

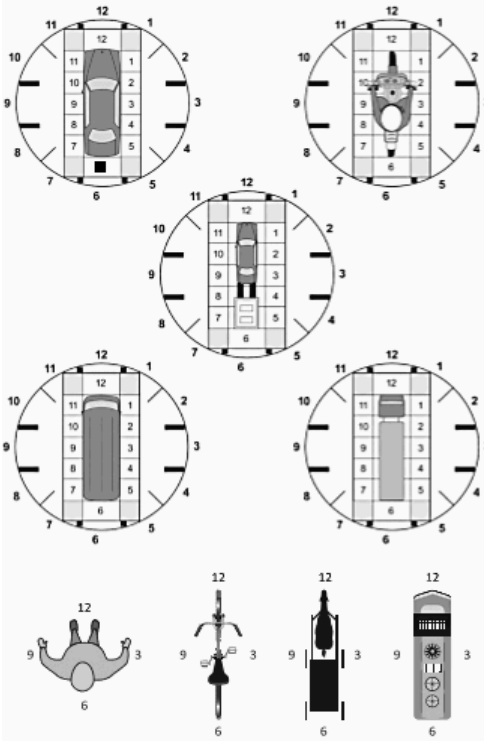
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

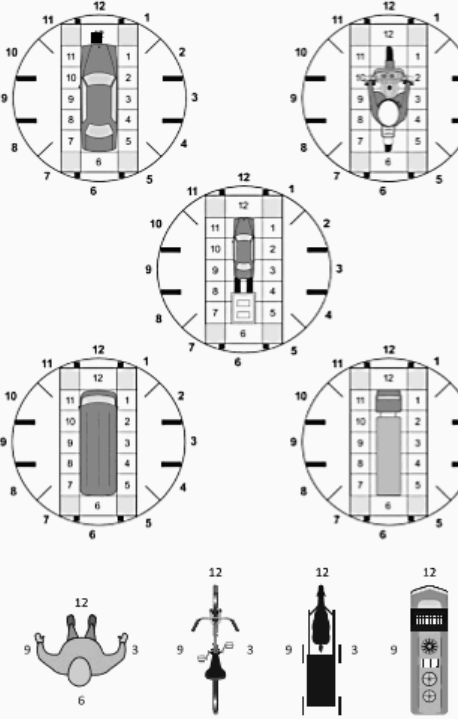
LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☐ OH-2 ☐ OH-1P ☐ Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 2 6 6 4						
COUNTY * 1 8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 1 0 2 7 2 0 2 6 0 7 5 1		CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 1 R		ROUTE NUMBER 4 8 0		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		LOCATION ROAD NAME TRANSPORTATION		ROAD TYPE B L		LATITUDE DECIMAL DEGREES 4 1 4 1 0 9 0 9	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE B L		LONGITUDE DECIMAL DEGREES 8 1 6 1 5 5 7 1	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - WEST 3		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 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 		ROADWAY ☐ ROADWAY DIVIDED	
DISTANCE EDPM DECIMAL MILE 1 0		DISTANCE 1 UNIT PER MILE/1000 FT 1 - Miles 2 - Feet 3 - Yards 2		MANNER OF CRASH COLLISION/IMPACT 2 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 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 AND UNIT 2 TRAVELED E/B ON IR-480. UNIT 2 FAILED TO ASSURE CLEAR DISTANCE AHEAD DURING TRAFFIC AND STRUCK THE BACK OF UNIT 1.		Indicate the north direction with an "N" on the compass diagram.					
CRASH REPORTED DATE/TIME 1 0 2 7 2 0 2 6 0 7 5 1		DISPATCH DATE/TIME 1 0 2 7 2 0 2 6 0 7 5 1		ARRIVAL DATE/TIME 1 0 2 7 2 0 2 6 0 7 5 1		SCENE CLEARED DATE/TIME 1 0 2 7 2 0 2 6 0 8 0 6		REPORT TAKEN BY POLICE AGENCY MOTORIST ☐ SUPPLEMENT (CORRECTION = ADDITION)			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 2 1		OFFICER'S NAME * C. Carrington		CHECKED BY OFFICER'S NAME * D. Simia		OFFICER'S BADGE NUMBER * 0 5 8	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 2 1		OFFICER'S BADGE NUMBER * 0 5 8		CHECKED BY OFFICER'S BADGE NUMBER * S 2 3		OFFICER'S BADGE NUMBER * 0 5 8	

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) MABEN TANESIA LORRAINE	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 230 BRACE AVE ELYRIA OH 44035				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # EYV6711	VEHICLE IDENTIFICATION # 3N1AB8CV6LY298569	VEHICLE YEAR 2020	VEHICLE MAKE Nissan
	☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR GRY	VEHICLE MODEL Sentra
	☐ 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
	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? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN 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				
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	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 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTION 01 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 01 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 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 20262664	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 2	
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 06 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC TRAFFICWAY FLOW 1 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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 20 POSTED SPEED 60	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER	UNIT # 02	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) PERSAUD PUNWATI	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 2423 TORRINGTON AVE PARMA OH 44134				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # JAJ4851	VEHICLE IDENTIFICATION # J1M3K E4DY0G0877946	VEHICLE YEAR 2016	VEHICLE MAKE Mazda
	INSURANCE VERIFIED	INSURANCE COMPANY ESURANCE	INSURANCE POLICY # PAOH8350096	VEHICLE COLOR WHI	VEHICLE MODEL CX-5
	TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
	☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT		# OCCUPANTS 01	HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
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LOCAL REPORT NUMBER 20262664	
DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 2	
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☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
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LOCAL REPORT NUMBER

2 0 2 6 2 6 6 4

MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE MABEN TANESIA LORRAINE				DATE OF BIRTH 10081971				AGE [] [] []		GENDER F												
	ADDRESS: STREET, CITY, STATE, ZIP 230 BRACE AVE ELYRIA OH 44035							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 [] []		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 [] [] [] []

MOTORIST / NON-MOTORIST	UNIT # 0 2		NAME: LAST, FIRST, MIDDLE PERSAUD PUNWATI										DATE OF BIRTH 0 7 2 3 1 9 8 5					AGE 		GENDER F				
	ADDRESS: STREET, CITY, STATE, ZIP 2423 TORRINGTON AVE PARMA OH 44134												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 1		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1	
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[illegible][illegible]