



# Traffic Crash Report

|                       |  |                            |
|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 20174379              | 2 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

|   |   |                         |                         |                 |                                |
|---|---|-------------------------|-------------------------|-----------------|--------------------------------|
| Local Information   |   | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error                  |
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | 01820                   | GARFIELD HEIGHTS        | 02              | 01 98 - Animal<br>99 - Unknown |

|          |   |                           |              |               |             |
|----------|---|---------------------------|--------------|---------------|-------------|
| County * | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 18       |   | GARFIELD HTS              | 12022017     | 1536          | SAT         |

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.412775                | -81.602909 |

|   |                                    |                      |  |
|---|------------------------------------|----------------------|--|
| Roadway Division  | Divided Lane Direction of Travel   | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | E N - Northbound<br>S - Southbound | 02                   | 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> | Location Route Number | Loc. Prefix  | Location Road name | Location Road Type <sup>2</sup> | Route Types <sup>1</sup>   |
|                                  |                       | N.S.<br>E.W. | ANTENUCCI          | BL                              | IR - Interstate Route (inc. turnpike)<br>US - US Route<br>SR - State Route<br>CR - Numbered County Route<br>TR - Numbered Township Route |

|                         |                |                                   |                        |              |  |                                  |
|-------------------------|----------------|-----------------------------------|------------------------|--------------|--|----------------------------------|
| Distance From Reference | Dir From Ref   | Reference Route Type <sup>1</sup> | Reference Route Number | Ref Prefix   | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 5                       | W N.S.<br>E.W. |                                   |                        | N.S.<br>E.W. | TURNEY                                   | RD                               |

|   |  |  |
|---|--|--|
| Reference Point Used                                  | Crash Location   | Location of First Harmful Event  |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 03<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 1<br>1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

|  |                            |   |
|--|----------------------------|---|
| Road Contour   | Road Conditions            | Weather   |
| 2<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 01<br>Primary<br>Secondary | 1<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

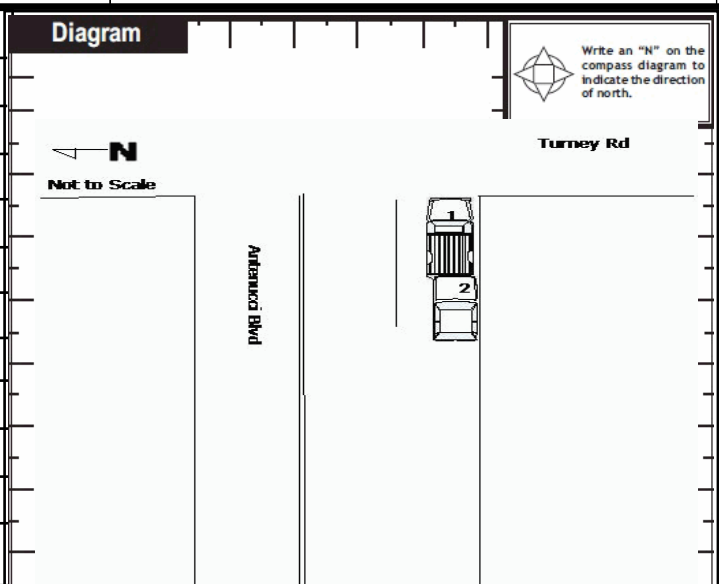
|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 2<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 1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

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

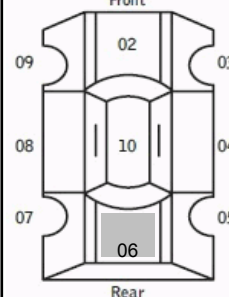
|  |   |  |   |
|--|---|--|---|
| Work Zone Related                          | Workers Present   | Type of Work Zone  | Location of Crash in Work Zone  |
| <input type="checkbox"/> Work Zone Related | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement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

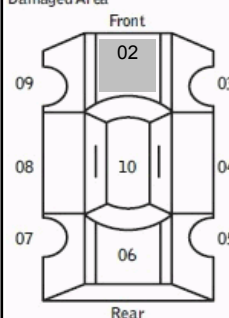
Narrative

UNIT 1 WAS STOPPED ON ANTENUCCI BLVD AT TURNEY RD. WHEN HE WAS SUDDENLY STRUCK BY UNIT 2. UNIT 2 STATES HER FOOT SLIPPED OFF THE BRAKE ONTO THE ACCELERATOR, CAUSING HER VEHICLE TO LURCH FORWARD AND STRIKE UNIT 1.



|  |  |                     |                     |               |              |              |                          |               |
|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By  | Supplement (Correction or Addition to an Existing Report Sent to ODPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency<br><input type="checkbox"/> Motorist | <input type="checkbox"/>   | 12022017            | 1536                | 1537          | 1541         | 1556         | 45                       | 60            |
| Officer's Name *   | Officer's Badge Number   | Checked By          | Page of             |               |              |              |                          |               |
| R. Dodge   | 036  | L07 D. Bailey       |                     |               |              |              |                          |               |

|   |  |   |  |   |
|---|--|---|--|---|
| Unit Number<br><b>01</b>  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>SMITH VICTOR T</b>  | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-356-7895</b>   | Damage Scale<br><b>1</b>   | Damaged Area<br>   |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>574 CORKHILL RD 321C BEDFORD OH 44146</b>  |  |   | 1 - None   |   |
| LP State<br><b>OH</b>   | License Plate Number<br><b>F676080</b>   | Vehicle Identification Number<br><b>1D7HU18D35S325683</b>   | # Occupants<br><b>02</b>   |   |
| Vehicle Year<br><b>2005</b>   | Vehicle Make<br><b>DODG Dodge</b>  | Vehicle Model<br><b>4X4 4 X 4</b>   | Vehicle Color<br><b>SIL Alum/Silver</b>  |   |
| <input type="checkbox"/> Proof of Insurance Shown   | Insurance Company<br><b>GENEVA</b>   | Policy Number<br><b>92-OH2784002</b>  | Towed By   |   |
| Carrier Name, Address, City, State, Zip   |  |   | Carrier Phone - include area code  |   |
| US DOT  | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs.  | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel   | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway                                  |   |
| HM Placard ID No.   | <input type="checkbox"/> Hazardous Material Released   | Hit / Skip Unit<br><input type="checkbox"/>   |  |   |
| HM Class Number   | Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |   |  |   |
| Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response   | Unit Type<br><b>07</b><br>99 - Unknown or Hit/Skip<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle  | Passenger Vehicle (less than 9 passengers)  | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br><br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   | Most Damaged Area<br><b>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   | 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  |
| 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  | <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>0</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  | Posted Speed<br><b>35</b>  | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings   | Unit Direction<br>From <b>4</b> To <b>3</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown   |   |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Unit Number<br><b>02</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>ROBERTSON ALIAS</b>   | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-799-3546</b>  | Damage Scale<br><b>2</b>  | Damaged Area<br>  |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>18308 EDINBORO AVE MAPLE HEIGHTS OH 44137</b>   |  |  | 1 - None  |  |  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>GVL6452</b>   | Vehicle Identification Number<br><b>KNAFK4A65G5514015</b>  | # Occupants<br><b>02</b>  |  |  |
| Vehicle Year<br><b>2016</b>  | Vehicle Make<br><b>KIA Kia Motors Corpora</b>  | Vehicle Model<br><b>OTH Other</b>  | Vehicle Color<br><b>BLK Black</b>   |  |  |
| <input type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>PROGRESSIVE</b>  | Policy Number<br><b>40678123</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   |  |  |
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| Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Unit Type<br><b>02</b><br>99 - Unknown or Hit/Skip<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle  | Passenger Vehicle (less than 9 passengers)   | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle                              | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - BUS(16+ Seats, Inc Driver)<br><br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist  |  |
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| 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   |  |
| Contributing Circumstances<br><b>09</b><br>99 - Unknown  | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action   | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>00</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 |  | <b>Collision With Fixed Object</b><br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier |   | 33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<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>2</b><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated   | Posted Speed<br><b>35</b>  | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone  | 07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings  | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported  | Unit Direction<br>From <b>4</b> To <b>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 | 4 | 3 | 7 | 9 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                      |   |  |           |                                    |
|----------------------|---|--|-----------|------------------------------------|
| Unit Number<br>0   1 | Name: Last, First, Middle<br>SMITH VICTOR T | Date of Birth<br>0   3   0   3   1   9   8   3 | Age<br>34 | Gender<br>M F - Female<br>M - Male |
|----------------------|---|--|-----------|------------------------------------|

|  |   |
|--|---|
| Address, City, State, Zip<br>574 CORKHILL RD 321C BEDFORD OH 44146 | Contact Phone - include area code<br>216-356-7895 |
|--|---|

|               |                       |                        |  |                                |   |                           |                    |               |              |
|---------------|-----------------------|------------------------|--|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| Injuries<br>3 | Injured Taken By<br>2 | EMS Agency<br>GHFD SQ1 | Medical Facility Injured Taken To<br>MARYMOUNT HOS | Safety Equipment Used<br>9   9 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>0   1 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|-----------------------|------------------------|--|--------------------------------|---|---------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| OL State<br>OH | Operator License Number<br>RZ349928 | 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 |
|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|

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|--|---------------------|-----------------|--|---------------------------|
| Offense Charged (Local Code)<br><input type="checkbox"/> | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|--|---------------------|-----------------|--|---------------------------|

|                      |   |  |           |                                    |
|----------------------|---|--|-----------|------------------------------------|
| Unit Number<br>0   2 | Name: Last, First, Middle<br>ROBERTSON ALIA S | Date of Birth<br>0   9   0   1   1   9   8   7 | Age<br>30 | Gender<br>F F - Female<br>M - Male |
|----------------------|---|--|-----------|------------------------------------|

|  |   |
|--|---|
| Address, City, State, Zip<br>18308 EDINBORO AVE MAPLE HEIGHTS OH 44137 | Contact Phone - include area code<br>216-799-3546 |
|--|---|

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|---------------|--|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| 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>OH | Operator License Number<br>SR661060 | 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 (Local Code)<br><input type="checkbox"/> | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|--|---------------------|-----------------|--|---------------------------|

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

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

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

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

|                      |   |  |           |                                    |
|----------------------|---|--|-----------|------------------------------------|
| Unit Number<br>0   1 | Name: Last, First, Middle<br>MCCLAUGHERTY JOSEPH MI | Date of Birth<br>0   8   1   0   1   9   6   3 | Age<br>54 | Gender<br>M F - Female<br>M - Male |
|----------------------|---|--|-----------|------------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>14901 TURNEY RD 101 MAPLE HTS OH 44137 | Contact Phone - include area code<br>216-673-0071 |
|---|---|

|               |                       |                        |   |                                |   |                           |                    |               |              |
|---------------|-----------------------|------------------------|---|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| Injuries<br>3 | Injured Taken By<br>2 | EMS Agency<br>GHFD SQ2 | Medical Facility Injured Taken To<br>MARYMOUNT HOS. | 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 |
|---------------|-----------------------|------------------------|---|--------------------------------|---|---------------------------|--------------------|---------------|--------------|

|                      |  |  |           |                                    |
|----------------------|--|--|-----------|------------------------------------|
| Unit Number<br>0   2 | Name: Last, First, Middle<br>PATTERSON TAHEA | Date of Birth<br>0   5   1   1   2   0   0   7 | Age<br>10 | Gender<br>F F - Female<br>M - Male |
|----------------------|--|--|-----------|------------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>26433 SOLON RD B417 OAKWOOD OH 44146 | Contact Phone - include area code<br>216-799-3546 |
|---|---|

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