



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *		
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Secondary Crash <input type="checkbox"/> Private Property		REPORTING AGENCY NAME * <b>GARFIELD HEIGHTS</b>			2 0 2 6 0 0 0 4		
REPORTING AGENCY NAME *	NCIC *	HIT/SKIP 1 - Solved 2 - Unsolved		MINIMUM AC LIMITS 0 2		UNIT IN CDDAO 98 - ANIMAL 99 - UNKNOWN	
CRASH DATE/TIME *	0 1 0 1 2 0 2 6 0 7 0 2		CRASH SEVERITY 4		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>Oakview</b>	ROAD TYPE B L	LATITUDE DECIMAL DEGREES 4 1.408322	
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>13305</b>	ROAD TYPE	LONGITUDE DECIMAL DEGREES 81.590887	
REFERENCE POINT	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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 <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED	
DISTANCE COMM DECIMALS	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards					NUMBER OF APPROACHES 1	
LOCATION OF FIRST HARMFUL EVENT 0 1 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 - OTHER / UNKNOWN		1	1 - NOT COLLISION 2 - CROSSOVER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - CROSSOVER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN 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	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 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1	CONDITIONS 3	SURFACE 2		
ACTIVE SCHOOL ZONE							
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 6 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1 - SNOW 2 - SEVERE CROSSWINDS 3 - BLOWING SAND, SOIL, DIRT, SNOW 4 - FREEZING RAIN OR FREEZING DRIZZLE 5 - OTHER / UNKNOWN					
NARRATIVE UNIT#1 WAS TRAVELING IN AN UNKNOWN DIRECTION AT UNKNOWN TIME NEAR 13305 OAKVIEW BLVD.U#2 WAS PARKED/UNOCCUPIED, BETWEEN 21:00 12/31/25 AND 07:04 01/01/26 FACING WEST AT 13305 OAKVIEW BLVD.U#1 COLLIDED WITH THE BACK OF U#2 AND LEFT THE SCENE. OWNER OF U#2 CAME TO THE STATION AND FILED REPORT.BWC					Not To Scale	North 13305 Oakview 1 Undefined Indicate the north direction with an "N" on the compass diagram.	
CRASH REPORTED DATE/TIME 0 1 0 1 2 0 2 6 0 7 0 2		DISPATCH DATE/TIME 0 1 0 1 2 0 2 6 0 7 0 4		ARRIVAL DATE/TIME 0 1 0 1 2 0 2 6 0 7 0 4		SCENE CLEARED DATE/TIME 0 1 0 1 2 0 2 6 0 7 2 4	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 2 0		TOTAL MINUTES 4 0		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S NAME * R. Cramer		OFFICER'S BADGE NUMBER 0 3 7		CHECKED BY OFFICER'S NAME * D. Bailey		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)	







# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 0 0 4

M O T O R I S T  - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE unknown						DATE OF BIRTH			AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE								
OH															
INJURIES 4		INJURED TAKEN BY 9	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 9 9		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 9	EJECTION 1	TRAPPED 1	
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION					CITATION NUMBER		
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 9	STATUS 1	ALCOHOL TEST <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4		
M O T O R I S T  - M O T O R I S T		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 <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	STATUS 	TYPE 	DRUG TEST(S) RESULT SELECT UP TO 4		
M O T O R I S T  - M O T O R I S T		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 <input type="checkbox"/> TYPE <input type="checkbox"/> VALUE	STATUS 	TYPE 	DRUG TEST(S) RESULT SELECT UP TO 4		
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS															
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN									
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED									
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE										
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO - D)	4 - FARM WAIVER	4 - TEST GIVEN, RESULTS KNOWN										
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS UNKNOWN										
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS											
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER											
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS											
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS											
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY											
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT											
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER											
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY											
	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
	16 - CHILD RESTRAINT SYSTEM - FORWARD FACING			16 - OUTSIDE MIRROR											
	17 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID											
	18 - BOOSTER SEAT			18 - OTHER											
	19 - HELMET USED														
	20 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)														
	21 - REFLECTIVE CLOTHING														
	22 - LIGHTING - PEDESTRIAN /BICYCLE ONLY														
	23 - OTHER / UNKNOWN														
SAFETY EQUIPMENT TRAPPED CONDITION DRUG TEST TYPE															
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															
GENDER DRUG TEST RESULT(S)															
	F - FEMALE														
	M - MALE														
	U - OTHER/UNKNOWN														