OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *: 20262835

PHOTOS TAKEN ☐ | SECONDARY CRASH ☐ | OH-2 ☐ | OH-3 ☐ | OH-1P ☐ | OTHER ☐ | Private Property ☐

LOCAL INFORMATION

REPORTING AGENCY NAME *: GARFIELD HEIGHTS

NCIC *: 01820

HIT/SKIP (1 - Solved, 2 - Unsolved):

NUMBER OF UNITS: 02

UNIT IN ERROR (98 - ANIMAL, 99 - UNKNOWN): 02

COUNTY *: 18

LOCALITY * (1 - CITY *, 2 - VILLAGE *, 3 - TOWNSHIP *): 1

LOCATION: CITY, VILLAGE, TOWNSHIP *: GARFIELD HTS

CRASH DATE/TIME *: 11/15/2026 1746

CRASH SEVERITY: 4 (1 - FATAL, 2 - SERIOUS INJURY SUSPECTED, 3 - MINOR INJURY SUSPECTED, 4 - INJURY POSSIBLE, 5 - PROPERTY DAMAGE ONLY)

LOCATION

ROUTE TYPE	ROUTE NUMBER	PREFIX (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST)	LOCATION ROAD NAME	ROAD TYPE
			TURNEY	RD

LATITUDE DECIMAL DEGREES: 41.413022

REFERENCE

ROUTE TYPE	ROUTE NUMBER	PREFIX (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST)	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE
			ANTENUCCI	BL

LONGITUDE DECIMAL DEGREES: -81.603149

REFERENCE POINT (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE #): 1

DIRECTION FROM REFERENCE (1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST): 2

DISTANCE FROM REFERENCE: 20

DISTANCE UNIT OF MEASURE (1 - Miles, 2 - Feet, 3 - Yards): 2

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: 4

ROADWAY: ☐ ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT: 01 (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: 3 (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, DEPRESSED 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: 2 (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)

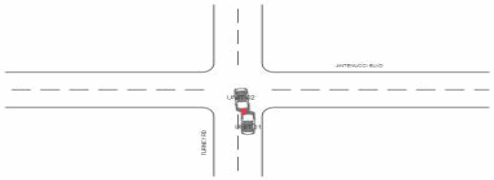
NARRATIVE

UNIT 01 WAS TRAVELING NB ON TURNEY RD APPROACHING THE INTERSECTION OF ANTENUCCI BLVD. UNIT 02 WAS TRAVELING SB ON TURNEY RD APPROACHING THE INTERSECTION OF ATENUCCI BLVD . DRIVER OF UNIT 02 STATED THEY DROVE LEFT OF CENTER WHICH CAUSED UNIT 02 TO STRIKE UNIT 01 HEAD ON.

DRIVER OF UNIT 01 WAS TRANSPORTED TO MARYMOUNT HOSPITAL.

BOTH VEHICLES TOWED BY INTERSTATE TOWING.

Indicate the north direction with an "N" on the compass diagram.



CRASH REPORTED DATE/TIME	DISPATCH DATE/TIME	ARRIVAL DATE/TIME	SCENE CLEARED DATE/TIME	REPORT TAKEN BY
11/15/2026 1746	11/15/2026 1746	11/15/2026 1747	11/15/2026 1830	■ POLICE AGENCY ☐ MOTORIST

TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME*	☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
0	10	54	M. Chmielewski	M. Sulieman	

OFFICER'S BADGE NUMBER*: 060

CHECKED BY OFFICER'S BADGE NUMBER*: S24

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 20262835

OWNER

UNIT #: 01

OWNER NAME: LAST, FIRST, MIDDLE: LAWRENCE GERMELL L (☐ Same As Driver)

OWNER PHONE: INCLUDE AREA CODE (☐ Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As Driver): 23551 CHARDON RD EUCLID OH 44117

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	KXE6996	3C4NJDDB9HT632144	2017	Jeep

INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR	VEHICLE MODEL
☐			BLK	Compass

TYPE OF USE: ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #:

TOWED BY: COMPANY NAME: INTERSTATE TOWING

☐ 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 ☐ PLACARD — CLASS # — PLACARD ID #

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 OCCURED? 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

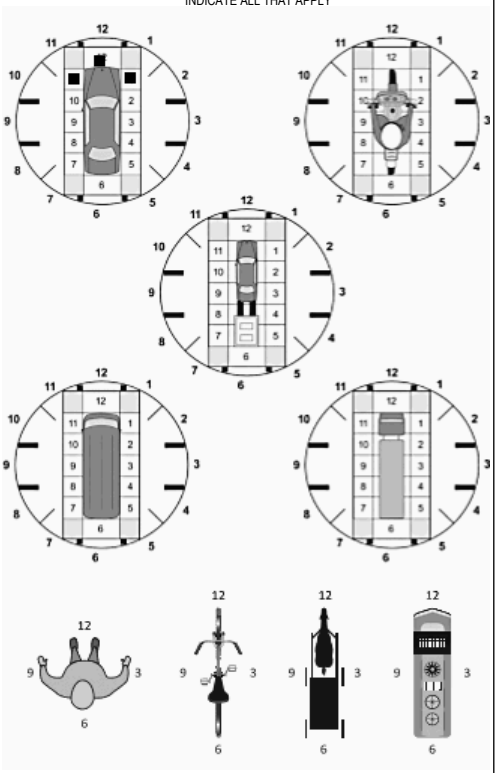
CARGO BODY TYPE: 01
1 - NO CARGO BODY TYPE / NOT APPLICABLE; 2 - BUS; 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE; 4 - LOGGING; 5 - INTERMODAL CONTAINER CHASSIS; 6 - CARGO VAN/ENCLOSED BOX; 7 - GRAIN/CHIPS/GRAVEL; 8 - POLE; 9 - CARGO TANK; 10 - FLAT BED; 11 - DUMP; 12 - CONCRETE MIXER; 13 - AUTO TRANSPORTER; 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

DAMAGE

DAMAGE SCALE: 4
1 - NONE; 2 - MINOR DAMAGE; 3 - FUNCTIONAL DAMAGE; 4 - DISABLING DAMAGE; 9 - UNKNOWN

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: 12
0 - NO DAMAGE; 1-12 - REFER TO UNIT DIAGRAM; 13 - TOP; 14 - UNDERCARRIAGE; 15 - VEHICLE NOT AT SCENE; 99 - 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/ACDA; 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: 20
2:
3:
4:
5:
6:

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 - 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

TRAFFIC

TRAFFICWAY FLOW: 2 (1 - ONE-WAY; 2 - TWO-WAY)

TRAFFIC CONTROL: 2
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 2 TO 1
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - OTHER / UNKNOWN

UNIT SPEED: 0

DETECTED SPEED: 3
1 - STATED/ESTIMATED SPEED; 2 - CALCULATED / EDR; 3 - UNDETERMINED

POSTED SPEED: 0

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 20262835

OWNER

UNIT #: 02

OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver): YOUNG HEATHER DENISE

OWNER PHONE: INCLUDE AREA CODE (☐ Same As Driver):

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As Driver): 4434 RIDGE VIEW DR KENT OH 44240

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP:

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE:

VEHICLE

LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR	VEHICLE MAKE
OH	KZF5222	1FMCU0J96EUE47328	2014	Ford

INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR	VEHICLE MODEL
■	STATE FARM	4598207-SFP-35	MAR	Escape

TYPE OF USE: ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE

US DOT #:

TOWED BY: COMPANY NAME: INTERSTATE

☐ INTERLOCK DEVICE EQUIPPED ☐ HIT/SKIP UNIT

OCCUPANTS: 02

VEHICLE WEIGHT GVWR/GCWR: 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL: ☐ MATERIAL RELEASED ☐ Pplacard — CLASS # — PLACARD ID #

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 OCCURED? 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

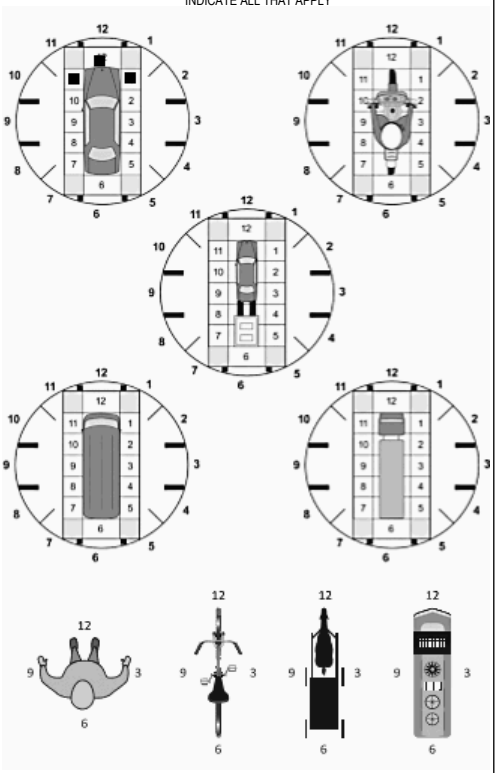
CARGO BODY TYPE: 01
1 - NO CARGO BODY TYPE / NOT APPLICABLE; 2 - BUS; 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE; 4 - LOGGING; 5 - INTERMODAL CONTAINER CHASSIS; 6 - CARGO VAN/ENCLOSED BOX; 7 - GRAIN/CHIPS/GRAVEL; 8 - POLE; 9 - CARGO TANK; 10 - FLAT BED; 11 - DUMP; 12 - CONCRETE MIXER; 13 - AUTO TRANSPORTER; 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

DAMAGE

DAMAGE SCALE: 3
1 - NONE; 2 - MINOR DAMAGE; 3 - FUNCTIONAL DAMAGE; 4 - DISABLING DAMAGE; 9 - UNKNOWN

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: 12
0 - NO DAMAGE; 1-12 - REFER TO UNIT DIAGRAM; 13 - TOP; 14 - UNDERCARRIAGE; 15 - VEHICLE NOT AT SCENE; 99 - 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: 3
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: 07
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/ACDA; 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: 20
2:
3:
4:
5:
6:

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 - 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

TRAFFIC

TRAFFICWAY FLOW: 2 (1 - ONE-WAY; 2 - TWO-WAY)

TRAFFIC CONTROL: 2
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 1 TO 2
1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - OTHER / UNKNOWN

UNIT SPEED: 0

DETECTED SPEED: 3
1 - STATED/ESTIMATED SPEED; 2 - CALCULATED / EDR; 3 - UNDETERMINED

POSTED SPEED: 0

OHIO DEPARTMENT OF PUBLIC SAFETY

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER: 2026283 5

MOTORIST / NON-MOTORIST

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	LAWRENCE GERMELL L	02191983		M

ADDRESS: STREET, CITY, STATE, ZIP: 23551 CHARDON RD EUCLID OH 44117

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
4	2	GARFIELD HEIGHTS EM	MARYMOUNT	04	☐	01	2	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 STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST(S) STATUS	DRUG TEST(S) TYPE	DRUG TEST(S) RESULT SELECT UP TO 4
4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	1	1	1	.	1	1	

MOTORIST / NON-MOTORIST

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	ZIMMERMAN BRENDON THOMAS	07022004	22	M

ADDRESS: STREET, CITY, STATE, ZIP: 16101 MORNING STAR AVE MAPLE HEIGHTS OH 44137

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
5				04	☐	01	2	1	1

OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
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4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG	1	1	1	.	1	1	

MOTORIST / NON-MOTORIST

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

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				ALCOHOL MARIJUANA OTHER DRUG				.			

INJURIES
1 - FATAL
2 - SUSPECTED SERIOUS INJURY
3 - SUSPECTED MINOR INJURY
4 - POSSIBLE INJURY
5 - NO APPARENT INJURY

INJURED TAKEN BY
1 - NOT TRANSPORTED /TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN

SAFETY EQUIPMENT
1 - NONE USED
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

SEATING POSITION
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

AIR BAG
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT / SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - PARTIALLY EJECTED
3 - TOTALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - FREED BY NON-MECHANICAL MEANS

OL CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO = D)
5 - M / C MOPED ONLY
6 - NO VALID OL

OL ENDORSEMENT
H - HAZMAT
M - MOTORCYCLE
P - PASSENGER
N - TANKER
Q - MOTOR SCOOTER
R - THREE-WHEEL MOTORCYCLE
S - SCHOOL BUS
T - DOUBLE & TRIPLE TRAILERS
X - TANKER / HAZMAT

GENDER
F - FEMALE
M - MALE
U - OTHER/UNKNOWN

OL RESTRICTION(S)
1 - ALCOHOL INTERLOCK DEVICE
2 - CDL INTRASTATE ONLY
3 - CORRECTIVE LENSES
4 - FARM WAIVER
5 - EXCEPT CLASS A BUS
6 - EXCEPT CLASS A & CLASS B BUS
7 - EXCEPT TRACTOR-TRAILER
8 - INTERMEDIATE LICENSE RESTRICTIONS
9 - LEARNER'S PERMIT RESTRICTIONS
10 - LIMITED TO DAYLIGHT ONLY
11 - LIMITED TO EMPLOYMENT
12 - LIMITED - OTHER
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)
14 - MILITARY VEHICLES ONLY
15 - MOTOR VEHICLES WITHOUT AIR BRAKES
16 - OUTSIDE MIRROR
17 - PROSTHETIC AID
18 - OTHER

DRIVER DISTRACTION
1 - NOT DISTRACTED
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE
6 - PASSENGER
7 - OTHER DISTRACTION INSIDE THE VEHICLE
8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE
9 - OTHER / UNKNOWN

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL
9 - OTHER / UNKNOWN

TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

DRUG TEST RESULT(S)
1 - AMPHETAMINES
2 - BARBITURATES
3 - BENZODIAZEPINES
4 - CANNABINOIDS
5 - COCAINE
6 - OPIATES / OPIOIDS
7 - OTHER
8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

OHIO DEPARTMENT OF PUBLIC SAFETY

LOCAL REPORT NUMBER: 20262835

OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
2	SWEENEY ADDISON TAYLOR	08282004	22	F

ADDRESS: STREET, CITY, STATE, ZIP: 4434 RIDGE VIEW DR KENT OH 44240

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
5				03	☐	03	2	1	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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ADDRESS: STREET, CITY, STATE, ZIP:

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OCCUPANT

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER

ADDRESS: STREET, CITY, STATE, ZIP:

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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: