

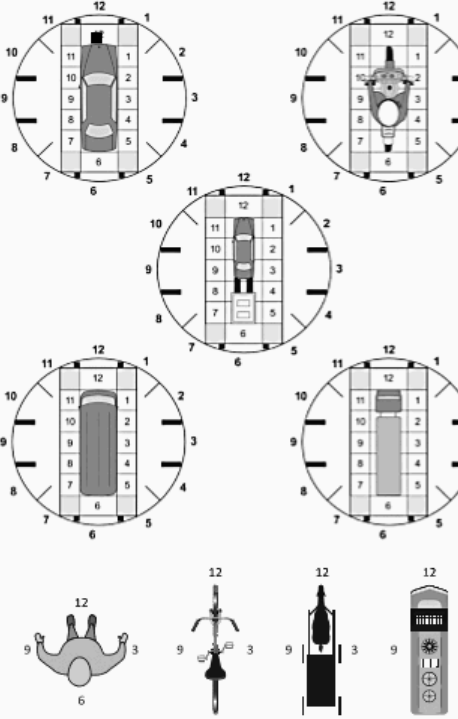
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		20260373	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *			CRASH DATE/TIME *	CRASH SEVERITY
18	1	GARFIELD HTS			02152026 01107	3
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	ATTITUDE (NORMAL HEIGHT)	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
SR	14				41.433594	
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE (DECIMAL DEGREES)	
			11321		-81.605026	
REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED		
3	2	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	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	<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		
DISTANCE	DISTANCE	ROADWAY				
10	2	<input type="checkbox"/> ROADWAY DIVIDED				
LOCATION - FIRST AND SECOND EVENT	MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL			
01	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 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		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 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 1	
LIGHT CONDITION 3		WEATHER 1		CONDITIONS 1		SURFACE 2
NARRATIVE						
UNIT 1 WAS TRAVELING WESTBOUND ON BROADWAY AVENUE. UNIT 1 LOST CONTROL AND WENT OFF THE ROADWAY TO THE RIGHT AND STRUCK A BUILDING LOCATED AT 11321 BROADWAY AVE. UNIT 1 SUFFERED DISABLING DAMAGE, DRIVER WAS TRANSPORTED TO MARYMOUNT HOSPITAL.						
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME
02152026 01107		02152026 01107		02152026 01113		02152026 01151
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *		REPORT TAKEN BY
20	15	59	Se. Sabelli	T. Baon		POLICE AGENCY MOTORIST
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *		SUPPLEMENT
			026	S20		(CORRECTION = ADDITION) DO NOT WRITE IN THESE SPACES

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> Same As Driver) HURAYT MATTHEW MICHAEL	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver) _____			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> Same As Driver) 3527 W 50TH ST CLEVELAND OH 44102					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____				
VEHICLE	LP STATE OH	LICENSE PLATE # PJOY04	VEHICLE IDENTIFICATION # 5XYK6CAF6PG115945	VEHICLE YEAR 2023	VEHICLE MAKE Kia	
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6149-55-60-18	VEHICLE COLOR BLU	VEHICLE MODEL Sportage	
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> IN EMERGENCY RESPONSE	US DOT # _____		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 01	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		
	TYPE OF USE		TOWED BY: COMPANY NAME _____			
	<input type="checkbox"/> MATERIAL RELEASED		HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____			
	<input type="checkbox"/> PLACARD		_____			
	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? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN					
SPECIAL FUNCTION 01 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 01 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						
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 5 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 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 99 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/JACDA 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						
EVENT(S)	SEQUENCE OF EVENTS					
	EVENTS					
	1 01 8 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 1 2 MOST HARMFUL EVENT					

LOCAL REPORT NUMBER 20260373	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 4 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 1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 50	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 25	



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE WILLIAMS PRECIOUS JOY										DATE OF BIRTH 04132004				AGE 21		GENDER F							
	ADDRESS: STREET, CITY, STATE, ZIP 10509 MANOR AVE CLEVELAND OH 44104														CONTACT PHONE - INCLUDE AREA CODE _____											
	INJURIES 3		INJURED TAKEN BY 2		EMS AGENCY (NAME) GARFIELD HEIGHTS				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT				SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 2		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 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG				CONDITION 1		STATUS 1		ALCOHOL TEST TYPE 1 VALUE _____		STATUS 1		TYPE 1		DRUG TEST(S) 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 ____		DRUG TEST(S) RESULT SELECT UP TO 4 ____	
MOTORIST / NON-MOTORIST	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 ____		DRUG TEST(S) 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 ____		DRUG TEST(S) RESULT SELECT UP TO 4 ____	

[illegible]



OH-2

LOCAL REPORT NUMBER
20260373

20260373

REPORTING AGENCY
GARFIELD HEIGHTS

DATE OF CRASH		
M 02	D 15	Y 2026

IN COUNTY OF
18

CRASH LOCATION
SR 14

Building at 11321 Broadway Avenue has damage to brick to Southeast corner.

OFFICER'S SIGNATURE

BADGE NUMBER
026