



# Traffic Crash Report

|                       |                                        |                            |
|-----------------------|----------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 20164258              | 3 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
**MCCRACKEN FOOD MART**

|                                                                                                                                                                                  |                                                                   |                                           |                                  |                                             |                       |                                                 |
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| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC *<br>01820 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>02 | Unit in error<br>02 98 - Animal<br>99 - Unknown |
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|                |                                                                                                                         |                           |                          |                       |                     |
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| County *<br>18 | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township * | Crash Date *<br>12092016 | Time of Crash<br>2215 | Day of Week<br>FRID |
|----------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|-----------------------|---------------------|

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.422461                | -81.598253 |

|                                                                                                       |                                                                                                                        |                                |                            |                                                                                                                                                                                                                                                                             |
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| Roadway Division<br><input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | Divided Lane Direction of Travel<br><input type="checkbox"/> N - Northbound<br><input type="checkbox"/> S - Southbound | E - Eastbound<br>W - Westbound | Number of Thru Lanes<br>02 | Road Types or Milepost <sup>2</sup><br>AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |
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| Location Route Type <sup>1</sup><br>00 | Location Route Number | Loc. Prefix<br>N.S.<br>E.W | Location Road name<br>HENRY | Location Road Type <sup>2</sup><br>ST | Route Types <sup>1</sup><br>IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route | CR - Numbered County Route<br>TR - Numbered Township Route |
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|                                                                                                                              |                             |                                         |                        |                           |                                                       |                                        |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|------------------------|---------------------------|-------------------------------------------------------|----------------------------------------|
| Distance From Reference<br><input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards | Dir From Ref<br>N.S.<br>E.W | Reference Route Type <sup>1</sup><br>00 | Reference Route Number | Ref Prefix<br>N.S.<br>E.W | Reference Name (Road, Milepost, House #)<br>McCracken | Reference Road Type <sup>2</sup><br>RD |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|------------------------|---------------------------|-------------------------------------------------------|----------------------------------------|

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| Reference Point Used<br>1 - Intersection<br>2 - Mile Post<br>3 - House Number | Crash Location<br>03 | 01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access | 11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | <input checked="" type="checkbox"/> Intersection Related | Location of First Harmful Event<br>1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |
|-------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

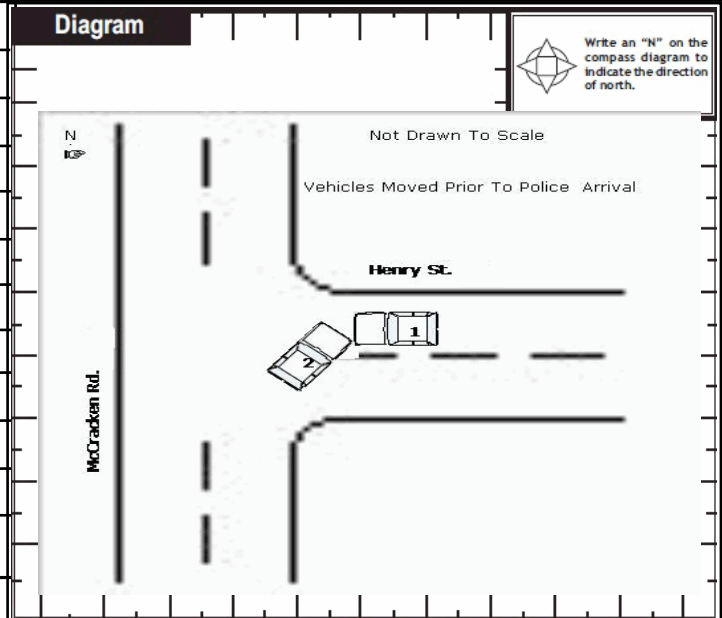
|                                                                                                               |                                         |                                               |                                                                                                  |                                                                        |                            |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------|
| Road Contour<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary<br>Secondary | 01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice | 05 - Sand, Mud, Dirt, Oil, gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris* | 09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | * Secondary Condition Only |
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|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                               |
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| Manner of Crash Collision/Impact<br>6 - 1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | Weather<br>6 - 1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |
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|                                                                                                                                          |                                              |                                                                    |                                                                                                  |             |                                                                                                                                                                                                                           |
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| Road Surface<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | Light conditions<br>4 - Primary<br>Secondary | 1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway | 5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other | 9 - Unknown | <input type="checkbox"/> School Bus Related<br><input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

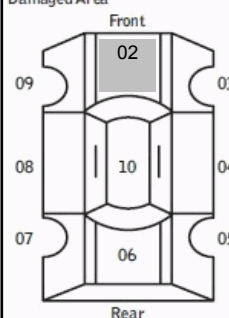
|                                                                                                                                                                                                                                 |                                                                                                                                                     |                                                                                                                                                                               |
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| <input type="checkbox"/> Work Zone Related<br><input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone<br>1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | Location of Crash in Work Zone<br>1 - Before the first Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |
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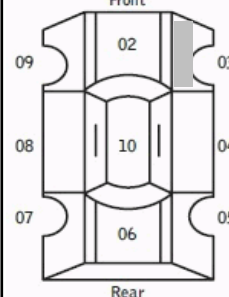
Narrative  
UNIT #1 WAS STOPPED AT THE TRAFFIC LIGHT ON HENRY ST. FACING SOUTH BOUND. UNIT #2 WAS TRAVELING WEST BOUND ON MCCRACKEN RD. APPROCHING HENRY ST. WHILE UNIT #2 ATTEMPTED TO MAKE A RIGHT HAND TURN ONTO HENRY ST. IT SLIDE ON THE SNOW COVERED ROADWAY, CAUSING UNIT #2'S FRONT PASSENGER SIDE BUMPER TO MAKE CONTACT WITH UNIT #1'S FRONT BUMPER AND GRILL CAUSING MINOR DAMAGE TO BOTH VEHICLES.



|                                                                                                           |                                                                                                 |                                 |                             |                       |                      |                      |                                |                      |
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| Report Taken By<br><input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPs) | Date Crash Reported<br>12092016 | Time Crash Reported<br>2215 | Dispatch Time<br>2219 | Arrival Time<br>2223 | Time Cleared<br>2323 | Other Investigation Time<br>60 | Total Minutes<br>120 |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|----------------------|

|                            |                               |                           |         |
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| Officer's Name *<br>C. Lee | Officer's Badge Number<br>007 | Checked By<br>L10 M. Kaye | Page of |
|----------------------------|-------------------------------|---------------------------|---------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
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| Unit Number<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Name: Last, First, Middle<br><b>MUNN STEPHANIE R</b><br><input checked="" type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                    | Owner Phone Number - inc. area code<br><b>216-337-6491</b><br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                                                  | Damage Scale<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                      | Damaged Area<br>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| Owner Address, City, State, Zip<br><b>15609 NORTHWOOD AVE MAPLE HTS OH 44137</b><br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 - None                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| LP State<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | License Plate Number<br><b>FGS1728</b>                                                                                                                                                                                                                                                                                                                                                                                              | Vehicle Identification Number<br><b>J T H B K 1 E G 5 A 2 3 6 7 3 6 5</b>                                                                                                                                                                                                                                                                                                                                                                              | # Occupants<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| Vehicle Year<br><b>2010</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Make<br><b>LEXS Lexus</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Vehicle Model<br><b>ES300</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | Vehicle Color<br><b>BLK Black</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| <input checked="" type="checkbox"/> Proof of Insurance Shown                                                                                                                                                                                                                                                                                                                                                                                   | Insurance Company<br><b>NATION WIDE</b>                                                                                                                                                                                                                                                                                                                                                                                             | Policy Number<br><b>9234K760966</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | Towed By                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| Carrier Name, Address, City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Carrier Phone - include area code                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                         | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs.                                                                                                                                                                                                                                 | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel                                                                                                                                              | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway<br><input type="checkbox"/> Hit / Skip Unit                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| HM Placard ID No.                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Hazardous Material Released                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| HM Class Number                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response                                                                                                                                                                                                                                                                                                       | Unit Type<br><b>03</b><br>99 - Unknown or Hit/Skip<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle                                                                                                                                                | Passenger Vehicle (less than 9 passengers)<br>Med/Heavy Trucks or Combo Units>10k lbs<br>Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist<br><input type="checkbox"/> Has HM Placard |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other                                                                                                                                                                                                                     | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.                                                                                                                                                                                                                                                                 | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)                                                                                                                                                                                                                                                                                                                        | Most Damaged Area<br><b>02</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear                                                                                                                                                                                                                                                              | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other                                                                                                                                                                                                                                                                                                                                                         | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
| Pre-Crash Actions<br><b>11</b><br>99 - Unknown                                                                                                                                                                                                                                                                                                                                                                                                 | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn                                                                                                                                                                                                                                                                                | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless                                                                                                                                                                                                                                                                                                  | 13 - Negotiating a Curve<br>14 - Other Motorist Action                                                                                                                                                                                                                                                                                                                                                                        | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing                                                                                                                                                                                                                                                                                     | 21 - Other Non-Motorist Action                                                                                                 |
| Contributing Circumstances<br>Primary<br><b>01</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road                                                                                                                           | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action                | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action                                                                                                                    | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| Sequence of Events<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown                                                                                                                                                                                                                                                                         | <b>Non-Collision Events</b><br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| <b>Collision With Person, Vehicle or Object Not Fixed</b><br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Collision With Fixed Object</b><br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier |                                                                                                                                                                                                                                                                                                                                                                                                                               | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |                                                                                                                                |
| Unit Speed<br><b>0</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated                                                                                                                                                                                                                                                                                                                                     | Posted Speed<br><b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                           | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings                                                                                                                      | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported                                                                                                                                                                                                                                                                                                                                               | Unit Direction<br>From <b>1</b> To <b>2</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |  |
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| Unit Number<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>BODDY SHANDON LANAE</b>                                                                                | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-905-4090</b>                                                                                                                                                                                                                                                                                                                               | Damage Scale<br><b>2</b>                                                                                                                                                                                                                                                                                            | Damaged Area<br>                                                              |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>14901 REDDINGTON AVE MAPLE HTS OH 44137</b>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - None                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |  |
| LP State<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | License Plate Number<br><b>GIA7367</b>                                                                                                                                                              | Vehicle Identification Number<br><b>5XYKT3A66CG228202</b>                                                                                                                                                                                                                                                                                                                                                                                       | 2 - Minor                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |  |
| Vehicle Year<br><b>2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Make<br><b>KIA Kia Motors Corpora</b>                                                                                                                                                       | Vehicle Model<br><b>SORENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 - Functional                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |  |
| Vehicle Color<br><b>GRY Gray</b>                                                                                                                                                                                                                                                                                                                                                                                                               | Insurance Company<br><input type="checkbox"/> Proof of Insurance Shown                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 - Disabling                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |  |
| Carrier Name, Address, City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 - Unknown                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |  |
| Carrier Phone - include area code                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |  |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                         | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel                                                                                                                                       | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway                                               |                                                                                                                                                                  |  |
| HM Placard ID No.                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Hazardous Material Released                                                                                                                                                | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Hit / Skip Unit                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |  |
| HM Class Number                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |  |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response                                                                       | Unit Type<br><b>06</b><br>99 - Unknown or Hit/Skip<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle                                                                                                                                         | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle              |                                                                                                                                                                  |  |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other                                                                                                                                                                                                                     | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.                                 | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)                                                                                                                                                                                                                                                                                                                 | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br><br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist                       |                                                                                                                                                                  |  |
| Pre-Crash Actions<br><b>05</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless                                                                                                                                                                                                                                                                                           | 13 - Negotiating a Curve<br>14 - Other Motorist Action                                                                                                                                                                                                                                                              | Most Damaged Area<br><b>04</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear |  |
| Contributing Circumstances<br><b>17</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road                                                                                                                                      |                                                                                                                                                                                                     | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action                                        | 22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown                                   |  |
| Vehicle Defects<br><b>00</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects                                                                                                                                                  |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |  |
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |  |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport                                                                                                                                                                                                          |                                                                                                                                                                                                     | Collision With Fixed Object<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |  |
| Unit Speed<br><b>8</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated                                                                                                                                                                                                                                                                                                                                     | Posted Speed<br><b>25</b>                                                                                                                                                                           | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone                                                                                                                                                                                                                                                                                       | Unit Direction<br>From <b>3</b> To <b>1</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West                                                                                                                                                                                                                       |                                                                                                                                                                  |  |
| 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown                                                                                  |  |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 6 | 4 | 2 | 5 | 8 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                      |                                               |                                                |           |                                  |
|----------------------|-----------------------------------------------|------------------------------------------------|-----------|----------------------------------|
| Unit Number<br>0   1 | Name: Last, First, Middle<br>MUNN STEPHANIE R | Date of Birth<br>0   2   0   5   1   9   6   5 | Age<br>51 | Gender<br>F - Female<br>M - Male |
|----------------------|-----------------------------------------------|------------------------------------------------|-----------|----------------------------------|

|                                                                     |                                                   |
|---------------------------------------------------------------------|---------------------------------------------------|
| Address, City, State, Zip<br>15609 NORTHWOOD AVE MAPLE HTS OH 44137 | Contact Phone - include area code<br>216-337-6491 |
|---------------------------------------------------------------------|---------------------------------------------------|

|                |                                     |               |                                   |                                |                                 |                             |                          |                        |                    |                       |                     |
|----------------|-------------------------------------|---------------|-----------------------------------|--------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By                    | EMS Agency    | Medical Facility Injured Taken To | Safety Equipment Used<br>0   4 | DOT Compliant Motorcycle Helmet | Seating Position<br>0   1   | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH | Operator License Number<br>RL005787 | OL Class<br>4 | No Valid OL                       | M/C End                        | Condition<br>1                  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |

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

|                      |                                               |                                                |           |                                  |
|----------------------|-----------------------------------------------|------------------------------------------------|-----------|----------------------------------|
| Unit Number<br>0   2 | Name: Last, First, Middle<br>BODDY SHANDON LA | Date of Birth<br>0   3   3   0   1   9   9   8 | Age<br>18 | Gender<br>F - Female<br>M - Male |
|----------------------|-----------------------------------------------|------------------------------------------------|-----------|----------------------------------|

|                                                                      |                                                   |
|----------------------------------------------------------------------|---------------------------------------------------|
| Address, City, State, Zip<br>14901 REDDINGTON AVE MAPLE HTS OH 44137 | Contact Phone - include area code<br>216-905-4090 |
|----------------------------------------------------------------------|---------------------------------------------------|

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|----------------|-------------------------------------|---------------|-----------------------------------|--------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By                    | EMS Agency    | Medical Facility Injured Taken To | Safety Equipment Used<br>0   4 | DOT Compliant Motorcycle Helmet | Seating Position<br>0   1   | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH | Operator License Number<br>UM824644 | OL Class<br>4 | No Valid OL                       | M/C End                        | Condition<br>1                  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |

|                                          |                                           |                              |                        |                           |
|------------------------------------------|-------------------------------------------|------------------------------|------------------------|---------------------------|
| Offense Charged ( Local Code )<br>333.14 | Offense Description<br>FAILURE TO CONTROL | Citation Number<br>G20164183 | Hands-Free Device Used | Driver Distracted By<br>1 |
|------------------------------------------|-------------------------------------------|------------------------------|------------------------|---------------------------|

|                                                                                                                             |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Injuries</b><br>1 - No Injury/None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | <b>Injured Taken By</b><br>1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>Safety Equipment Used</b><br><b>Motorist</b><br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder Belt and Lap Belt Used<br><b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used | 99 - Unknown Safety Equipment | <b>Non-Motorist</b><br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped <u>Only</u> | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alcohol Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Alcohol Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | <b>Drug Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Drug Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | <b>Driver Distracted By</b><br>1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender<br>F - Female<br>M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

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

|          |                  |            |                                   |                       |                                 |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

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|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender<br>F - Female<br>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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|