

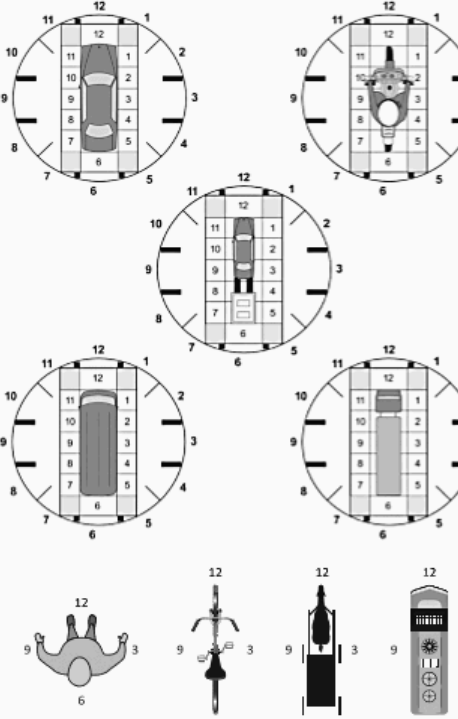
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

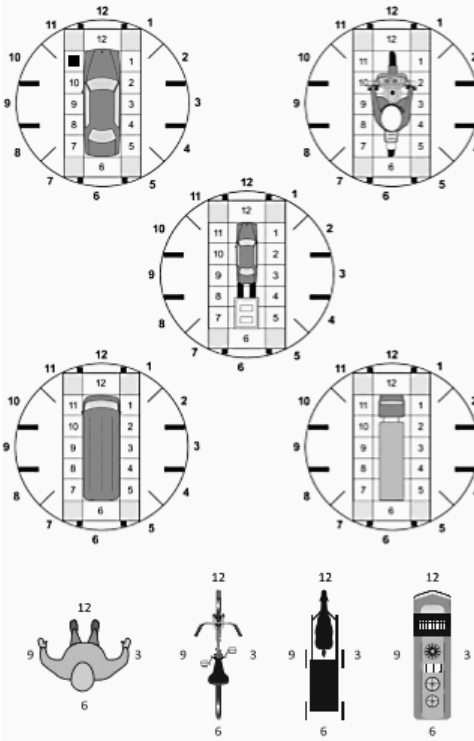
LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN		☒ OH-2	☐ OH-3
☐ SECONDARY CRASH		☐ OH-1P	☐ OTHER
☐ Private Property			
LOCAL INFORMATION			
SPEEDWAY			
REPORTING AGENCY NAME *			
GARFIELD HEIGHTS			
COUNTY *			
1 8			
LOCALITY *			
1			
LOCATION: CITY, VILLAGE, TOWNSHIP *			
GARFIELD HTS			
ROUTE TYPE		ROUTE NUMBER	PREFIX
			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
ROUTE TYPE		ROUTE NUMBER	PREFIX
			1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
REFERENCE ROAD NAME		ROAD TYPE	
TURNERY		R D	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	
5122			
CRASH DATE/TIME *		CRASH SEVERITY	
0 7 1 5 2 0 2 6		5	
1 - FATAL 2 - SERIOUS INJURY 3 - MINOR INJURY 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
INTERSECTION RELATED		NUMBER OF APPROACHES	
☐ WITHIN INTERSECTION OR ON APPROACH			
☐ WITHIN INTERCHANGE AREA			
ROADWAY			
☐ ROADWAY DIVIDED			
DIRECTION OF TRAVEL		MEDIAN TYPE	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		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	
CONTOUR		CONDITIONS	SURFACE
1		1	2
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
LIGHT CONDITION		WEATHER	
3		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 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN or FREEZING DRIZZLE 99 - OTHER / UNKNOWN	
NARRATIVE			
UNIT 2 WAS EXITING SPEEDWAY GAS STATION TURNING LEFT TO HEAD NORTH ON TURNEY AND TURNED INTO THE CENTER LANE WHEN UNIT 1 WHICH WAS TRAVELING NORTH ON TURNEY IN THE CURB LANE AND SWITCHED INTO THE CENTER LANE ... UNIT 1 THEN WENT LEFT OF CENTER TO PASS UNIT 2 AND CUT BACK INTO THE CENTER LANE STRIKING THE LEFT FRONT OF UNIT 1 ... THE CRASH WAS CAUGHT ON A CITY CAMERA AT 2130 HRS AT TURNEY AND MCCRACKEN.			
Indicate the north direction with an "N" on the compass diagram.			
NOT TO SCALE			
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME	ARRIVAL DATE/TIME
0 7 1 5 2 0 2 6		0 7 1 5 2 0 2 6	0 7 1 5 2 0 2 6
SCENE CLEARED DATE/TIME		REPORT TAKEN BY	
0 7 1 5 2 0 2 6		POLICE AGENCY	
		MOTORIST	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME	TOTAL MINUTES
0			
OFFICER'S NAME *		CHECKED BY OFFICER'S NAME *	
J. Marks		D. Simia	
OFFICER'S BADGE NUMBER *		CHECKED BY OFFICER'S BADGE NUMBER *	
R P T 1		S 2 3	
SUPPLEMENT (CORRECTION = ADDITION TO ORIGINAL REPORT ONLY)			

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE JOHNSON RHONDA	() Same As Driver		OWNER PHONE: INCLUDE AREA CODE	() Same As Driver	
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 4726 BLYTHIN GARFIELD HTS OH 44125						
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
VEHICLE	LP STATE OH	LICENSE PLATE # KDM6894	VEHICLE IDENTIFICATION # 1C4HJXJXDG0LW212415		VEHICLE YEAR 2020	VEHICLE MAKE Jeep	
	☐ INSURANCE VERIFIED	INSURANCE COMPANY		INSURANCE POLICY #	VEHICLE COLOR WHI	VEHICLE MODEL Wrangler	
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME		
	☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED CLASS # ☐ PLACARD PLACARD ID #		
	UNIT TYPE 03		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 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 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				
EVENT(S)	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		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		
	ACTION 3		PRE-CRASH ACTION 04		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 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 07						
	SEQUENCE OF EVENTS						
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 MOVABLE OBJECT							
COLLISION WITH FIXED OBJECT - STRUCK							
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 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							
FIRST HARMFUL EVENT 1							
MOST HARMFUL EVENT 1							

LOCAL REPORT NUMBER 20261701	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
	
☐ - NO DAMAGE [0] ☐ - TOP [13] ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 1 5 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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 25	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE YOUNG TAMIA MONET	(Same As Driver)		OWNER PHONE: INCLUDE AREA CODE _____	(Same As Driver)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 629 EUCLID AVE APT 907 CLEVELAND OH 44114								
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____						COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____			
VEHICLE	LP STATE OH	LICENSE PLATE # V722548	VEHICLE IDENTIFICATION # 2HGFE2F51SH575363		VEHICLE YEAR 2025	VEHICLE MAKE Honda			
	INSURANCE VERIFIED	INSURANCE COMPANY NATIONAL GENERAL	INSURANCE POLICY # 20366510744		VEHICLE COLOR WHI	VEHICLE MODEL Civic			
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT # _____		TOWED BY: COMPANY NAME _____				
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 02		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD				
	VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____			
	UNIT TYPE 02		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 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 6 - VAN (9-15 SEATS) 12 - TERRAIN VEHICLE (ATV / UTV) 17 - MOTORHOME 23 - UNKNOWN OR HIT/SKIP						
	# of TRAILING UNITS _____								
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0		0 - NO AUTOMATION 3 - CONDITIONAL 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION				
	SPECIAL FUNCTION 01		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 20 - SAFETY SERVICE PATROL 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT						
	CARGO BODY TYPE 01		1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER 2 - BUS 4 - LOGGING MOTOR VEHICLE CHASSIS 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 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 10 - DISABLED FROM PRIOR 100 - DISABLED FROM PRIOR 3 - TAIL LAMPS 6 - TIRE BLOWOUT DEFECTIVE ACCIDENT							
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT _____		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 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN						
	ACTION 4		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 19 - STANDING 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 22 - NOT DISCERNABLE 20 - OTHER NON-MOTORIST 4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, 21 - STANDING OUTSIDE 5 - BOTH STRIKING & STRUCK 6 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED 16 - WORKING 22 - DISABLING VEHICLE 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN						
	CONTRIBUTING CIRCUMSTANCES 02		1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACDA 14 - PARKED POSITION 18 - OPERATING DEFECTIVE 22 - NOT DISCERNABLE 3 - RAN RED LIGHT 9 - IMPROPER LANE 15 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING/ 23 - OPENING DOOR INTO 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING ROADWAY 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 21 - OTHER IMPROPER ACTION 6 - IMPROPER TURN						
	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 FIXED OBJECT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - 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 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN									
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1							

LOCAL REPORT NUMBER 20261701			
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 2 9 - UNKNOWN			
DAMAGED AREA(S) INDICATE ALL THAT APPLY 			
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]			
INITIAL POINT OF CONTACT 1 1 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 1 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN			
UNIT SPEED 5		DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	
POSTED SPEED 2 5			

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	6	1	7	0	1		

UNIT # 01	NAME: LAST, FIRST, MIDDLE JOHNSON TRINITY DENISE				DATE OF BIRTH 07142006		AGE 20	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 4726 BLYTHIN RD 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	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 01	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 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT # 02	NAME: LAST, FIRST, MIDDLE YOUNG TAMIA MONET				DATE OF BIRTH 06302004		AGE 22	GENDER F		
ADDRESS: STREET, CITY, STATE, ZIP 629 EUCLID AVE APT 907 CLEVELAND OH 44114					CONTACT PHONE - INCLUDE AREA CODE					
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE ☐	OFFENSE DESCRIPTION		CITATION NUMBER		
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) 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	☐ 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	ALCOHOL TEST STATUS TYPE VALUE		DRUG TEST(S) 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	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 & CLASS B 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 RESTRICTIONS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	EJECTION	H - HAZMAT	9 - LEARNER'S PERMIT RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	1 - NOT EJECTED	M - MOTORCYCLE	10 - LIMITED TO DAYLIGHT ONLY	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	2 - PARTIALLY EJECTED	P - PASSENGER	11 - LIMITED TO EMPLOYMENT	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	3 - TOTALLY EJECTED	N - TANKER	12 - LIMITED - OTHER	CONDITION	4 - OTHER
SAFETY EQUIPMENT	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	4 - NOT APPLICABLE	Q - MOTOR SCOOTER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	1 - APPARENTLY NORMAL	DRUG TEST TYPE
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	TRAPPED	R - THREE-WHEEL MOTORCYCLE	14 - MILITARY VEHICLES ONLY	2 - PHYSICAL IMPAIRMENT	1 - NONE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	1 - NOT TRAPPED	S - SCHOOL BUS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BLOOD
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - EXTRICATED BY MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	16 - OUTSIDE MIRROR	4 - ILLNESS	3 - URINE
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	X - TANKER / HAZMAT	17 - PROSTHETIC AID	5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - OTHER
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN		GENDER	18 - OTHER	6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	DRUG TEST RESULT(S)
6 - CHILD RESTRAINT SYSTEM - REAR FACING			F - FEMALE		9 - OTHER / UNKNOWN	1 - AMPHETAMINES
7 - BOOSTER SEAT			M - MALE			2 - BARBITURATES
8 - HELMET USED			U - OTHER/UNKNOWN			3 - BENZODIAZEPINES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)						4 - CANNABINOIDS
10 - REFLECTIVE CLOTHING						5 - COCAINE
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						6 - OPIATES / OPIOIDS
99 - OTHER / UNKNOWN						7 - OTHER
						8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 1 7 0 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE YOUNG MONIQUE			DATE OF BIRTH		AGE	GENDER F	
	ADDRESS: STREET, CITY, STATE, ZIP 629 EUCLID AVE 907 CLEVELAND OH 44114				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 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
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
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
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
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 20261701	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 07 D 12 Y 2026	
IN COUNTY OF 18	CRASH LOCATION SPEEDWAY		
OFFICER MARKS CONTACTED RHONDA JOHNSON THE OWNER OF UNIT 1 WHO STATED HER HUSBAND COULD HAVE BEEN DRIVING HER VEHICLE . THE HUSBAND OF RHONDA JOHNSON CALLED AND SPOKE WITH OFFICER MARKS AND DENIED BEING INVOLVED IN THE CRASH . BOTH RHONDA JOHNSON AND HER HUSBAND WHO REFUSED TO GIVE OFFICE MARKS HIS INFORMATION DENIED ANY INVOLVEMENT IN THE CRASH OR ANY DAMAGE TO THEIR VEHICLE . OFFICER MARKS SPOKE WITH MR. JOHNSON WHO STATED HIS DAUGHTER TRINITY JOHNSON WAS DRIVING UNIT 1 . OFFICER MARKS CONTACTED TRINITY JOHNSON WHO STATED SHE WOULD COME TO THE STATION TO GIVE A WRITTEN STATEMENT AS OF 07/27/2026 TRINITY HAS NOT COME TO MAKE A STATEMENT .			
OFFICER'S SIGNATURE X		BADGE NUMBER RPT1	