



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *			
				2 0 2 6 0 2 2 5			
<input type="checkbox"/> PHOTOS TAKEN		<input checked="" 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		LOCAL INFORMATION REPORTING AGENCY NAME * NCIC * <b>GARFIELD HEIGHTS</b> 0 1 8 2 0			
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *		LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>			
ROUTE TYPE S R		ROUTE NUMBER 1 4		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME Broadway	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Henry	
REFERENCE POINT 1		DIRECTION 2 - NORTH 1 - 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 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 1 0		DISTANCE 2					
COM/DEC/DIR/PC		UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards					
LOCATION OF FIRST HARMFUL EVENT 0 1				MANNER OF CRASH COLLISION/IMPACT 2			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT  <input type="checkbox"/> ACTIVE SCHOOL ZONE				1 - NOT COLLISION 2 - CROSSOVER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN  1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN			
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN				1 - NOT COLLISION 2 - CROSSOVER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN			
WORK ZONE TYPE				LOCATION OF CRASH IN WORK ZONE			
1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER  OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER				1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			
LIGHT CONDITION 2				WEATHER 2			
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				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				1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			
<b>UNIT#1 WAS TRAVELING NORTH ON SR14(BROADWAY)</b> <b>NEAR HENRY ST IN THE INSIDE LANE DIRECTLY</b> <b>BEHIND UNIT#2.U#2 WAS STOPPED FOR TRAFFIC AS A</b> <b>RESULT, THE FRONT OF U#1 COLLIDED WITH THE</b> <b>BACK OF U#2. BOTH UNITS LEFT SCENE AFTER</b> <b>EXCHANGE OF INFORMATION.BWC</b> <b>NOTE:SEE OH2</b>				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			
				North Not To Scale 			
CRASH REPORTED DATE/TIME 0 1 2 7 2 0 2 6 1 1 2 1 5		DISPATCH DATE/TIME 0 1 2 7 2 0 2 6 1 1 2 1 7		ARRIVAL DATE/TIME 0 1 2 7 2 0 2 6 1 1 2 3 0		SCENE CLEARED DATE/TIME 0 1 2 7 2 0 2 6 1 1 2 5 7	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 4 0		TOTAL MINUTES 8 0		OFFICER'S NAME * R. Cramer	
						CHECKED BY OFFICER'S NAME * D. Bailey	
						OFFICER'S BADGE NUMBER * 0 3 7	
						CHECKED BY OFFICER'S BADGE NUMBER * L 0 7	
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>							

UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE GIBSON TRIVIA SOMORROW	( <input type="checkbox"/> Same As Driver )	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver )
OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP 4872 E 97TH ST DOWN	( <input type="checkbox"/> Same As Driver )		GARFIELD HTS OH 44125	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

DAMAGE	
DAMAGE SCALE	
9	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing numbered areas 1	

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE NADDAF NOUFA TOUCIF	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP 137 CHATHAM WAY	( <input type="checkbox"/> Same As Driver)
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MAYFIELD HTS OH 44124

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE O H	LICENSE PLATE # ER26XL	VEHICLE IDENTIFICATION # J TMD F REV 6 E D 0 9 0 0 1 9	VEHICLE YEAR 2 0 1 4	VEHICLE MAKE Toyota
■ INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 3048375sfp35	VEHICLE COLOR GRY	VEHICLE MODEL RAV4
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <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 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
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# OF TRAILING UNITS				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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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
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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
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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
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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
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1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING ACTION 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 22 - OTHER / UNKNOWN
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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
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CONTRIBUTING CIRCUMSTANCES				
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SEQUENCE OF EVENTS				
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EVENTS

1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - 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
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3	COLLISION WITH FIXED OBJECT - STRUCK				
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4	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/ILLUMINARIES 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
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5	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HYDRANT	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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6	1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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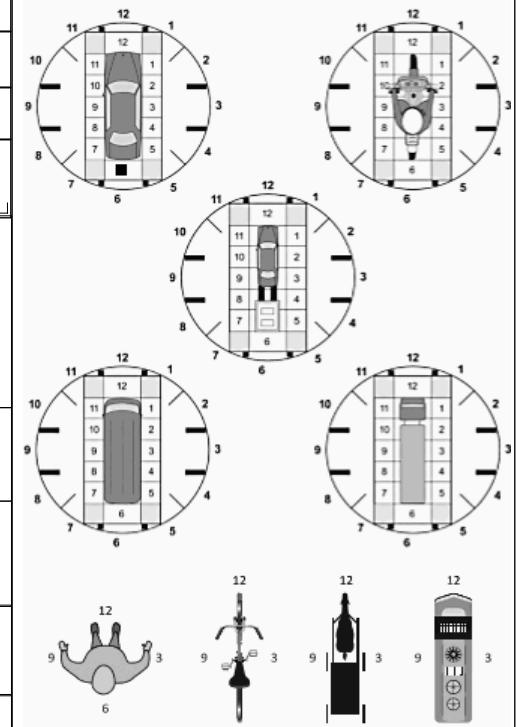
DAMAGE	
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DAMAGE SCALE	
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2	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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DAMAGED AREA(S)	
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INDICATE ALL THAT APPLY



- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 6	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

2	1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL
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2	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	RAIL GRADE CROSSING
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5	1	UNIT / NON-MOTORIST DIRECTION
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2	1	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
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0	1	UNIT SPEED
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0	1	DETECTED SPEED
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3	5	3 - UNDETERMINED
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3	5	2 - CALCULATED / EDR
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3	5	1 - STATED/ESTIMATED SPEED
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3	5	
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3	5	
---	---	--

3	5	
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## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 2 2 5

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	SMITH SANTRAVIA CHARDAE						0 3 2 0 1 9 9 9	2 6	F							
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE						
925 STEIN CT APT 302 DOWN KENT OH 44240																	
INJURIES 5		INJURED TAKEN BY [ ]		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 [ ]		OFFENSE DESCRIPTION			CITATION NUMBER					
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 9		ALCOHOL / DRUG SUSPECTED [ ] ALCOHOL [ ] MARIJUANA [ ] OTHER DRUG		CONDITION 9		STATUS 1		ALCOHOL TEST [ ] TYPE [ ] VALUE		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					
0 2		NADDAF NOUFA TOUFIC						0 1 2 6 1 9 4 9		7 7	F						
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE						
137 CHATHAM WAY MAYFIELD HTS OH 44124																	
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		
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 9		STATUS 1		ALCOHOL TEST [ ] TYPE [ ] VALUE		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		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		3 - TEST GIVEN, RESULTS KNOWN					
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		4 - TEST GIVEN, RESULTS UNKNOWN					
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		5 - TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY [ ]		6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL		7 - EXCEPT TRACTOR-TRAILER		7 - TALKING ON HAND-HELD COMMUNICATION DEVICE		7 - OTHER DISTRACTION INSIDE THE VEHICLE					
1 - NOT TRANSPORTED /TREATED AT SCENE		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		8 - THIRD - MIDDLE		9 - THIRD - RIGHT SIDE		8 - INTERMEDIATE LICENSE RESTRICTIONS		8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE					
2 - EMS		10 - SLEEPER SECTION OF TRUCK CAB		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		12 - PASSENGER IN UNENCLOSED CARGO AREA		9 - LEARNER'S PERMIT RESTRICTIONS		9 - PASSENGER		9 - OTHER / UNKNOWN					
3 - POLICE		13 - TRAILING UNIT		14 - RIDING ON VEHICLE EXTERIOR		15 - NON-MOTORIST		10 - LIMITED TO DAYLIGHT ONLY		10 - LIMITED TO DAYLIGHT ONLY		10 - NONE					
9 - OTHER / UNKNOWN		16 - PROSTHETIC AID		17 - PROSTHETIC AID		18 - OTHER		11 - LIMITED TO EMPLOYMENT		11 - LIMITED TO EMPLOYMENT		11 - BLOOD					
SAFETY EQUIPMENT [ ]		18 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN		12 - LIMITED - OTHER		12 - LIMITED - OTHER		12 - URINE					
1 - NONE USED		21 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN		23 - OTHER / UNKNOWN		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		13 - BREATH					
2 - SHOULDER BELT ONLY USED		24 - OTHER / UNKNOWN		25 - OTHER / UNKNOWN		26 - OTHER / UNKNOWN		14 - MILITARY VEHICLES ONLY		14 - MILITARY VEHICLES ONLY		14 - OTHER					
3 - LAP BELT ONLY USED		27 - OTHER / UNKNOWN		28 - OTHER / UNKNOWN		29 - OTHER / UNKNOWN		15 - MOTOR VEHICLES WITHOUT AIR BRAKES		15 - MOTOR VEHICLES WITHOUT AIR BRAKES							
4 - SHOULDER & LAP BELT USED		30 - OTHER / UNKNOWN		31 - OTHER / UNKNOWN		32 - OTHER / UNKNOWN		16 - OUTSIDE MIRROR		16 - OUTSIDE MIRROR							
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING		33 - OTHER / UNKNOWN		34 - OTHER / UNKNOWN		35 - OTHER / UNKNOWN		17 - PROSTHETIC AID		17 - PROSTHETIC AID							
6 - CHILD RESTRAINT SYSTEM - REAR FACING		36 - OTHER / UNKNOWN		37 - OTHER / UNKNOWN		38 - OTHER / UNKNOWN		18 - OTHER		18 - OTHER							
7 - BOOSTER SEAT		39 - OTHER / UNKNOWN		40 - OTHER / UNKNOWN		41 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN		19 - OTHER / UNKNOWN							
8 - HELMET USED		42 - OTHER / UNKNOWN		43 - OTHER / UNKNOWN		44 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN		20 - OTHER / UNKNOWN							
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		45 - OTHER / UNKNOWN		46 - OTHER / UNKNOWN		47 - OTHER / UNKNOWN		21 - OTHER / UNKNOWN		21 - OTHER / UNKNOWN							
10 - REFLECTIVE CLOTHING		48 - OTHER / UNKNOWN		49 - OTHER / UNKNOWN		50 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN		22 - OTHER / UNKNOWN							
11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		51 - OTHER / UNKNOWN		52 - OTHER / UNKNOWN		53 - OTHER / UNKNOWN		23 - OTHER / UNKNOWN		23 - OTHER / UNKNOWN							
99 - OTHER / UNKNOWN		54 - OTHER / UNKNOWN		55 - OTHER / UNKNOWN		56 - OTHER / UNKNOWN		24 - OTHER / UNKNOWN		24 - OTHER / UNKNOWN							
GENDER F - FEMALE		M - MALE		U - OTHER/UNKNOWN		GENDER F - FEMALE		M - MALE		U - OTHER/UNKNOWN		GENDER F - FEMALE					
DRUG TEST TYPE 1 - NONE		2 - BLOOD		3 - URINE		4 - OTHER		5 - CANNABINOIDS		6 - COCAINE		7 - OTHER					
DRUG TEST RESULT(S) 1 - AMPHETAMINES		2 - BARBITURATES		3 - BENZODIAZEPINES		4 - CANNABINOIDS		5 - OPIATES / OPIOIDS		6 - NEGATIVE RESULTS		7 - OTHER					



# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20260225	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01   D 22   Y 2026
IN COUNTY OF 18	CRASH LOCATION SR 14	

Driver / Owner of Unit#2 came to station on this date of report after attempting to contact the driver of Unit#1. The driver provided pictures of her vehicle.

I attempted to contact the driver of Unit#1 at the time of report, with negative results.B

WC

I contacted the owner of Unit#1, who stated the driver was her daughter and they have no insurance.BWC

OFFICER'S SIGNATURE  
**X**

BADGE NUMBER  
037