



Traffic Crash Report

| | | |
|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 20162747 | 3 - 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

| | | | | |
|----------------------------|-------------------------|-------------------------|-----------------|--------------------------------|
| Local Information MARCS | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| | 01820 | GARFIELD HEIGHTS | 03 | 03 98 - Animal 99 - Unknown |

| | | | | | |
|----------|---|---------------------------|--------------|---------------|-------------|
| County * | <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 18 | | GARFIELD HTS | 08052016 | 1352 | FRI |

| | | | |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| | | 41.429332 | -81.625096 |

| | | | |
|---|------------------------------------|----------------------|--|
| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided | E N - Northbound S - Southbound | 02 | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |

| | | | | | |
|----------------------------------|-----------------------|-------------|--------------------|---------------------------------|--|
| Location Route Type ¹ | Location Route Number | Loc. Prefix | Location Road name | Location Road Type ² | Route Types ¹ |
| | | N.S. E.W | ROCKSIDE RD | RD | IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route |

| | | | | | | |
|-------------------------|--------------|-----------------------------------|------------------------|-------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Type ¹ | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| | N.S. E.W | | | N.S. E.W | GARFIELD MALL EXIT | DR |

| | | | |
|---|--|-------------------------------------|---|
| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| 1 - Intersection 2 - Mile Post 3 - House Number | 02 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout | <input checked="" type="checkbox"/> | 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

| | | | | |
|---|----------------------|---|--|--|
| Road Contour | Road Conditions | 01 - Dry 02 - Wet 03 - Snow 04 - Ice | 05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* | 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown |
| 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | Primary Secondary | 01 | | * Secondary Condition Only |

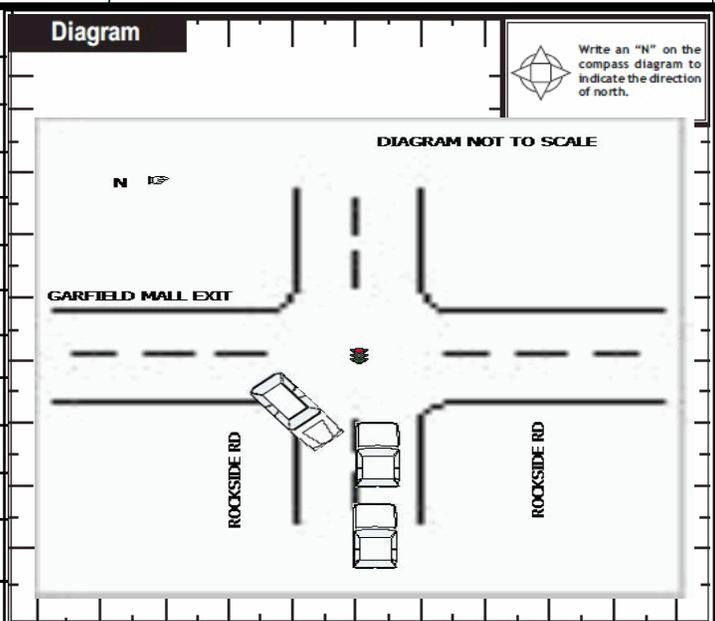
| | |
|---|--|
| Manner of Crash Collision/Impact | Weather |
| 6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown |

| | | |
|--|---|--|
| Road Surface | Light conditions | School Bus Related |
| 2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | 1 - Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown | <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

| | | | |
|--------------------------|---|--|---|
| Work Zone Related | Workers Present | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other | 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area |

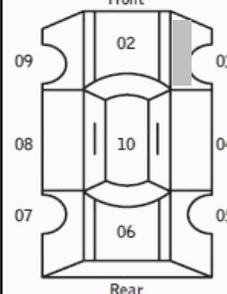
Narrative

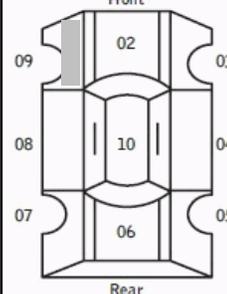
UNIT 1 AND UNIT 2 WERE STOPPED AT RED LIGHT IN LISTED ORDER ON ROCKSIDE RD WESTBOUND IN LANE 1 AT INTERSECTION OF GARFIELD MALL ENTRANCE. UNIT 2 WAS MAKING A RIGHT TURN FROM GARFIELD MALL ON TO ROCKSIDE RD. DRIVER OF UNIT 2 STATED DRINK SPILLED IN HER CAR AT WHICH TIME SHE LOST CONTROL OF VEHICLE AND STRUCK UNIT 1 AND UNIT 2.

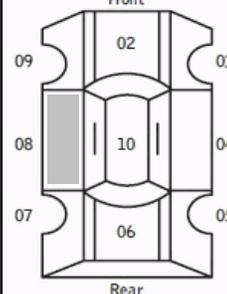


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|--|--|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | | | | | |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | | | | | | |
| Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 08052016 | 1352 | 1356 | 1402 | 1425 | 30 | 53 |

| | | | |
|------------------|------------------------|---------------|---------|
| Officer's Name * | Officer's Badge Number | Checked By | Page of |
| T. Murphy | L09 | L09 T. Murphy | |

| | | | | | |
|--|--|---|--|---|--|
| Unit Number 03 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) WARE CONNIE M | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-402-6458 | Damage Scale 3 | Damaged Area  | |
| Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 12708 THORNHURST AVE GARFIELD HTS OH 44105 | | | 1 - None | | |
| LP State OH | License Plate Number ESU6533 | Vehicle Identification Number 1GMDX03E02D166255 | # Occupants 01 | | |
| Vehicle Year 2002 | Vehicle Make PONT Pontiac | Vehicle Model MTA Montana | Vehicle Color BLU Blue | | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company MEMBERSELECT | Policy Number AUTO07998065 | Towed By | | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone - include area code | | |
| US DOT | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | Trafficway Description 3 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway | | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | Hit / Skip Unit <input type="checkbox"/> | | | |
| HM Class Number | Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | | | | |
| Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 05 99 - Unknown or Hit/Skip 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | Passenger Vehicle (less than 9 passengers) | Med/Heavy Trucks or Combo Units>10k lbs 13 - Single Unit Truck or Van 2axle,6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist | |
| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Damaged Area 03 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
| Pre-Crash Actions 05 99 - Unknown | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless | 13 - Negotiating a Curve 14 - Other Motorist Action | Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | 21 - Other Non-Motorist Action |
| Contributing Circumstances Primary 07 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | Motorist 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | | |
| Sequence of Events 1 20 2 20 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown | <p>Non-Collision Events</p> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision <p>Collision With Person, Vehicle or Object Not Fixed</p> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 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 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 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object | | | | |
| Unit Speed 15 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings | 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 2 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|---|---|---------------------------|----------------------------------|----------------|--------------------------|---|--------------------------------|------------------------------------|-------------------------------|-----------------------|-------------------|-------------------------------------|---|--------------------------|------------------|------------------------------|-----------|--------------------------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|------------|-----------------------------|--------------------|--|-----------------------|--|------------------------|-----------------|-------------------------|---------------------|--|--|--|-------------------------|------------|--|---------------------------------|--|--|--|-------------------------------|------------|--|
| Unit Number 02 | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) JONKE WILLIAM H | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-624-8549 | Damage Scale 2 | Damaged Area  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 17800 DALEWOOD AVE MAPLE HTS OH 44137 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LP State OH | License Plate Number GUA1064 | Vehicle Identification Number 1G1PE5S3G7184968 | # Occupants 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Year 2016 | Vehicle Make CHEV Chevrolet | Vehicle Model CRZ Cruze | Vehicle Color BGE Beige | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company STATE FARM | Policy Number | Towed By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone - include area code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 09 - Ran Off Road Left | 13 - Other Non-Collision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Collision with Person, Vehicle or Object Not Fixed</td> <td>14 - Pedestrian</td> <td>21 - Parked Motor Vehicle</td> <td>25 - Impact Attenuator/Crash Cushion</td> <td>33 - Median Cable Barrier</td> <td>41 - Other Post, Pole or Support</td> <td>48 - Tree</td> </tr> <tr> <td>15 - Pedalcycle</td> <td>22 - Work Zone Maintenance Equipment</td> <td>26 - Bridge Overhead Structure</td> <td>27 - Bridge Pier or Abutment</td> <td>34 - Median Guardrail Barrier</td> <td>42 - Culvert</td> <td>49 - Fire Hydrant</td> </tr> <tr> <td>16 - Railway Vehicle (Train,Engine)</td> <td>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle</td> <td>28 - Bridge Parapet</td> <td>29 - Bridge Rail</td> <td>35 - Median Concrete Barrier</td> <td>43 - Curb</td> <td>50 - Work Zone Maintenance Equipment</td> </tr> <tr> <td>17 - Animal - Farm</td> <td>24 - Other Movable Object</td> <td>30 - Guardrail Face</td> <td>31 - Guardrail End</td> <td>36 - Median Other Barrier</td> <td>44 - Ditch</td> <td>51 - Wall, Building, Tunnel</td> </tr> <tr> <td>18 - Animal - Deer</td> <td></td> <td>32 - Portable Barrier</td> <td></td> <td>37 - Traffic Sign Post</td> <td>45 - Embankment</td> <td>52 - Other Fixed Object</td> </tr> <tr> <td>19 - Animal - Other</td> <td></td> <td></td> <td></td> <td>38 - Overhead Sign Post</td> <td>46 - Fence</td> <td></td> </tr> <tr> <td>20 - Motor Vehicle in Transport</td> <td></td> <td></td> <td></td> <td>39 - Light/Luminaries Support</td> <td>47 Mailbox</td> <td></td> </tr> </table> | | | | Collision with Person, Vehicle or Object Not Fixed | 14 - Pedestrian | 21 - Parked Motor Vehicle | 25 - Impact Attenuator/Crash Cushion | 33 - Median Cable Barrier | 41 - Other Post, Pole or Support | 48 - Tree | 15 - Pedalcycle | 22 - Work Zone Maintenance Equipment | 26 - Bridge Overhead Structure | 27 - Bridge Pier or Abutment | 34 - Median Guardrail Barrier | 42 - Culvert | 49 - Fire Hydrant | 16 - Railway Vehicle (Train,Engine) | 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle | 28 - Bridge Parapet | 29 - Bridge Rail | 35 - Median Concrete Barrier | 43 - Curb | 50 - Work Zone Maintenance Equipment | 17 - Animal - Farm | 24 - Other Movable Object | 30 - Guardrail Face | 31 - Guardrail End | 36 - Median Other Barrier | 44 - Ditch | 51 - Wall, Building, Tunnel | 18 - Animal - Deer | | 32 - Portable Barrier | | 37 - Traffic Sign Post | 45 - Embankment | 52 - Other Fixed Object | 19 - Animal - Other | | | | 38 - Overhead Sign Post | 46 - Fence | | 20 - Motor Vehicle in Transport | | | | 39 - Light/Luminaries Support | 47 Mailbox | |
| Collision with Person, Vehicle or Object Not Fixed | 14 - Pedestrian | 21 - Parked Motor Vehicle | 25 - Impact Attenuator/Crash Cushion | 33 - Median Cable Barrier | 41 - Other Post, Pole or Support | 48 - Tree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 - Pedalcycle | 22 - Work Zone Maintenance Equipment | 26 - Bridge Overhead Structure | 27 - Bridge Pier or Abutment | 34 - Median Guardrail Barrier | 42 - Culvert | 49 - Fire Hydrant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 - Railway Vehicle (Train,Engine) | 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle | 28 - Bridge Parapet | 29 - Bridge Rail | 35 - Median Concrete Barrier | 43 - Curb | 50 - Work Zone Maintenance Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 - Animal - Farm | 24 - Other Movable Object | 30 - Guardrail Face | 31 - Guardrail End | 36 - Median Other Barrier | 44 - Ditch | 51 - Wall, Building, Tunnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 - Animal - Deer | | 32 - Portable Barrier | | 37 - Traffic Sign Post | 45 - Embankment | 52 - Other Fixed Object | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 - Animal - Other | | | | 38 - Overhead Sign Post | 46 - Fence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 - Motor Vehicle in Transport | | | | 39 - Light/Luminaries Support | 47 Mailbox | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Speed 0 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone | 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings | 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West | 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|---|---|
| Unit Number 01 | Owner Name: Last, First, Middle WAHL JEREMY <input checked="" type="checkbox"/> Same As Driver | Owner Phone Number - inc. area code 260-433-4908 <input checked="" type="checkbox"/> Same As Driver | Damage Scale 2 | Damaged Area  | |
| Owner Address, City, State, Zip 4708 WILLOW BROOK FORT WAYNE IN 46835 <input checked="" type="checkbox"/> Same As Driver | | | 1 - None | | |
| LP State IN | License Plate Number 962MGE | Vehicle Identification Number 1C4HJWDG8CL105298 | 2 - Minor | | |
| Vehicle Year 2012 | Vehicle Make Jeep | Vehicle Model WRG Wrangler | 3 - Functional | | |
| Vehicle Color BLK Black | Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company METROPOLITAN | 4 - Disabling | | |
| Policy Number 288491895-0 | Towed By | | 9 - Unknown | | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone - include area code | | |
| US DOT | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | Trafficway Description 3 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway | | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | <input type="checkbox"/> Hit / Skip Unit | | |
| HM Class Number | Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 06 99 - Unknown or Hit/Skip 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | |
| Special Function 01 | 01 - None 02 - Taxi 03 - Rental Truck (Over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other | 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. | 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Med/Heavy Trucks or Combo Units>10k lbs 13 - Single Unit Truck or Van 2axle,6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| Pre-Crash Actions 11 | | Most Damaged Area 07 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | | Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| Contributing Circumstances Primary 01 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | | Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing | Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | |
| Sequence of Events 1 20 2 20 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown | | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision | | | |
| Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport | | Collision With Fixed Object 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 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 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object | | | |
| Unit Speed 0 | Posted Speed 25 | Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone | Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West | 9 - Unknown 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest | |
| <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | | 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Page of | | |



Motorist / Non-Motorist / Occupant

Local Report Number *

2 | 0 | 1 | 6 | 2 | 7 | 4 | 7 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

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|----------------------|--|--|-----------|------------------------------------|
| Unit Number 0 1 | Name: Last, First, Middle WAHL JEREMY | Date of Birth 0 5 0 7 1 9 7 5 | Age 41 | Gender M F - Female M - Male |
|----------------------|--|--|-----------|------------------------------------|

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|--|---|
| Address, City, State, Zip 4708 WILLOW BROOK FORT WAYNE IN 46835 | Contact Phone - include area code 260-433-4908 |
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|-------------------|---------------------------------------|------------|-----------------------------------|--------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 | DOT Compliant Motorcycle Helmet | Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | | |
| OL State I N | Operator License Number 1700066920 | OL Class | No Valid OL | M/C End | Condition 1 | Alcohol/Drug Suspected 1 | Alcohol Test Status 1 | Alcohol Test Type 1 | Alcohol Test Value | Drug Test Status 1 | Drug Test Type 1 |

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|--------------------------------|---------------------|-----------------|------------------------|---------------------------|
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By 1 |
|--------------------------------|---------------------|-----------------|------------------------|---------------------------|

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|----------------------|--|--|-----------|------------------------------------|
| Unit Number 0 3 | Name: Last, First, Middle WARE CONNIE M | Date of Birth 0 3 1 4 1 9 4 3 | Age 73 | Gender F F - Female M - Male |
|----------------------|--|--|-----------|------------------------------------|

| | |
|---|---|
| Address, City, State, Zip 12708 THORNHURST AVE GARFIELD HTS OH 44105 | Contact Phone - include area code 216-402-6458 |
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|-------------------|-------------------------------------|---------------|-----------------------------------|--------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 | DOT Compliant Motorcycle Helmet | Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | | |
| OL State O H | Operator License Number RH044671 | OL Class 4 | No Valid OL | M/C End | Condition 1 | Alcohol/Drug Suspected 1 | Alcohol Test Status 1 | Alcohol Test Type 1 | Alcohol Test Value | Drug Test Status 1 | Drug Test Type 1 |

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| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By 6 |
|--------------------------------|---------------------|-----------------|------------------------|---------------------------|

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| Injuries 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment | Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other |
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| Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown | Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |
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| Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u> | Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other | Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |
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| Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other | Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction |
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|----------------------|--|--|-----------|------------------------------------|
| Unit Number 0 1 | Name: Last, First, Middle WAHL DAWN | Date of Birth 1 0 0 9 1 9 7 6 | Age 39 | Gender F F - Female M - Male |
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|---|---|
| Address, City, State, Zip 4708 WILLOWBROOK FORT WAYNE IN 46835 | Contact Phone - include area code 260-438-8362 |
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| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 | DOT Compliant Motorcycle Helmet | Seating Position 0 3 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender F - Female M - Male |
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| Address, City, State, Zip | Contact Phone - include area code |
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| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|



Motorist / Non-Motorist / Occupant

Local Report Number *

| 2 | 0 | 1 | 6 | 2 | 7 | 4 | 7 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

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|------------------------|--|--|-----------|---|
| Unit Number 0 2 | Name: Last, First, Middle JONKE WILLIAM H | Date of Birth 0 2 2 3 1 9 4 8 | Age 68 | Gender M F - Female M - Male |
|------------------------|--|--|-----------|---|

| | |
|--|---|
| Address, City, State, Zip 17800 DALEWOOD AVE MAPLE HTS OH 44137 | Contact Phone - include area code 216-624-8549 |
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|---------------------|--|-----------------|---|-------------------------------------|---|-------------------------------|----------------------------|--------------------------|--------------------|-------------------------|-----------------------|
| Injuries 1 | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 | | |
| OL State O H | Operator License Number RP941511 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End <input type="checkbox"/> | Condition 1 | Alcohol/Drug Suspected 1 | Alcohol Test Status 1 | Alcohol Test Type 1 | Alcohol Test Value | Drug Test Status 1 | Drug Test Type 1 |

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|--------------------------------|---------------------|-----------------|--|-----------------------------|
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |
|--------------------------------|---------------------|-----------------|--|-----------------------------|

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| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender <input type="checkbox"/> F - Female M - Male |
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|---------------------------|-----------------------------------|
| Address, City, State, Zip | Contact Phone - include area code |
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| Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used <input type="checkbox"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="checkbox"/> | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | | |
| OL State | Operator License Number | OL Class <input type="checkbox"/> | No Valid OL <input type="checkbox"/> | M/C End <input type="checkbox"/> | Condition <input type="checkbox"/> | Alcohol/Drug Suspected <input type="checkbox"/> | Alcohol Test Status <input type="checkbox"/> | Alcohol Test Type <input type="checkbox"/> | Alcohol Test Value | Drug Test Status <input type="checkbox"/> | Drug Test Type <input type="checkbox"/> |

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|--------------------------------|---------------------|-----------------|--|--|
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By <input type="checkbox"/> |
|--------------------------------|---------------------|-----------------|--|--|

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| Injuries 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment | Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other |
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| Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown | Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |
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| Ejection 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u> | Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other | Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |
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| Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other | Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other | Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction |
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|-----------------|---------------------------|-------------------|-----|--|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender <input type="checkbox"/> F - Female M - Male |
|-----------------|---------------------------|-------------------|-----|--|

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|---------------------------|-----------------------------------|
| Address, City, State, Zip | Contact Phone - include area code |
|---------------------------|-----------------------------------|

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|--------------------------------------|--|------------|-----------------------------------|---|---|--|---|--------------------------------------|-------------------------------------|
| Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used <input type="checkbox"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="checkbox"/> | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> |
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|-----------------|---------------------------|-------------------|-----|--|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender <input type="checkbox"/> F - Female M - Male |
|-----------------|---------------------------|-------------------|-----|--|

| | |
|---------------------------|-----------------------------------|
| Address, City, State, Zip | Contact Phone - include area code |
|---------------------------|-----------------------------------|

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| Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used <input type="checkbox"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="checkbox"/> | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|---|---|--|---|--------------------------------------|-------------------------------------|