DRIVER OF UNIT #1 STATED HE WAS TRAVELING NORTH
ON TURNERY IN THE RIGHT LANE APPROACHING VERNON
AVE. DRIVER OF UNIT #1 STATED HE OBSERVED UNIT #2
BEGIN TO MAKE A RIGHT TURN ONTO VERNON AND WAS
UNABLE TO SLOW IN TIME, SUBSEQUENTLY STRIKING
UNIT #2 IN THE CENTER REAR.

DRIVER OF UNIT #2 STATED HE WAS TRAVELING NORTH
ON TURNERY IN THE RIGHT LANE APPROACHING VERNON
AVE. DRIVER OF UNIT #2 STATED HE BEGAN TO MAKE A
RIGHT TURN ONTO VERNON AND WAS SUBSEQUENTLY
STRUCK IN THE CENTER REAR BY UNIT #1.
### Special Function 09 - Ambulance

#### Contributing Circumstances

- **Type of Use**: Passenger Vehicle (less than 9 passengers)
- **Most Damaged Area**: Farm Vehicle
- **Action**: 1 - Non-Contact

##### Contributing Circumstances - Primary

- **Motorist**:
  - 01 - None
  - 02 - Failure to Yield
  - 03 - Rear Ended Light
  - 04 - Stop Sign
  - 05 - Exceed Speed Limit
  - 06 - Unsafe Speed
  - 07 - Improper Turn
  - 08 - Center Line
  - 09 - Speeding Too Closely
  - 10 - Improper Lane Change
  - 12 - Driverless

- **Motorist**:
  - 01 - None
  - 02 - Failure to Yield
  - 03 - Rear Ended Light
  - 04 - Stop Sign
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  - 06 - Unsafe Speed
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  - 10 - Improper Lane Change
  - 12 - Driverless

- **Type of Use**: Passenger Vehicle (less than 9 passengers)
- **Most Damaged Area**: Farm Vehicle
- **Action**: 1 - Non-Contact
## Sequence of Events

<table>
<thead>
<tr>
<th>Event</th>
<th>First Harmful Event</th>
<th>Most Harmful Event</th>
<th>Unit Speed</th>
<th>Posted Speed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

## Collision with Person, Vehicle, or Object Not Fixed

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

## Contributing Circumstances

| Primary | 01 - None | 02 - Failure to Yield | 03 - Ran Red Light | 04 - Ran Stop Sign | 05 - Exceeded Speed Limit | 06 - Unsafe Speed | 07 - Improper Turn | 08 - Left of Center | 09 - Followed Too Closely/ACDA | 10 - Improper Lane Change | 11 - Improper Action | 16 - Improper Backing | 12 - Improper Start From Parked Position | 13 - Stopped or Parked Illegally | 14 - Operating Vehicle in Negligent Manner | 15 - Swerving to Avoid (Due to External Conditions) | 16 - Wrong Side/Wrong Way | 17 - Failure to Control | 18 - Vision Obstruction | 19 - Operating Defective Equipment | 20 - Load Shifting/Skidding | 21 - Other Improper Action |
|--------|-----------|---------------------|--------------------|-------------------|------------------------|-----------------|-----------------|-------------------|------------------------|-------------------------|------------------|-----------------|---------------------------------|---------------------|-------------------|--------------------------|---------------------------|----------------|-------------------------|-------------------------|-------------------------|
| Secondary | 01 - None | 02 - Failure to Yield | 03 - Ran Red Light | 04 - Ran Stop Sign | 05 - Exceeded Speed Limit | 06 - Unsafe Speed | 07 - Improper Turn | 08 - Left of Center | 09 - Followed Too Closely/ACDA | 10 - Improper Lane Change | 11 - Improper Action | 16 - Improper Backing | 12 - Improper Start From Parked Position | 13 - Stopped or Parked Illegally | 14 - Operating Vehicle in Negligent Manner | 15 - Swerving to Avoid (Due to External Conditions) | 16 - Wrong Side/Wrong Way | 17 - Failure to Control | 18 - Vision Obstruction | 19 - Operating Defective Equipment | 20 - Load Shifting/Skidding | 21 - Other Improper Action |
| 96 - Unknown | 01 - None | 02 - Failure to Yield | 03 - Ran Red Light | 04 - Ran Stop Sign | 05 - Exceeded Speed Limit | 06 - Unsafe Speed | 07 - Improper Turn | 08 - Left of Center | 09 - Followed Too Closely/ACDA | 10 - Improper Lane Change | 11 - Improper Action | 16 - Improper Backing | 12 - Improper Start From Parked Position | 13 - Stopped or Parked Illegally | 14 - Operating Vehicle in Negligent Manner | 15 - Swerving to Avoid (Due to External Conditions) | 16 - Wrong Side/Wrong Way | 17 - Failure to Control | 18 - Vision Obstruction | 19 - Operating Defective Equipment | 20 - Load Shifting/Skidding | 21 - Other Improper Action |

## Non-Collision Events

<table>
<thead>
<tr>
<th>Event</th>
<th>01 - Overturn/Rollover</th>
<th>02 - Fire/Explosion</th>
<th>03 - Immersion</th>
<th>04 - Jackknife</th>
<th>05 - Cargo/Equipment Loss or Shift</th>
</tr>
</thead>
</table>

## Collision with Fixed Object

<table>
<thead>
<tr>
<th>Event</th>
<th>25 - Impact Attenuation/Crash Cushion</th>
<th>26 - Bridge Overhead Structure</th>
<th>27 - Bridge Pie or Aslantment</th>
<th>28 - Bridge Parapet</th>
<th>29 - Bridge Rail</th>
<th>30 - Guardrail Face</th>
<th>31 - Guardrail End</th>
<th>32 - Portable Barrier</th>
</tr>
</thead>
</table>

## Non-Motorist Location Prior to Impact

| Location | 01 - Intersection - Marked Crosswalk | 02 - Intersection - Other | 03 - Intersection - Other | 04 - Middleground - Marked Crosswalk | 05 - Travel Lane - Other Location | 06 - Bicycle Lane | 07 - Shoulder/Roadside | 08 - Sidewalk | 09 - Median/Crossing Island | 10 - Driveway Access | 11 - Shared-Use Path or Trail | 12 - Non-Trafficway Area | 09 - Other/Unknown |
|----------|------------------------------------|--------------------------|--------------------------|--------------------------|------------------|-----------------|-------------------|-----------------|----------------|-----------------|-----------------|----------------|----------------|----------------|

## US DOT Cargo Type

<table>
<thead>
<tr>
<th>Cargo Type</th>
<th>01 - No Cargo Type</th>
<th>02 - Bus/Van(5-15 Seats, Inc Driver)</th>
<th>03 - Bus(16+ Seats, Inc Driver)</th>
<th>04 - Vehicle Towing Another Vehicle</th>
<th>05 - Logging</th>
<th>06 - Intermediate Container Chassis</th>
<th>07 - Cargo Van/Enclosed Box</th>
</tr>
</thead>
</table>

## Unit Type

<table>
<thead>
<tr>
<th>Type</th>
<th>01 - Sub-Compact</th>
<th>02 - Compact</th>
<th>03 - Mid Size</th>
<th>04 - Full Size</th>
<th>05 - Minivan</th>
<th>06 - Sports Utility Vehicle</th>
<th>07 - Pickup</th>
<th>08 - Van</th>
<th>09 - Motorcycle</th>
<th>10 - Motorized Bicycle</th>
<th>11 - Snowmobile/KTV</th>
</tr>
</thead>
</table>

## Non-Collision Events

<table>
<thead>
<tr>
<th>Event</th>
<th>06 - Equipment Failure</th>
<th>07 - Separation of Units</th>
<th>08 - Ran Off Road Right</th>
<th>09 - Ran Off Road Left</th>
</tr>
</thead>
</table>

## Traffic Control

<table>
<thead>
<tr>
<th>Event</th>
<th>01 - No Controls</th>
<th>02 - Stop Sign</th>
<th>03 - Yield Sign</th>
<th>04 - Traffic Signal</th>
<th>05 - Traffic Flashes</th>
<th>06 - School Zone</th>
</tr>
</thead>
</table>

## Damage Scale

<table>
<thead>
<tr>
<th>Damage</th>
<th>1 - None</th>
<th>2 - Minor</th>
<th>3 - Functional</th>
<th>4 - Disabling</th>
</tr>
</thead>
</table>

## Owner Phone Number - inc. area code

<table>
<thead>
<tr>
<th>Number</th>
<th>216-326-7766</th>
</tr>
</thead>
</table>

## Owner Name - Last, First, Middle

<table>
<thead>
<tr>
<th>Name</th>
<th>Dawson, Elliott D</th>
</tr>
</thead>
</table>

## Owner Address, City, State, Zip

<table>
<thead>
<tr>
<th>Address</th>
<th>11101 Vernon, OH</th>
</tr>
</thead>
</table>

## Carrier Phone - include area code

<table>
<thead>
<tr>
<th>Phone</th>
<th>216-326-7766</th>
</tr>
</thead>
</table>
### Motorist/Non-Motorist/Occupant

#### Unit Number: 01
- **Name:** VANSICKLE TYLER AE
- **Address:** 44944 E 111TH ST
- **Injuries:**
  - **Injured Taken By:** EMS Agency
  - **Operator License Number:** UL753502
  - **OL Class:** 4
  - **MC End:** No
  - **Condition:** Alcohol/Drug Suspected 1
  - **Safety Equipment Used:** 0
  - **DOT Compliant Helmet:** No
  - **Seating Position:** 0
  - **Air Bag Usage:** 0
  - **Ejection:** 0
  - **Trapped:** 0
- **Severity:** 0
  - **Mechanical Means:** 0
  - **Non-Mechanical Means:** 0
- **Unit Number:** 01
- **Name:** DAWSON ELLIOTT D
- **Address:** 11101
- **Injuries:**
  - **Injured Taken By:** EMS Agency
  - **Operator License Number:** RN473191
  - **OL Class:** 1
  - **MC End:** No
  - **Condition:** Alcohol/Drug Suspected 1
  - **Safety Equipment Used:** 0
  - **DOT Compliant Helmet:** No
  - **Seating Position:** 0
  - **Air Bag Usage:** 0
  - **Ejection:** 0
  - **Trapped:** 0
- **Severity:** 0
  - **Mechanical Means:** 0
  - **Non-Mechanical Means:** 0

---

### Alcohol Test Status
- **Test Given:**
  - 1: None
  - 2: Test Refused
  - 3: Test Given, Contaminated Sample/Unusable
  - 4: Test Given, Results Known
  - 5: Test Given, Results Unknown

### Drug Test Status
- **Test Given:**
  - 1: None
  - 2: Blood
  - 3: Urine
  - 4: Other

### Driver Distracted By
- **None Given**
- 1: No Distraction Reported
- 2: Phone
- 3: Texting/E-mailing
- 4: Electronic Communication Device
- 5: Other Electronic Device

### Medical Facility Injured Taken To
- **Type:** 0 - No Medical Facility
- 1 - Non-Motorist
- 2 - Non-Applicable
- 3 - Police
- 4 - Police
- 5 - Police
- 6 - Police
- 7 - Police
- 8 - Police
- 9 - Police

### Condition
- **Apparent Normal:** 1
- **Physical Impairment:** 5
- **Emotional (Depressed, Angry, Disturbed):** 3
- **Fatigue:** 4
- **Illness:** 7

### Drug Test Type
- **Test Given:**
  - 1: None
  - 2: Blood
  - 3: Urine
  - 4: Other

### Driver Distracted By
- **None Given**
- 1: No Distraction Reported
- 2: Phone
- 3: Texting/E-mailing
- 4: Electronic Communication Device
- 5: Other Electronic Device

### DOT Compliant Equipment
- **Helmet:**
  - 0 - No Helmet
  - 1 - Helmet Used
  - 2 - Helmet Used

### Air Bag Usage
- **None Given**
- 1: Not Deployed
- 2: Deployed Front
- 3: Deployed Side
- 4: Deployed Both Front/Side
- 5: Not Applicable
- 6: Other

### Seating Position
- **None Given**
- 01 - Front - Left Side (Motorcycle Sidecar)
- 02 - Front - Middle
- 03 - Front - Right Side
- 04 - Second - Left Side (Motorcycle Passenger)
- 05 - Second - Middle
- 06 - Second - Right Side (Motorcycle Sidecar)
- 07 - Third - Left Side (Motorcycle Sidecar)
- 08 - Third - Middle
- 09 - Third - Right Side
- 10 - Steeper Section of Cab (Truck)
- 11 - Passenger in Other Enclosed Cargo Area
- 12 - Passenger in Unenclosed Cargo Area
- 13 - Trailing Unit
- 14 - Riding on Vehicle Exterior (Non-Training Unit)
- 15 - Non-Motorist
- 16 - Other
- 99 - Unknown

---

### Contact Information
- **Phone:** 216-762-3630
- **Area Code:** 201

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### Medical Facility
- **Medical Facility:**
  - 0 - No Medical Facility
  - 1 - Police
  - 2 - Ejected
  - 3 - Totally Ejected
  - 4 - Partially Ejected
  - 5 - Not Ejected

---

### Date of Birth
- **None Given**
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

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### Gender
- **None Given**
- M - Male
- F - Female

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### Occupation
- **Occupation:**
  - 01 - Motorist
  - 02 - Non-Motorist
  - 03 - Occupant

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### Footnotes
- 2018/04/28/2