



# Traffic Crash Report

|                       |  |                            |
|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity                         | Hit/Skip                   |
| 2 0 1 8 1 8 5 5       | 2 - 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |

Local Information  
**TURNEY @ CROFTON**

|  |   |   |                                      |   |                        |   |
|--|---|---|--------------------------------------|---|------------------------|---|
| <input checked="" type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-3 | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC *<br>0 1 8 2 0 | Reporting Agency Name *<br>GARFIELD HEIGHTS | Number of Units<br>0 2 | Unit in error<br>0 2<br>98 - Animal<br>99 - Unknown |
|--|---|---|--------------------------------------|---|------------------------|---|

|                 |   |   |                                 |                          |                      |
|-----------------|---|---|---------------------------------|--------------------------|----------------------|
| County *<br>1 8 | <input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township *<br>GARFIELD HTS | Crash Date *<br>0 5 2 9 2 0 1 8 | Time of Crash<br>1 8 1 1 | Day of Week<br>T U E |
|-----------------|---|---|---------------------------------|--------------------------|----------------------|

|                                      |           |                          |                     |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude           |
|                                      |           | 4 1 . 4 0 6 6 7 0        | - 8 1 . 5 9 8 7 6 3 |

|   |  |                                |                             |   |
|---|--|--------------------------------|-----------------------------|---|
| 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>0 2 | Road Types or Milepost <sup>2</sup><br>AL - Alley<br>AV - Avenue<br>BL - Boulevard<br>CR - Circle<br>CT - Court<br>DR - Drive<br>HE - Heights<br>HW - Highway<br>LA - Lane<br>MP - Milepost<br>PK - Parkway<br>PI - Pike<br>PL - Place<br>RD - Road<br>SQ - Square<br>ST - Street<br>TE - Terrace<br>TL - Trail<br>WA - Way |
|---|--|--------------------------------|-----------------------------|---|

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

|   |                       |  |   |  |  |  |
|---|-----------------------|--|---|--|--|--|
| Reference Point Used<br>1 - Intersection<br>2 - Mile Post<br>3 - House Number | Crash Location<br>0 3 | 01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access | 11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | <input checked="" type="checkbox"/> Intersection Related | Location of First Harmful Event<br>1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |
|---|-----------------------|--|---|--|--|--|

|   |   |     |   |  |  |                            |
|---|---|-----|---|--|--|----------------------------|
| Road Contour<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | Road Conditions<br>Primary<br>Secondary | 0 1 | 01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice | 05 - Sand, Mud, Dirt, Oil, gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris* | 09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | * Secondary Condition Only |
|---|---|-----|---|--|--|----------------------------|

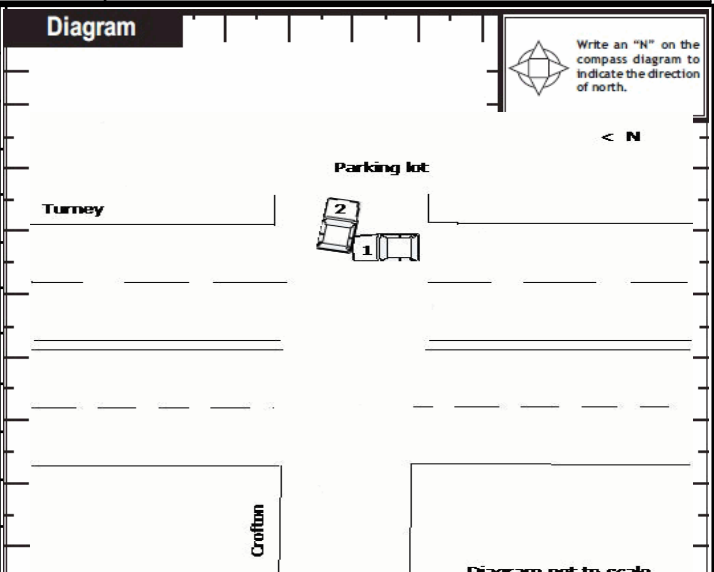
|   |   |
|---|---|
| Manner of Crash Collision/Impact<br>6 - 1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | Weather<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<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<br>2 - 1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | Light conditions<br>1 - Primary<br>Secondary | 1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other<br>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<br><input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | Type of Work Zone<br>1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | Location of Crash in Work Zone<br>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

DRIVER OF UNIT 1 STATES SHE WAS TRAVELING N/B ON TURNEY RD AND UNIT 2 ATTEMPTED TO MAKE A LEFT TURN IN FRONT OF HER INTO THE PARKING LOT. DRIVER OF UNIT 1 APPLIED HER BRAKES BUT WAS UNABLE TO STOP IN TIME AND STRUCK UNIT 2. DRIVER OF UNIT 2 STATES SHE WAS ATTEMPTING TO MAKE A LEFT TURN AND DID NOT OBSERVE UNIT 1 TRAVELING N/B ON TURNEY AND UNIT 2 TURNED IN FRONT OF UNIT 1 CAUSING THE TWO VEHICLES TO COLLIDE.



|   |   |
|---|---|
| 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>0 5 2 9 2 0 1 8 | Time Crash Reported<br>1 8 1 1 | Dispatch Time<br>1 8 1 3 | Arrival Time<br>1 8 1 5 | Time Cleared<br>1 8 4 0 | Other Investigation Time<br>3 0 | Total Minutes<br>5 5 |
|--|--------------------------------|--------------------------|-------------------------|-------------------------|---------------------------------|----------------------|

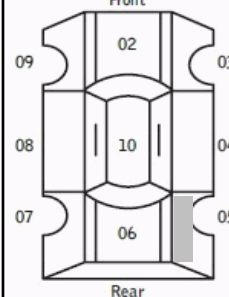
|                              |                               |                               |         |
|------------------------------|-------------------------------|-------------------------------|---------|
| Officer's Name *<br>R. Fogle | Officer's Badge Number<br>035 | Checked By<br>L02 T. Capretta | Page of |
|------------------------------|-------------------------------|-------------------------------|---------|



# Unit

Local Report Number \*

2 0 1 8 1 8 5 5

|   |   |  |   |  |   |
|---|---|--|---|--|---|
| Unit Number<br><b>0 2</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>ROBERTS DOMINIQUE NICOLE</b>   | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-804-8061</b>  | Damage Scale<br><b>4</b>  | Damaged Area<br>  |   |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>12016 DARLINGTON AVE GARFIELD HTS OH 44125</b>   |   |  |   |  |   |
| LP State<br><b>OH</b>   | License Plate Number<br><b>HKE9278</b>  | Vehicle Identification Number<br><b>KNAFK4A67F5411824</b>  | # Occupants<br><b>0 1</b>   |  |   |
| Vehicle Year<br><b>2 0 1 5</b>  | Vehicle Make<br><b>KIA Kia Motors Corpora</b>   | Vehicle Model<br><b>OTH Other</b>  | Vehicle Color<br><b>SIL Alum/Silver</b>   |  |   |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  | Insurance Company<br><b>ALLSTATE</b>  | Policy Number<br><b>980 465 231</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>0 1</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>2</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>0 1</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>0 3</b><br>99 - Unknown or Hit/Skip  | Passenger Vehicle (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle                   | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle   | 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>0 1</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>0 5</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>0 6</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>99 - Unknown<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  |  |   |
| Contributing Circumstances<br>Primary<br><b>0 2</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>Secondary<br><b>0 0</b><br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>99 - Unknown<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>0 0</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>2 0</b> 2 <b>0 0</b> 3 <b>0 0</b> 4 <b>0 0</b> 5 <b>0 0</b> 6 <b>0 0</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>5</b>  | Posted Speed<br><b>2 5</b>  | Traffic Control<br><b>0 4</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   | 13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported   |  |   |
| <input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  |   | Unit Direction<br>From <b>1</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   |   | Page of  |   |



# Unit

Local Report Number \*

2 0 1 8 1 8 5 5

|   |  |  |  |   |  |  |   |  |   |   |  |
|---|--|--|--|---|--|--|---|--|---|---|--|
| Unit Number<br><b>01</b>  |  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>FOUNTAIN SEQUIA DENISE</b>  |  | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>216-835-6270</b>   |  | Damage Scale<br><b>3</b>   |   | Damaged Area<br>   |   |   |  |
| Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )<br><b>4733 HORTON RD GARFIELD HTS OH 44125</b>   |  |  |  |   |  |  |   |  |   |   |  |
| LP State<br><b>OH</b>   |  | License Plate Number<br><b>HLQ8099</b>   |  | Vehicle Identification Number<br><b>1FMCU0G96EUD32879</b>   |  |  | # Occupants<br><b>04</b>  |  |   |   |  |
| Vehicle Year<br><b>2014</b>   |  | Vehicle Make<br><b>FORD Ford</b>   |  | Vehicle Model<br><b>ECP Escape</b>  |  | Vehicle Color<br><b>WHI White</b>  |   |  |   |   |  |
| <input checked="" type="checkbox"/> Proof of Insurance Shown  |  | Insurance Company<br><b>GEICO</b>  |  | Policy Number<br><b>4517-46-57-06</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                           |  |  | 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 |  | 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>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  |  | Passenger Vehicle (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sports Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle              |   | Med/Heavy Trucks or Combo Units>10k lbs<br>13 - Single Unit Truck or Van 2axle,6 tires<br>14 - Single Unit Truck 3+ axles<br>15 - Single Unit Truck/Trailer<br>16 - Truck/Tractor(Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle |   | 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>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   |   | 99 - Unknown<br><br>Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown  |  |
| Pre-Crash Actions<br><b>01</b><br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>99 - Unknown<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   |   |  |   | 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>Secondary<br><input type="checkbox"/><br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>99 - Unknown<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><input type="checkbox"/><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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><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  |  | 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   |  | 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>25</b><br><input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated   |  | Posted Speed<br><b>25</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>2</b> To <b>1</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown  |  |



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 8 | 1 | 8 | 5 | 5 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

|                      |   |  |           |                                    |
|----------------------|---|--|-----------|------------------------------------|
| Unit Number<br>0   2 | Name: Last, First, Middle<br>ROBERTS DOMINIQUE NI | Date of Birth<br>0   5   1   2   1   9   9   9 | Age<br>19 | Gender<br>F F - Female<br>M - Male |
|----------------------|---|--|-----------|------------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>12016 DARLINGTON AVE GARFIELD HTS OH 44125 | Contact Phone - include area code<br>216-804-8061 |
|---|---|

|               |                       |            |                                   |                                |   |                           |                    |               |              |
|---------------|-----------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| Injuries<br>2 | Injured Taken By<br>1 | 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 |
|---------------|-----------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State<br>OH | Operator License Number<br>UN002910 | 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 ) | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|--------------------------------|---------------------|-----------------|--|---------------------------|

|                      |   |  |           |                                    |
|----------------------|---|--|-----------|------------------------------------|
| Unit Number<br>0   1 | Name: Last, First, Middle<br>FOUNTAIN SEQUIA DE | Date of Birth<br>0   9   0   3   1   9   9   1 | Age<br>26 | Gender<br>F F - Female<br>M - Male |
|----------------------|---|--|-----------|------------------------------------|

|   |   |
|---|---|
| Address, City, State, Zip<br>4733 HORTON RD GARFIELD HTS OH 44125 | Contact Phone - include area code<br>216-835-6270 |
|---|---|

|               |                  |            |                                   |                                |   |                           |                    |               |              |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| 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   1 | Air Bag Usage<br>1 | Ejection<br>1 | Trapped<br>1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State<br>OH | Operator License Number<br>TK961314 | 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 ) | Offense Description | Citation Number | Hands-Free Device Used<br><input type="checkbox"/> | Driver Distracted By<br>1 |
|--------------------------------|---------------------|-----------------|--|---------------------------|

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

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

|                      |   |  |           |                                    |
|----------------------|---|--|-----------|------------------------------------|
| Unit Number<br>0   1 | Name: Last, First, Middle<br>WILLIAMS DORISSA L | Date of Birth<br>0   8   3   1   1   9   9   1 | Age<br>26 | Gender<br>F F - Female<br>M - Male |
|----------------------|---|--|-----------|------------------------------------|

|  |   |
|--|---|
| Address, City, State, Zip<br>6535 HUNTER DR GARFIELD HTS OH 44125 4945 | Contact Phone - include area code<br>216-835-9967 |
|--|---|

|               |                  |            |                                   |                                |   |                           |                    |               |              |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| 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<br>0   1 | Name: Last, First, Middle<br>WILLIAMS DOMINIQUE | Date of Birth<br>0   5   1   8   2   0   1   0 | Age<br>8 | Gender<br>M F - Female<br>M - Male |
|----------------------|---|--|----------|------------------------------------|

|  |   |
|--|---|
| Address, City, State, Zip<br>6535 HUNTER GARFIELD HTS OH 44125 | Contact Phone - include area code<br>216-835-9967 |
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|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|
| 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   4 | Air Bag Usage<br>5 | Ejection<br>1 | Trapped<br>1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---|---------------------------|--------------------|---------------|--------------|



# Occupant / Witness Addendum

Local Report Number \*  

|   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | 0 | 1 | 8 | 1 | 8 | 5 | 5 |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|

|                    |  |                                  |     |                                    |
|--------------------|--|----------------------------------|-----|------------------------------------|
| Unit Number<br>0 1 | Name: Last, First, Middle<br>WILLIAMS DASH | Date of Birth<br>0 3 1 7 2 0 1 8 | Age | Gender<br>M F - Female<br>M - Male |
|--------------------|--|----------------------------------|-----|------------------------------------|

|  |                                   |
|--|-----------------------------------|
| Address, City, State, Zip<br>6535 HUNTER GARFIELD HTS OH 44125 | Contact Phone - include area code |
|--|-----------------------------------|

|               |                  |            |                                   |                              |   |                         |                    |               |              |
|---------------|------------------|------------|-----------------------------------|------------------------------|---|-------------------------|--------------------|---------------|--------------|
| Injuries<br>1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used<br>0 6 | DOT Compliant Motorcycle Helmet<br><input type="checkbox"/> | Seating Position<br>0 6 | Air Bag Usage<br>5 | 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 |
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|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
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|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
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|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
|---------------------------|-----------------------------------|

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <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 | <b>99 - Unknown Safety Equipment</b><br><b>Motorist</b><br>05 - Child Restraint System-Forward Facing<br>06 - Child Restraint System-Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used | <b>Non-Motorist</b><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 |
|---|--|---|---|---|---|

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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) | 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 |
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