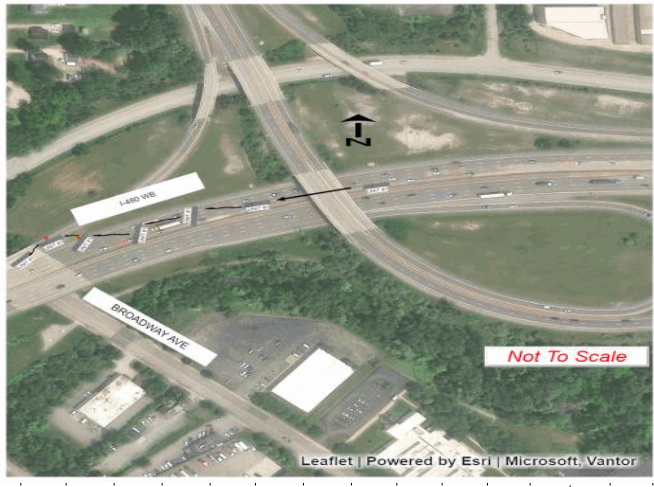
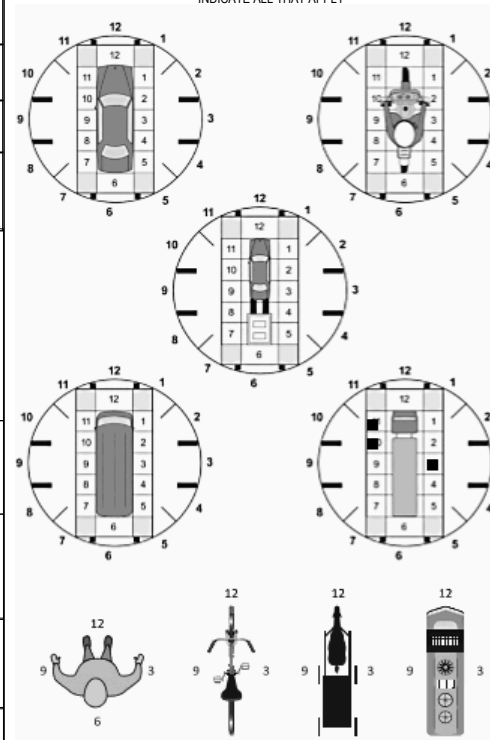


☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ OTHER ☐ Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 2 0 4 1	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *		CRASH DATE/TIME *		CRASH SEVERITY
1 8	1	GARFIELD HTS		0 8 2 3 2 0 2 6 2 1 3 2		5
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES	
I R	4 8 0				4 1 . 4 1 0 5 1 3	
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES	
			BROADWAY	A V	- 8 1 . 6 2 3 3 1 5	
REFERENCE POINT	DIRECTION	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA
DISTANCE	DISTANCE					NUMBER OF APPROACHES
7 0 8	2					
LOCATION - FIRST AND SECOND EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE
0 1		1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON		3		4
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		4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		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
☐ 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 3
LIGHT CONDITION 3		WEATHER 4		CONDITIONS 2		SURFACE 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 - 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
NARRATIVE UNIT #1 WAS TRAVELING WEST ON I-480 IN THE FAST LANE. UNIT #1 MOVED INTO THE MIDDLE TRAVEL LANE AND THEN HYDROPLANED CAUSING THE DRIVER TO LOSE CONTROL. UNIT #1 SPUN AROUND AND WHILE SPINNING STRUCK A MERGE SIGN AND A GUARD RAIL. THE DRIVERS SIDE FUEL TANK WAS PUNCTURED DURING THE SPIN. UNIT #1 SUFFERED MINOR DAMAGE TO ITS PASSENGER SIDE TRAILER, AND ALSO BECAME DISABLED DUE TO THE AIR SYSTEM RECEIVING DAMAGE.						
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME
0 8 2 3 2 0 2 6 2 1 3 2		0 8 2 3 2 0 2 6 2 1 3 3		0 8 2 3 2 0 2 6 2 1 3 9		0 8 2 3 2 0 2 6 2 2 1 5
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *		REPORT TAKEN BY
0		4 2	T. Vasko	M. Sulieman		☐ POLICE AGENCY ☐ MOTORIST
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *		SUPPLEMENT
			0 1 9	S 2 4		(CORRECTION = ADDITION) DO NOT WRITE IN THESE SPACES

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20262041	
OWNER NAME: LAST, FIRST, MIDDLE PENSKI TRUCKING		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 563 PO BOX READING PA 19603			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP R.L. TRUCKING INC. 62 GRANDE LAKE DR. PORT CLINTON C		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE IN		LICENSE PLATE # 3460772	
VEHICLE IDENTIFICATION # 3AKJHLDVXRSE5180		VEHICLE YEAR 2024	
VEHICLE MAKE Freightliner			
INSURANCE VERIFIED HUDSON		INSURANCE POLICY # HST00071801	
VEHICLE COLOR WHI		VEHICLE MODEL Other/Unknow	
TYPE OF USE COMMERCIAL		US DOT # 299828	
HAZARDOUS MATERIAL MATERIAL RELEASED PLACARD		TOWED BY: COMPANY NAME INTERSTATE	
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 CLASS # PLACARD ID #	
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 1	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED? 1-YES 2-NO 9-OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 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-STUCK 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 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-STUCK 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 3	

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] ☐ - TOP [13] ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0-NO DAMAGE 1-12- REFER TO UNIT DIAGRAM 13- TOP 14- UNDERCARRIAGE 15- VEHICLE NOT AT SCENE 99- UNKNOWN 03	
TRAFFIC TRAFFICWAY FLOW 1- ONE-WAY 2- TWO-WAY 1 TRAFFIC CONTROL 1- ROUNDABOUT 2- SIGNAL 3- FLASHER 4- STOP SIGN 5- YIELD SIGN 6- NO CONTROL 6	
# OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1- NOT INVOLVED 2- INVOLVED - ACTIVE CROSSING 3- INVOLVED - PASSIVE CROSSING 1	
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1-NORTH 2-SOUTH 3-EAST 4-WEST 5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN	
UNIT SPEED 55 POSTED SPEED 60 DETECTED SPEED 1- STATED/ESTIMATED SPEED 2- CALCULATED / EDR 3- UNDETERMINED	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE DAVIS LOUIS										DATE OF BIRTH 12301987										AGE 38		GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 1118 WINSTON RD SOUTH EUCLID OH 44121														CONTACT PHONE - INCLUDE AREA CODE 													
	INJURIES 5		INJURED TAKEN BY 1		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 T		RESTRICTION SELECT UP TO 3 				DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED ☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG				CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1		VALUE 		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 		STATUS 		ALCOHOL TEST TYPE 		VALUE 		STATUS 		TYPE 		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 						
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ADDRESS: STREET, CITY, STATE, ZIP 														CONTACT PHONE - INCLUDE AREA CODE 														
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