



TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *			
<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property		REPORTING AGENCY NAME * GARFIELD HEIGHTS			2 0 2 6 0 1 4 5			
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			HIT/SKIP 1 - Solved 2 - Unsolved	NUMBER OF INJURIES 0 1		
1 8	1				CRASH DATE/TIME * 01/16/2026 08:59			
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME 131	ROAD TYPE S T		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Broadway	ROAD TYPE R D		
					LONGITUDE DECIMAL DEGREES 81.592244			
REFERENCE POINT	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE 1	ROAD 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		
DISTANCE CD/M DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards				INTERSECTION RELATED			
1 0 0	2				<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT 0 1			MANNER OF CRASH COLLISION/IMPACT 1			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	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 2	CONDITIONS 2	SURFACE 1
LIGHT CONDITION 1		WEATHER 1				1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN
NARRATIVE UNIT#1 WAS TRAVELING SOUTH ON E131 ST 100' NORTH OF SR14(BROADWAY). UNIT#1 FAILED TO CONTROL AS A RESULT, U#1 STRUCK A CURB, TRAVELED OFF ROAD TO THE RIGHT, AND THE FRONT COLLIDED WITH A RAIL FENCE. U#1 WAS AT FINAL REST UPON ARRIVAL. BWC. NOTE: DRIVER STATED, HAD NO BRAKES, WENT TO THE RIGHT SO I DID NOT HIT ANY CARS.						 <small>North Not To Scale</small>		
CRASH REPORTED DATE/TIME 01/16/2026 08:59		DISPATCH DATE/TIME 01/16/2026 09:00		ARRIVAL DATE/TIME 01/16/2026 09:01		SCENE CLEARED DATE/TIME 01/16/2026 09:25		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)</small>
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 0		TOTAL MINUTES 5 5		OFFICER'S NAME * R. Cramer		
						CHECKED BY OFFICER'S NAME * D. Bailey		
				OFFICER'S BADGE NUMBER 037		CHECKED BY OFFICER'S BADGE NUMBER * L 0 7		

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE JONES TAMIEKA ANTOINETTE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE []	(<input type="checkbox"/> Same As Driver)
0 1				

OWNER ADDRESS: STREET, CITY, STATE, ZIP 5279 E 126 ST 101	(<input type="checkbox"/> Same As Driver)			
		GARFIELD HEIGHTS OH 44125		

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE []		
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LP STATE O H	LICENSE PLATE # KFS2854	VEHICLE IDENTIFICATION # 1FAHP34N67W355466	VEHICLE YEAR 2 0 0 7	VEHICLE MAKE Ford
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY General	INSURANCE POLICY # 1goh8104687	VEHICLE COLOR BLK	VEHICLE MODEL FOCUS
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # []	TOWED BY: COMPANY NAME Interstate Towing	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID # <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 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
0 1				

# OF TRAILING UNITS []				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
1 - YES 2 - NO 9 - OTHER / UNKNOWN				

SPECIAL FUNCTION 0 1	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 0 1	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 0 4	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 1	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/RROADSIDE 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	0 1 PRE-CRASH ACTION	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 22 - DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1 9 9	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	EVENTS
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1 4 3	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 MOBILE OBJECT

2 0 8	COLLISION WITH FIXED OBJECT - STRUCK				
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4 5 6	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 35 - MEDIAN CONCRETE 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

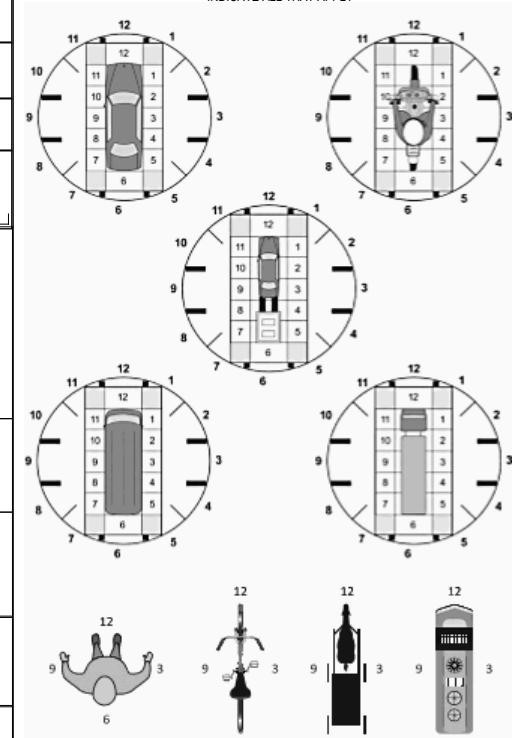
6	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
1	FIRST HARMFUL EVENT
3	MOST HARMFUL EVENT

LOCAL REPORT NUMBER	
2 0 2 6 0 1 4 5	

DAMAGE	
DAMAGE SCALE	

4	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
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DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	



INITIAL POINT OF CONTACT	
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0 0	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
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TRAFFIC	
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2	TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
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# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION 1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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UNIT SPEED 2 0	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
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POSTED SPEED 2 5	PAGE 1 OF 1
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MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 4 5

M O T O R I S T / N O N - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE LA CHYNA ANTORNETT LA						DATE OF BIRTH 0 4 1 6 2 0 0 1	AGE	GENDER F																																																																																																																																																																																													
	ADDRESS: STREET, CITY, STATE, ZIP 5271 E 126TH ST APT GARFIELD HTS OH 44125						CONTACT PHONE - INCLUDE AREA CODE																																																																																																																																																																																																
INJURIES 5		INJURED TAKEN BY 	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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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	ALCOHOL TEST STATUS 1	DRUG TEST(S) RESULT SELECT UP TO 4 																																																																																																																																																																																															
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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 																																																																																																																																																																																													
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<table border="1"> <thead> <tr> <th>INJURIES</th> <th>SEATING POSITION</th> <th>AIR BAG</th> <th>OL CLASS</th> <th>OL RESTRICTION(S)</th> <th>DRIVER DISTRACTION</th> <th>TEST STATUS</th> </tr> </thead> <tbody> <tr> <td>1 - FATAL</td> <td>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)</td> <td>1 - NOT DEPLOYED</td> <td>1 - CLASS A</td> <td>1 - ALCOHOL INTERLOCK DEVICE</td> <td>1 - NOT DISTRACTED</td> <td>1 - NONE GIVEN</td> </tr> <tr> <td>2 - SUSPECTED SERIOUS INJURY</td> <td>2 - FRONT - MIDDLE</td> <td>2 - DEPLOYED FRONT</td> <td>2 - CLASS B</td> <td>2 - CDL INTRASTATE ONLY</td> <td>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)</td> <td>2 - TEST REFUSED</td> </tr> <tr> <td>3 - SUSPECTED MINOR INJURY</td> <td>3 - FRONT - RIGHT SIDE</td> <td>3 - DEPLOYED SIDE</td> <td>3 - CLASS C</td> <td>3 - CORRECTIVE LENSES</td> <td>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE</td> </tr> <tr> <td>4 - POSSIBLE INJURY</td> <td>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)</td> <td>4 - DEPLOYED BOTH FRONT / SIDE</td> <td>4 - REGULAR CLASS (OHIO - D)</td> <td>4 - FARM WAIVER</td> <td>4 - TEST GIVEN, RESULTS KNOWN</td> </tr> <tr> <td>5 - NO APPARENT INJURY</td> <td>5 - SECOND - MIDDLE</td> <td>5 - NOT APPLICABLE</td> <td>5 - M / C MOPED ONLY</td> <td>5 - EXCEPT CLASS A BUS</td> <td>5 - EXCEPT CLASS A & CLASS B BUS</td> </tr> <tr> <td></td> <td>6 - SECOND - RIGHT SIDE</td> <td>6 - DEPLOYMENT UNKNOWN</td> <td>6 - NO VALID OL</td> <td>6 - EXCEPT CLASS B BUS</td> <td>6 - COMMUNICATION DEVICE</td> </tr> <tr> <td></td> <td>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)</td> <td></td> <td></td> <td>7 - EXCEPT TRACTOR-TRAILER</td> <td>7 - TALKING ON HAND-HELD COMMUNICATION DEVICE</td> </tr> <tr> <td></td> <td>8 - THIRD - MIDDLE</td> <td></td> <td></td> <td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td> <td>8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE</td> </tr> <tr> <td>1 - NOT TRANSPORTED /TREATED AT SCENE</td> <td>9 - THIRD - RIGHT SIDE</td> <td></td> <td></td> <td>9 - LEARNER'S PERMIT RESTRICTIONS</td> <td>9 - PASSENGER</td> </tr> <tr> <td>2 - EMS</td> <td>10 - SLEEPER SECTION OF TRUCK CAB</td> <td></td> <td></td> <td>10 - LIMITED TO DAYLIGHT ONLY</td> <td>10 - OTHER DISTRACTION INSIDE THE VEHICLE</td> </tr> <tr> <td>3 - POLICE</td> <td>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)</td> <td></td> <td></td> <td>11 - LIMITED TO EMPLOYMENT</td> <td>11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE</td> </tr> <tr> <td>9 - OTHER / UNKNOWN</td> <td>12 - PASSENGER IN UNENCLOSED CARGO AREA</td> <td></td> <td></td> <td>12 - LIMITED - OTHER</td> <td>12 - LIMITED - OTHER</td> </tr> <tr> <td></td> <td>13 - TRAILING UNIT</td> <td></td> <td></td> <td>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)</td> <td>13 - OTHER / UNKNOWN</td> </tr> <tr> <td></td> <td>14 - RIDING ON VEHICLE EXTERIOR</td> <td></td> <td></td> <td>14 - MILITARY VEHICLES ONLY</td> <td>14 - BREATH</td> </tr> <tr> <td></td> <td>15 - NON-MOTORIST</td> <td></td> <td></td> <td>15 - MOTOR VEHICLES WITHOUT AIR BRAKES</td> <td>15 - OTHER</td> </tr> <tr> <td></td> <td>16 - CHILD RESTRAINT SYSTEM - FORWARD FACING</td> <td></td> <td></td> <td>16 - OUTSIDE MIRROR</td> <td>16 - DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>17 - CHILD RESTRAINT SYSTEM - REAR FACING</td> <td></td> <td></td> <td>17 - PROSTHETIC AID</td> <td>17 - NONE</td> </tr> <tr> <td></td> <td>18 - BOOSTER SEAT</td> <td></td> <td></td> <td>18 - OTHER</td> <td>18 - BLOOD</td> </tr> <tr> <td></td> <td>19 - HELMET USED</td> <td></td> <td></td> <td></td> <td>19 - DRUG TEST TYPE</td> </tr> <tr> <td></td> <td>20 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)</td> <td></td> <td></td> <td></td> <td>20 - URINE</td> </tr> <tr> <td></td> <td>21 - REFLECTIVE CLOTHING</td> <td></td> <td></td> <td></td> <td>21 - OTHER</td> </tr> <tr> <td></td> <td>22 - LIGHTING - PEDESTRIAN /BICYCLE ONLY</td> <td></td> <td></td> <td></td> <td>22 - DRUG TEST RESULT(S)</td> </tr> <tr> <td></td> <td>23 - OTHER / UNKNOWN</td> <td></td> <td></td> <td></td> <td>23 - AMPHETAMINES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>24 - BARBITURATES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>25 - BENZODIAZEPINES</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>26 - CANNABINOIDS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>27 - COCAINE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>28 - OPIATES / OPIOIDS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>29 - OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>30 - NEGATIVE RESULTS</td> </tr> </tbody> </table>											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 - EXCEPT CLASS A & CLASS B BUS		6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS B BUS	6 - COMMUNICATION DEVICE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE		8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	1 - NOT TRANSPORTED /TREATED AT SCENE	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER	2 - EMS	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - POLICE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	9 - OTHER / UNKNOWN	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - LIMITED - OTHER		13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN		14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY	14 - BREATH		15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER		16 - CHILD RESTRAINT SYSTEM - FORWARD FACING			16 - OUTSIDE MIRROR	16 - DRUG TEST TYPE		17 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID	17 - NONE		18 - BOOSTER SEAT			18 - OTHER	18 - BLOOD		19 - HELMET USED				19 - DRUG TEST TYPE		20 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				20 - URINE		21 - REFLECTIVE CLOTHING				21 - OTHER		22 - LIGHTING - PEDESTRIAN /BICYCLE ONLY				22 - DRUG TEST RESULT(S)		23 - OTHER / UNKNOWN				23 - AMPHETAMINES						24 - BARBITURATES						25 - BENZODIAZEPINES						26 - CANNABINOIDS						27 - COCAINE						28 - OPIATES / OPIOIDS						29 - OTHER						30 - NEGATIVE RESULTS
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OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20260145	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 16 Y 2026
IN COUNTY OF 18	CRASH LOCATION 3 131 ST	

Owner of Rail Fence

Pats Auto

13003 Broadway Rd

Garfield Hts OH 44105.

216-280-5647

Left phone message with report number for property damage.BWC

OFFICER'S SIGNATURE
X

BADGE NUMBER
037