



## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *							
<input type="checkbox"/> PHOTOS TAKEN <table border="0"> <tr> <td><input checked="" type="checkbox"/> OH-2</td> <td><input type="checkbox"/> OH-3</td> </tr> <tr> <td><input type="checkbox"/> OH-1P</td> <td><input type="checkbox"/> OTHER</td> </tr> </table> <input type="checkbox"/> SECONDARY CRASH <table border="0"> <tr> <td><input type="checkbox"/> Private Property</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER	<input type="checkbox"/> Private Property		LOCAL INFORMATION REPORTING AGENCY NAME * <b>GARFIELD HEIGHTS</b> NCIC * <b>0 1 8 2 0</b> CRASH DATE/TIME * <b>0 1 2 0 2 0 2 6 1 2 0 1 0</b>		LOCAL REPORT NUMBER * <b>2 0 2 6 0 1 8 1</b> HIT/SKIP <b>2</b> NUMBER OF INJURIES <b>0 1</b> INJURY CODE <b>0 1</b> 1- FATAL 2- SERIOUS INJURY SUSPECTED 3- MINOR INJURY SUSPECTED 4- INJURY POSSIBLE 5- PROPERTY DAMAGE ONLY	
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-3										
<input type="checkbox"/> OH-1P	<input type="checkbox"/> OTHER										
<input type="checkbox"/> Private Property											
COUNTY * <b>1 8</b>	LOCALITY * <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>		CRASH SEVERITY							
ROUTE TYPE	ROUTE NUMBER	PREFIX <b>3</b>	1- NORTH 2- SOUTH 3- EAST 4- WEST	LOCATION ROAD NAME <b>111 TH ST</b>	ROAD TYPE <b>S T</b>	LATITUDE DECIMAL DEGREES <b>4 1 . 4 1 6 0 5 8</b>					
ROUTE TYPE	ROUTE NUMBER	PREFIX <b>3</b>	1- NORTH 2- SOUTH 3- EAST 4- WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>5360</b>	ROAD TYPE	LONGITUDE DECIMAL DEGREES <b>8 1 . 6 0 7 6 1 8</b>					
REFERENCE POINT <b>3</b>	DIRECTION <b>3</b>	ROUTE TYPE <b>3</b>	ROAD TYPE <b>AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS</b>	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					
DISTANCE <b>5</b>	DISTANCE <b>2</b>	DISTANCE UNIT OF MEASURE <b>1 - Miles 2 - Feet 3 - Yards</b>				NUMBER OF APPROACHES					
LOCATION OF FIRST HARMFUL EVENT <b>0 4</b> 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE 5- ON GORE 6- OUTSIDE 7- 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 <b>1</b> 1- NOT COLLISION 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 <b>1</b> 1- NORTH 2- SOUTH 3- EAST 4- WEST	MEDIAN TYPE <b>1</b> 1- DIVIDED FLUSH MEDIAN 2- DIVIDED FLUSH MEDIAN 3- DIVIDED, DEPRESSED MEDIAN 4- DIVIDED, RAISED MEDIAN 5- 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 WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA 4- ACTIVITY AREA 5- TERMINATION AREA	CONTOUR <b>1</b> 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL 4- CURVE GRADE 9- OTHER / UNKNOWN	CONDITIONS <b>3</b> 1- DRY 2- WET 3- SNOW 4- ICE 5- SAND, MUD, DIRT, OIL, GRAVEL 6- WATER (STANDING, MOVING) 7- SLUSH 9- OTHER/UNKNOWN	SURFACE <b>2</b> 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK 4- SLAG, GRAVEL, STONE 5- DIRT 9- OTHER / UNKNOWN						
LIGHT CONDITION <b>5</b> 1- DAYLIGHT 2- DAWN/DUSK 3- DARK - LIGHTED ROADWAY 4- DARK - ROADWAY NOT LIGHTED 5- DARK - UNKNOWN ROADWAY LIGHTING 9- OTHER / UNKNOWN	WEATHER <b>1</b> 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 <b>UNIT 1 LEFT THE ROADWAY AND STRUCK THE RESIDENCE AT 5360 E 111TH ST. UNIT 1 THEN FLED THE SCENE EAST BOUND ON DANBURY. UNIT 1 WAS DESCRIBED AS A BLACK COLORED SEDAN.</b>									
						Not To Scale					
CRASH REPORTED DATE/TIME <b>0 1 2 0 2 0 2 6 1 2 0 1 5</b>		DISPATCH DATE/TIME <b>0 1 2 0 2 0 2 6 1 2 0 1 7</b>		ARRIVAL DATE/TIME <b>0 1 2 0 2 0 2 6 1 2 0 2 2</b>		SCENE CLEARED DATE/TIME <b>0 1 2 0 2 0 2 6 1 2 0 2 8</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)			
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME <b>3 0</b>		TOTAL MINUTES <b>4 1</b>		OFFICER'S NAME * <b>J. Huskey</b>					
						CHECKED BY OFFICER'S NAME * <b>N. Rossi</b>					
						OFFICER'S BADGE NUMBER * <b>0 0 3</b>		CHECKED BY OFFICER'S BADGE NUMBER * <b>S 1 3</b>			



OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE		( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)	DAMAGE																																																																																																																						
	0   1	UNKNOWN UNKNOWN					9	DAMAGE SCALE																																																																																																																					
VEHICLE	OWNER ADDRESS: STREET, CITY, STATE, ZIP			( <input type="checkbox"/> Same As Driver)	OH			1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN																																																																																																																					
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP				COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																																																																																																																								
	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE																																																																																																																							
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	INSURANCE VERIFIED		TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																																																																																																																							
	<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> IN EMERGENCY RESPONSE	VEHICLE WEIGHT GVWR/GCWR	HAZARDOUS MATERIAL																																																																																																																						
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input checked="" type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS	1 - <10K LBS. 2 - 10.001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #																																																																																																																				
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		5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN																																																																																																																							
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	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	40 - UTILITY POLE	46 - FENCE	53 - TUNNEL																																																																																																																								
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT																																																																																																																								
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN																																																																																																																								
<table border="0"> <tr> <td colspan="5">FIRST HARMFUL EVENT</td> <td colspan="5">3   MOST HARMFUL EVENT</td> </tr> </table>										FIRST HARMFUL EVENT					3   MOST HARMFUL EVENT																																																																																																														
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# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 8 1

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				
	0 1	UNKNOWN UNKNOWN						U							
ADDRESS: STREET, CITY, STATE, ZIP												CONTACT PHONE - INCLUDE AREA CODE			
OH															
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		9 9	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		CONDITION	STATUS	ALCOHOL TEST	DRUG TEST(S)				
						ALCOHOL	MARIJUANA			TYPE	RESULT SELECT UP TO 4				
						OTHER DRUG			VALUE						
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	
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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	
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						ALCOHOL	MARIJUANA			TYPE	RESULT SELECT UP TO 4				
						OTHER DRUG			VALUE						
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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE										
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS	5 - TEST GIVEN, RESULTS KNOWN										
	6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	5 - TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)												ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE			7 - EXCEPT TRACTOR-TRAILER	1 - NONE										
2 - EMS	9 - THIRD - RIGHT SIDE			8 - INTERMEDIATE LICENSE RESTRICTIONS	2 - BLOOD										
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			9 - LEARNER'S PERMIT RESTRICTIONS	3 - URINE										
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			10 - LIMITED TO DAYLIGHT ONLY	4 - BREATH										
SAFETY EQUIPMENT 12 - PASSENGER IN UNENCLOSED CARGO AREA												TEST STATUS			
1 - NONE USED	13 - TRAILING UNIT	1 - NOT TRAPPED	R - THREE-WHEEL MOTORCYCLE	11 - LIMITED TO EMPLOYMENT	5 - OTHER										
2 - SHOULDER BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR	2 - EXTRICATED BY MECHANICAL MEANS	S - SCHOOL BUS	12 - LIMITED - OTHER											
3 - LAP BELT ONLY USED	15 - NON-MOTORIST FORWARD FACING	3 - FREED BY NON-MECHANICAL MEANS	T - DOUBLE & TRIPLE TRAILERS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
4 - SHOULDER & LAP BELT USED	16 - OUTSIDE MIRROR		X - TANKER / HAZMAT	14 - MILITARY VEHICLES ONLY											
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	17 - PROSTHETIC AID			15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
6 - CHILD RESTRAINT SYSTEM - REAR FACING	18 - OTHER			16 - OUTSIDE MIRROR											
7 - BOOSTER SEAT				17 - PROSTHETIC AID											
8 - HELMET USED				18 - OTHER											
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)															
10 - REFLECTIVE CLOTHING															
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99 - OTHER / UNKNOWN															
EJECTION OL ENDORSEMENT CONDITION DRUG TEST TYPE															
GENDER DRUG TEST RESULT(S)															
F - FEMALE 1 - AMPHETAMINES															
M - MALE 2 - BARBITURATES															
U - OTHER/UNKNOWN 3 - BENZODIAZEPINES															
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)															
4 - ILLNESS 4 - CANNABINOID															
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.															
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL															
7 - OTHER 8 - NEGATIVE RESULTS															



# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20260181	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01   D 20   Y 2026
IN COUNTY OF 18	CRASH LOCATION 3 111 TH ST ST	

The homeowner of 5360 E 111th, Angelo Moore, contacted GHPD to report the crash involving his residence. The damage was to the siding on the south east side of his residence. Moore did not have the policy number available at the time of this report but advised he has State Farm for home owner's insurance. There was some debris from the crash left on scene, largest piece being a section of bumper from the front passenger side. the piece had no manufacturer information so a vehicle identity could not be obtained at this time. Due to the elapsed time since the crash from the call for assistance, no suspect vehicle was able to be located. Moore was provided the number for this report and advised.

OFFICER'S SIGNATURE  
**X**

BADGE NUMBER  
003