



# Traffic Crash Report

|                       |                                      |                            |
|-----------------------|--------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                       | Hit/Skip                   |
| 20172939              | 3 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
**ARBY'S RESTAURANT**

|   |   |  |                                  |   |                       |   |
|---|---|--|----------------------------------|---|-----------------------|---|
| <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 checked="" 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>08212017 | Time of Crash<br>1826 | Day of Week<br>MON |
|----------------|---|---|--------------------------|-----------------------|--------------------|

|   |                                       |
|---|---------------------------------------|
| Degrees / Minutes / Seconds Latitude<br>Longitude | Decimal Degrees Latitude<br>Longitude |
| 41.401120 - 81.596028                             |                                       |

|   |  |                                |                            |   |
|---|--|--------------------------------|----------------------------|---|
| 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 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>ROCKSIDE | Location Road Type <sup>2</sup><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 <sup>1</sup><br>00 | Reference Route Number | Ref Prefix<br>N.S.<br>E.W | Reference Name (Road, Milepost, House #)<br>12763 | 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>6 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 |
|---|---|---|--|---|--|--|

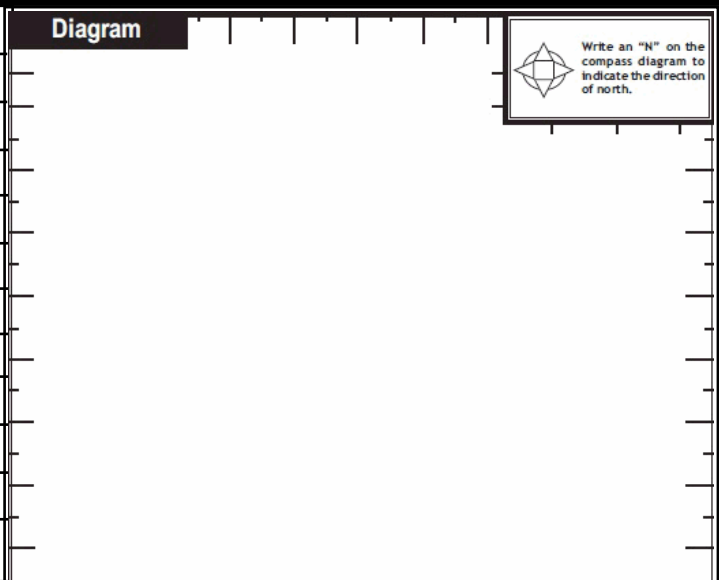
|   |                                |                                  |                 |   |  |  |                            |
|---|--------------------------------|----------------------------------|-----------------|---|--|--|----------------------------|
| Road Contour<br>1 1 - Straight Level<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>5 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>1 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>2 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 |
|--|--|---|--|--|-------------|---|

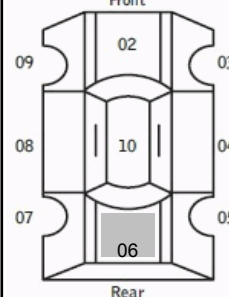
|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <input type="checkbox"/> Work Zone Related | <input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone<br>00 1 - 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 |
|--|---|--|--|---|---|

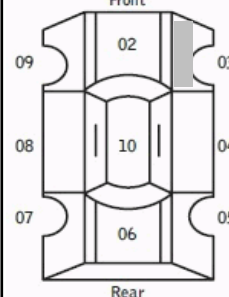
Narrative  
DRIVER OF UNIT 1 STATES SHE WAS TRAVELING THROUGH THE LOT OF ARBY'S ON THE SOUTH SIDE OF THE BUILDING. SHE STOPPED BRIEFLY TO LET A PASSENGER OUT OF HER VEHICLE AND WHILE STOPPED, UNIT 2 BEGAN BACKING FROM A PARKING SPOT AND STRUCK UNIT 1. DRIVER OF UNIT 2 STATES HE WAS BACKING FROM A PARKING SPOT AND DID NOT OBSERVE UNIT 1 STOPPED BEHIND HIM AND STRUCK UNIT 1.



|   |   |                                 |                             |                       |                      |                      |                                |                     |
|---|---|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|
| Report Taken By<br><input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported<br>08212017 | Time Crash Reported<br>1826 | Dispatch Time<br>1829 | Arrival Time<br>1839 | Time Cleared<br>1850 | Other Investigation Time<br>30 | Total Minutes<br>41 |
|---|---|---------------------------------|-----------------------------|-----------------------|----------------------|----------------------|--------------------------------|---------------------|

|                              |                               |                            |         |
|------------------------------|-------------------------------|----------------------------|---------|
| Officer's Name *<br>R. Fogle | Officer's Badge Number<br>035 | Checked By<br>L11 T. Vargo | Page of |
|------------------------------|-------------------------------|----------------------------|---------|

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>LUTFIYYA ABDALLA</b>   | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>813-528-5899</b>   | Damage Scale<br><b>2</b>  | Damaged Area<br>  |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>7607 TERRACE RIVER DR TAMPA FL 33637</b>  |   |   |   |  |  |
| LP State<br><b>FL</b>  | License Plate Number<br><b>466VDF</b>   | Vehicle Identification Number<br><b>2T3YFRE V4EW120333</b>  | # Occupants<br><b>02</b>  |  |  |
| Vehicle Year<br><b>2014</b>  | Vehicle Make<br><b>TOYT Toyota</b>  | Vehicle Model<br><b>RAV Rav4</b>  | Vehicle Color<br><b>BLK Black</b>   |  |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>ESURANCE</b>  | Policy Number<br><b>PAFL5169875</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>06</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)<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<br><input type="checkbox"/> Has HM Placard |  |  |
| 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>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>02</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn   | Motorist<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless   | 13 - Negotiating a Curve<br>14 - Other Motorist Action  | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing<br>21 - Other Non-Motorist Action  |  |  |
| Contributing Circumstances<br>Primary<br><b>11</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   | Motorist<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action                | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action   | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects   |  |  |
| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown   | <b>Non-Collision Events</b><br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |   |   |  |  |
| <b>Collision with Person, Vehicle or Object Not Fixed</b><br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object          |   | <b>Collision With Fixed Object</b><br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |   |  |  |
| Unit Speed<br><b>5</b>   | Posted Speed<br><b>10</b>   | Traffic Control<br><b>01</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  |  |  |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle<br><b>TOKAR AMANDA J</b><br><input checked="" type="checkbox"/> Same As Driver  | Owner Phone Number - inc. area code<br><b>330-814-5784</b><br><input checked="" type="checkbox"/> Same As Driver  | Damage Scale<br><b>2</b>  | Damaged Area<br>  |  |
| Owner Address, City, State, Zip<br><b>4260 AMERICANA DR 106 CUYAHOGA FALLS OH 44224</b><br><input checked="" type="checkbox"/> Same As Driver   |   |   |   |  |  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>GVM9581</b>  | Vehicle Identification Number<br><b>W04GU5GC4B1020923</b>   | # Occupants<br><b>03</b>  |  |  |
| Vehicle Year<br><b>2011</b>   | Vehicle Make<br><b>BUIC Buick</b>   | Vehicle Model<br><b>REG Regal</b>   | Vehicle Color<br><b>SIL Alum/Silver</b>   |  |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>STATE AUTO</b>  | Policy Number<br><b>AOH4865734</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>04</b><br>99 - Unknown or Hit/Skip<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle                             | Passenger Vehicle (less than 9 passengers)<br>Med/Heavy Trucks or Combo Units>10k lbs<br>Bus/Van/Limo (9 or More Including Driver)  | Non-Motorist<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |  |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.   | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   | Most Damaged Area<br><b>03</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other   | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
| Pre-Crash Actions<br><b>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>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  | <p><b>Non-Collision Events</b></p> 01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |   |   |  |  |
| <p><b>Collision With Person, Vehicle or Object Not Fixed</b></p> 14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train,Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object   |   |   |   |  |  |
| <p><b>Collision With Fixed Object</b></p> 25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |   |   |   |  |  |
| Unit Speed<br><b>0</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  | Posted Speed<br><b>10</b>   | Traffic Control<br><b>01</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings   | Unit Direction<br>From <b>4</b> To <b>3</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |  |  |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

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

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|   |   |  |   |                                    |                                 |                             |                          |                           |                    |                       |                     |
|---|---|--|---|------------------------------------|---------------------------------|-----------------------------|--------------------------|---------------------------|--------------------|-----------------------|---------------------|
| Unit Number<br>0   2  | Name: Last, First, Middle<br>LUTFIYYA ABDALLA | Date of Birth<br>0   5   0   4   1   9   9   1 | Age<br>26   | Gender<br>M F - Female<br>M - Male |                                 |                             |                          |                           |                    |                       |                     |
| Address, City, State, Zip<br>7607 TERRACE RIVER DR TAMPA FL 33637 |   |  | Contact Phone - include area code<br>813-528-5899 |                                    |                                 |                             |                          |                           |                    |                       |                     |
| 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>F   L   | Operator License Number<br>L310009911640      | OL Class                                       | 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   1   | Name: Last, First, Middle<br>TOKAR AMANDA J | Date of Birth<br>0   7   1   4   1   9   8   8 | Age<br>29   | Gender<br>F F - Female<br>M - Male |                                 |                             |                          |                           |                    |                       |                     |
| Address, City, State, Zip<br>4260 AMERICANA DR 106 CUYAHOGA FALLS OH 44224 |   |  | Contact Phone - include area code<br>330-814-5784 |                                    |                                 |                             |                          |                           |                    |                       |                     |
| 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>O   H  | Operator License Number<br>SJ419502         | 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>  | <b>Injured Taken By</b>   | <b>Safety Equipment Used</b>  | 99 - Unknown Safety Equipment  |  |
| 1 - No Injury/None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | 1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>Motorist</b><br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder Belt and Lap Belt Used | <b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used<br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |  |

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

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

|  |   |  |   |   |
|--|---|--|---|---|
| <b>Alcohol Test Status</b>   | <b>Alcohol Test Type</b>                                      | <b>Drug Test Status</b>  | <b>Drug Test Type</b>                           | <b>Driver Distracted By</b>   |
| 1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | 1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | 1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | 1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | 1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |

|   |   |  |   |                                    |                                 |                           |                    |               |              |
|---|---|--|---|------------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| Unit Number<br>0   1  | Name: Last, First, Middle<br>SOTO CAMERON M | Date of Birth<br>0   5   1   0   2   0   0   6 | Age<br>11   | Gender<br>M F - Female<br>M - Male |                                 |                           |                    |               |              |
| Address, City, State, Zip<br>13117 THRIVES RD GARFIELD HTS OH 44125 |   |  | Contact Phone - include area code<br>216-313-1791 |                                    |                                 |                           |                    |               |              |
| 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   6 | Air Bag Usage<br>5 | Ejection<br>1 | Trapped<br>1 |
| Unit Number<br>0   1  | Name: Last, First, Middle<br>SOTO MARYA LY  | Date of Birth<br>0   4   0   3   2   0   0   4 | Age<br>13   | Gender<br>F F - Female<br>M - Male |                                 |                           |                    |               |              |
| Address, City, State, Zip<br>13117 THRIVES GARFIELD HTS OH 44125    |   |  | Contact Phone - include area code<br>216-313-1791 |                                    |                                 |                           |                    |               |              |
| 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   4 | Air Bag Usage<br>5 | Ejection<br>1 | Trapped<br>1 |



# Occupant / Witness Addendum

Local Report Number \*

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

Occupant

Occupant

Occupant

Occupant

Occupant

Occupant

|                      |  |  |           |                                    |
|----------------------|--|--|-----------|------------------------------------|
| Unit Number<br>0   2 | Name: Last, First, Middle<br>WALKSLER CORY J | Date of Birth<br>0   4   1   4   1   9   9   3 | Age<br>24 | Gender<br>M F - Female<br>M - Male |
|----------------------|--|--|-----------|------------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>1233 SWEET GUM DR BRANDON FL 33511 | Contact Phone - include area code<br>941-468-6468 |
|---|---|

|               |                  |            |                                   |                                |   |                           |                    |               |              |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| Injuries<br>1 | Injured Taken By | 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   3 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender<br>F - Female<br>M - Male |
|-------------|---------------------------|---------------|-----|----------------------------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| Address, City, State, Zip | Contact Phone - include area code |
|---------------------------|-----------------------------------|

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

|   |  |   |  |   |
|---|--|---|--|---|
| <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 | 99 - Unknown Safety Equipment<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) | 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) | 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 |
|--|--|---|--|---|

Page of