| Traffic Crash Report | Local Report Number * | | Crash Severity | Hit/Skip |
|--|--|---|--|--|
| Local Information IR 480 ON RAMP | 2 0 1 8 0 5 | 97 | 3 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |
| State Property | ng Agency Name * | | Number of Units | Unit in error |
| OH-2 Other Reportable Dollar Amount GAR | FIELD HEIGHTS | | 0 1 | 0 1 98 - Animal 99 - Unknown |
| County* | | Crash Date * | Time of Crash 8 1 5 0 | Day of Week WED |
| Degrees / Minutes / Seconds Degrees / Minutes / Seconds | D | ecimal Degrees | 0 1 10 10 | |
| Latitude Longitude | 0 | Latitude | Longitude | |
| D. J. Divis Divis CT J. | ad Types or Milepost | <u> </u> | <u> </u> | |
| ☑ Divided ☑ N - Northbound E - Eastbound S - Southbound W - Westbound ☐ 0 4 AN | - Alley CR - Circle / - Avenue CT - Court - Boulevard DR - Drive | HE - Heights MP - Milepos HW - Highway PK - Parkway LA - Lane PI - Pike | RD - Road TE | - Street WA - Way - Terrace - Trail |
| Location Route Number Route 1 4 8 0 | НЕ | Route Types 1 Road 2 Type 2 Type 2 Type 2 Type 1 Route Types 1 IR - Interstate Route US - US Route SR - State Route | TR - N | lumbered County Route lumbered Township toute |
| Distance From Reference Dir From Ref Dir From Ref Reference Reference Reference Route Nur Ns, E, W F Reference Reference Route Nur Route Type 1 | mber Ref Prefix Refe | rence Name (Road, Milepost, House | #) | Reference Road 2 Type |
| Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number Crash Location 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Acc | 11 - Railway Grade Cros 12 - Shared-Use Paths Trails 99 - Unknown | ssing Intersection | on of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside | 5 - On Gore 6 - Outside Trafficway 9 - Unknown |
| 1 - Straight Level 4 - Curve Grade Primary Secondary (| | ud, Dirt, Oil, gravel 09 - Rut, F Standing, Moving) Pave 10 - Other 99 - Unkno | | * Secondary Condition Only |
| Manner of Crash Collision/Impact 1 - Not Collision Between | 3 2 | - Clear 4 - Rain - Cloudy 5 - Sleet - Fog, Smog, Smoke 6 - Snov | | and, Soil, Dirt, Snow |
| Road Surface 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 3 - Brick/Block 6 - Other Light conditions Light conditions 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Light | | Unknown Roadway Lighting | 9 - Unknown Scho | Directly Involved |
| Work ☐ Workers Present Type of Work Zone Zone Related ☐ Law Enforcement Present (Officer/Vehicle Drily) ☐ Law Enforcement Present (Vehicle Only) ☐ 1 - Lane Closure 4 - Int 2 - Lane Shift/Crossover 5 - Ot 3 - Work on Shoulder or Median | ermittent or Moving Work her | Location of Crash in Work Zone 1 - Before the first Work Zon 2 - Advance Warning Area 3 - Transition Area | ne Warning Sign | I - Activity Area 5 - Termination Area |
| UNKNOWN UNIT # 1 WAS WESTBOUND ON THE IR480 | Diagra | ım i i i i i | <u> </u> | ∧ Write an "N" on the |
| ENTRANCE RAMP FROM TRANSPORTATION, WHEN IT WEN | т | | -< | compass diagram to indicate the direction of north. |
| OFF THE RIGHT SIDE OF THE ROADWAY AND STRUCK A | | | | North - |
| LIGHT POST. UNIT # 1 THEN CONTINUED WITHOUT STOPPI | NG | | | 49 |
| | | light pole | | |
| | | | | H |
| | | | | |
| | - | | | |
| | | | | I |
| | IK 480 V | vestbound entrance ramp | | |
| | | | | |
| Report Taken By Supplement (Correction or Addition to | | | | |
| Police Agency Motorist Supplement (Contection of Addition to an Existing Report Sent to ODPS) | Arrival Time | Time Cleared Other | Investigation Time | Total Minutes |
| [0 2 2 1 2 0 1 8] [1 5 0 0] [1 5 0 2] | 1 5 1 0 | 1 5 4 0 | | 3 0 |
| | Officer's Badge Number 030 | Checked By L10 M. Kave | | Page of |

| OHIO DEPARTMENT OF PUBLIC SAFETY EBUCATION - SERVICE - PROTECTION | <u>Unit</u> | | | | | | | | | | | Report N | | 0 5 9 7 | | 11 | |
|--|---|--|---|--|--|---|--------------------------|---|--|---|--|---|--|---|---|---|-------------------|
| Unit Number Own | ner Name: Last, First, Mid | dle (□ Sam | e As Driver) | Ov | wner Phone | e Numb | per - inc. a | area code | | (🗆 ६ | Same A | s Driver) | | Damage Scale | Damaged | Area Front | |
| Owner Address, City | , State, Zip | (Same As Driv | ver) | | | | | | | | | | | 9 1 - None | 095 | 02 | 03 |
| LP State Licens | se Plate Number | | Vehicle Identifi | cation Nur | mber | I I | 1 1 | 1 1 | <u> </u> | | | | upants | 2 - Minor | 08 | | 04 |
| Vehicle Year | Vehicle Make | Į. | Vehicle I | Model | | | | | V | ehicle Color | | | | 3 - Functional | \(\tilde{\}\) | 10 | ٣ |
| | | | Policy Number | | | | | Towed | Dv | | | | | 4 - Disabling | 07 | 06 | |
| Proof of Insurance Shown | nsurance Company | | T Olicy Number | 51 | | | | lowed | Бу | | | | | 9 - Unknown | | Rear | |
| Carrier Name, Addre | | | | | | | | | | | | | | Carrier Phone | - include are | ea code | |
| HM Placard ID No. | Vehicle Weight GVWR/ 1 - Less Than or 2 - 10,001 to 26,0 3 - More Than 26 | Equal to 10k Lbs. 00 Lbs 000 Lbs. | 02 03 04 05 | 1 - No Car 2 - Bus/Va 3 - Bus(16 4 - Vehicle 5 - Loggino | | ats, Inc.I c Driver nother V | Driver) r) /ehicle | 10 11 12 13 | 1 - Flat 2 - Dur 3 - Cor | rgo Tank t Bed mp ncrete Mixer | | 1 - Tv 2 - Tv 3 - Tv 4 - Tv | vo-Way, N vo-Way, D | lot Divided lot Divided, Contin livided, Unprotecte livided, Positive Me | d (Painted or 0 | Grass>4 Ft.) Me | edian |
| HM Class Number | Released | | 07 | 7 - Cargo \ | odal Contai Van/Enclos Chips, Grav | ed Box | | 15 | 5 - Gaı | o Transporte rbage/Refuse er/Unknown | | ☑ Hit / | Skip Unit | | | | |
| 02 - Interse 03 - Interse 04 - Midblo 05 - Travel 06 - Bicycle 07 - Should 08 - Sidew 09 - Mediar 10 - Drivew 11 - Shared | ction - Marked Crosswalk ction - No Crosswalk ction - Other ck - Marked Crosswalk Lane - Other Location l Lane leter/Roadside alk n/Crossing Island ay Access J-Use Path or Trail rafficway Area | 1 - Personal 2 - Commercia 3 - Governmen | 9 C 99 - Unk or Hit/Sk | Pass 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | senger Vehi 1 - Sub-Co 2 - Compaci 3 - Mid Size 4 - Full Size 5 - Minivan 6 - Sports U 7 - Pickup 8 - Van 9 - Motorcy 0 - Motorize 1 - Snowne 2 - Other P | icle (less impact ct e e Utility Ve cle ed Bicycobile/AT | ehicle cle rV | ssengers) | N | Med/Heavy Tr 13 - Single U 14 - Single U 15 - Single U 16 - Truck/Tr 17 - Tractor/S 18 - Tractor/I 19 - Tractor/T 20 - Other Me | nit Truc nit Truc nit Truc actor(Bo Semi-Tra Double Triples ed/Heav | k or Van 2 k 3+ axles k/Trailer bbtail) ailer | axle,6 tires | s 21 - Bus 22 - Bus Non-Mot 23 - Ani 24 - Ani 25 - Bic 26 - Pec | Van (9-15 Se (16+ Seats, Indonesist | er igy, Wagon, S clist er | · |
| 02 03 04 05 06 07 | - None - Taxi - Rental Truck (Over 10K Lb - Bus - School (Public or Pri - Bus - Transit - Bus - Charter - Bus - Schuttle - Bus - Other | | //Maintenance Utility overnment | 18 - I 19 - I 20 - (21 - ⁻ | Farm Vehic Farm Equip Motorhome Golf Cart Train Other (Expla | oment | rrative) | Most Da | 9 Area | d Area 01 - None 02 - Cente 03 - Right 04 - Right 05 - Right 06 - Rear 07 - Left F | er Front t Front t Side t Rear Center | 10 - 10 - 11 - 12 - 13 - | Left Side Left Front Top and W Undercarri Load/Trail Total (All Ar Other | Vindows iage er | nknown | 3 2 - No 3 - Str 4 - Str 5 - Str | |
| Pre-Crash Actions 9 9 9 - Unknown | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passin 05 - Making Right Turn 06 - Making Left Turn | | Traffic Lane Traffic Lane or Stopped in T | Fraffic | | | g a Curve orist Actio | | | Non-Motoris 15 - Enterir 16 - Walkin 17 - Workin 18 - Pushin 19 - Approa 20 - Standii | ng or Cr ig, Runr ig ig Vehic aching o | ning, Jogg | ing, Playin | | 21 - Othe | er Non-Motor | ist Action |
| Secondary 99 - Unknown | Inces Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Lim 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely 10 - Improper Lane Chang //Passing/Off Road | 12 13 14 15 16 16 17 18 ACDA 19 e 20 | Improper Back Improper Star Stopped or Pa Operating Vel Swerving to A Wrong Side/W Failure to Cor Vision Obstrue Operating Del Load Shifing/f Other Imprope | t From Pa arked Illeg hicle in Ne woid (Due Vrong Way htrol ction fective Eq Falling/Spi | ally egligent Ma to Externa y uipment | nner | tions) | | 22 - N 23 - Ir 24 - D 25 - L 26 - F 27 - N 28 - Ir 29 - F /S 30 - V | mproper Cros | llegally d Right ark Clot ey Traffi r f the Ro | of Way thing) c Signs | ay | 000000000000000000000000000000000000000 | 1 - Turn Sigr 2 - Head Lar 3 - Tail Lamp 4 - Brakes 5 - Steering 6 - Tire Blow 7 - Worn or \$ 8 - Trailer Ec | mps rout Slick tires quipment Def buble From Prior A | |
| Sequence of Events 1 0 8 2 3 First Hammful Event Collision with Person | Most 4 2 Event 4 Vehicle or Object Not Fi | 5 99 - Unk | 6 | Non-C 01 - 02 - 03 - 04 - 05- 0 | Overturn/R Fire/Explos Immersion Jackknife Cargo/Equi | Rollover sion pment l | Loss or S | 0 0 hift 0 | (Blo 07 - Se 08 - Ra 09 - Ra | puipment Failu own Tire, Brake eparation of U an Off Road F an Off Road L | Failure, e Inits Right eft | | Oppo 12 - Dowi 13 - Othe | s Center Line posite Direction of T nhill Runaway r Non-Collision | | | |
| 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in | 21 - Pa 22 - Wv (Train,Engine) 23 - Stu or Mc 24 - Ot Transport | rked Motor Vehicle ork Zone Maintenance uck by Falling, Shifting Anything Set in Motion tor Vehicle ner Movable Object | g Cargo | 26 - 27 - 28 - 29 - 30 - 31 - | Impact Atte Bridge Ove Bridge Pier Bridge Pan Bridge Rail Guardrail F Guardrail E Portable Ba | erhead S r or Abu rapet I Face End | Structure | | 34 - 35 - 36 - 37 - 38 - 39 - | Median Cab Median Gua Median Con Median Othe Traffic Sign Overhead S Light/Lumina Utility Pole | rdrail B crete Barrie Post ign Pos | arrier arrier er t ipport | or Si 42 - Culv 43 - Curb 44 - Ditch 45 - Enba 46 - Fend 47 Mailbo | o h ankment ce | Equ 51 - Wal | | unnel |
| Unit Speed Stated Estimated | Posted Speed Traff | 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Sign 05 - Traffic Flas | 08 09 aal 10 hers 11 | - Railroad - Railroad - Constru - Person | d Gates oction Barric (Flagger, O | cade Officer) | | 13 - Cros 14 - Wall 15 - Othe 16 - Not | lk/Don' er | 't Walk | | Unit Di | To 5 | 1 - North 2 - South 3 - East 4 - West | 5 - Nor 6 - Nor 7 - Sou 8 - Sou | thwest | 9 - Unknown of |
| L | | 06 - School Zor | 12 | - raveine | ent Marking | 10 | | | | | | | | | | - | |



| | OHIO GRANGE OF PURICE SAFETY ENUCLIDIA - MENUCI. PROTECTION Motorist / N | Local Report Number * - 2 0 1 8 0 5 9 7 | | | | |
|-----------------------|---|--|---|--|---|--|
| | Unit Number Name: Last, First, Middle 0 1 UNKNOWN | Date of Birth | Age Gender F - Female M - Male | | | |
| torist | Address, City, State, Zip | | OH | Contact Phone - include | de area code | |
| Motorist/Non-Motorist | Injuries Injured Taken By EMS Agency | Medical Facility Injured Taken To | | DOT Compliant Motorcycle Helmet Seating Positio | Air Bag Usage Ejection Trapped | |
| M | OL State Operator License Number OL Class | Valid OL End | 1 | cohol Test Type Alcohol Test Value | | |
| | Offense Charged (☐ Local Code) | ense Description | Citation Number | | Hands-Free Driver Distracted By Used Driver Distracted By | |
| | Unit Number Name: Last, First, Middle | | Ī | Date of Birth | Age Gender F - Female M - Male | |
| -Motorist | Address, City, State, Zip | | | Contact Phone - inclu | | |
| Motorist/Non- | Injuried Taken By EMS Agency | Medical Facility Injured Taken To | | DOT Compliant Motorcycle Helmet Seating Position | | |
| | OL State Operator License Number OL Class | No Valid OL M/C End Condition Alcohol/Drug Suspecte | | Icohol Test Type | | |
| | Offense Charged (☐ Local Code) | ffense Description | Citation Number | | Hands-Free Driver Distracted By Used | |
| | Injuries | ed / Motorist 01 - None Used - Vehicle Occupant 05 02 - Shoulder Belt Only Used 06 03 - Lap Belt Only Used 07 | - Unknown Safety Equipment - Child Restraint System-Forw - Child Restraint System-Rear - Booster Seat - Helmet Used | | ed 13 - Lighting Pads Used 14 - Other | |
| | Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side | 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) | 13 - Trailing Unit | nenclosed Cargo Area de Exterior (Non-Trailing Unit) | Air Bag Usage 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 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | 4 - Regular Class (Ohio is "D") 4 - Illness | | 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other | Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected | |
| | Alcohol 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 Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sampler 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Drug Test Ty 1 - None 2 - Blood 3 - Urine 4 - Other | Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication i 5 - Other Electronic Device (Navigation Device, Radio, DVD) | | |
| ıt | Unit Number Name: Last, First, Middle | | Date | e of Birth | Age Gender F - Female M - Male | |
| Occupar | Address, City, State, Zip | | | Contact Phone - include | | |
| | Injuries Injured Taken By EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet Seating Position | n Air Bag Usage Ejection Trapped | |
| | Unit Number Name: Last, First, Middle | | Date | of Birth | Age Gender F - Female M - Male | |
| Occupant | Address, City, State, Zip | | l | Contact Phone - include | e area code | |
| , | Injuries Injured Taken By EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Seating Position Motorcycle | Air Bag Usage Ejection Trapped | |



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER 20180597 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 02 D 21 Y 2018 | | | | | |
|---|---|--------------------------------|--|--|--|--|--|
| IN COUNTY OF 18 | CRASH LOCATION IR 480 IR 480 HE IR 480 ON RAMP | W 02 D 21 1 2010 | | | | | |
| Damage- Light pole # IRV 310 owned and maintained by the Ohio Department of | | | | | | | |
| Transportation, 5500 Trans | sportation Blvd Garfield Hts, Oh 44125. | | | | | | |
| , | | | | | | | |
| Unit # 1 Unknown damage | e, make, or color, the OH-1 will be supplemented in | fany | | | | | |
| | i, make, or color, the OH-1 will be supplemented in | ally | | | | | |
| information arises. | | | | | | | |
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| | OFFICER'S SIGNATURE | BADGE NUMBER | | | | | |