



# Traffic Crash Report

|                       |                                        |                            |
|-----------------------|----------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 2 0 1 7 0 0 4 3       | 2 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

|                                                                                                                    |                                                                   |                         |                         |                 |                                    |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|-------------------------|-----------------|------------------------------------|
| Local Information<br>IR 480 E/B ENTRANCE/EXIT RAMP                                                                 |                                                                   | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error                      |
| <input type="checkbox"/> Photos Taken<br><input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3 | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | 0 1 8 2 0               | GARFIELD HEIGHTS        | 0 3             | 0 3<br>98 - Animal<br>99 - Unknown |

|          |                                                                                                                         |                           |                 |               |             |
|----------|-------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|---------------|-------------|
| County * | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township * | Crash Date *    | Time of Crash | Day of Week |
| 1 8      | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | GARFIELD HEIGHTS          | 0 1 0 5 2 0 1 7 | 0 7 3 7       | T H U       |

|                                      |           |                          |                     |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude           |
|                                      |           | 4 1 . 4 1 0 1 3 8        | - 8 1 . 6 1 5 7 0 6 |

|                                                                                   |                                  |                      |                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------|----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Roadway Division                                                                  | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Divided<br><input type="checkbox"/> Undivided | N - Northbound<br>S - Southbound | 0 5                  | 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 |

|                       |                       |             |                    |                      |                                                                                                                                          |
|-----------------------|-----------------------|-------------|--------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Location Route Type 1 | Location Route Number | Loc. Prefix | Location Road name | Location Road Type 2 | Route Types <sup>1</sup>                                                                                                                 |
| IR                    | 4 8 0                 |             | TRANSPORTATION     |                      | IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route<br>CR - Numbered County Route<br>TR - Numbered Township Route |

|                         |              |                        |                        |            |                                          |                       |
|-------------------------|--------------|------------------------|------------------------|------------|------------------------------------------|-----------------------|
| Distance From Reference | Dir From Ref | Reference Route Type 1 | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type 2 |
|                         | N, S, E, W   |                        |                        | N, S, E, W | TRANSPORTATION                           | BL                    |

|                                                       |                                                                                                                                               |                          |                                                                                                                               |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Reference Point Used                                  | Crash Location                                                                                                                                | Intersection Related     | Location of First Harmful Event                                                                                               |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 0 2<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input type="checkbox"/> | 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 |

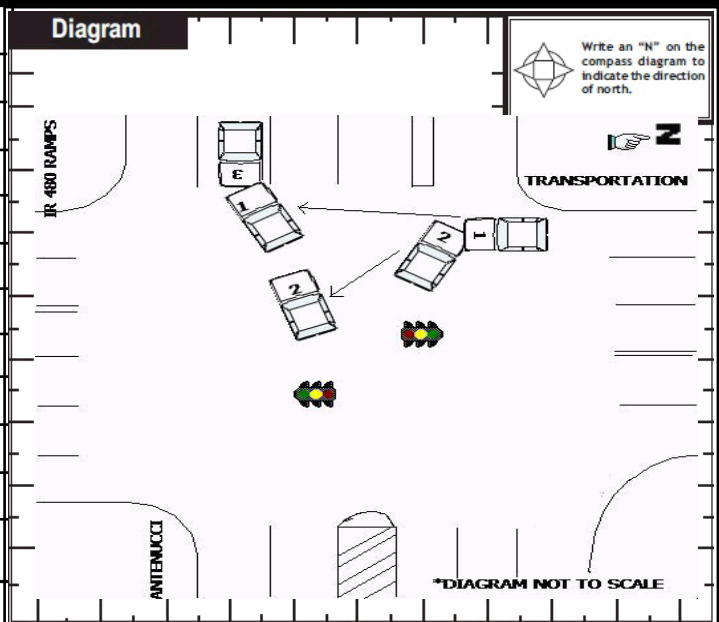
|                                                             |                 |                                               |                                                                                                  |                                                                        |
|-------------------------------------------------------------|-----------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Road Contour                                                | Road Conditions | 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 |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level | 0 2             |                                               |                                                                                                  | * Secondary Condition Only                                             |

|                                                                                                                                                                                                                                   |                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Manner of Crash Collision/Impact                                                                                                                                                                                                  | Weather                                                                                                                                                                            |
| 3 - 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 | 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 |

|                                                                                                                              |                                                                                                |                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Road Surface                                                                                                                 | Light conditions                                                                               | School Bus Related                                                                                                                                                         |
| 2 - 1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 2 - Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |

|                          |                                                                                                                                       |                                                                                                                                |                                                                                                                                             |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Work Zone Related        | Workers Present                                                                                                                       | Type of Work Zone                                                                                                              | Location of Crash in Work Zone                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | 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 |

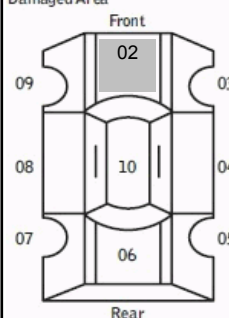
Narrative  
SEE OH-2 FOR CRASH NARRATIVE.

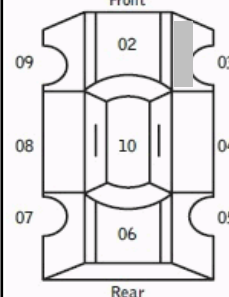


|                                                                                        |                                                                        |                     |                     |               |              |              |                          |               |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By                                                                        | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/>                                               | 0 1 0 5 2 0 1 7     | 0 9 1 9             | 0 7 3 7       | 0 7 4 0      | 1 0 0 0      | 0                        | 1 4 0         |

|                  |                        |             |         |
|------------------|------------------------|-------------|---------|
| Officer's Name * | Officer's Badge Number | Checked By  | Page of |
| T. Baon          | 040                    | L10 M. Kaye |         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Unit Number<br><b>03</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>CIMPERMAN DOUGLAS P</b>                                                                                                                                                                                                                                                                                                                                   | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )                                                                                                                                                                                                                                                     | Damage Scale<br><b>2</b>                                                                                                                                                                                                                                                                      | <b>Damaged Area</b><br>                                                                                                                                                                                                                      |                                                                                                                                |
| Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>13765 SHADY OAK BLVD GARFIELD HTS OH 44125 7736</b>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     | 1 - None                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |                                                                                                                                |
| LP State<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | License Plate Number<br><b>FGD9058</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | Vehicle Identification Number<br><b>1FAPH2K15D151999</b>                                                                                                                                                                                                                                                                            | # Occupants<br><b>01</b>                                                                                                                                                                                                                                                                      | 2 - Minor                                                                                                                                                                                                                                    |                                                                                                                                |
| Vehicle Year<br><b>2013</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Make<br><b>FORD Ford</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | Vehicle Model<br><b>TAU Taurus</b>                                                                                                                                                                                                                                                                                                  | Vehicle Color<br><b>GRY Gray</b>                                                                                                                                                                                                                                                              | 3 - Functional                                                                                                                                                                                                                               |                                                                                                                                |
| <input type="checkbox"/> Proof of Insurance Shown                                                                                                                                                                                                                                                                                                                                                                                              | Insurance Company<br><b>STATE FARM</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | Policy Number<br><b>776 2964-E05-35D</b>                                                                                                                                                                                                                                                                                            | Towed By                                                                                                                                                                                                                                                                                      | 4 - Disabling                                                                                                                                                                                                                                |                                                                                                                                |
| Carrier Name, Address, City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     | Carrier Phone - include area code                                                                                                                                                                                                                                                             | 9 - Unknown                                                                                                                                                                                                                                  |                                                                                                                                |
| 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>4</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>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)                                                                                                                                                            | 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 |                                                                                                                                |
| 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>09</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>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn                                                                                                                                                                                                                                                                     | Motorist<br>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>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                                                                                                                                                                                                                                                                         | <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                                                                                                                                                                                                                                                                                                 | 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                                                                                                                                                                                            | 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                                                                                                  | 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>35</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   | Unit Direction<br>From <b>4</b> To <b>3</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>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Name: Last, First, Middle<br><b>WENDELL REINA GUADALUPE</b><br><input checked="" type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Phone Number - inc. area code<br><br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                  | Damage Scale<br><b>4</b>                                                                                                                                                                                                                                                                                          | Damaged Area<br>                                                                                                                                          |                                                                                                                                |
| Owner Address, City, State, Zip<br><b>4748 E 85TH ST GARFIELD HTS OH 44125</b><br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                                                |
| LP State<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | License Plate Number<br><b>GVL8761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Vehicle Identification Number<br><b>J T D B R 3 2 E 5 4 2 0 4 4 1 9 1</b>                                                                                                                                                                                                                                                           | # Occupants<br><b>01</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                |
| Vehicle Year<br><b>2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Make<br><b>TOYT Toyota</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vehicle Model<br><b>COA Corolla</b>                                                                                                                                                                                                                                                                                                 | Vehicle Color<br><b>GRY Gray</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                |
| <input type="checkbox"/> Proof of Insurance Shown                                                                                                                                                                                                                                                                                                                                                                                              | Insurance Company<br><b>NATIONWIDE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Policy Number<br><b>9234P688032</b>                                                                                                                                                                                                                                                                                                 | Towed By<br><b>A &amp; H TOWING</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |
| 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>3</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>02</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)                                                                                                                                                                                | Non-Motorist<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus(16+ Seats, Inc Driver)<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 |                                                                                                                                |
| 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>3</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>01</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>07</b> 3 <b>20</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><br>99 - Unknown                                                                                                                                                                                                                                                                      | <p><b>Non-Collision Events</b></p> 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 <p><b>Collision With Person, Vehicle or Object Not Fixed</b></p> 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<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 <p><b>Collision With Fixed Object</b></p> 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<br>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>35</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated                                                                                                                                                                                                                                                                                                                                    | Posted Speed<br><b>35</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>2</b> To <b>1</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                                                             |                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Unit Number<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Owner Name: Last, First, Middle<br><b>GROVE KELVIN L</b><br><input checked="" type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                      | Owner Phone Number - inc. area code<br><br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                  | Damage Scale<br><b>4</b>                                                                                                                                                                                                                                                                                          | Damaged Area<br>                                                                                                                                          |                                                                                                                                |
| Owner Address, City, State, Zip<br><b>5234 E 98TH ST 103 GARFIELD HTS OH 44125 2405</b><br><input type="checkbox"/> Same As Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                                                                                |
| LP State<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | License Plate Number<br><b>D326491</b>                                                                                                                                                                                                                                                                                                                                                                                              | Vehicle Identification Number<br><b>1MEFM53UXYG628305</b>                                                                                                                                                                                                                                                                           | # Occupants<br><b>01</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                              |                                                                                                                                |
| Vehicle Year<br><b>2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Make<br><b>MERC Mercury</b>                                                                                                                                                                                                                                                                                                                                                                                                 | Vehicle Model<br><b>SAB Sable</b>                                                                                                                                                                                                                                                                                                   | Vehicle Color<br><b>BLU Blue</b>                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                |
| <input type="checkbox"/> Proof of Insurance Shown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insurance Company<br><b>ALFA INSURANCE</b>                                                                                                                                                                                                                                                                                                                                                                                          | Policy Number<br><b>11-34-008938046</b>                                                                                                                                                                                                                                                                                             | Towed By<br><b>A &amp; H TOWING</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |
| 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>3</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)                                                                                                                                                                                | Non-Motorist<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<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 |                                                                                                                                |
| 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>03</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>06</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>02</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>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <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<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><b>Collision With Fixed Object</b><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<br>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>5</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Posted Speed<br><b>35</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   | Unit Direction<br>From <b>2</b> To <b>6</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                                                                                                                                  | Page of                                                                                                                                                                                                                                      |                                                                                                                                |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 7 | 0 | 0 | 4 | 3 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                   |                                                  |                           |           |                                       |
|-------------------|--------------------------------------------------|---------------------------|-----------|---------------------------------------|
| Unit Number<br>03 | Name: Last, First, Middle<br>CIMPERMAN DOUGLAS P | Date of Birth<br>05311969 | Age<br>47 | Gender<br>M<br>F - Female<br>M - Male |
|-------------------|--------------------------------------------------|---------------------------|-----------|---------------------------------------|

|                                                                              |                                   |
|------------------------------------------------------------------------------|-----------------------------------|
| Address, City, State, Zip<br>13765 SHADY OAK BLVD GARFIELD HTS OH 44125 7736 | Contact Phone - include area code |
|------------------------------------------------------------------------------|-----------------------------------|

|                |                                     |               |                                   |                             |                                 |                             |                          |                        |                    |                       |                     |
|----------------|-------------------------------------|---------------|-----------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>1  | Injured Taken By                    | EMS Agency    | Medical Facility Injured Taken To | Safety Equipment Used<br>04 | DOT Compliant Motorcycle Helmet | Seating Position<br>01      | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH | Operator License Number<br>RM785475 | 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>01 | Name: Last, First, Middle<br>WENDELL REINA GI | Date of Birth<br>05141991 | Age<br>25 | Gender<br>F<br>F - Female<br>M - Male |
|-------------------|-----------------------------------------------|---------------------------|-----------|---------------------------------------|

|                                                                   |                                   |
|-------------------------------------------------------------------|-----------------------------------|
| Address, City, State, Zip<br>4748 E 85TH ST GARFIELD HTS OH 44125 | Contact Phone - include area code |
|-------------------------------------------------------------------|-----------------------------------|

|                |                                     |                            |                                                        |                             |                                 |                             |                          |                        |                    |                       |                     |
|----------------|-------------------------------------|----------------------------|--------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Injuries<br>3  | Injured Taken By<br>2               | EMS Agency<br>GHFD SQAUD 2 | Medical Facility Injured Taken To<br>MARYMOUNT HOSPITA | Safety Equipment Used<br>04 | DOT Compliant Motorcycle Helmet | Seating Position<br>01      | Air Bag Usage<br>2       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH | Operator License Number<br>TR501311 | 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 |
|------------------------------|---------------------|-----------------|------------------------|---------------------------|

|                                                                                                                             |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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<br><b>99 - Unknown Safety Equipment</b> | <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 Cab 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 Only | <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 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                      |                                                                                           |                                                                                                                                                                                   |                                                                          |                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---------------------------------|------------------|---------------|----------|---------|

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



# Motorist / Non-Motorist / Occupant

Local Report Number \*  

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | 0 | 1 | 7 | 0 | 0 | 4 | 3 |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

Motorist/Non-Motorist

|                                                                                   |                                                    |                                                |                                                               |                                                 |                                                          |                                    |                                 |                               |                     |                              |                            |
|-----------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|------------------------------------|---------------------------------|-------------------------------|---------------------|------------------------------|----------------------------|
| Unit Number<br><b>02</b>                                                          | Name: Last, First, Middle<br><b>GROVE KELVIN L</b> | Date of Birth<br><b>04031978</b>               | Age<br><b>38</b>                                              | Gender<br><b>M</b><br>F - Female<br>M - Male    |                                                          |                                    |                                 |                               |                     |                              |                            |
| Address, City, State, Zip<br><b>5234 E 98TH ST 103 GARFIELD HTS OH 44125 2405</b> |                                                    |                                                | Contact Phone - include area code                             |                                                 |                                                          |                                    |                                 |                               |                     |                              |                            |
| Injuries<br><b>3</b>                                                              | Injured Taken By<br><b>2</b>                       | EMS Agency<br><b>GHFD SQUAD 1</b>              | Medical Facility Injured Taken To<br><b>MARYMOUNT HOSPITA</b> | Safety Equipment Used<br><b>04</b>              | <input type="checkbox"/> DOT Compliant Motorcycle Helmet | Seating Position<br><b>01</b>      | Air Bag Usage<br><b>1</b>       | Ejection<br><b>1</b>          | Trapped<br><b>1</b> |                              |                            |
| OL State<br><b>OH</b>                                                             | Operator License Number<br><b>RP931325</b>         | OL Class<br><b>4</b>                           | <input type="checkbox"/> No Valid OL                          | <input type="checkbox"/> M/C End                | Condition<br><b>1</b>                                    | Alcohol/Drug Suspected<br><b>1</b> | Alcohol Test Status<br><b>1</b> | Alcohol Test Type<br><b>1</b> | Alcohol Test Value  | Drug Test Status<br><b>1</b> | Drug Test Type<br><b>1</b> |
| Offense Charged<br><b>331.17</b>                                                  | <input type="checkbox"/> Local Code                | Offense Description<br><b>FTY TURNING LEFT</b> | Citation Number<br><b>10-81569</b>                            | <input type="checkbox"/> Hands-Free Device Used | Driver Distracted By<br><b>1</b>                         |                                    |                                 |                               |                     |                              |                            |

Motorist/Non-Motorist

|                           |                                     |                     |                                      |                                                 |                                                          |                        |                     |                   |                    |                  |                |
|---------------------------|-------------------------------------|---------------------|--------------------------------------|-------------------------------------------------|----------------------------------------------------------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| 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                           | <input type="checkbox"/> DOT Compliant Motorcycle Helmet | Seating Position       | Air Bag Usage       | Ejection          | Trapped            |                  |                |
| OL State                  | Operator License Number             | OL Class            | <input type="checkbox"/> No Valid OL | <input type="checkbox"/> M/C End                | Condition                                                | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
| Offense Charged           | <input type="checkbox"/> Local Code | Offense Description | Citation Number                      | <input type="checkbox"/> Hands-Free Device Used | Driver Distracted By                                     |                        |                     |                   |                    |                  |                |

|                                                                                                          |                                                                                             |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Injuries</b>                                                                                          | <b>Injured Taken By</b>                                                                     | <b>Safety Equipment Used</b>                                                                                                                            | <b>99 - Unknown Safety Equipment</b>                                                                                                                                                                                                                                                                     |
| 1 - No Injury/None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | 1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <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 | <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<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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Air Bag Usage</b>                                                                                                                        |
| 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 | 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 |

|                                                                                       |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                             |                                                                                                                                             |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ejection</b>                                                                       | <b>Trapped</b>                                                                                  | <b>Operator License Class</b>                                                                            | <b>Condition</b>                                                                                                                                                                                                            | <b>Alcohol/Drug Suspected</b>                                                                                                               |
| 1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | 1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | 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> | 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 | 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 |

|                                                                                                                                                        |                                                               |                                                                                                                                                        |                                                 |                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alcohol Test Status</b>                                                                                                                             | <b>Alcohol Test Type</b>                                      | <b>Drug Test Status</b>                                                                                                                                | <b>Drug Test Type</b>                           | <b>Driver Distracted By</b>                                                                                                                                                                                                         |
| 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 | 1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | 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 | 1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | 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 |

Occupant

|                           |                           |               |                                   |                                  |
|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|
| 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 | <input type="checkbox"/> DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|----------------------------------------------------------|------------------|---------------|----------|---------|

Occupant

|                           |                           |               |                                   |                                  |
|---------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|
| 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 | <input type="checkbox"/> DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
|----------|------------------|------------|-----------------------------------|-----------------------|----------------------------------------------------------|------------------|---------------|----------|---------|

# OHIO TRAFFIC CRASH REPORT

## DIAGRAM / NARRATIVE CONTINUATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>20170043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REPORTING AGENCY<br>GARFIELD HEIGHTS                        | DATE OF CRASH<br>M 01   D 05   Y 2017 |
| IN COUNTY OF<br>18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CRASH LOCATION<br>IR 480      IR 480 E/B ENTRANCE/EXIT RAMP |                                       |
| <p>Unit 1 was traveling in the right lane on S/B Transportation approaching the intersection with the IR 480 E/B entrance/exit ramps. Unit 2 was traveling N/B in the left turn only lane of Transportation preparing to turn left onto the IR 480 E/B entrance/exit ramps. Unit 3 was stopped for the red light on the IR 480 E/B exit ramp at Transportation in the right straight/right turn only lane. Unit 1 continued into the intersection on a yellow traffic signal. Unit 2 entered the intersection and proceeded to turn left onto the IR 480 E/B entrance on a yellow traffic signal. Unit 2 failed to yield to Unit 1 causing Unit 1 to strike Unit 2 in the right front. Upon colliding with Unit 2, Unit 1 separated from Unit 2 causing Unit 1 to travel W/B and strike Unit 3 in the left front.</p> |                                                             |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | BADGE NUMBER<br>040                   |