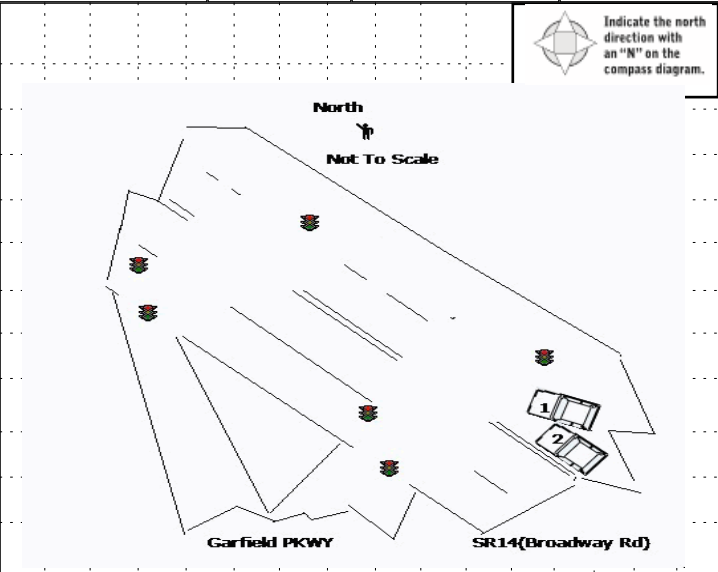


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN ☐ SECONDARY CRASH		☒ OH-2 ☐ OH-1P ☐ Private Property	☐ OH-3 ☐ OTHER	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2 0 2 6 1 8 8 9	
COUNTY *	LOCALITY *	LOCATION: CITY, VILLAGE, TOWNSHIP *		CRASH DATE/TIME *		CRASH SEVERITY	
1 8	1	GARFIELD HTS		0 8 0 6 2 0 2 6 1 4 3 2		4 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES		
S R	1 4		Broadway	R D	4 1 . 4 3 1 2 5 5		
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES		
			Garfield	P K	- 8 1 . 6 0 0 9 6 8		
REFERENCE POINT	DIRECTION	ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED	
1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	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		■ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA	
DISTANCE	DISTANCE					NUMBER OF APPROACHES	
1 - Miles 2 - Feet 3 - Yards	1 - Miles 2 - Feet 3 - Yards					3	
LOCATION - FIRST UADMEII EVENT		MANNER OF CRASH COLLISION/IMPACT		DIRECTION OF TRAVEL		MEDIAN TYPE	
0 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 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		6 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		1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN	
☐ 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 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		WEATHER 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		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	
NARRATIVE UNIT#1 WAS TRAVELING WEST ON SR14 (BROADWAY) IN THE INSIDE LANE AT GARFIELD PKWY. U#2 WAS TRAVELING WEST ON SR14 (BROADWAY) IN THE OUTSIDE LANE AT GARFIELD PKWY. U#1 CHANGED LANES INTO THE INSIDE LANE. AS A RESULT, U#2 COLLIDED WITH THE LEFT SIDE OF U#1. BOTH UNITS LEFT SCENE AFTER EXCHANGING SOME INFORMATION AND U#1 LATER REPORTED AT STATION. NOTE: SEE OH-2							
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME	
0 8 0 6 2 0 2 6 1 1 5 1 1		0 8 0 6 2 0 2 6 1 1 5 1 2		0 8 0 6 2 0 2 6 1 1 5 1 3		0 8 0 6 2 0 2 6 1 1 6 1 6	
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME *	CHECKED BY OFFICER'S NAME *		REPORT TAKEN BY	
0	3 0	5 4	R. Cramer	T. Baon		POLICE AGENCY ☐ MOTORIST	
			OFFICER'S BADGE NUMBER *	CHECKED BY OFFICER'S BADGE NUMBER *		SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)	
			0 3 7	S 2 0			

OWNER	UNIT # 01	OWNER NAME: LAST, FIRST, MIDDLE JONES TERRANCE ALAN	OWNER PHONE: INCLUDE AREA CODE () Same As Driver		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 16405 TARKINGTON AVE CLEVELAND OH 44128				
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
VEHICLE	LP STATE OH	LICENSE PLATE # KWF5209	VEHICLE IDENTIFICATION # 1FAHP3FN4AW270663	VEHICLE YEAR 2010	VEHICLE MAKE Ford
	☐ INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR BLK	VEHICLE MODEL Focus
	☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	
	☐ INTERLOCK DEVICE EQUIPPED	☐ 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		
	☐ PASSENGER CAR ☐ PASSENGER VAN (MINIVAN) ☐ SPORT UTILITY VEHICLE ☐ PICK UP ☐ CARGO VAN ☐ VAN (9-15 SEATS)		☐ MOTORCYCLE 2-WHEELED ☐ MOTORCYCLE 3-WHEELED ☐ AUTOCYCLE ☐ MOPED OR MOTORIZED BICYCLE ☐ ALL TERRAIN VEHICLE (ATV / UTV)		
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS)		12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME		
	UNIT TYPE		# of TRAILING UNITS		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		AUTONOMOUS MODE LEVEL		
	9		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		
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			
CARGO BODY TYPE		01			
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING			
VEHICLE DEFECTS		01			
1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT			
NON-MOTORIST LOCATION AT IMPACT		01			
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION			
ACTION		04			
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			
CONTRIBUTING CIRCUMSTANCES		09			
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			
SEQUENCE OF EVENTS		EVENTS			
1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT			
2		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN			
3		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE			
4		COLLISION WITH FIXED OBJECT - STRUCK			
5		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
6		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER			
1		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT			
FIRST HARMFUL EVENT		1 MOST HARMFUL EVENT			

LOCAL REPORT NUMBER 20261889	
DAMAGE	
DAMAGE SCALE	
1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
3	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
☐ - NO DAMAGE [0] ☐ - TOP [13] ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
09	
0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN	
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD 4	RAIL GRADE CROSSING
	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED	DETECTED SPEED
5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	

OWNER		LOCAL REPORT NUMBER	
UNIT # 0 2		2 0 2 6 1 8 8 9	
OWNER NAME: LAST, FIRST, MIDDLE BUSH DESIREE CHANEL		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 5135 JOSEPH ST MAPLE HEIGHTS OH 44137		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE () Same As Driver	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # KWY6016	
VEHICLE IDENTIFICATION # 1HGCP36728A016268		VEHICLE YEAR 2008	
VEHICLE MAKE Honda		VEHICLE MODEL 4S	
INSURANCE VERIFIED ☐		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR GRY	
TYPE OF USE ☐ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED ☐		HAZARDOUS MATERIAL ☐ MATERIAL RELEASED ☐ PLACARD	
# OCCUPANTS 0 1		VEHICLE WEIGHT GVWR/GVWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE 0 1		VEHICLE MAKE Honda	
# of TRAILING UNITS		VEHICLE MODEL 4S	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9		AUTONOMOUS MODE LEVEL 9	
SPECIAL FUNCTION 0 1		VEHICLE MAKE Honda	
CARGO BODY TYPE 0 1		VEHICLE MODEL 4S	
VEHICLE DEFECTS		VEHICLE MAKE Honda	
NON-MOTORIST LOCATION AT IMPACT		VEHICLE MODEL 4S	
ACTION 3		VEHICLE MAKE Honda	
CONTRIBUTING CIRCUMSTANCES		VEHICLE MODEL 4S	
SEQUENCE OF EVENTS		VEHICLE MAKE Honda	
EVENTS		VEHICLE MODEL 4S	
COLLISION WITH FIXED OBJECT - STRUCK		VEHICLE MAKE Honda	
FIRST HARMFUL EVENT 1		VEHICLE MODEL 4S	
MOST HARMFUL EVENT 1		VEHICLE MAKE Honda	
DAMAGE		VEHICLE MODEL 4S	
DAMAGED AREA(S)		VEHICLE MAKE Honda	
INITIAL POINT OF CONTACT		VEHICLE MODEL 4S	
TRAFFIC		VEHICLE MAKE Honda	
TRAFFICWAY FLOW		VEHICLE MODEL 4S	
TRAFFIC CONTROL		VEHICLE MAKE Honda	
RAIL GRADE CROSSING		VEHICLE MODEL 4S	
UNIT / NON-MOTORIST DIRECTION		VEHICLE MAKE Honda	
UNIT SPEED		VEHICLE MODEL 4S	
DETECTED SPEED		VEHICLE MAKE Honda	
POSTED SPEED		VEHICLE MODEL 4S	



LOCAL REPORT NUMBER

2 0 2 6 1 8 8 9

O T T O R I S T / N O N - M O T O R I S T / M O T O R I S T / N O N - M O T O R I S T / M O T O R I S T	UNIT # 0 1		NAME: LAST, FIRST, MIDDLE JONES CELEST JEAN										DATE OF BIRTH 0 7 0 8 2 0 0 8				AGE 1 8		GENDER F						
	ADDRESS: STREET, CITY, STATE, ZIP 16405 TARKINGTON AVE CLEVELAND OH 44128														CONTACT PHONE - INCLUDE AREA CODE 										
	INJURIES 4		INJURED TAKEN BY 9		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 1		STATUS 1		ALCOHOL TEST TYPE 1 VALUE		STATUS 1		TYPE 1		RESULT SELECT UP TO 4
UNIT # 0 2		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 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 		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 1 VALUE		STATUS 1		TYPE 1		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 		☐ 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 20261889	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 08 D 06 Y 2026	
IN COUNTY OF 18	CRASH LOCATION SR 14		
Driver of Unit#1 stated the light turned green and the car in front of her did not move.			
The driver changed lanes , to go around traffic. In addition, pictures of U#1 were provided of the vehicle.BWC			
The driver of Unit#2 provided the name of Ashli Brewer.BWC			
At time of report, no contact has been made with the driver or owner of Unit#2.BWC (Message left via phone. Any additional information will be updated in a supplement).			
For administrative / report purposes, Unit #2 was listed as a hit/skip vehicle.			
OFFICER'S SIGNATURE X		BADGE NUMBER 037	