

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 I480W @ TRANSPORTATION			
REPORTING AGENCY NAME * GARFIELD HEIGHTS			
01820			
COUNTY * 18		LOCALITY * 1	
LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 09/02/2026 11:23:11	
ROUTE TYPE IR		ROUTE NUMBER 480W	
PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST		LOCATION ROAD NAME	
ROAD TYPE MP		ROAD TYPE M P	
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 22.0		LONGITUDE DECIMAL DEGREES 81.615859	
REFERENCE POINT 1- INTERSECTION 2- MILE POST 3- HOUSE # 2		DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST 3	
DISTANCE EDPM DECEASED/MP 0		DISTANCE 1-MILE 2- FEET 3- YARDS 2	
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 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 1	
ROADWAY ☒ ROADWAY DIVIDED			
LOCATION OF FIRST CRASH EVENT 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 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 4 1- NORTH 2- SOUTH 3- EAST 4- WEST		MEDIAN TYPE 1 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 1 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 WAS TRAVELING WESTBOUND ON I480 NEAR GRANGER RD WHEN HIS VEHICLE BEGAN TO SMOKE AND EVENTUALLY CAUGHT FIRE. SEE LONG NARRATIVE FOR FURTHER.			
CRASH REPORTED DATE/TIME 09/02/2026 11:23:11		DISPATCH DATE/TIME 09/02/2026 11:23:11	
ARRIVAL DATE/TIME 09/02/2026 11:23:17		SCENE CLEARED DATE/TIME 09/02/2026 11:35:31	
TOTAL TIME ROADWAY CLOSED 60		OTHER INVESTIGATION TIME 30	
TOTAL MINUTES 112		OFFICER'S NAME * M. Taylor	
OFFICER'S BADGE NUMBER * 017		CHECKED BY OFFICER'S NAME * R. Dodge	
CHECKED BY OFFICER'S BADGE NUMBER * L19		REPORT TAKEN BY POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION TO EXISTING REPORT DATE/TIME)	

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20262142	
OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) BELL MACAIRE ALEXANDER		OWNER PHONE: INCLUDE AREA CODE (Same As Driver)	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 14315 MILVERTON RD APT D1 CLEVELAND OH 44120			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # KSE6372	
VEHICLE IDENTIFICATION # 5NPE146C19H480359		VEHICLE YEAR 2009	
VEHICLE MAKE Hyundai			
INSURANCE VERIFIED ☐		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR BLU	
VEHICLE MODEL Sonata			
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	
TOWED BY: COMPANY NAME Interstate (216) 475		HAZARDOUS MATERIAL	
INTERLOCK DEVICE EQUIPPED ☐		MATERIAL RELEASED ☐	
HIT/SKIP UNIT ☐		PLACARD ☐	
# OCCUPANTS 01		CLASS #	
VEHICLE WEIGHT GVWR/GVWR		PLACARD ID #	
1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
UNIT TYPE 01		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 0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		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 09		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 3		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 3		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 18		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 02		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	
3 1		COLLISION WITH FIXED OBJECT - STRUCK	
4 39		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	
1		FIRST HARMFUL EVENT	
1		MOST HARMFUL EVENT	

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	
99 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
1 1 - ONE-WAY 2 - TWO-WAY	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 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
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	DETECTED SPEED
65	1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
60	



UNIT # 01		NAME: LAST, FIRST, MIDDLE BELL		MACAIRE		ALEXANDER		DATE OF BIRTH 07111991				AGE 35		GENDER M							
ADDRESS: STREET, CITY, STATE, ZIP 14315 MILVERTON RD APT D1 CLEVELAND OH 44120								CONTACT PHONE - INCLUDE AREA CODE 													
INJURIES 3		INJURED TAKEN BY 1		EMS AGENCY (NAME) GARFIELD HEIGHTS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) REFUSAL		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		STATUS 1		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 	
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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 													

[illegible]

OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20262142	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 09 D 02 Y 2026
IN COUNTY OF 18	CRASH LOCATION IR 480W I480W @ TRANSPORTATION	
DRIVER OF UNIT 1 STATED THAT HE RECENTLY HAD WORK DONE ON HIS VEHICLE, INCLUDING AN ENGINE REPLACEMENT. PRIOR TO GETTING ON THE HIGHWAY, THE DRIVER OF UNIT 1 ADDED SOME OIL TO HIS VEHICLE. ONCE ON THE HIGHWAY, NEAR I480W AND GRANGER RD, THE VEHICLE BEGAN TO SMOKE AND EVENTUALLY CAUGHT FIRE. THE DRIVER THEN OPENED THE WINDOW AND BEGAN PULLING TOWARD THE SHOULDER, WHEN THE FIRE ENTERED THE PASSENGER COMPARTMENT AND THE DRIVER COULD FEEL HIS HEAD BURNING. THE DRIVER STATED THAT DUE TO THE FIRE, HE EXITED THE VEHICLE WHILE IT WAS STILL MOVING IN THE SHOULDER, CAUSING THE VEHICLE TO RUN OFF THE ROAD TO THE RIGHT AND CRASH INTO THE BARRIER AND A LIGHT POLE, WHERE IT CAME TO REST. THE VEHICLE WAS THEN FULLY ENGULFED IN FLAMES. GARFIELD HEIGHTS FIRE DEPARTMENT AND GARFIELD HEIGHTS EMS BOTH RESPONDED AND WERE ABLE TO CONTAIN THE FIRE, AS WELL AS CARE FOR THE DRIVER. EVENTUALLY, AFTER BEING INITIALLY EVALUATED BY EMS, THE DRIVER DECLINED TRANSPORT TO METRO ER. PTL. GARCIA #16 PROVIDED THE MALE WITH A COURTESY TRANSPORT TO CRANWOOD DR AND E 131, WHERE HE WAS GOING TO MEET HIS SISTER. INTERSTATE ARRIVED ON SCENE AND REMOVED THE VEHICLE. TOW SHEET COMPLETE.		
OFFICER'S SIGNATURE X		BADGE NUMBER 017