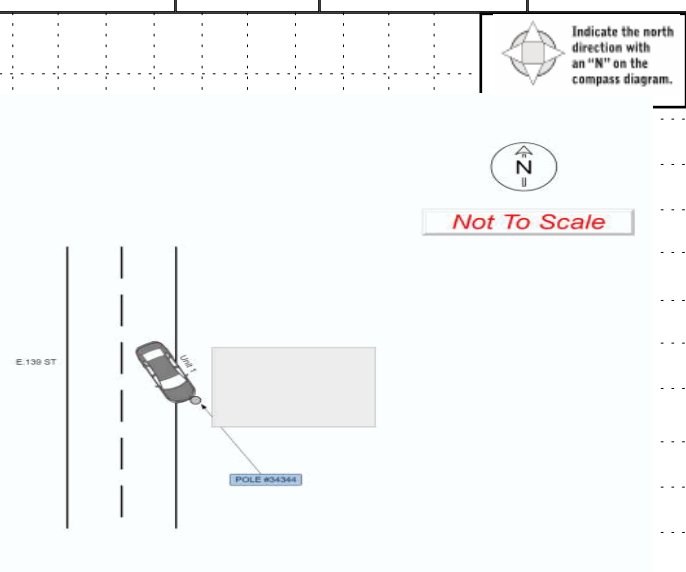


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ Private Property	☐ OH-3 ☐ OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 1 9 7 5		HITS/SKIP 1 - Solved 2 - Unsolved		NUMBER OF UNITS 0 1		UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN	
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 8 1 6 2 0 2 6 0 5 1 6				CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME E.139		ROAD TYPE S T		LATITUDE DECIMAL DEGREES 4 1 4 1 6 1 2 2		NUMBER OF APPROACHES	
ROUTE TYPE 1		ROUTE NUMBER 1		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 4391		ROAD TYPE 1		LONGITUDE DECIMAL DEGREES 8 1 5 8 8 3 7 9			
REFERENCE POINT 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		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		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA		ROADWAY ☐ ROADWAY DIVIDED	
DISTANCE EDP/MILEPOST/MILE 1 - Miles 2 - Feet 3 - Yards		DISTANCE 1 - Miles 2 - Feet 3 - Yards		LOCATION OF FIRST CRASH 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 - 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 1 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 (4 FEET) 3 - DIVIDED, DEPRESSION MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ 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 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER UNKNOWN		CONDITIONS 1 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 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		NARRATIVE UNIT 1 TRAVELED S/B ON E.139TH ST.. UNIT ONE WENT LEFT OF CENTER AND OFF THE ROAD LEFT AND STRUCK A UTILITY POLE (#34344) IN FRONT OF 4391 E.1 39TH.									
CRASH REPORTED DATE/TIME 0 8 1 6 2 0 2 6 0 5 1 6		DISPATCH DATE/TIME 0 8 1 6 2 0 2 6 0 5 1 7		ARRIVAL DATE/TIME 0 8 1 6 2 0 2 6 0 5 2 3		SCENE CLEARED DATE/TIME 0 8 1 6 2 0 2 6 0 5 3 8		REPORT TAKEN BY POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION TO EXISTING REPORT DATE/TIME)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 3 1		OFFICER'S NAME * C. Carrington		CHECKED BY OFFICER'S NAME* T. Baon		OFFICER'S BADGE NUMBER* 0 5 8			
								CHECKED BY OFFICER'S BADGE NUMBER* S 2 0					

UNIT #		OWNER NAME: LAST, FIRST, MIDDLE		OWNER PHONE: INCLUDE AREA CODE	
01		IOSIF CAZA			
OWNER ADDRESS: STREET, CITY, STATE, ZIP		(Same As Driver)			
3534 E 133RD		CLEVELAND OH 44125			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE
CA	7NBE507	1GKF6K66U24J158796		2004	GMC
INSURANCE VERIFIED		INSURANCE COMPANY		INSURANCE POLICY #	VEHICLE COLOR
					WHI
TYPE OF USE		US DOT #		TOWED BY: COMPANY NAME	
☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE				INTERSTATE	
INTERLOCK DEVICE EQUIPPED		HIT/SKIP UNIT		# OCCUPANTS	
				01	
VEHICLE WEIGHT GVWR/GCWR		HAZARDOUS MATERIAL			
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		☐ MATERIAL RELEASED CLASS # PLACARD ID # ☐ PLACARD			
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 OCCURRED?		AUTONOMOUS MODE LEVEL			
2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN			
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			
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			
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		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		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 09		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			
2 40					
3					
4					
5					
6					
1		FIRST HARMFUL EVENT			
2		MOST HARMFUL EVENT			

LOCAL REPORT NUMBER	
20261975	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
4	
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 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1
	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
25	3
	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
25	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE IOSIF CAZA										DATE OF BIRTH 11271988										AGE 37		GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 3534 E 133RD CLEVELAND OH 44125														CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY (NAME) GHFD EMS				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT				SAFETY EQUIPMENT USED 01		☐ DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1			
	OL STATE		OPERATOR LICENSE NUMBER				OFFENSE CHARGED 331.34a				LOCAL CODE ■		OFFENSE DESCRIPTION FAILURE TO CONTROL						CITATION NUMBER G20261727							
	OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3				DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☒ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG				CONDITION 6		STATUS 2		ALCOHOL TEST TYPE 1 VALUE		STATUS 1		TYPE 1		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) 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		STATUS		ALCOHOL TEST TYPE VALUE		STATUS		TYPE		DRUG TEST(S) RESULT SELECT UP TO 4		
UNIT #		NAME: LAST, FIRST, MIDDLE												DATE OF BIRTH				AGE		GENDER						
ADDRESS: STREET, CITY, STATE, ZIP																										

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20261975	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 16 Y 2026	
IN COUNTY OF 18	CRASH LOCATION 1 E.139 ST		
UTILITY POLE #34344 (4391 E.139TH ST)			
FIRST ENERGY			
341 WHITE POND DRIVE, AKRON OHIO 44320. 1-800-633-4766.			
MINOR DAMAGE TO THE POLE. PAINT EXCHANGE FROM THE VEHICLE.			
SLIGHT LEAN TO THE RIGHT. SOME SCARRING TO THE WOOD.			
OFFICER'S SIGNATURE X		BADGE NUMBER 058	