



# Traffic Crash Report

|                       |                                      |                            |
|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                       | Hit/Skip                   |
| 20172894              | 3 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
5500 TRANSPORTATION

|   |   |   |                                  |   |                       |   |
|---|---|---|----------------------------------|---|-----------------------|---|
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC *<br>01820 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>02 | Unit in error<br>02 98 - Animal<br>99 - Unknown |
|---|---|---|----------------------------------|---|-----------------------|---|

|                |   |   |                          |                       |                     |
|----------------|---|---|--------------------------|-----------------------|---------------------|
| 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>08182017 | Time of Crash<br>1513 | Day of Week<br>FRID |
|----------------|---|---|--------------------------|-----------------------|---------------------|

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.412829                | -81.615829 |

|   |  |                                |                            |   |
|---|--|--------------------------------|----------------------------|---|
| 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>04 | Road Types or Milepost <sup>2</sup><br>AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |
|---|--|--------------------------------|----------------------------|---|

|  |                       |                            |                                      |                                       |  |  |
|--|-----------------------|----------------------------|--------------------------------------|---------------------------------------|--|--|
| Location Route Type <sup>1</sup><br>00 | Location Route Number | Loc. Prefix<br>N.S.<br>E.W | Location Road name<br>TRANSPORTATION | Location Road Type <sup>2</sup><br>BL | 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 <sup>1</sup><br>00 | Reference Route Number | Ref Prefix<br>N.S.<br>E.W | Reference Name (Road, Milepost, House #)<br>5500 | Reference Road Type <sup>2</sup><br>00 |
|--|-----------------------------|---|------------------------|---------------------------|--|--|

|   |   |   |  |   |  |  |
|---|---|---|--|---|--|--|
| Reference Point Used<br>3 1 - Intersection<br>2 - Mile Post<br>3 - House Number | Crash Location<br>01 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 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 |
|---|---|---|--|---|--|--|

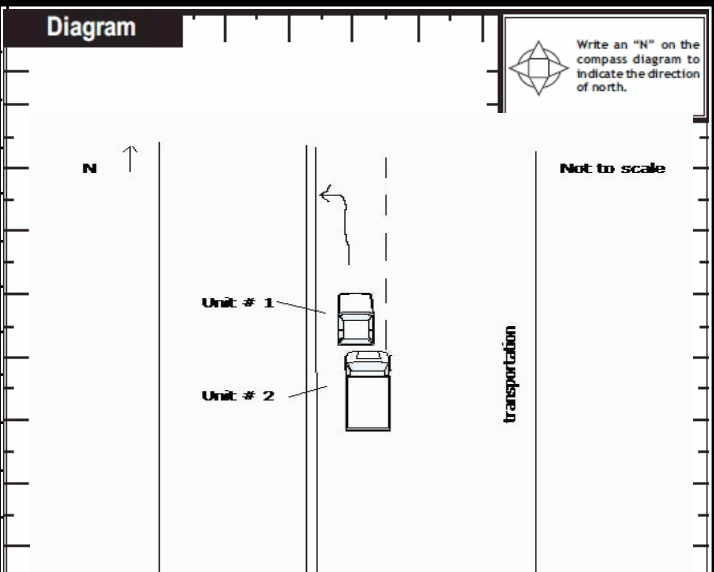
|   |                                |                                  |                 |   |  |  |                            |
|---|--------------------------------|----------------------------------|-----------------|---|--|--|----------------------------|
| Road Contour<br>1 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level | 4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary<br>01 | Secondary<br>00 | 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>2 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>2 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 1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block | 4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | Light conditions<br>1 1 - Primary<br>00 - 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 | <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>00 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>00 1 - Before the first Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area | 4 - Activity Area<br>5 - Termination Area |
|--|---|--|--|---|---|

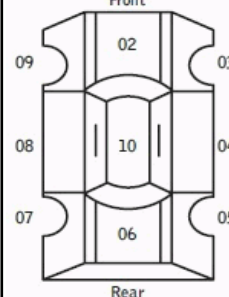
Narrative  
DRIVER OF UNIT # 1 STATED SHE WAS TRAVELING NORTH ON TRANSPORTATION AND WAS STOPPED IN THE TURN LANE IN FRONT OF 5500. DRIVER OF UNIT # 1 STATED AS SHE STARTED TO GO FORWARD, SHE WAS STRUCK FROM BEHIND BY UNIT # 2. DRIVER OF UNIT # 2 STATED HE WAS BEHIND UNIT # 1 AND AS UNIT # 1 STARTED TO PROCEED FORWARD, SUDDENLY CAME TO A STOP, AND HE STRUCK UNIT # 1.



|  |  |
|--|--|
| Report Taken By<br><input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPSS) |
|--|--|

|                                 |                             |                       |                      |                      |                                |                     |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| Date Crash Reported<br>08182017 | Time Crash Reported<br>1513 | Dispatch Time<br>1515 | Arrival Time<br>1522 | Time Cleared<br>1540 | Other Investigation Time<br>20 | Total Minutes<br>38 |
|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|

|                              |                               |                              |         |
|------------------------------|-------------------------------|------------------------------|---------|
| Officer's Name *<br>M. Smith | Officer's Badge Number<br>012 | Checked By<br>S14 M. Berdysz | Page of |
|------------------------------|-------------------------------|------------------------------|---------|

|  |  |   |   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|--|--|---|---|--|--|---|---|-------------------|--------------------------------------|--------------------------------|---------------------------|---|---|------------------------------------|-------------------------------|-----------------------|---------------------------|---------------------|------------------------------|--------------------------|--|------------------|---------------------------|---------------------|--|---------------------|------------------------|---------------------------------|--|--------------------|-------------------------|--|--|-----------------------|-------------------------------|--|--|--|-------------------|--|--|--|----------------------------------|--|--|--|--------------|--|--|--|-----------|--|--|--|------------|--|--|--|-----------------|--|--|--|------------|--|--|--|------------|--|--|--|-----------|--|--|--|-------------------|--|--|--|--------------------------------------|--|--|--|-----------------------------|--|--|--|-------------------------|
| Unit Number<br><b>01</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>MCKINNEY KAREN E</b>  | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-513-1704</b>   | Damage Scale<br><b>3</b>  | Damaged Area<br>  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>15910 HARRISON DR BROOK PARK OH 44142</b>   |  |   |   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| LP State<br><b>OH</b>  | License Plate Number<br><b>PGG4195</b>   | Vehicle Identification Number<br><b>3FTNF20L03MB24703</b>   | # Occupants<br><b>01</b>  |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Vehicle Year<br><b>2003</b>  | Vehicle Make<br><b>FORD Ford</b>   | Vehicle Model<br><b>F15 F150 Series</b>   | Vehicle Color<br><b>WHI White</b>   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>EBA ins</b>  | Policy Number<br><b>0294202</b>   | Towed By  |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Carrier Name, Address, City, State, Zip  |  |   | Carrier Phone - include area code   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| US DOT   | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs.  | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel                           | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway<br><input type="checkbox"/> Hit / Skip Unit |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| HM Placard ID No.  | <input type="checkbox"/> Hazardous Material Released   |   |   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| HM Class Number  |  |   |   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown   | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Unit Type<br><b>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)<br>Med/Heavy Trucks or Combo Units>10k lbs<br>Bus/Van/Limo (9 or More Including Driver)  | Non-Motorist<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   | Most Damaged Area<br><b>06</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other   | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Pre-Crash Actions<br><b>11</b><br>99 - Unknown   | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless   | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing                             | 21 - Other Non-Motorist Action   |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Contributing Circumstances<br>Primary<br><b>01</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action   | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects                     |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Sequence of Events<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown   | <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 - Cross 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 - Cross 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 |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| <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 - Cross 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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| <b>Collision With Person, Vehicle or Object Not Fixed</b>  | 14 - Pedestrian  | 21 - Parked Motor Vehicle   | 25 - Impact Attenuator/Crash Cushion  |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 15 - Pedalcycle  | 22 - Work Zone Maintenance Equipment   | 26 - Bridge Overhead Structure  | 33 - Median Cable Barrier   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 16 - Railway Vehicle (Train,Engine)  | 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle  | 27 - Bridge Pier or Abutment  | 34 - Median Guardrail Barrier   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 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  |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| 20 - Motor Vehicle in Transport  |  | 31 - Guardrail End  | 38 - Overhead Sign Post   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
|  |  | 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>35</b>  | Traffic Control<br><b>12</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>2</b> To <b>1</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West                                  | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |
| Page of  |  |   |   |  |  |   |   |                   |                                      |                                |                           |   |   |                                    |                               |                       |                           |                     |                              |                          |  |                  |                           |                     |  |                     |                        |                                 |  |                    |                         |  |  |                       |                               |  |  |  |                   |  |  |  |                                  |  |  |  |              |  |  |  |           |  |  |  |            |  |  |  |                 |  |  |  |            |  |  |  |            |  |  |  |           |  |  |  |                   |  |  |  |                                      |  |  |  |                             |  |  |  |                         |



# Unit

Local Report Number \*

2 0 1 7 2 8 9 4

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Unit Number<br><b>02</b>  | Owner Name: Last, First, Middle<br><b>FOX MICHAEL</b> <input type="checkbox"/> Same As Driver  | Owner Phone Number - inc. area code<br><b>216-215-0436</b> <input type="checkbox"/> Same As Driver   | Damage Scale<br><b>1</b>  | Damaged Area<br>   |  |
| Owner Address, City, State, Zip<br><b>5730 LAFAYETTE RD MEDINA OH 44256</b> <input checked="" type="checkbox"/> Same As Driver  |  |  | 1 - None  |  |  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>PHU9965</b>   | Vehicle Identification Number<br><b>1HTSHAAR8YH314788</b>  | 2 - Minor   |  |  |
| Vehicle Year<br><b>2000</b>   | Vehicle Make<br><b>INTL International Harve:</b>   | Vehicle Model<br><b>490 4900 Series</b>  | 3 - Functional  |  |  |
| Vehicle Color<br><b>ONG Orange</b>  | Proof of Insurance Shown<br><input checked="" type="checkbox"/>  | Insurance Company<br><b>Auot Owners</b>  | 4 - Disabling   |  |  |
| Policy Number<br><b>46-648-432-00</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>12</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |  |  |
| HM Placard ID No.   | <input type="checkbox"/> Hazardous Material Released   | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown  | <input type="checkbox"/> Hit / Skip Unit  |  |  |
| HM Class Number   | Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |  | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response   | Unit Type<br><b>13</b><br>99 - Unknown or Hit/Skip<br>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>16</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>01</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear   | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other |
| Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown  |  | Pre-Crash Actions<br><b>01</b><br>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<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<br>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<br>21 - Other Non-Motorist Action  |   |  |  |
| Contributing Circumstances<br><b>09</b><br>Primary<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<br>Secondary<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 |  | 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  |  | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |   |  |  |
| 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<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  |  | Collision With Fixed 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<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |   |  |  |
| Unit Speed<br><b>5</b>  | Posted Speed<br><b>35</b>  | Traffic Control<br><b>12</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings  | Unit Direction<br>From <b>2</b> To <b>1</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |  |  |



# Motorist / Non-Motorist / Occupant

Local Report Number \*  
 | 2 | 0 | 1 | 7 | 2 | 8 | 9 | 4 | | | | | | | | | |

Motorist/Non-Motorist

|  |   |  |   |   |   |                               |  |  |                        |                         |                       |
|--|---|--|---|---|---|-------------------------------|--|--|------------------------|-------------------------|-----------------------|
| Unit Number<br>  0   1   | Name: Last, First, Middle<br>MCKINNEY KAREN E | Date of Birth<br>  0   6   1   7   1   9   6   6 | Age<br>51   | Gender<br>  F  <br>F - Female<br>M - Male |   |                               |  |  |                        |                         |                       |
| Address, City, State, Zip<br>15910 HARRISON DR BROOK PARK OH 44142 |   |  | Contact Phone - include area code<br>216-513-1704 |   |   |                               |  |  |                        |                         |                       |
| Injuries<br>  1  | Injured Taken By<br><input type="checkbox"/>  | EMS Agency                                       | Medical Facility Injured Taken To                 | Safety Equipment Used<br>  0   4          | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>  0   1   | Air Bag Usage<br>  1                               | Ejection<br>  1  | Trapped<br>  1         |                         |                       |
| OL State<br>  O   H  | Operator License Number<br>RJ848604           | OL Class<br>  4                                  | No Valid OL<br><input type="checkbox"/>           | M/C End<br><input type="checkbox"/>       | Condition<br>  1  | Alcohol/Drug Suspected<br>  1 | Alcohol Test Status<br>  1                         | Alcohol Test Type<br>  1                               | Alcohol Test Value<br> | Drug Test Status<br>  1 | Drug Test Type<br>  1 |
| Offense Charged ( <input type="checkbox"/> Local Code )            |   | Offense Description                              |   |   | Citation Number   |                               | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>  1   <input type="checkbox"/> |                        |                         |                       |

Motorist/Non-Motorist

|   |  |  |   |   |   |                               |  |  |                        |                         |                       |
|---|--|--|---|---|---|-------------------------------|--|--|------------------------|-------------------------|-----------------------|
| Unit Number<br>  0   2  | Name: Last, First, Middle<br>MARICH DALE E   | Date of Birth<br>  0   2   2   5   1   9   5   1 | Age<br>66   | Gender<br>  M  <br>F - Female<br>M - Male |   |                               |  |  |                        |                         |                       |
| Address, City, State, Zip<br>10012 EDGE PRK GARFIELD HTS OH 44125             |  |  | Contact Phone - include area code<br>216-906-7477 |   |   |                               |  |  |                        |                         |                       |
| Injuries<br>  1   | Injured Taken By<br><input type="checkbox"/> | EMS Agency                                       | Medical Facility Injured Taken To                 | Safety Equipment Used<br>  0   4          | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>  0   1   | Air Bag Usage<br>  1                               | Ejection<br>  1  | Trapped<br>  1         |                         |                       |
| OL State<br>  O   H   | Operator License Number<br>QE908357          | OL Class<br>  1                                  | No Valid OL<br><input type="checkbox"/>           | M/C End<br><input type="checkbox"/>       | Condition<br>  1  | Alcohol/Drug Suspected<br>  1 | Alcohol Test Status<br>  1                         | Alcohol Test Type<br>  1                               | Alcohol Test Value<br> | Drug Test Status<br>  1 | Drug Test Type<br>  1 |
| Offense Charged ( <input checked="" type="checkbox"/> Local Code )<br>333.03a |  | Offense Description<br>ACDA                      |   |   | Citation Number<br>10-81448                                 |                               | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>  1   <input type="checkbox"/> |                        |                         |                       |

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

|  |   |
|--|---|
| <b>Seating Position</b><br>01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle Exterior (Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | <b>Air Bag Usage</b><br>1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |
|--|---|

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

Occupant

|                           |                           |                   |                                   |  |
|---------------------------|---------------------------|-------------------|-----------------------------------|--|
| Unit Number<br>           | Name: Last, First, Middle | Date of Birth<br> | Age                               | Gender<br><input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male |
| Address, City, State, Zip |                           |                   | Contact Phone - include area code |  |

|                                      |  |            |                                   |                           |   |                      |   |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|---------------------------|---|----------------------|---|--------------------------------------|-------------------------------------|
| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|---------------------------|---|----------------------|---|--------------------------------------|-------------------------------------|

Occupant

|                           |                           |                   |                                   |  |
|---------------------------|---------------------------|-------------------|-----------------------------------|--|
| Unit Number<br>           | Name: Last, First, Middle | Date of Birth<br> | Age                               | Gender<br><input type="checkbox"/> F - Female<br><input type="checkbox"/> M - Male |
| Address, City, State, Zip |                           |                   | Contact Phone - include area code |  |

|                                      |  |            |                                   |                           |   |                      |   |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|---------------------------|---|----------------------|---|--------------------------------------|-------------------------------------|
| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|---------------------------|---|----------------------|---|--------------------------------------|-------------------------------------|