



# Traffic Crash Report

|                       |   |                            |
|-----------------------|---|----------------------------|
| Local Report Number * | Crash Severity                          | Hit/Skip                   |
| 20180837              | 3<br>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 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | 01820                   | GARFIELD HEIGHTS        | 02              | 02<br>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              | 03122018     | 0940          | MON         |

|                                      |           |                          |            |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude  |
|                                      |           | 41.410855                | -81.614566 |

|   |                                      |                      |  |
|---|--------------------------------------|----------------------|--|
| 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 | S N - Northbound<br>S 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 | TRANSPORTATION     | 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> |
|                         | N.S.<br>E,W  |                                   |                        | N.S.<br>E,W | ANTENUCCI                                | BL                               |

|   |  |   |   |
|---|--|---|---|
| Reference Point Used                                  | Crash Location   | Reference Point Used  | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 01<br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access | 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 | 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 |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level | 01<br>01        |   |  | * Secondary Condition Only   |

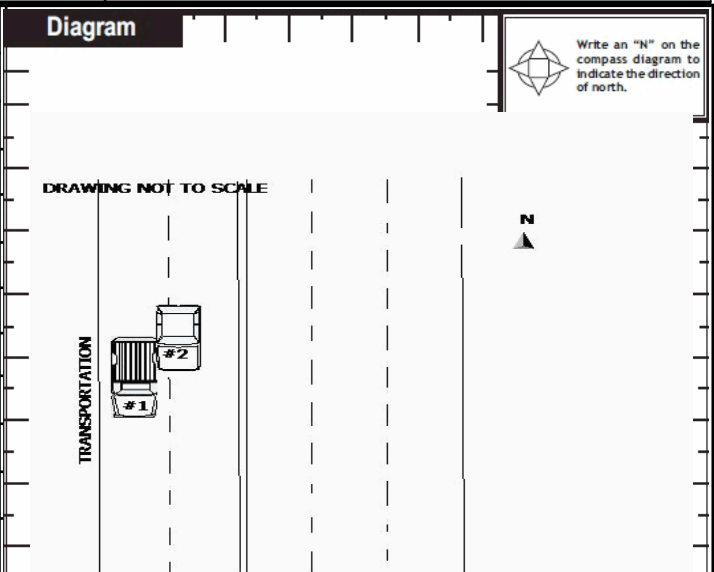
|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 7<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 2<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   | Type of Work Zone  | Location of Crash in Work Zone  |
| <input type="checkbox"/> Workers Present<br><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 TRAVELING S/B ON TRANSPORTATION JUST PAST ANTENUCCI IN THE SLOW SPEED LANE WHEN UNIT#2 WHO WAS TRAVELING S/B IN THE LANE NEXT TO THE DOUBLE YELLOW LINE WENT TO CHANGE LANES INTO THE SLOW SPEED LANE AND STRUCK UNIT#1 ON THE LEFT SIDE CAUSING DAMAGE TO THE TOOL BOX AND DRIVER DOOR. UNIT#2 DAMAGE WAS TO THE RIGHT FRONT BUMPER AND FENDER.



|  |  |                     |                     |               |              |              |                          |               |
|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| 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"/>   | 03122018            | 0940                | 0941          | 0943         | 0958         | 30                       | 45            |
| Officer's Name *   | Officer's Badge Number   | Checked By          | Page of             |               |              |              |                          |               |
| A. Nero  | 020  | L10 M. Kaye         |                     |               |              |              |                          |               |



# Unit

Local Report Number \*

2 0 1 8 0 8 3 7

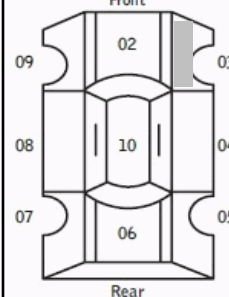
|   |  |  |  |  |  |   |  |   |  |  |  |
|---|--|--|--|--|--|---|--|---|--|--|--|
| Unit Number<br><b>01</b>  |  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>GEHRING JUAN P</b>  |  | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-246-6368</b>  |  | Damage Scale<br><b>3</b>  |  | Damaged Area<br>  |  |  |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>418 WOODLAWN CIR BERE A OH 44017 1231</b>  |  |  |  |  |  |   |  |   |  |  |  |
| LP State<br><b>OH</b>   |  | License Plate Number<br><b>PHQ3823</b>   |  | Vehicle Identification Number<br><b>1FDUF5GT0CEB19487</b>  |  |   |  | # Occupants<br><b>01</b>  |  |  |  |
| Vehicle Year<br><b>2012</b>   |  | Vehicle Make<br><b>FORD Ford</b>   |  | Vehicle Model<br><b>F55 F550 Series</b>  |  | Vehicle Color<br><b>WHI White</b>   |  |   |  |  |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  |  | Insurance Company<br><b>CINCINNATI INS</b>   |  | Policy Number<br><b>EPP0073597</b>   |  | Towed By  |  |   |  |  |  |
| Carrier Name, Address, City, State, Zip   |  |  |  |  |  |   |  | Carrier Phone - include area code   |  |  |  |
| US DOT  |  | Vehicle Weight GVWR/GCWR<br><b>1</b> 1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.  |  | Cargo Body Type<br><b>11</b> 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel   |  |   |  | Trafficway Description<br><b>1</b> 1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway                            |  |  |  |
| HM Placard ID No.   |  | <input type="checkbox"/> Hazardous Material Released   |  | 09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown  |  |   |  | <input type="checkbox"/> Hit / Skip Unit  |  |  |  |
| HM Class Number   |  | Type of Use<br><b>2</b> 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response   |  | Unit Type<br><b>13</b> 01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle   |  | 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 |  |  |  |
| Non-Motorist Location Prior to Impact<br><b>01</b> 01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |  | Special Function<br><b>01</b> 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other  |  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.  |  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)   |  | Most Damaged Area<br><b>08</b> 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear   |  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other |  |
| Pre-Crash Actions<br><b>01</b> 01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<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 |  | 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  |  | Action<br><b>4</b> 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown                  |  |
| Contributing Circumstances<br>Primary<br><b>01</b> 01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   |  | Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road |  | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action |  | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action |  | Vehicle Defects<br><b>01</b> 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   |  | 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   |  | 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  |  | 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  |  |   |  |  |  |
| 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox  |  | 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>20</b> Posted Speed <b>35</b>   |  | Traffic Control<br><b>01</b> 01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone  |  |   |  |  |  |
| <input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated  |  | 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>1</b> To <b>2</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |  |   |  |  |  |



# Unit

Local Report Number \*

2 0 1 8 0 8 3 7

|   |  |   |  |  |  |   |  |  |  |
|---|--|---|--|--|--|---|--|--|--|
| Unit Number<br><b>02</b>  |  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>ZACK RICHARD</b>   |  | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-650-2168</b>  |  | Damage Scale<br><b>3</b>  |  | Damaged Area<br>  |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>12321 BANGOR GARF HTS OH 44125</b>   |  |   |  |  |  |   |  |  |  |
| LP State<br><b>OH</b>   |  | License Plate Number<br><b>FOT5538</b>  |  | Vehicle Identification Number<br><b>1FTRF17253NB78268</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>GRN Green</b>   |  |  |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  |  | Insurance Company<br><b>ALLSTATE</b>  |  | Policy Number  |  | Towed By  |  |  |  |
| Carrier Name, Address, City, State, Zip   |  |   |  |  |  |   |  | Carrier Phone - include area code  |  |
| US DOT  |  | Vehicle Weight GVWR/GCWR<br><b>1</b> 1 - Less Than or Equal to 10k Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs.   |  | Cargo Body Type<br><b>01</b> 01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van(9-15 Seats, Inc.Driver)<br>03 - Bus(16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel   |  |   |  | Traficway Description<br><b>1</b> 1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway                          |  |
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| HM Class Number   |  |   |  |  |  |   |  |  |  |
| Non-Motorist Location Prior to Impact<br><b>01</b> 01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown |  | Type of Use<br><b>1</b> 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  |  | Unit Type<br><b>07</b> 01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle   |  | Passenger Vehicle (less than 9 passengers)<br>Med/Heavy Trucks or Combo Units>10k lbs<br>21 - Bus/Van/Limo (9 or More Including 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      |  | <input type="checkbox"/> Has HM Placard  |  |
| Special Function<br><b>01</b> 01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10K Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other   |  | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip.   |  | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative)  |  | Most Damaged Area<br><b>03</b> 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear   |  | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total (All Areas)<br>14 - Other   |  |
| Action<br><b>3</b> 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>03</b> 01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>99 - Unknown   |  | Motorist<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>02</b> 01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>Secondary<br><b>01</b> 05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>99 - Unknown   |  | 09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road   |  | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action |  | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action |  | Vehicle Defects<br><b>01</b> 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  |  | 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   |  | 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 |  | 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  |  | 41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 Mailbox   |  |
| Unit Speed<br><b>25</b><br><input type="checkbox"/> Stated<br><input checked="" type="checkbox"/> Estimated   |  | Posted Speed<br><b>35</b>   |  | Traffic Control<br><b>01</b> 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  |  | Unit Direction<br>From <b>1</b> To <b>2</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown   |  |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 8 | 0 | 8 | 3 | 7 | | | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                   |   |                           |           |                                       |
|-------------------|---|---------------------------|-----------|---------------------------------------|
| Unit Number<br>01 | Name: Last, First, Middle<br>GEHRING JUAN P | Date of Birth<br>04281979 | Age<br>38 | Gender<br>M<br>F - Female<br>M - Male |
|-------------------|---|---------------------------|-----------|---------------------------------------|

|  |   |
|--|---|
| Address, City, State, Zip<br>418 WOODLAWN CIR BERA OH 44017 1231 | Contact Phone - include area code<br>216-246-6368 |
|--|---|

|               |  |            |                                   |                             |   |                        |                    |               |              |
|---------------|--|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries<br>1 | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br>04 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>01 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|--|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State<br>OH | Operator License Number<br>RT694853 | 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 | 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 |
|--|---------------------|-----------------|--|---------------------------|

|                   |   |                           |           |                                       |
|-------------------|---|---------------------------|-----------|---------------------------------------|
| Unit Number<br>02 | Name: Last, First, Middle<br>ZACK RICHARD | Date of Birth<br>10021950 | Age<br>67 | Gender<br>M<br>F - Female<br>M - Male |
|-------------------|---|---------------------------|-----------|---------------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>12321 BANGOR GARF HTS OH 44125 | Contact Phone - include area code<br>216-650-2168 |
|---|---|

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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>04 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>01 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|--|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State<br>OH | Operator License Number<br>RP553165 | 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 | 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>99 - Unknown Safety Equipment</b><br><b>Non-Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used<br>09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |
|---|--|---|

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

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| <b>Ejection</b><br>1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | <b>Trapped</b><br>1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | <b>Operator License Class</b><br>1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Ohio is "D")<br>5 - MC/Moped <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 |
|--|---|---|---|--|

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

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|---|---------------------------|---|-----|--|
| Unit Number<br><input type="checkbox"/> | Name: Last, First, Middle | Date of Birth<br><input type="checkbox"/> | Age | Gender<br><input type="checkbox"/><br>F - Female<br>M - Male |
|---|---------------------------|---|-----|--|

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

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

|   |                           |   |     |  |
|---|---------------------------|---|-----|--|
| Unit Number<br><input type="checkbox"/> | Name: Last, First, Middle | Date of Birth<br><input type="checkbox"/> | Age | Gender<br><input type="checkbox"/><br>F - Female<br>M - Male |
|---|---------------------------|---|-----|--|

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|---------------------------|-----------------------------------|
| Address, City, State, Zip | Contact Phone - include area code |
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|                                      |  |            |                                   |   |   |  |   |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|---|---|--|---|--------------------------------------|-------------------------------------|
| Injuries<br><input type="checkbox"/> | Injured Taken By<br><input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br><input type="checkbox"/> | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br><input type="checkbox"/> | Air Bag Usage<br><input type="checkbox"/> | Ejection<br><input type="checkbox"/> | Trapped<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|---|---|--|---|--------------------------------------|-------------------------------------|