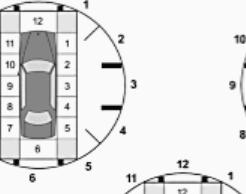
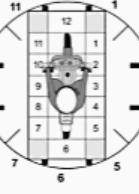
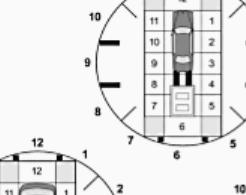
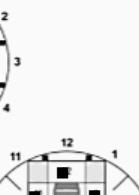
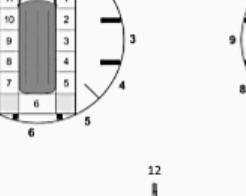
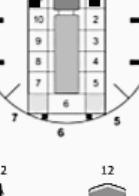
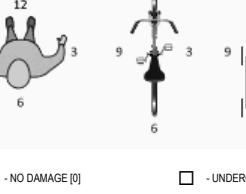
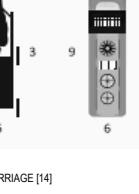
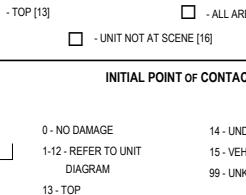
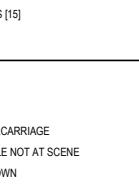
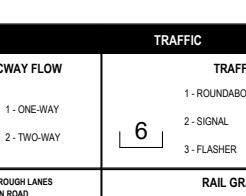
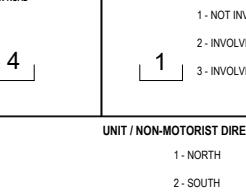
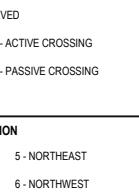
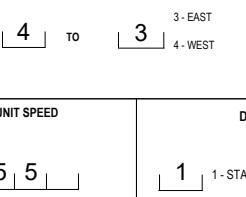
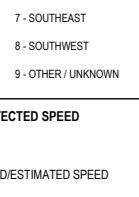
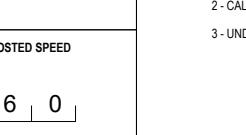
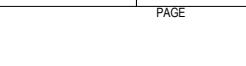




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *							
				2 0 2 6 0 3 5 6							
<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 * NCIC *	
<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											
				GARFIELD HEIGHTS 0 1 8 2 0		HIT/SKIP 1 - Solved 2 - Unsolved					
COUNTY *	LOCALITY *	1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			MINIMED AC LIMITS 0 2					
				CRASH DATE/TIME * 02 12 2026 18 07			LIMIT IN EDRCO 98-ANIMAL 0 2 99-UNKNOWN				
LOCATION	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME I-480 Eastbound	ROAD TYPE H W	LATITUDE DECIMAL DEGREES 4 1 . 4 1 0 9 0 9				
	ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 21.8	ROAD TYPE M P	LONGITUDE DECIMAL DEGREES 8 1 . 6 1 5 5 7 1				
REFERENCE	REFERENCE POINT	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE 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	INTERSECTION RELATED				
	DISTANCE COMM DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards						NUMBER OF APPROACHES 1			
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 - CROSSOVER 10 - DRIVEWAY / ALLEY 11 - RAILWAY GRADE 12 - SHARED USE PATHS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			ROUTE TYPE 6	MANNER OF CRASH COLLISION/IMPACT 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 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 3 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 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 OR MEDIAN	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN					
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 1 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 IN THE THIRD TO RIGHT LANE. UNIT 2 WAS IN THE SECOND TO RIGHT LANE. UNIT 2 CHANGED LANES INTO UNIT 1'S LANE STRIKING THE FRONT RIGHT BUMPER OF UNIT 1. UNIT 2 TURNED SIDEWAYS WERE THE TWO VEHICLES CAME TO A STOP.							MP 21/8 I-480 Eastbound Not To Scale Indicate the north direction with an "N" on the compass diagram.				
CRASH REPORTED DATE/TIME 02 12 2026 18 07		DISPATCH DATE/TIME 02 12 2026 18 07		ARRIVAL DATE/TIME 02 12 2026 18 13		SCENE CLEARED DATE/TIME 02 12 2026 19 51		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 CPS)			
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 1 0		TOTAL MINUTES 1 1 4		OFFICER'S NAME * C. Cramer					
						CHECKED BY OFFICER'S NAME * D. Simia					
				OFFICER'S BADGE NUMBER * 0 5 1		CHECKED BY OFFICER'S BADGE NUMBER * S 2 3					

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	Transport LLC Cambell					DAMAGE SCALE		
OWNER ADDRESS: STREET, CITY, STATE, ZIP			(<input type="checkbox"/> Same As Driver)		MANTUA OH 44255		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN		
10850 John Edward Dr				COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE	DAMAGED AREA(S)		
	O H	PWD3347	1 X P 5 D B 9 X 7 5 D 8 7 7 4 3 0		2 0 0 5	Peterbilt	INDICATE ALL THAT APPLY		
	■ INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR	VEHICLE MODEL	 		
			Insurance Company Lt	OCA-0000137-03	RED	Other/Unknown	 		
			TYPE OF USE	US DOT #	TOWED BY: COMPANY NAME		 		
			□ COMMERCIAL □ GOVERNMENT □ IN EMERGENCY RESPONSE				 		
			□ INTERLOCK DEVICE EQUIPPED □ HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT GVWR/GCWR		 		
			0 1	0 1	1 - <10K LBS 2 - 10.001 - 26K LBS. 3 - >26K LBS.		 		
			1 5	1 5	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		 		
			UNIT TYPE	1 5	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV)		 		
		# OF TRAILING UNITS				 			
		2 1	2 1	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0 0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
				AUTONOMOUS MODE LEVEL		 			
		0 1	0 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER					
		1 1	1 1	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE					
		1 1	1 1	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT					
		1 1	1 1	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL					
		1 1	1 1	21 - MAIL CARRIER 99 - OTHER /UNKNOWN					
		1 1	1 1	21 - MAIL CARRIER 99 - OTHER /UNKNOWN					
		1 1	1 1	21 - MAIL CARRIER 99 - OTHER /UNKNOWN					
		1 1	1 1	21 - MAIL CARRIER 99 - OTHER /UNKNOWN					
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		1 1	1 1	21 - MAIL CARRIER 99 - OTHER /UNKNOWN					
		1 1	1 1	21 - MAIL CARRIER 99 - OTHER /UNKNOWN					
		1 1	1 1	21 - MAIL C					

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
0 2	BRAY BARBARA J			

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)

3824 ROSELAWN AV BEACHWOOD OH 44122

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # 653ZOB	VEHICLE IDENTIFICATION # 5 8A BK 1 GG 6 J U 1 0 7 4 5 2	VEHICLE YEAR 2 0 1 8	VEHICLE MAKE Lexus
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■ INSURANCE VERIFIED	INSURANCE COMPANY State Farm	INSURANCE POLICY # 849-7838-A24-35B	VEHICLE COLOR WHI	VEHICLE MODEL Other/Unknown
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TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME Private Tow Intersta	
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INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 0 1	VEHICLE WEIGHT OVR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD
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UNIT TYPE 0 1	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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE
WHEN CRASH OCCURRED? 0
1 - YES 2 - NO 9 - OTHER / UNKNOWN

0 1
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

0 1
CARGO BODY
TYPE
1 - NO CARGO BODY TYPE
/ NOT APPLICABLE
2 - BUS

1 - TURN SIGNALS
2 - HEAD LAMPS
3 - TAIL LAMPS

NON-MOTORIST
LOCATION AT
IMPACT
1 - INTERSECTION -
MARKED
CROSSWALK
2 - INTERSECTION -
UNMARKED
CROSSWALK

3
ACTION
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - BOTH STRIKING
& STRUCK
9 - OTHER / UNKNOWN
0 3
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
22 - DRIVeway ACCESS
23 - SHARED USE PATHS OR
TRAILS
24 - FIRST RESPONDER
AT INCIDENT SCENE
99 - OTHER / UNKNOWN

0 9
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 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

3
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

1
FIRST HARMFUL EVENT
1
MOST HARMFUL EVENT

LOCAL REPORT NUMBER
2 0 2 6 0 3 5 6

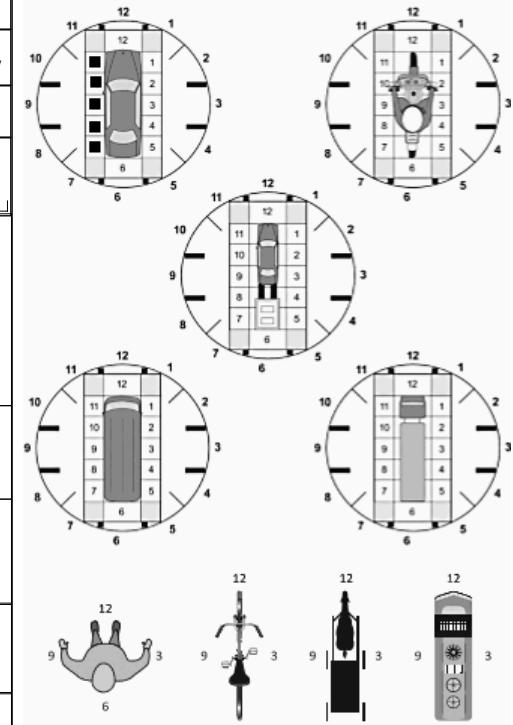
DAMAGE

DAMAGE SCALE

3
1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



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

INITIAL POINT OF CONTACT

0 8
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
6
1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES
ON ROAD
4
1 - NOT INVOLVED
2 - INVOLVED - ACTIVE CROSSING
3 - INVOLVED - PASSIVE CROSSING

RAIL GRADE CROSSING
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED
0
DETECTED SPEED
3
1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
6 0
PAGE OF



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 5 6

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 CAMPBELL KEITH EARL						DATE OF BIRTH 1 0 0 3 1 9 7 1	AGE 54	GENDER M									
	ADDRESS: STREET, CITY, STATE, ZIP 10850 JOHN EDWARDS DR MANTUA OH 44255						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	
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 1		ALCOHOL / DRUG SUSPECTED [] [] []		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 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 # 0 2	NAME: LAST, FIRST, MIDDLE OSBOURNE ABE GOLDWORTHY						DATE OF BIRTH 0 1 0 6 1 9 6 2	AGE 64	GENDER M	CONTACT PHONE - INCLUDE AREA CODE							
ADDRESS: STREET, CITY, STATE, ZIP 3824 ROSELAWN AVE BEACHWOOD OH 44122		[]						[]						[]					
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 331.08		LOCAL CODE ■		OFFENSE DESCRIPTION [] Lanes of Travel						CITATION NUMBER G20260208				
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 []		RESTRICTION SELECT UP TO 3 []		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED [] [] []		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 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 []	CONTACT PHONE - INCLUDE AREA CODE []							
ADDRESS: STREET, CITY, STATE, ZIP []		[]						[]						[]					
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 []		ALCOHOL TEST STATUS [] 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 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 9 - DEPLOYMENT UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 6 - NOT APPLICABLE		1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO - D) 5 - M / C MOPED ONLY 6 - NO VALID OL		1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER		1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN		1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN					
INJURED TAKEN BY []		EJECTION []		OL ENDORSEMENT []		[]		[]		[]		ALCOHOL TEST TYPE []							
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		1 - NOT EJECTED 8 - PARTIALLY EJECTED 9 - TOTALLY EJECTED 4 - NOT APPLICABLE		H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER		[]		[]		[]		1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER							
SAFETY EQUIPMENT []		12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR 15 - NON-MOTORIST FORWARD FACING 16 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY 99 - OTHER / UNKNOWN		TRAPPED []		R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT []		[]		[]		[]		DRUG TEST TYPE []					
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		[]		[]		[]		[]		1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER							
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		[]		[]		[]		[]		[]		CONDITION []							
F - FEMALE M - MALE U - OTHER/UNKNOWN		[]		[]		[]		[]		[]		TEST STATUS []							
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		[]		[]		[]		[]		[]		DRUG TEST RESULT(S) []							



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 3 5 6

OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
OCCUPANT	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
	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER		
INJURIES			SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE			
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY			1 - NONE USED - - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 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 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
INJURED TAKEN BY							EJECTION			
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN							1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE			
GENDER							TRAPPED			
F - FEMALE M - MALE U - OTHER/UNKNOWN							1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS			

WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	CAMPBELL CODY DALLAS				0 7 2 8 1 9 9 5	3 0	M
ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE			
10057 INFIRMARY RD MANTUA OH 44255							
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE		
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE		



OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 20260356	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 02 D 12 Y 2026
IN COUNTY OF 18	CRASH LOCATION	

Unit 2 operator stated he thought the lane to his left was clear and attempted to change lanes. Witness documented in the report driving behind the two vehicles involved in the accident stated Unit 2 had changed lanes right in front of Unit 1 causing the accident.

Trailer attached to Unit 1 (TRV9195) had no damage noticed on scene and was not involved.

OFFICER'S SIGNATURE
X

BADGE NUMBER
051