

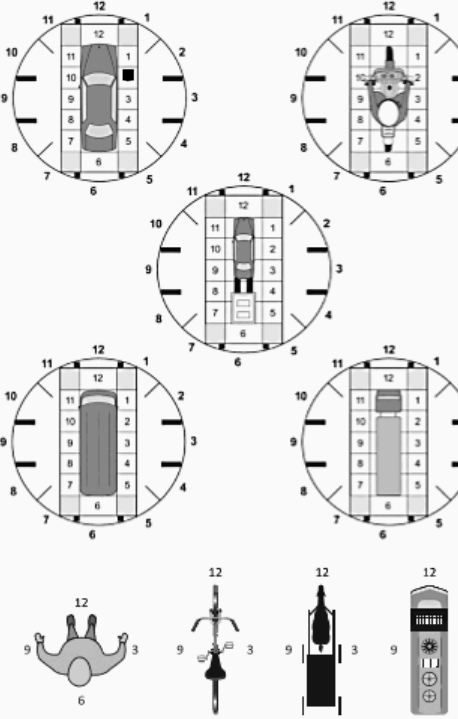
TRAFFIC CRASH REPORT

*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 9 4		HITS/SKIP 1 - Solved 2 - Unsolved		NUMBER OF UNITS 0 2		UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN 9 9	
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 8 1 8 2 0 2 6 1 4 0 2				CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 4			
LOCATION REFERENCE	ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 	LOCATION ROAD NAME Warner		ROAD TYPE R D		LATITUDE DECIMAL DEGREES 4 1 . 4 2 4 3 2 0			
	ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Canal		ROAD TYPE R D		LONGITUDE DECIMAL DEGREES 8 1 . 6 3 3 0 7 8			
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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		RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 	
DISTANCE EDP# IN DECIMALS 1 0 0		DISTANCE 1 UNIT PER MILEPOST 1 - Miles 2 - Feet 3 - Yards 2								ROADWAY ☐ ROADWAY DIVIDED			
LOCATION - FIRST AND SECOND EVENT 0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 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 7 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 (24 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 5 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 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				WEATHER 2 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 AND UNIT#2 WERE TRAVELING NORTH ON WARNER RD APPROXIMATELY 100' NORTH OF CANAL RD. AS A RESULT, THE RIGHT PASSENGER MIRROR OF U#1 AND THE LEFT DRIVER MIRROR OF U#2 COLLIDED. BOTH UNITS WERE MOVED FROM FINAL REST AND WERE PARKED IN THE OUTSIDE LANE ON WARNER RD NEAR THE ENTRANCE TO DONOVAN PARK. BWC NOTE: SEE OH2												Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE/TIME 0 8 1 8 2 0 2 6 1 4 0 2		DISPATCH DATE/TIME 0 8 1 8 2 0 2 6 1 4 0 5		ARRIVAL DATE/TIME 0 8 1 8 2 0 2 6 1 4 1 2		SCENE CLEARED DATE/TIME 0 8 1 8 2 0 2 6 1 4 3 1		REPORT TAKEN BY POLICE AGENCY MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION)					
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 		TOTAL MINUTES 2 6		OFFICER'S NAME * R. Cramer		CHECKED BY OFFICER'S NAME * D. Simia					
						OFFICER'S BADGE NUMBER * 0 3 7		CHECKED BY OFFICER'S BADGE NUMBER * S 2 3					

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) BELL LAWAYNE BRAIN	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 11003 MCCracken RD GARFIELD HTS OH 44125				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JNP6139	VEHICLE IDENTIFICATION # 1GYSA4AKJ5JR285021	VEHICLE YEAR 2018	VEHICLE MAKE Cadillac
	INSURANCE VERIFIED	INSURANCE COMPANY First Acceptance	INSURANCE POLICY # ohfb000016327	VEHICLE COLOR BLK	VEHICLE MODEL Escalade
	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/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.				
	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		
	ACTION 9		PRE-CRASH ACTION 01 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 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 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 20261994	
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] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 02 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 5	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 35	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 35	

HSY8304 OH1U 1/19 [760-0820]

PAGE OF



MOTORIST / NON-MOTORIST	UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER																
	01		BELL		LAWAYNE		BRAIN		10161973		52		M												
	ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE												
	11003 MCCracken RD												GARFIELD HTS OH 44125												
	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				
	4		9								04		☐		01		1		1		1				
	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				CONDITION		ALCOHOL TEST				DRUG TEST(S)				
	4								1		☐ ALCOHOL ☐ OTHER DRUG				1		1		1		1		RESULT SELECT UP TO 4		
MOTORIST / NON-MOTORIST	UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER																
	02		ROBINSON		DENNIS		COLE		09151996		29		M												
	ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE												
	8325 CARE DR												GARFIELD HTS OH 44125												
	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				
	5										04		☐		01		1		1		1				
	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				CONDITION		ALCOHOL TEST				DRUG TEST(S)				
	4								1		☐ ALCOHOL ☐ OTHER DRUG				1		1		1		1		RESULT SELECT UP TO 4		
MOTORIST / NON-MOTORIST	UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE		GENDER																
	ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE												
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													☐												
	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				CONDITION		ALCOHOL TEST				DRUG TEST(S)				
											ALCOHOL OTHER DRUG						1		1		1		RESULT SELECT UP TO 4		
MOTORIST / NON-MOTORIST	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 & CLASS B BUS		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		5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5 - TEST GIVEN, RESULTS UNKNOWN												
			6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		6 - EXCEPT CLASS A & CLASS B BUS		6 - PASSENGER														
	INJURED TAKEN BY		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)						7 - EXCEPT TRACTOR-TRAILER		7 - OTHER DISTRACTION INSIDE THE VEHICLE														
	1 - NOT TRANSPORTED /TREATED AT SCENE		8 - THIRD - MIDDLE						8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE														
	2 - EMS		9 - THIRD - RIGHT SIDE						9 - LEARNER'S PERMIT RESTRICTIONS		9 - OTHER / UNKNOWN														
3 - POLICE		10 - SLEEPER SECTION OF TRUCK CAB		EJECTION		OL ENDORSEMENT		10 - LIMITED TO DAYLIGHT ONLY																	
9 - OTHER / UNKNOWN		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1 - NOT EJECTED		H - HAZMAT		11 - LIMITED TO EMPLOYMENT																	
		12 - PASSENGER IN UNCLOSED CARGO AREA		2 - PARTIALLY EJECTED		M - MOTORCYCLE		12 - LIMITED - OTHER																	
SAFETY EQUIPMENT		13 - TRAILING UNIT		3 - TOTALLY EJECTED		P - PASSENGER		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																	
1 - NONE USED		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		4 - NOT APPLICABLE		N - TANKER		14 - MILITARY VEHICLES ONLY																	
2 - SHOULDER BELT ONLY USED		15 - NON-MOTORIST				Q - MOTOR SCOOTER		15 - MOTOR VEHICLES WITHOUT AIR BRAKES																	
3 - LAP BELT ONLY USED		99 - OTHER / UNKNOWN		TRAPPED		R - THREE-WHEEL MOTORCYCLE		16 - OUTSIDE MIRROR																	

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER											
						2 0 2 6 1 9 9 4											
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE LEWIS LAURA GENELL				DATE OF BIRTH 0 4 1 9 1 9 7 9					AGE 4 7		GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 11003 MCCracken 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 0 4		☐ 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 											
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OCCUPANT	UNIT # 	NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 					AGE 		GENDER 				
	ADDRESS: STREET, CITY, STATE, ZIP 					CONTACT PHONE - INCLUDE AREA CODE 											
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	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		EJECTION															
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE															
GENDER		TRAPPED															
F - FEMALE M - MALE U - OTHER/UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS															
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 20261994	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 18 Y 2026	
IN COUNTY OF 18	CRASH LOCATION		
Driver of Unit#1 stated, he was traveling north on Warner Rd in the inside lane after making a right turn from Canal Rd. The other vehicle was in the outside lane and tried to change lanes between him and a truck. The other vehicles driver mirror scratched his passenger mirror and his neck / back was starting to hurt. BWC			
Driver of Unit#2 stated, he was traveling north on Warner Rd in the inside lane after making a right turn from Canal Rd. The other vehicle went left of center passing him in the southbound lanes. The other vehicles passenger mirror struck his driver mirror and pushed it forward, but there is no damage. BWC			
Due to conflicting statements and no independent witnesses or video surveillance, no citations were issued.			
OFFICER'S SIGNATURE X		BADGE NUMBER 037	