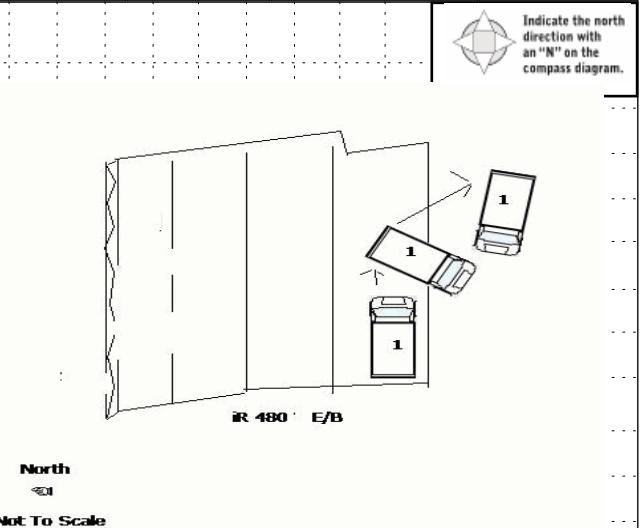


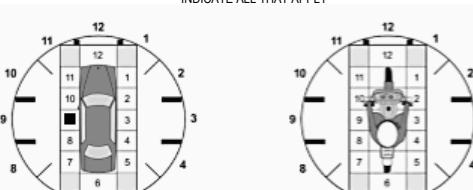
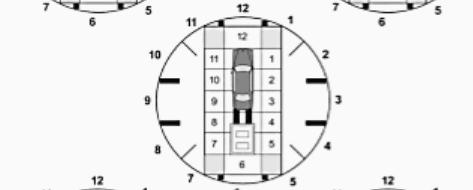
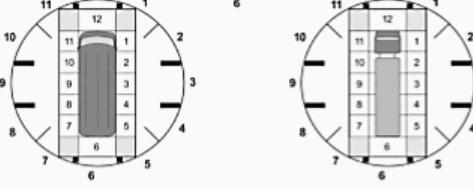


# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *		
<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		REPORTING AGENCY NAME * <b>GARFIELD HEIGHTS</b> NCIC * <b>0 1 8 2 0</b>			HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF UNITS <b>0 1</b>	UNIT IN CODE 98 - ANIMAL 99 - UNKNOWN
COUNTY * <b>1 8</b>	LOCALITY * <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>			CRASH DATE/TIME * <b>10 20 62 02 26 11 00 41</b>		CRASH SEVERITY <b>5</b>
LOCATION	ROUTE TYPE <b>I R</b>	ROUTE NUMBER <b>4 8 0</b>	PREFIX <b>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</b>	LOCATION ROAD NAME	ROAD TYPE <b>H W</b>	LATITUDE DECIMAL DEGREES <b>4 1 . 4 1 3 9 9 6</b>	
	ROUTE TYPE	ROUTE NUMBER	PREFIX <b>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>23.2</b>	ROAD TYPE <b>M P</b>	LONGITUDE DECIMAL DEGREES <b>8 1 . 6 0 3 4 1 3</b>	
REFERENCE POINT <b>2</b>	DIRECTION <b>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</b>	ROUTE TYPE <b>IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE</b>	ROAD TYPE <b>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</b>	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED		
DISTANCE <b>0.00000000</b>	DISTANCE <b>UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards</b>				NUMBER OF APPROACHES		
LOCATION OF FIRST HARMFUL EVENT <b>0 1</b>		MANNER OF CRASH COLLISION/IMPACT <b>1</b>		DIRECTION OF TRAVEL <b>3</b>	ROADWAY		
<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 <b>1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER</b>	LOCATION OF CRASH IN WORK ZONE <b>1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA</b>	CONTOUR <b>1</b>	CONDITIONS <b>3</b>	MEDIAN TYPE <b>9</b>	
LIGHT CONDITION <b>1</b>		WEATHER <b>6</b>				1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
NARRATIVE		UNIT#1 WAS TRAVELING EAST NEAR 23.2 ON IR 480 IN THE OUTSIDE LANE. U#1 FAILED TO MAINTAIN CONTROL AND ROTATED CLOCKWISE THROUGH THE SOUTH SHOULDER AND OFF ROAD TO THE RIGHT. U#1 COLLIDED WITH AN SNOW EMBANKMENT AND OVERTURNED ONTO ITS DRIVERS SIDE. U#1 WAS AT FINAL REST UPON ARRIVAL. BWC NOTE: DRIVER OF U#1 STATED, HIT ICE. BWC					
CRASH REPORTED DATE/TIME <b>10 20 62 02 26 11 00 41</b>		DISPATCH DATE/TIME <b>10 20 62 02 26 11 00 45</b>		ARRIVAL DATE/TIME <b>10 20 62 02 26 11 01 11</b>		SCENE CLEARED DATE/TIME <b>10 20 62 02 26 11 04 42</b>	
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME		OFFICER'S NAME * <b>R. Cramer</b>		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL MINUTES <b>3 7</b>		OFFICER'S BADGE NUMBER <b>0 3 7</b>		CHECKED BY OFFICER'S NAME * <b>N. Rossi</b>		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)	
OFFICER'S BADGE NUMBER <b>S 1 3</b>							



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE		( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)	LOCAL REPORT NUMBER 2 0 2 6 0 3 0 3		
	0 1	U Haul						DAMAGE	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 6000 Clark			( <input type="checkbox"/> Same As Driver)		CLEVELAND OH 44102		DAMAGE SCALE	
								3	
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP					COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
	LP STATE O H	LICENSE PLATE # PKX2618	VEHICLE IDENTIFICATION # 1 F T Y R 1 Y M 3 J K B 3 2 6 2 0		VEHICLE YEAR 2 0 1 8	VEHICLE MAKE Ford	DAMAGED AREA(S) INDICATE ALL THAT APPLY		
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE COLOR WHI	VEHICLE MODEL Other/Unknown			
	TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #		TOWED BY: COMPANY NAME Private				
	<input type="checkbox"/> INTERLOCK EQUIPPED	<input type="checkbox"/> 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 <input type="checkbox"/> PLACARD	CLASS #	PLACARD ID #	
	0 5	UNIT TYPE		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 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									
2	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN			
0 1	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						
0 6	CARGO BODY TYPE		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						
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									
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/RROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - REFER TO UNIT DIAGRAM 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - OTHER / UNKNOWN									
3	ACTION		0 1	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 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 22 - DISABLED VEHICLE 99 - OTHER / UNKNOWN	INITIAL POINT OF CONTACT			
1 9 9	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								
# OF THROUGH LANES ON ROAD									
4	1 - ONE-WAY 2 - TWO-WAY 4 - ROUNDABOUT 5 - SIGNAL 6 - FLASHER 7 - NOT INVOLVED 8 - INVOLVED - ACTIVE CROSSING 9 - INVOLVED - PASSIVE CROSSING								
# OF THROUGH LANES ON ROAD									
1 4 5	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN								
4 0 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 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 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								
5	UNIT SPEED 5 2 DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED								
6	POSTED SPEED 6 0								
FIRST HARMFUL EVENT 1				MOST HARMFUL EVENT 4					



# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 0 3

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 SCLIMENTI ROBERTO JAMES						DATE OF BIRTH 0 7 2 8 1 9 9 5	AGE	GENDER M																																																																																																																																																																																																																																															
	ADDRESS: STREET, CITY, STATE, ZIP 2180 BROWN RD LAKWOOD OH 44107						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 	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1																																																																																																																																																																																																																																															
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