



# Traffic Crash Report

|                       |  |                            |
|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 20171407              | 3 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
**WALGREENS (ROCKSIDE)**

|   |   |   |                                  |   |                       |   |
|---|---|---|----------------------------------|---|-----------------------|---|
| <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 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>04262017         | Time of Crash<br>1812                       | Day of Week<br>WED    |   |

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.401612                | -81.595083 |

|   |  |                                |                            |   |
|---|--|--------------------------------|----------------------------|---|
| 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>LITTLETON | Reference Road Type 2<br>RD |
|--|-----------------------------|------------------------|------------------------|---------------------------|---|-----------------------------|

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

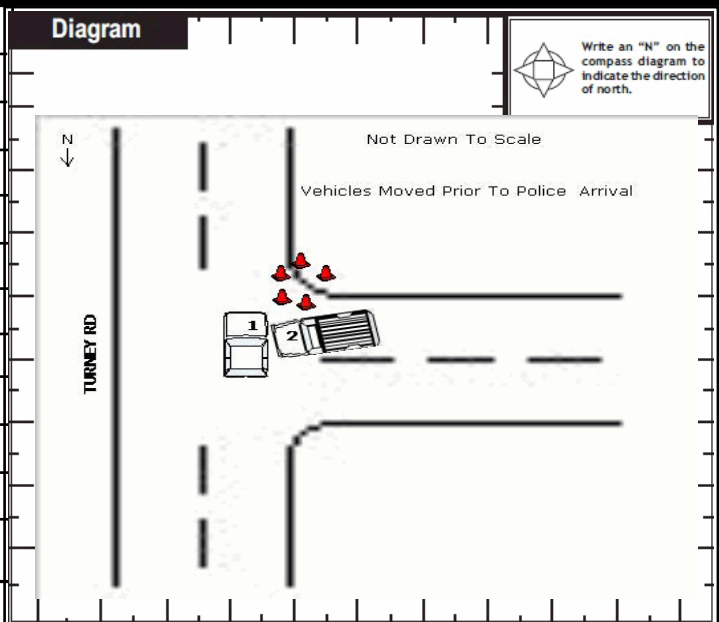
|   |   |    |   |  |  |                            |
|---|---|----|---|--|--|----------------------------|
| Road Contour<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary<br>Secondary | 05 | 01 - Dry<br>02 - Wet<br>03 - Snow<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>6 | 1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | Weather<br>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 |
|---------------------------------------|---|--|---|--|

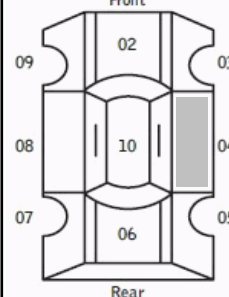
|  |  |  |  |             |   |
|--|--|--|--|-------------|---|
| Road Surface<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | Light conditions<br>Primary<br>Secondary | 1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted 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 |
|--|--|--|--|-------------|---|

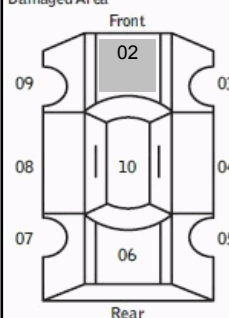
|   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Work Zone Related | <input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone<br>1 - Lane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

Narrative  
UNIT 1 WAS TRAVELLING SLOWLY IN HEAVY TRAFFIC CONSTRUCTION ZONE S/B ON TURNEY RD NEAR LITTLETON WHEN UNIT 2 WAS ATTEMPTING TO TURN N/B ONTO TURNEY RD FROM LITTLETON RD AND STRUCK THE RIGHT SIDE OF UNIT 1 CAUSING MINOR DAMAGE TO BOTH VEHICLES. DRIVER OF UNIT 2 STATED THAT A MOTORIST IN FRONT OF UNIT 1 WAVED HER INTO THE LANE JUST BEFORE THE ACCIDENT OCCURRED.



|   |  |                                 |                             |                       |                      |                      |                                |                     |
|---|--|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| 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 ODPSS) | Date Crash Reported<br>04262017 | Time Crash Reported<br>1812 | Dispatch Time<br>1815 | Arrival Time<br>1817 | Time Cleared<br>1838 | Other Investigation Time<br>60 | Total Minutes<br>81 |
| Officer's Name *<br>W. Gall   | Officer's Badge Number<br>027  | Checked By<br>L10 M. Kaye       | Page of                     |                       |                      |                      |                                |                     |

|  |  |  |   |   |                    |
|--|--|--|---|---|--------------------|
| Unit Number<br><b>01</b>   | Owner Name: Last, First, Middle<br><b>ROBINSON KEISHA LUUNG</b> <input checked="" type="checkbox"/> Same As Driver   | Owner Phone Number - inc. area code<br><b>216-551-8574</b> <input checked="" type="checkbox"/> Same As Driver  | Damage Scale<br><b>2</b>  | Damaged Area<br>   |                    |
| Owner Address, City, State, Zip<br><b>7715 BANCROFT AVE CLEVELAND OH 44105</b> <input checked="" type="checkbox"/> Same As Driver  |  |  | 1 - None  |   |                    |
| LP State<br><b>OH</b>  | License Plate Number<br><b>HIS4EVA</b>   | Vehicle Identification Number<br><b>1J4PN2GK8BW534781</b>  | 2 - Minor   |   |                    |
| Vehicle Year<br><b>2011</b>  | Vehicle Make<br><b>Jeep</b>  | Vehicle Model<br><b>Liberty</b>  | 3 - Functional  |   |                    |
| Vehicle Color<br><b>Gold</b>   | Proof of Insurance Shown<br><input checked="" type="checkbox"/>  | Insurance Company<br><b>GEICO</b>  | 4 - Disabling   |   |                    |
| Policy Number<br><b>4426605871</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>   | 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>   | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)   |   |                    |
| 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  | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle  |   |                    |
| Special Function<br><b>01</b>  | 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>04</b>  | Action<br><b>4</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   | 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   | 99 - Unknown   | 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>   | 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  |                    |
| Contributing Circumstances<br><b>01</b>  | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action   | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |                    |
| Sequence of Events<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>  | First Harmful Event<br><b>1</b>  | Most Harmful Event<br><b>1</b>   | 99 - Unknown  |   |                    |
| 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 |   |                    |
| Collision with Person, Vehicle or Object Not Fixed<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   |  |  | Collision With Fixed Object<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   |   |                    |
| Unit Speed<br><b>5</b>   | Posted Speed<br><b>25</b>  | Traffic Control<br><b>10</b>   | Unit Direction<br>From <b>1</b> To <b>2</b>   |   |                    |
| <input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated   |  | 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   |   |                    |
|  |  | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings   | 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 ( <input checked="" type="checkbox"/> Same As Driver )<br><b>FRY KIMBERLY D</b>   | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-255-8606</b>   | Damage Scale<br><b>2</b>   | Damaged Area<br>   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>12043 MAPLE LEAF DR GARFIELD HTS OH 44125</b>   |   |   | 1 - None   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| LP State<br><b>OH</b>  | License Plate Number<br><b>DPS2295</b>  | Vehicle Identification Number<br><b>1FTRX12W05NA58212</b>   | # Occupants<br><b>01</b>   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Vehicle Year<br><b>2005</b>  | Vehicle Make<br><b>FORD Ford</b>  | Vehicle Model<br><b>F15 F150 Series</b>   | Vehicle Color<br><b>MAR Maroon/Burgundy</b>  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>GEICO</b>   | Policy Number<br><b>4450362563</b>  | Towed By   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Carrier Name, Address, City, State, Zip  |   |   | Carrier Phone - include area code  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| US DOT   | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs.   | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel                           | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway                                  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released  | Hit / Skip Unit<br><input type="checkbox"/>   |  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 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>07</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)  | 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 |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 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>08</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   | <table border="0"> <tr> <td><b>Non-Collision Events</b></td> <td>01 - Overturn/Rollover</td> <td>06 - Equipment Failure (Blown Tire, Brake Failure, etc)</td> <td>10 - Cross Median</td> </tr> <tr> <td>02 - Fire/Explosion</td> <td>03 - Immersion</td> <td>07 - Separation of Units</td> <td>11 - Walk Center Line Opposite Direction of Travel</td> </tr> <tr> <td>04 - Jackknife</td> <td>05 - Cargo/Equipment Loss or Shift</td> <td>08 - Ran Off Road Right</td> <td>12 - Downhill Runaway</td> </tr> <tr> <td></td> <td></td> <td>09 - Ran Off Road Left</td> <td>13 - Other Non-Collision</td> </tr> </table> |   |  |   | <b>Non-Collision Events</b>  | 01 - Overturn/Rollover    | 06 - Equipment Failure (Blown Tire, Brake Failure, etc) | 10 - Cross Median | 02 - Fire/Explosion                  | 03 - Immersion                 | 07 - Separation of Units  | 11 - Walk Center Line Opposite Direction of Travel | 04 - Jackknife  | 05 - Cargo/Equipment Loss or Shift | 08 - Ran Off Road Right       | 12 - Downhill Runaway |                           |                     | 09 - Ran Off Road Left       | 13 - Other Non-Collision |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
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| 04 - Jackknife   | 05 - Cargo/Equipment Loss or Shift  | 08 - Ran Off Road Right   | 12 - Downhill Runaway  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   | 09 - Ran Off Road Left  | 13 - Other Non-Collision   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
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| 17 - Animal - Farm   | 24 - Other Movable Object   | 28 - Bridge Parapet   | 35 - Median Concrete Barrier   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 18 - Animal - Deer   |   | 29 - Bridge Rail  | 36 - Median Other Barrier  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 19 - Animal - Other  |   | 30 - Guardrail Face   | 37 - Traffic Sign Post   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
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|  |   | 32 - Portable Barrier   | 39 - Light/Luminaries Support  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 40 - Utility Pole  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 41 - Other Post, Pole or Support   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 42 - Culvert   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 43 - Curb  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 44 - Ditch   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 45 - Embankment  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 46 - Fence   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 47 Mailbox   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 48 - Tree  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 49 - Fire Hydrant  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 50 - Work Zone Maintenance Equipment   |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 51 - Wall, Building, Tunnel  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |   |   | 52 - Other Fixed Object  |   |  |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Unit Speed<br><b>5</b><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated   | Posted Speed<br><b>15</b>   | Traffic Control<br><b>10</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   | 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>4</b> To <b>2</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |                           |   |                   |                                      |                                |                           |  |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

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

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                      |   |  |           |                                  |
|----------------------|---|--|-----------|----------------------------------|
| Unit Number<br>0   1 | Name: Last, First, Middle<br>ROBINSON KEISHA LL | Date of Birth<br>1   1   0   8   1   9   7   4 | Age<br>42 | Gender<br>F - Female<br>M - Male |
|----------------------|---|--|-----------|----------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>7715 BANCROFT AVE CLEVELAND OH 44105 | Contact Phone - include area code<br>216-551-8574 |
|---|---|

|               |                  |            |                                   |                                |                                 |                           |                    |               |              |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| 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   H | Operator License Number<br>RN769645 | OL Class<br>4 | No Valid OL | M/C End | Condition<br>1 | Alcohol/Drug Suspected<br>1 | Alcohol Test Status<br>1 | Alcohol Test Type<br>1 | Alcohol Test Value | Drug Test Status<br>1 | Drug Test Type<br>1 |
|--------------------|-------------------------------------|---------------|-------------|---------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|

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

|                      |   |  |           |                                  |
|----------------------|---|--|-----------|----------------------------------|
| Unit Number<br>0   2 | Name: Last, First, Middle<br>FRY KIMBERLY D | Date of Birth<br>0   3   3   1   1   9   6   7 | Age<br>50 | Gender<br>F - Female<br>M - Male |
|----------------------|---|--|-----------|----------------------------------|

|  |   |
|--|---|
| Address, City, State, Zip<br>12043 MAPLE LEAF DR GARFIELD HTS OH 44125 | Contact Phone - include area code<br>216-255-8606 |
|--|---|

|               |                  |            |                                   |                                |                                 |                           |                    |               |              |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| 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   H | Operator License Number<br>RH043094 | 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>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 |
|---|--|---|

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

|  |   |   |   |  |
|--|---|---|---|--|
| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped <u>Only</u> | <b>Condition</b><br>1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under The Influence of Medications, Drugs, Alcohol<br>7 - Other | <b>Alcohol/Drug Suspected</b><br>1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |
|--|---|---|---|--|

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