMBER 037		