



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 * GARFIELD HEIGHTS			2 0 2 6 0 1 5 4			
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 * 01/17/2026 08:25	CRASH SEVERITY 5		
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME MLK	ROAD TYPE B L		
REFERENCE	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) THORNHURST	ROAD TYPE A V		
					LATITUDE DECIMAL DEGREES 41.439069			
					LONGITUDE DECIMAL DEGREES 81.590553			
REFERENCE POINT	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE 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	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED			
DISTANCE COM/DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards				NUMBER OF APPROACHES			
1 0 0	2				ROADWAY			
					ROADWAY DIVIDED			
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	9 - CROSSOVER 10 - DRIVEWAY / ALLEY 11 - RAILWAY GRADE 12 - SHARED USE PATHS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON	MANNER OF CRASH COLLISION/IMPACT 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 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 OR MEDIAN	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING 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 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 - 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 WAS TRAVELING S/B ON MLK. UNIT 1 LOST CONTROL AND STRUCK A POLE					 Indicate the north direction with an "N" on the compass diagram.			
								
CRASH REPORTED DATE/TIME 01/17/2026 08:25		DISPATCH DATE/TIME 01/17/2026 08:26		ARRIVAL DATE/TIME 01/17/2026 08:33		SCENE CLEARED DATE/TIME 01/17/2026 09:02		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 3 6		TOTAL MINUTES 3 6		OFFICER'S NAME * M. Taylor		
						CHECKED BY OFFICER'S NAME * D. Bailey		
OFFICER'S BADGE NUMBER 0 1 7						CHECKED BY OFFICER'S BADGE NUMBER * L 0 7		SUPPLEMENT (CORRECTION TO AN EXISTING REPORT SENT TO CPS)



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 5 4

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 GIBSON EDDIE J						DATE OF BIRTH 0 2 1 3 1 9 7 3	AGE	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 14405 BENWOOD AVE CLEVELAND OH 44128						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 2	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	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 VALUE	STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4
M O T O R I S T / N O N - 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 TYPE VALUE	STATUS	TYPE	DRUG TEST(S) RESULT SELECT UP TO 4
M O T O R I S T / N O N - M O T O R I S T		UNIT #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER
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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 & CLASS B BUS	6 - COMMUNICATION DEVICE						
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - TALKING ON HAND-HELD COMMUNICATION DEVICE						
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE						
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - PASSENGER						
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE						
9 - OTHER / UNKNOWN	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						
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - OTHER / UNKNOWN						
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - OTHER / UNKNOWN						
1 - NONE USED	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY	14 - BREATH						
2 - SHOULDER BELT ONLY USED	15 - NON-MOTORIST			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - OTHER						
3 - LAP BELT ONLY USED	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	16 - DRUG TEST TYPE						
4 - SHOULDER & LAP BELT USED				17 - PROSTHETIC AID	1 - NONE						
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				18 - OTHER	2 - BLOOD						
6 - CHILD RESTRAINT SYSTEM - REAR FACING					3 - URINE						
7 - BOOSTER SEAT					4 - OTHER						
8 - HELMET USED					5 - DRUG TEST RESULT(S)						
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)					1 - AMPHETAMINES						
10 - REFLECTIVE CLOTHING					2 - BARBITURATES						
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY					3 - BENZODIAZEPINES						
99 - OTHER / UNKNOWN					4 - CANNABINOIDS						
					5 - COCAINE						
					6 - OPIATES / OPIOIDS						
					7 - OTHER						
					8 - NEGATIVE RESULTS						
INJURED TAKEN BY EJECTION OL ENDORSEMENT											
GENDER											
F - FEMALE											
M - MALE											
U - OTHER/UNKNOWN											