| PROST BROWN PROSECT | Traffic Crash Report | | Local Repo | ort Number * | | Crash Sever | ity Hit/Skip |
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| Control Cont | EDUCATION - SERVICE - PROTECTION | | 20 | 1 6 4 3 6 | 6 4 | 3 2 - Injur | y 2 - Unsolved |
| Octob Octo | State Property | | eporting Agency Na | me * | | II | Unit in error |
| Description | OH-2 OH-1P Reportable OH-1P Reportable OH-1P Reportable OH-1P OH-1 | 8 2 0 G | ARFIELD H | EIGHTS | | 0 3 | |
| Compact Comp | County * | I | | Cı | rash Date * | Time of Cras | h Day of Week |
| September Circle Control Florage Land Control Flora | 11181 | | | L | 1 2 1 9 2 0 1 | 6 1 6 3 | |
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| Contained Cont | | ° | <u> </u> | / | | | |
| South Sout | □ Divided | | AL - Alley AV - Avenue | CR - Circle CT- Court | HW - Highway PK - Parkwa | y RD - Road T | E - Terrace |
| Tourise Territorial Tourise States Control Tourise States Tourise Stat | Location Route Number N,S, | ocation Road name | | ا <i>ب</i> ہالیا ا | Road US - US Route | | - Numbered Township |
| South Sout | | vonco Reference Rout | te Number Ref | | | e #) | |
| 1 Internacedion 1 Internacedion 2 Internacedion 3 In | 300 Miles N.S. F Rout | te | | I NS | | , | M D Road 2 |
| Total Control 1 - Straight Level 4 - Curve Grads Read Conditions Private 1 - Straight Level 4 - Curve Grads 9 - Unknown 1 - Straight Level 2 - Straight Condition 9 - Unknown 1 - Straight Level 1 - Curve Grads 9 - Unknown 1 - Straight Condition 1 - Straight Conditi | 2 - Mile Post 3 - House Number 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection | 07 - On Ramp 08 - Off Ramp 09 - Crossover | 12 - S T | hared-Use Paths or rails | ng Intersection Pelated | 1 - On Roadway 2 - On Shoulder 3 - In Median | 6 - Outside Trafficway |
| Stroke Company Compa | | out 10 - Driveway/Alley | • | 05 O Marid | Diet Oil assessed | | |
| To Motor Philades 2 Rear Crit 5 Backing 2 Analy 5 Sides Motor Philades 7 Sides Motor Ph | 1 - Straight Level 4 - Curve Grade Primary 2 - Straight Grade 9 - Unknown | Secondary | 02 - Wet 03 - Snow | 06 - Water (Star 07 - Slush | nding, Moving) Pave 10 - Othe | ement* | * Secondary Condition Only |
| 2 Two Motor Vehicles 3 - Head Or 6 - Angle Direction 2 - Cloudy 5 - State, Half 3 - Blowing Sand, Soli, Dirt, Snow 9 - Other/Unknown 1 - Convertie 2 - Dear Secondary 1 - Daylight 1 - Daylig | 4 Not Collision Detuces | | | | | | |
| - Concrete - Slag, Cravel. - Control - Selected Bituminous - School - Control - Contr | 2 Two Motor Vehicles 3 - Head-On 6 - Angle | Dire | ection | 1 2-0 | Cloudy 5 - Slee | t, Hail 8 - Blowing | Sand, Soil, Dirt, Snow |
| 2 - Describe Sturminous 3 - Single Sturminous 3 - Drate 2 - Drawin 3 - Drate | | | d: _b_ | 5 D-4 D- | and the New York of | | thool |
| Work Workers Present Workers Present Use of Work Zone Law Enforcement Present Law En | 2 - Blacktop, Bituminous, Stone Asphalt 5 - Dirt | 2 - Daw 3 - Dus | vn sk | 6 - Dark - Un 7 - Glare* | known Roadway Lighting | Re | Directly Involved Plated Yes, School Bus |
| Related | W B | 4 - Dair | k - Lighted Roadwa | | • | Condition Only | mairectly involved |
| Nation to UNITS #1, #2, AND #3 WERE ALL TRAVELLING W/B IN LANE #2 ON IR 480. UNIT #3 HIT #1 FROM BEHIND. UNIT #1 THEN HIT #2 FROM BEHIND. UNIT #3 THEN FLED THE SCENE. Not death of the first of the original | (Officer()(ehiele) | | | | | | |
| #2 ON IR 480. UNIT #3 HIT #1 FROM BEHIND. UNIT #1 THEN HIT #2 FROM BEHIND. UNIT #3 THEN FLED THE SCENE. Not described of each of e | Telated | Crossover 5 | | oving Work | 2 - Advance Warning Area | ne Warning Sign | |
| HIT #2 FROM BEHIND. UNIT #3 THEN FLED THE SCENE. 1 | Law Enforcement Present (Vehicle Only) Narrative | Crossover 5 oulder or Median | 5 - Other | | 2 - Advance Warning Area 3 - Transition Area | ne Warning Sign | |
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| 1 1 1 1 | ne As Driver) Owner Phone Number - inc. ar | rea code (☑ Same As | s Driver) | Damage Scale Damaged Area |
| 0 1 KAISER SHANNON MICHELL | E 216-956-9151 | | | 2 Front 02 |
| Owner Address, City, State, Zip (Same As Dr 9010 PINEGROVE AVE | PARMA | OH 44129 | 2030 | 1 - None 09 03 |
| LP State License Plate Number O H GRY8546 | Vehicle Identification Number 1 1 G 1 J C 5 2 4 7 X 7 | 7 2 1 5 2 9 5 | # Occupants 2 | 2 - Minor 08 10 10 04 |
| Vehicle Year Vehicle Make | Vehicle Model | Vehicle Color | | 3 - Functional |
| 1 9 9 9 CHEV Chevrolet | CAVALIE | BLK Black | k 4 | 4 - Disabling 07 05 |
| Proof of Insurance Company Insurance Shown STATE FARM | Policy Number 6232178B1335M | Towed By | 9 | 9 - Unknown Rear |
| Carrier Name, Address, City, State, Zip | 02021700100000 | | | Carrier Phone - include area code |
| US DOT Vehicle Weight GVWR/GCWR | Cargo Body Type | I To | afficway Description | |
| 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs. | 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus/16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging | 9 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer | 1 - Two-Way, Not 2 - Two-Way, Not 3 - Two-Way, Div | t Divided, Continuous Left Turn Lane rided, Unprotected (Painted or Grass>4 Ft.) Median rided, Positive Median Barrier |
| HAZardous Material Released Number | 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box | | Hit / Skip Unit | |
| Non-Motorist Location Prior to Impact Type of Use | 08 - Grain, Chips, Gravel Unit Type | 99 - Other/Unknown | 0 1 11 7 10 11 | D. N. #1 |
| 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | nt 06 - Sports Utility Vehicle 07 - Pickup 08 - Van | 13 - Single Unit Truck 14 - Single Unit Truck 15 - Single Unit Truck 16 - Truck/Tractor(Bo 17 - Tractor/Semi-Tra 18 - Tractor/Jouble 19 - Tractor/Triples 20 - Other Med/Heav | x or Van 2axle,6 tires x 3+ axles v/Trailer v/Itailer v/Itailer y Vehicle | s Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| Special Function 01 - None 09 - Ambula | | Most Damaged Area | | Action |
| 02 - Taxi | Sovernment | 0 2 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | 08 - Left Side 09 - Left Front 10 - Top and Wir 11 - Undercarria 12 - Load/Trailer 13 - Total (All Area 14 - Other | ge 4 - Struck r 5 - Striking/Struck |
| 03 - Changing Lanes 09 - Leaving 99 - Unknown 04 - Overtaking/Passing 10 - Parked | Traffic Lane 14 - Other Motorist Action Traffic Lane or Stopped in Traffic | | | |
| 0 | - Improper Backing - Improper Start From Parked Position - Stopped or Parked Illegally - Operating Vehicle in Negligent Manner - Swerving to Avoid (Due to External Conditions) - Wrong Side/Wrong Way - Failure to Control - Vision Obstruction - Operating Defective Equipment - Load Shifing/Falling/Spilling - Other Improper Action | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in 26 - Failure to Yield Right of 27 - Not Visible (Dark Cloth 28 - Inattentive 29 - Failure to Obey Traffic //Signals/Officer 30 - Wrong Side of the Roa 31 - Other Non-Motorist Ac | of Way hing) : Signs ad | Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects |
| Sequence of Events 1 2 0 2 3 4 5 99 - Un First Harmful Event 1 | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Sh Collision With Fixed Object 25 - Impact Attenuator/Crash Cur 26 - Bridge Overhead Structure 9 Cargo 27 - Bridge Pier or Abutment | | Oppos 12 - Downh 13 - Other l er 41 - Othe arrier or Si arrier 42 - Culv | Center Line ite Direction of Travel hill Runaway Non-Collision er Post, Pole 48 - Tree upport 49 - Fire Hydrant vert 50 - Work Zone Maintenance b Equipment |
| 19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport | 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier | 38 - Overhead Sign Post 39 - Light/Luminaries Sup 40 - Utility Pole | t 45 - Enba pport 46 - Feno 47 Mailbo | ankment 52 - Other Fixed Object ce |
| Unit Speed 3 5 | 08 - Railroad Flashers 09 - Railroad Gates nal 10 - Construction Barricade | 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 3 | 1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast 4 - West 8 - Southwest |
| HSY8304 OH1U (Rev 01/12) | | | | Page of |

| OF PURICE SPECTY ENGATION - RESIDENCE ENGATION - RESIDENCE THE PURICE SPECTY ENGATION - RESIDENCE OF PURICE SPECTY OF PURICE SPECTY | | | Lo | cal Report Number * | 4 3 6 4 | |
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| Unit Number Owner Name: Last, First, Middle | (🗹 Same As Driver) | Owner Phone Number - inc. are | ea code (☑ Same | e As Driver) | Damage Scale Damage | |
| 0 2 VERTOSICK JEFFRE | YR | 440-526-3246 | | | . 3 – | Front |
| 5400 E EDGERTON RD | Same As Driver) | BRECKSVILLE | OH 441 | 41 2868 # Occupants | 1 - None 09 | 02 03 |
| LP State License Plate Number GPP8799 | Vehicle Identification | P 0 H A 4 B R | 121616131211 | · · | 2 - Minor | 10 10 04 |
| Vehicle Year Vehicle Make | Vehicle Model | | Vehicle Color | 1 121-1 | . 3 - Functional | |
| 2 0 1 1 FORD Ford | FUS | Fusion | BLU B | lue | 4 - Disabling 07 | 05 |
| Proof of Insurance Company PROGRESSIVE | Policy Number 51773159 | | Towed By | | 9 - Unknown | Rear |
| Carrier Name, Address, City, State, Zip | ' | | | | Carrier Phone - include | area code |
| US DOT Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs. Hazardous Material | 0 1 02 - Bus 03 - Bus 04 - Ver 05 - Log | Cargo Body Type/Not Applicable s/Van(9-15 Seats, Inc.Driver) s(16+ Seats, Inc Driver) nicle Towing Another Vehicle aging | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter | 3 - Two-Way, D | lot Divided lot Divided, Continuous Left livided, Unprotected (Painted livided, Positive Median Barr | or Grass>4 Ft.) Median |
| HM Class Number | 07 - Car | rgo Van/Enclosed Box ain, Chips, Gravel | 15 - Garbage/Refuse 99 - Other/Unknown | ☐ Hit / Skip Unit | | |
| 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island | ype of Use Unit Type | O1 - Sub-Compact O1 - Sub-Compact O2 - Compact O3 - Mid Size O4 - Full Size O5 - Minivan O6 - Sports Utility Vehicle O7 - Pickup O8 - Van O9 - Motorcycle O1 - Motorized Bicycle O1 - Snowmobile/ATV O12 - Other Passenger Vehicle | 13 - Single Unit T 14 - Single Unit T 15 - Single Unit T 16 - Truck/Tractor 17 - Tractor/Semi 18 - Tractor/Doub 19 - Tractor/Triple 20 - Other Med/H | ruck/Trailer r(Bobtail) -Trailer es | s 21 - Bus/Van (9-15 22 - Bus(16+ Seats, Non-Motorist 23 - Animal with F | Inc Driver) Rider Buggy, Wagon, Surrey cyclist kater |
| Special Function | 10 - Fire 1 11 - Highway/Maintenance 1 12 - Military 2 13 - Police 2 | 7 - Farm Vehicle 8 - Farm Equipment 9 - Motorhome 10 - Golf Cart 11 - Train 12 - Other (Explain in Narrative) | Most Damaged Area 0 5 01 - None 02 - Center Fr 03 - Right Fro 04 - Right Sid 05 - Right Rea 06 - Rear Cer 07 - Left Rear | nt 10 - Top and V e 11 - Undercarr ar 12 - Load/Trail | Vindows iage er | Action 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
| 02 - Backing 03 - Changing Lanes 99 - Unknown 04 - Overtaking/Passing 05 - Making Right Turn | 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 11 - Slowing or Stopped in Traffic 12 - Driverless | 13 - Negotiating a Curve 14 - Other Motorist Action | 16 - Walking, R 17 - Working 18 - Pushing Ve | Crossing Specified Lou unning, Jogging, Playin chicle ng or Leaving Vehicle | | ther Non-Motorist Action |
| Contributing Circumstances Primary 0 1 None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change //Passing/Off Road | 11 - Improper Backing 12 - Improper Start From 13 - Stopped or Parked I 14 - Operating Vehicle ir 15 - Swerving to Avoid (I 16 - Wrong Side/Wrong 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective 20 - Load Shifing/Failing 21 - Other Improper Acti | Illegally 1 Negligent Manner Due to External Conditions) Way 2 Equipment 1/Spilling | Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illega 26 - Failure to Yield Rig. 27 - Not Visible (Dark 0 28 - Inattentive 29 - Failure to Obey Tr /Signals/Officer 30 - Wrong Side of the 31 - Other Non-Motoris | affic Signs | 08 - Trailer 09 - Motor | Lamps s s ng lowout or Slick tires - Equipment Defective Trouble ed From Prior Accident |
| Sequence of Events 1 2 0 2 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 99 - Unknown Color Vehicle Maintenance Equipment Alling, Shifting Cargo Set in Motion by a Je | on-Collision Events 01 - Overturn/Rollover 12 - Fire/Explosion 13 - Immersion 14 - Jackknife 15- Cargo/Equipment Loss or Shi Illision With Fixed Object 25 - Impact Attenuator/Crash Cus 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier | | re, etc) 11 - Cros Oppo 12 - Dow 13 - Othe arrier 41 - Ot il Barrier or a Barrier 42 - Cu arrier 43 - Cu arrier 44 - Di Post 45 - Er | ulvert 50 - V urb E tch 51 - V abankment 52 - C | Tree Fire Hydrant Vork Zone Maintenance Equipment Vall, Building, Tunnel Other Fixed Object |
| 3 5 6 0 1 2 02 | - No Controls | road Crossbucks road Flashers road Gates | 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 3 | 1 - North 5 - N 2 - South 6 - N 3 - East 7 - S | Northeast 9 - Unknown Northwest Southeast Southwest Page of |
| HSY8304 OH1U (Rev 01/12) | | | | • | | |

| OHIO GUPANNOT OF PUBLIC SAFETY ENGATION SERVICE - PROTECTION | | | | | Lo | coal Report Number * | 4 3 6 4 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unit Number Owner Name: Last, First, | Middle (□ Same | e As Driver) | Owner Phone Number - i | nc. area code | (□ Sam | e As Driver) | Damage Scale | Damaged Area Front |
| Owner Address, City, State, Zip | (Same As Driv | ver) | | | | | 1 - None | 09 02 03 |
| LP State License Plate Number | | Vehicle Identification | Number | | | # Occupants | 2 - Minor | |
| Vehicle Year Vehicle Make | <u> </u> | Vehicle Model | | | Vehicle Color | | 3 - Functional | 08 10 04 |
| Verificie Teal | | Vermelle medel | | | 70,110,10 00,10,1 | | 4 - Disabling | 07 06 05 |
| Proof of Insurance Company Shown | | Policy Number | | Towed By | | | 9 - Unknown | Rear |
| Carrier Name, Address, City, State, Zip | | | | | | | Carrier Phone - | include area code |
| US DOT Vehicle Weight GW 1 - Less Than 2 - 10,001 to 2 3 - More Than Hazardous M | or Equal to 10k Lbs. 6,000 Lbs 26,000 Lbs. | 02 - Bus 03 - Bus 04 - Veh 05 - Log | | r) 10 - 0 11 - F e 12 - I 13 - 0 | Cargo Tank Flat Bed Dump Concrete Mixer | 3 - Two-Way, D | ot Divided ot Divided, Continu- ivided, Unprotected ivided, Positive Med | (Painted or Grass>4 Ft.) Median |
| HM Class Released Number | | 07 - Car 08 - Gra | ermodal Container Chassis rgo Van/Enclosed Box ain, Chips, Gravel | 15 - 0 | Auto Transporter Garbage/Refuse Other/Unknown | Hit / Skip Unit | | |
| Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crossw 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 - Personal 2 - Commercial 3 - Government In Emergenc Response | 99 - Unknown or Hit/Skip | Passenger Vehicle (less than 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Ve | ė | 13 - Single Unit T 14 - Single Unit T 15 - Single Unit T 16 - Truck/Tsen 17 - Tractor/Sem 18 - Tractor/Dout 19 - Tractor/Triple 20 - Other Med/H | ruck/Trailer r(Bobtail) i-Trailer ole es | S 21 - Bus/ 22 - Bus(1 Non-Motor 23 - Anim 24 - Anim 25 - Bicyc 26 - Pede | imo (9 or More Including Driver) //an (9-15 Seats, Inc Driver) 6+ Seats, Inc Driver) ist al with Rider al with Buggy, Wagon, Surrey ele/Pedacyclist strian/Skater r Non-Motorist |
| Special Function | | /Maintenance 1 2 2 tillity 2 povernment | 17 - Farm Vehicle 18 - Farm Equipment 9 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Dama | 01 - None 02 - Center Fi 03 - Right Fro | e 10 - Top and V e 11 - Undercarr ar 12 - Load/Trail hter 13 - Total (All A | Vindows iage er | Action 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
| Pre-Crash Actions Motorist 1 1 1 01 - Straight Ahead 02 - Backing 03 - Changing Lane 04 - Overtaking/Pas 05 - Making Right T 06 - Making Left Tu | sing 10 - Parked urn 11 - Slowing o | Traffic Lane Traffic Lane or Stopped in Traffic | 13 - Negotiating a C 14 - Other Motorist A | | 16 - Walking, R 17 - Working 18 - Pushing Vo | r Crossing Specified Lo tunning, Jogging, Playin ehicle ng or Leaving Vehicle | | 21 - Other Non-Motorist Action |
| Contributing Circumstances Primary 0 9 9 1 - Unknown On the contributing Circumstances Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Clos 10 - Improper Lane Cf //Passing/Off Road | 12 - 13 - 14 - Limit 15 - 16 - 17 - 18 - 1ely/ACDA 19 - ange 20 - | Improper Backing Improper Start Fron Stopped or Parked Operating Vehicle in Swerving to Avoid (I Wrong Side/Wrong Failure to Control Vision Obstruction Operating Defective Load Shifing/Falling Other Improper Acti | Illegally n Negligent Manner Due to External Conditions; Way Equipment p/Spilling | 22 23 24 25 26 27 28 29 | n-Motorist - None - Improper Crossing - Darting - Lying and/or Illega - Failure to Yield Ri - Not Visible (Dark Inattentive - Failure to Obey Ti - Vignals/Officer - Wrong Side of the - Other Non-Motoris | ally in Roadway ght of Way Clothing) raffic Signs | 02 03 04 05 06 07 08 09 | - Turn Signals - Head Lamps - Tail Lamps - Brakes - Steering - Tire Blowout - Worn or Slick tires - Trailer Equipment Defective - Motor Trouble - Disabled From Prior Accident - Other Defects |
| 15 - Pedalcycle 22 - | Parked Motor Vehicle Work Zone Maintenance | nown (| on-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05- Cargo/Equipment Loss Illision With Fixed Object 25 - Impact Attenuator/Cras 26 - Bridge Overhead Struc | 07 - 08 - or Shift 09 - h Cushion 3 ture 3 | Equipment Failure (Blown Tire, Brake Failu Separation of Units Ran Off Road Right Ran Off Road Left 13 - Median Cable B 14 - Median Guardra | Opport 12 - Dow 13 - Other arrier 41 - Ot ill Barrier or | s Center Line osite Direction of Tra nhill Runaway or Non-Collision her Post, Pole Support | 48 - Tree 49 - Fire Hydrant |
| 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport | Struck by Falling, Shifting or Anything Set in Motion Motor Vehicle Other Movable Object | by a | 27 - Bridge Pier or Abutmer 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier | 3 3 3 3 | 45 - Median Concret 46 - Median Other B 47 - Traffic Sign Pos 48 - Overhead Sign I 49 - Light/Luminaries 40 - Utility Pole | arrier 43 - Cu t 44 - Di Post 45 - Er | irb tch ibankment ince | 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object |
| | 1 2 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Sign 05 - Traffic Flash | 08 - Rail 09 - Rail al 10 - Con hers 11 - Pers | road Crossbucks road Flashers road Gates istruction Barricade son (Flagger, Officer) | 13 - Crossw 14 - Walk/D 15 - Other 16 - Not Re | on't Walk | From 3 | 1 - North 2 - South 3 - East 4 - West | 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest |
| | 06 - School Zon | e 12 - Pav | ement Markings | | | | | i age oi |



Motorist / Non-Motorist / Occupant

| Loca | al Re | port l | Numb | er * | | | | | | | | |
|------|-------|--------|------|------|---|---|---|---|--|--|--|--|
| . | 2 | 0 | 1 | 6 | 4 | 3 | 6 | 4 | | | | |

| | Unit Number Name: Last, First, Middle | OLIANINON MI | Date of Birth |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31 | Address, City, State, Zip | SHANNON MI | Contact Phone - include area code |
| -INDIOIN- | 9010 PINEGROVE AVE Injuries Injured Taken By EMS Agency | PARMA Medical Facility Injured Taken To | OH 44129 2030 216-956-9151 Safety Equipment Used DOT Compliant Seating Position Air Bag Usage Ejection Trapped |
| IONI ISM IN O | | | 0 4 Motorcycle Helmet 0 4 1 1 1 |
| 2 | OL State Operator License Number OL Class LO H TQ331381 4 | SS No Valid OL M/C End Condition Alcohol/Drug Suspe | Alcohol Test Status Alcohol Test Type Alcohol Test Value Drug Test Status Drug Test Type |
| | Offense Charged (☐ Local Code) | Offense Description | Citation Number Hands-Free Device Used Driver Distracted By 1 |
| | Unit Number Name: Last, First, Middle VERTOSICK | JEFFREY R | Date of Birth |
| lotorist | Address, City, State, Zip 5400 E EDGERTON RD | BRECKSVILLE | OH 44141 2868 Contact Phone - include area code 440-526-3246 |
| torist/Non-N | Injuries Injured Taken By EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used DOT Compliant Motorcycle Helmet Helmet Seating Position Air Bag Usage Ejection Trapped |
| Š | OL State Operator License Number OL Class O H SX035624 4 | ss No Valid NC End 1 Alcohol/Drug Suspe | Alcohol Test Status |
| | Offense Charged (□ Local Code) | Offense Description | Citation Number Hands-Free Device Used Device Used |
| | Injuries Injured Taken By | Safety Equipment Used | 99 - Unknown Safety Equipment |
| | 1 - No Injury/None Reported 2 - Possible Treated at S 3 - Non-Incapacitating 2 - EMS 4 - Incapacitating 3 - Police 5 - Fatal 4 - Other 9 - Unknown | | Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 08 - Helmet Used 09 - None Used 110 - Helmet Used 111 - Protective Pads Used 112 - Reflective Clothing 113 - Lighting 114 - Other 114 - Other 115 - Protective Pads Used 115 - Protective Pads Used 116 - Other 117 - Protective Pads Used 118 - Other 119 - Other |
| | Seating Position 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side | 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailling Unit Such as a Bus, Pick-up with Cab) | Air Bag Usage 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown |
| | Ejection Trapped 1 - Not Ejected 1 - Not Trapped 2 - Totally Ejected 2 - Extricated by | Operator License Class Condition 1 - Class A 1 - Apparently 2 - Class B 2 - Physical Im | |
| | 3 - Partially Ejected Mechanical Means 4 - Not Applicable 3 - Extricated by Non-Mechanical Mea | 4 - Regular Class (Ohio is "D") 4 - Illness | (Depressed, Angry, Disturbed) Medications, Drugs, Alcohol 7 - Other 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected |
| | 3 - Partially Ejected Mechanical Means 4 - Not Applicable 3 - Extricated by | 4 - Regular Class (Ohio is "D") 4 - Illness | Drug Test Type 1 - None 2 - Blood 2 - Cyber Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 1 - None 2 - Blood 2 - Phone 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 6 - Other Inside the Vehicle 7 - External Distraction |
| | 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known | 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u> 4 - Illness | Drug Test Type |
| Scupant | 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Name: Last, First, Middle | 4 - Regular Class (Ohio is "D") 4 - Illness | Drug Test Type 1 - None 2 - Blood 3 - Ves - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 1 - None 2 - Blood 3 - Urine 4 - Other 4 - Other Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) Date of Birth Date of Birth O 2 2 6 1 9 9 8 4 Age Contact Phone - include area code |
| Occupant | 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Name: Last, First, Middle STUMP Address, City, State, Zip | 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other 4 - Regular Class (Ohio is "D") 5 - MC/Moped Only 4 - Illness 4 - Illness 4 - Illness 4 - Illness 4 - Test Given 5 - Test Given, Contaminated Sam 4 - Test Given, Results Known 5 - Test Given, Results Unknown | Drug Test Type 1 - None 2 - Blood 3 - Ves - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 1 - None 2 - Blood 3 - Urine 4 - Other 4 - Other Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) Date of Birth Date of Birth O 2 2 6 1 9 9 8 4 Age Contact Phone - include area code |
| Occupant | 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Value: Value: | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Samy 5 - Other 4 - Test Given, Results Known 5 - Test Given, Results Unknown VICTORIA LY GARFIELD HTS Medical Facility Injured Taken To | Depressed, Angry, Disturbed Medications, Drugs, Alcohol 7 - Other 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 6 - Other Inside the Vehicle 7 - External Distraction 3 - Texting/E-mailing 4 - Other |
| upant | 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Address, City, State, Zip Unit Number Unit Number Injuries Injured Taken By Address, City, State, Zip Unit Number Vame: Last, First, Middle STUMP Address, City, State, Zip Unit Number Vame: Last, First, Middle STUMP Address, City, State, Zip STUMP Address, City, State, Zip | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other VICTORIA 4 - Illness 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Samp 4 - Test Given, Results Known 5 - Test Given, Results Unknown VICTORIA LY GARFIELD HTS Medical Facility Injured Taken To | Medications, Drugs, Alcohol 7 - Other Medications, Drugs, Alcohol 7 - Other Medications, Drugs, Alcohol 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other 4 - Other Date of Birth Date of Birth DOT Compliant Motorcycle Helmet Date of Birth |
| Occupant | 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number O | Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Samy 5 - Other 4 - Test Given, Results Known 5 - Test Given, Results Unknown VICTORIA LY GARFIELD HTS Medical Facility Injured Taken To | Depressed, Angry, Disturbed Tother Angre |