



# Traffic Crash Report

|                       |  |                            |
|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 20170379              | 3 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
SUNOCO - GAR HTS - TURNEY

|   |   |   |                                  |   |                       |  |
|---|---|---|----------------------------------|---|-----------------------|--|
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC *<br>01820 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>02 | Unit in error<br>02<br>98 - Animal<br>99 - Unknown |
|---|---|---|----------------------------------|---|-----------------------|--|

|                |   |   |                          |                       |                    |
|----------------|---|---|--------------------------|-----------------------|--------------------|
| County *<br>18 | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township *<br>GARFIELD HTS | Crash Date *<br>01302017 | Time of Crash<br>1809 | Day of Week<br>MON |
|----------------|---|---|--------------------------|-----------------------|--------------------|

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.426435                | -81.612619 |

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

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

|  |                              |                        |                        |                            |  |                       |
|--|------------------------------|------------------------|------------------------|----------------------------|--|-----------------------|
| Distance From Reference<br><input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards | Dir From Ref<br>N.S.<br>E.W. | Reference Route Type 1 | Reference Route Number | Ref Prefix<br>N.S.<br>E.W. | Reference Name (Road, Milepost, House #)<br>4935 | Reference Road Type 2 |
|--|------------------------------|------------------------|------------------------|----------------------------|--|-----------------------|

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

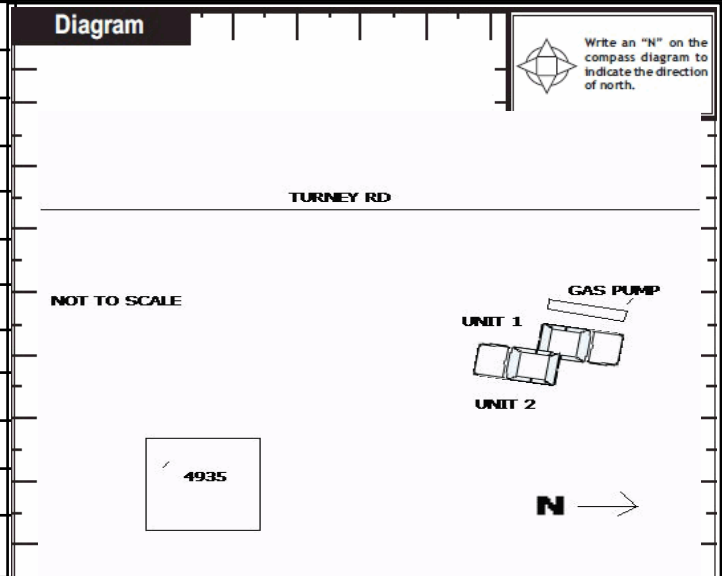
|   |                                |                                  |                 |   |  |  |                            |
|---|--------------------------------|----------------------------------|-----------------|---|--|--|----------------------------|
| Road Contour<br>1 - Straight Level<br>2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

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

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

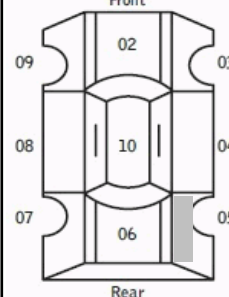
|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Work Zone Related<br><input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone<br>1 - Lane Closure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

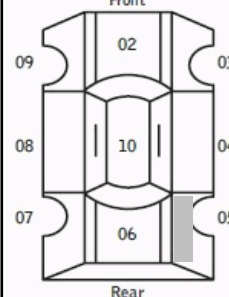
Narrative  
UNIT # 1 WAS PARKED AT A GAS PUMP AT 4935 TURNEY.  
UNIT # 2 BACKED INTO UNIT # 1 STRIKING UNIT # 1 IN THE RIGHT REAR FENDER.



|   |   |                                 |                             |                       |                      |                      |                               |                     |
|---|---|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|-------------------------------|---------------------|
| Report Taken By<br><input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported<br>01302017 | Time Crash Reported<br>1809 | Dispatch Time<br>1812 | Arrival Time<br>1824 | Time Cleared<br>1954 | Other Investigation Time<br>0 | Total Minutes<br>90 |
|---|---|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|-------------------------------|---------------------|

|                                |                               |                           |         |
|--------------------------------|-------------------------------|---------------------------|---------|
| Officer's Name *<br>P. Dickens | Officer's Badge Number<br>011 | Checked By<br>L10 M. Kaye | Page of |
|--------------------------------|-------------------------------|---------------------------|---------|

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>PEEPLES WILLIAM J</b>   | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>216-287-1066</b>  | Damage Scale<br><b>2</b>  | Damaged Area<br>   |   |
| Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>4896 E 84TH ST GARFIELD HTS OH 44125</b>  |   |   | 1 - None  |   |   |
| LP State<br><b>OH</b>   | License Plate Number<br><b>DZF1876</b>  | Vehicle Identification Number<br><b>19XFB2F87CE072984</b>   | 2 - Minor   |   |   |
| Vehicle Year<br><b>2012</b>   | Vehicle Make<br><b>HOND Honda</b>   | Vehicle Model<br><b>CIV Civic (And Crx)</b>   | 3 - Functional  |   |   |
| Vehicle Color<br><b>RED Red</b>   | Insurance Company<br><b>STATEFARM</b>   |   | 4 - Disabling   |   |   |
| Proof of Insurance Shown<br><input type="checkbox"/>  | Policy Number<br><b>9296601-E26-35</b>  | Towed By  | 9 - Unknown   |   |   |
| 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> 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  | Trafficway Description<br><b>1</b> 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> 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> 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Unit Type<br><b>02</b> 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                      |   |
| Special Function<br><b>01</b> 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)   | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle                              | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br><br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |   |
| Pre-Crash Actions<br><b>10</b> 01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   |   | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless   | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Most Damaged Area<br><b>05</b> 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   | Action<br><b>4</b> 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
| Contributing Circumstances<br>Primary<br><b>01</b> 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> 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown   |   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift   |   |   |   |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport   |   | Collision With Fixed Object<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier |   |   |   |
| Unit Speed<br><b>0</b>  | Posted Speed<br><b>05</b>   | Traffic Control<br><b>12</b> 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone  | 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   |   |
| <input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  |   | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest  |   | 9 - Unknown<br>Page of  |   |

|  |   |   |  |  |                    |
|--|---|---|--|--|--------------------|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle<br><b>JOHNSON BONNIE</b><br><input type="checkbox"/> Same As Driver   | Owner Phone Number - inc. area code<br><br><input type="checkbox"/> Same As Driver  | Damage Scale<br><b>2</b>   | Damaged Area<br>  |                    |
| Owner Address, City, State, Zip<br><b>4311 E 160TH ST CLEVELAND OH 44128</b><br><input type="checkbox"/> Same As Driver  |   |   |  |  |                    |
| LP State<br><b>OH</b>  | License Plate Number<br><b>GPU5354</b>  | Vehicle Identification Number<br><b>KNJDJD736775667985</b>  | # Occupants<br><b>02</b>   |  |                    |
| Vehicle Year<br><b>2007</b>  | Vehicle Make<br><b>KIA</b>  | Vehicle Model<br><b>SOR Sorento</b>   | Vehicle Color<br><b>SIL Alum/Silver</b>  |  |                    |
| <input type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>UNK</b>   | Policy Number<br><b>UNK</b>   | Towed By   |  |                    |
| Carrier Name, Address, City, State, Zip  |   |   |  | Carrier Phone - include area code  |                    |
| US DOT   | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b>  | Trafficway Description<br><b>1</b>   |  |                    |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released  | 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 | 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 Class Number  |   | 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   |  |                    |
| Non-Motorist Location Prior to Impact<br><b>01</b>   |   | Type of Use<br><b>1</b>   | Unit Type<br><b>06</b>   |  |                    |
| 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 |   | 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Passenger Vehicle (less than 9 passengers)<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<br>Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle<br>Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |  |                    |
| Special Function<br><b>01</b>  | 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>05</b>   | Action<br><b>3</b> |
| Pre-Crash Actions<br><b>02</b>   |   | Non-Motorist  |  |  |                    |
| 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<br>13 - Negotiating a Curve<br>14 - Other Motorist Action   |  | 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<br>21 - Other Non-Motorist Action |                    |
| Contributing Circumstances   |   |   | Vehicle Defects  |  |                    |
| Primary<br><b>11</b>   |   |   | <b>01</b>  |  |                    |
| Secondary<br><b>01</b>   |   |   | <b>01</b>  |  |                    |
| 99 - Unknown   |   |   | 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   |   |   |  |  |                    |
| 1 <b>21</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>  |   |   |  |  |                    |
| First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown  |   |   |  |  |                    |
| Collision with Person, Vehicle or Object Not Fixed   |   |   |  |  |                    |
| Collision With Fixed Object  |   |   |  |  |                    |
| Unit Speed   |   |   |  |  |                    |
| Posted Speed   |   |   |  |  |                    |
| Traffic Control  |   |   |  |  |                    |
| Unit Direction   |   |   |  |  |                    |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 7 | 0 | 3 | 7 | 9 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

|   |  |  |   |                                    |                                 |                             |                          |                        |                    |                       |                     |
|---|--|--|---|------------------------------------|---------------------------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| Unit Number<br>0   2  | Name: Last, First, Middle<br>THOMPkins SHANE M | Date of Birth<br>0   9   2   3   1   9   9   6 | Age<br>20   | Gender<br>M F - Female<br>M - Male |                                 |                             |                          |                        |                    |                       |                     |
| Address, City, State, Zip<br>13413 ALVIN AVE GARFIELD HTS OH 44105 7111 |  |  | Contact Phone - include area code<br>216-703-6544 |                                    |                                 |                             |                          |                        |                    |                       |                     |
| Injuries<br>1   | Injured Taken By                               | EMS Agency                                     | Medical Facility Injured Taken To                 | Safety Equipment Used<br>0   4     | DOT Compliant Motorcycle Helmet | Seating Position<br>0   1   | Air Bag Usage<br>1       | Ejection<br>1          | Trapped<br>1       |                       |                     |
| OL State<br>OH  | Operator License Number<br>UJ495826            | OL Class<br>4                                  | No Valid OL                                       | M/C End                            | Condition<br>1                  | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |
| Offense Charged (Local Code)<br>331.13                                  | Offense Description<br>IMP. BACKING            |  | Citation Number<br>10-82736                       |                                    | Hands-Free Device Used          | Driver Distracted By<br>1   |                          |                        |                    |                       |                     |

|                              |                           |               |                                   |                                  |                                 |                        |                     |                   |                    |                  |                |
|------------------------------|---------------------------|---------------|-----------------------------------|----------------------------------|---------------------------------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| 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            |                  |                |
| OL State                     | Operator License Number   | OL Class      | No Valid OL                       | M/C End                          | Condition                       | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
| Offense Charged (Local Code) | Offense Description       |               | Citation Number                   |                                  | Hands-Free Device Used          | Driver Distracted By   |                     |                   |                    |                  |                |

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| <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>99 - Unknown Safety Equipment</b><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>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 |
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| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
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| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped 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 |
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| <b>Alcohol Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Alcohol Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | <b>Drug Test Status</b><br>1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | <b>Drug Test Type</b><br>1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | <b>Driver Distracted By</b><br>1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |
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|--|---|--|---|------------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| Unit Number<br>0   2   | Name: Last, First, Middle<br>JOHNSON MARKETTA S | Date of Birth<br>0   4   2   3   1   9   9   7 | Age<br>19   | Gender<br>F F - Female<br>M - Male |                                 |                           |                    |               |              |
| Address, City, State, Zip<br>7101 GARDEN VALLEY 1 CLEVELAND OH 44104 |   |  | Contact Phone - include area code<br>216-776-9876 |                                    |                                 |                           |                    |               |              |
| Injuries<br>1  | Injured Taken By                                | EMS Agency                                     | Medical Facility Injured Taken To                 | Safety Equipment Used<br>0   3     | DOT Compliant Motorcycle Helmet | Seating Position<br>0   3 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
| 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      |