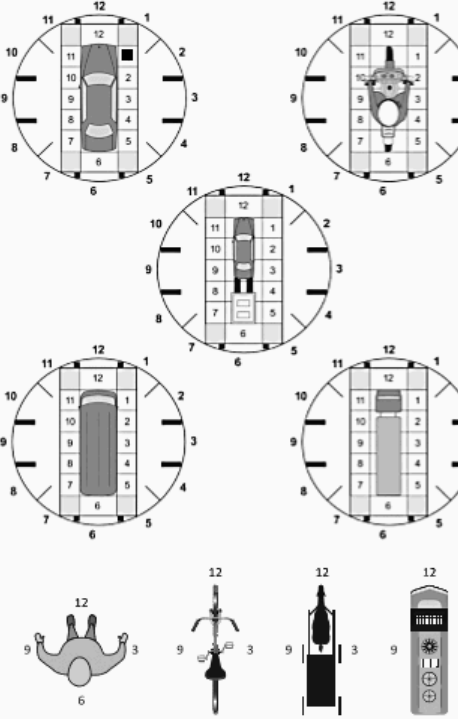




LOCAL REPORT NUMBER *

HSY7001 OH1 1/19 [760-0820]

| | | | | | |
|---|--|---|---|---|---------------|
| OWNER | UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) UNKNOWN UNKNOWN | OWNER PHONE: INCLUDE AREA CODE (Same As Driver) | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) OH | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | |
| VEHICLE | LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE |
| | <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | VEHICLE COLOR BLK | VEHICLE MODEL |
| | TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | |
| | VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | |
| | UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 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 | | | | |
| | # of TRAILING UNITS | | | | |
| | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN | | | | |
| | SPECIAL FUNCTION 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 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 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 | | | | | |
| EVENT(S) | NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 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 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 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 DISABLED VEHICLE 99 - OTHER / UNKNOWN | | | | |
| | CONTRIBUTING CIRCUMSTANCES 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 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 MOVABLE OBJECT | | | | |
| | COLLISION WITH FIXED OBJECT - STRUCK 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 BARRIER 35 - MEDIAN CONCRETE BARRIER 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 | | | | |
| | FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 3 | | | | |

| | |
|--|--|
| LOCAL REPORT NUMBER 2 0 2 6 0 1 8 1 | |
| DAMAGE DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY  | |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] | |
| INITIAL POINT OF CONTACT 0 1 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | |
| TRAFFIC TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | |
| # OF THROUGH LANES ON ROAD 2 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | |
| UNIT SPEED 2 5 | DETECTED SPEED 3 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |



| | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------|---|---|--|--|---------------------------------------|--|--|----------------------|------------------------|---------------------------------|---------------------------------|---------------------|---------------|-------------|--------------|---------------------------|---------------------------|--|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE UNKNOWN | | | | | | | DATE OF BIRTH | | | | | | | AGE | | GENDER U | | | | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP OH | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | | |
| | INJURIES 5 | | INJURED TAKEN BY | | EMS AGENCY (NAME) | | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | | SAFETY EQUIPMENT USED 99 | | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | | SEATING POSITION 01 | | 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 | | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | | CONDITION | | STATUS | | ALCOHOL TEST TYPE VALUE | | STATUS | | TYPE | | RESULT SELECT UP TO 4 | |
| | 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 | | <input type="checkbox"/> 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 | | RESULT SELECT UP TO 4 | | |
| 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 | | <input type="checkbox"/> 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 | | RESULT SELECT UP TO 4 | | |
| 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 | | <input type="checkbox"/> 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 | | RESULT SELECT UP TO 4 | | |

[illegible]

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 | | |
| <p>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.</p> | | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER 003 | |