

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> Private Property |                                                                                                                                                                                                                                       | LOCAL INFORMATION                                                                                                                                                           |                                                                                                                                                                                       | 2   0   1   9   0   2   7   2                                                                                                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>                                                                                                                          |                                                                                                                                                                                       | NCIC *<br>0   1   8   2   0                                                                                                                                                                                                                                               | HIT/SKIP<br>1 - Solved<br>2 - Unsolved                                            | NUMBER OF UNITS<br>0   1                                                                                                                                                                            |
| COUNTY *<br>1   8                                                                                                                                                                                                                                        | LOCALITY *<br>1                                                                                                                                                                                                                       | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>                                                                                                                  |                                                                                                                                                                                       | CRASH DATE/TIME *<br>0   1   2   4   2   0   1   9   0   6   4   1                                                                                                                                                                                                        |                                                                                   | CRASH SEVERITY<br>5                                                                                                                                                                                 |
| ROUTE TYPE<br>1   R                                                                                                                                                                                                                                      | ROUTE NUMBER<br>4   8   0                                                                                                                                                                                                             | PREFIX                                                                                                                                                                      | LOCATION ROAD NAME                                                                                                                                                                    | ROAD TYPE                                                                                                                                                                                                                                                                 | LATITUDE DECIMAL DEGREES<br>4   1   .   4   2   4   7   2   6                     |                                                                                                                                                                                                     |
| ROUTE TYPE                                                                                                                                                                                                                                               | ROUTE NUMBER                                                                                                                                                                                                                          | PREFIX                                                                                                                                                                      | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>BROADWAY</b>                                                                                                                      | ROAD TYPE<br>A   V                                                                                                                                                                                                                                                        | LONGITUDE DECIMAL DEGREES<br>8   1   .   5   4   5   7   2   1                    |                                                                                                                                                                                                     |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                 | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4                                                                                                                                                                      | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS                                                                   | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                                                                                                           | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                                     |
| DISTANCE FROM REFERENCE<br>5   0   0                                                                                                                                                                                                                     | DISTANCE UNIT OF MEASURE<br>1 - Miles<br>2 - Feet<br>3 - Yards<br>2                                                                                                                                                                   | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED                                                                                                              | 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>7 - ON RAMP<br>8 - OFF RAMP<br>1 | MANNER OF CRASH COLLISION/IMPACT<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 - OTHER / UNKNOWN | DIRECTION OF TRAVEL<br>4 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST             | MEDIAN TYPE<br>4 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                | WORK ZONE TYPE<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 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br>1                                                                                                                                                                          | CONDITIONS<br>2                                                                                                                                                                                                                                                           | SURFACE<br>2                                                                      |                                                                                                                                                                                                     |
| LIGHT CONDITION<br>4 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                                                           | WEATHER<br>2 - CLEAR<br>3 - 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 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN                                                            | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                         | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN                                                                                                                             |                                                                                   |                                                                                                                                                                                                     |
| NARRATIVE<br>UNIT 1 WAS W/B ON IR480 AT BROADWAY. UNIT 1 THEN LOST CONTROL ON ICY ROAD. UNIT 1 THEN LOST CONTROL, WENT OFF THE ROAD ON THE LEFT AND STRUCK THE CENTER CONCRETE MEDIAN                                                                    |                                                                                                                                                                                                                                       | <p style="text-align: center;">NOT TO SCALE</p>                                                                                                                             |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                                                                                                     |
| CRASH REPORTED DATE/TIME<br>0   1   2   4   2   0   1   9   0   6   4   1                                                                                                                                                                                | DISPATCH DATE/TIME<br>0   1   2   4   2   0   1   9   0   6   4   3                                                                                                                                                                   | ARRIVAL DATE/TIME<br>0   1   2   4   2   0   1   9   0   6   5   7                                                                                                          | SCENE CLEARED DATE/TIME<br>0   1   2   4   2   0   1   9   0   7   1   0                                                                                                              | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                                                                                 |                                                                                   |                                                                                                                                                                                                     |
| TOTAL TIME ROADWAY CLOSED<br>0                                                                                                                                                                                                                           | OTHER INVESTIGATION TIME<br>4   5                                                                                                                                                                                                     | TOTAL MINUTES<br>5   8                                                                                                                                                      | OFFICER'S NAME *<br><b>B. Cwiklinski</b>                                                                                                                                              | CHECKED BY OFFICER'S NAME *<br><b>N. Rossi</b>                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                     |
| OFFICER'S BADGE NUMBER *<br>0   0   9                                                                                                                                                                                                                    | CHECKED BY OFFICER'S BADGE NUMBER *<br>S   1   3                                                                                                                                                                                      | SUPPLEMENT (CORRECTION - IN ADDITION TO ORIGINAL REPORT)<br><input type="checkbox"/>                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                                                                                                     |

2 0 1 9 0 2 7 2

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) WILLIS BRITTANY NICOLE  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver ) 2 1 6 3 1 8 2 2 5 8  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver ) 4361 CLARKWOOD PKWY APT CLEVELAND OH 44128  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE  
 DAMAGE SCALE  
3 1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

LP STATE O H LICENSE PLATE # HB Y7403 VEHICLE IDENTIFICATION # 1 G 1 B C 5 I S M 1 H 7 1 4 8 6 4 9 VEHICLE YEAR 2 0 1 7 VEHICLE MAKE Chevrolet  
 INSURANCE VERIFIED  INSURANCE COMPANY GEICO INSURANCE POLICY # 4542242989 VEHICLE COLOR BLK VEHICLE MODEL Cruze  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME KUFNER  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR 1- ≤10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  PLACARD



UNIT TYPE 0 1 # of TRAILING UNITS \_\_\_\_\_  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION  
 AUTONOMOUS MODE LEVEL

SPECIAL FUNCTION 0 1  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL N  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 0 1  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 13 - AUTO TRANSPORTER  
 14 - GARBAGE/REFUSE 15 - DUMP 16 - FARM EQUIPMENT 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER / UNKNOWN

VEHICLE DEFECTS  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 0 1  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED 4 - MIDLICK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 14 - GARBAGE/REFUSE 15 - DUMP 16 - FARM EQUIPMENT 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER / UNKNOWN

ACTION 3 PRE-CRASH ACTION 0 1  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR LEAVING VEHICLE OR LEAVING VEHICLE OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN  
 4 - STRUCK 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 17 - PUSHING VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

CONTRIBUTING CIRCUMSTANCES 9 9  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 16 - WRONG WAY 19 - LOAD SHIFTING/ FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  
 5 - UNSAFE SPEED 6 - IMPROPER TURN

INITIAL POINT OF CONTACT  
1 1 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

SEQUENCE OF EVENTS  
 NON-COLLISION  
 1 0 9 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 3 5 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 24 - OTHER MOVABLE  
 3 \_\_\_\_\_ 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE  
 4 \_\_\_\_\_ 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
 COLLISION WITH FIXED OBJECT - STRUCK  
 4 \_\_\_\_\_ 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT  
 5 \_\_\_\_\_ 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 6 \_\_\_\_\_ 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 48 - TREE 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2

TRAFFIC  
 TRAFFICWAY FLOW 1 1 - ONE-WAY 2 - TWO-WAY  
 TRAFFIC CONTROL 6 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL  
 # OF THROUGH LANES ON ROAD 4  
 RAIL GRADE CROSSING  
 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION  
 FROM 3 TO 4  
 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST

UNIT SPEED 5 7 POSTED SPEED 6 0  
 DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 1 9 0 2 7 2

|                                                                                 |                                                  |                            |                                                          |                                                                                                                                     |                                                  |
|---------------------------------------------------------------------------------|--------------------------------------------------|----------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| UNIT #<br>0 1                                                                   | NAME: LAST, FIRST, MIDDLE<br>WILLIS BRITTANY NIC |                            | DATE OF BIRTH<br>0 1 2 9 1 9 9 0                         | AGE<br>2 8                                                                                                                          | GENDER<br>F                                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4361 CLARKWOOD PKWY APT CLEVELAND OH 44128 |                                                  |                            | CONTACT PHONE - INCLUDE AREA CODE<br>2 1 6 3 1 8 2 2 5 8 |                                                                                                                                     |                                                  |
| INJURIES<br>5                                                                   | INJURED TAKEN BY                                 | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)          | SAFETY EQUIPMENT USED<br>0 4                                                                                                        | DOT-COMPLIANT MC HELMET <input type="checkbox"/> |
| OL STATE<br>OH                                                                  | OPERATOR LICENSE NUMBER<br>TG916824              | OFFENSE CHARGED<br>331.34A | LOCAL CODE<br>■                                          | OFFENSE DESCRIPTION<br>FAILURE TO CONTROL                                                                                           | CITATION NUMBER<br>G20190353                     |
| OL CLASS<br>4                                                                   | ENDORSEMENT SELECT UP TO 2                       | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                                | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   |
| ALCOHOL TEST                                                                    |                                                  | DRUG TEST(S)               |                                                          |                                                                                                                                     |                                                  |
| STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4                             |                                                  |                            |                                                          |                                                                                                                                     |                                                  |

|                                                     |                            |                            |                                                 |                                                          |                         |
|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------|-------------------------|
| UNIT #                                              | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   | AGE                                                      | GENDER                  |
| ADDRESS: STREET, CITY, STATE, ZIP                   |                            |                            | CONTACT PHONE - INCLUDE AREA CODE               |                                                          |                         |
| INJURIES                                            | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                    | DOT-COMPLIANT MC HELMET |
| OL STATE                                            | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION                                      | CITATION NUMBER         |
| OL CLASS                                            | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG | CONDITION               |
| ALCOHOL TEST                                        |                            | DRUG TEST(S)               |                                                 |                                                          |                         |
| STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                            |                            |                                                 |                                                          |                         |

|                                                     |                            |                            |                                                 |                                                          |                         |
|-----------------------------------------------------|----------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------|-------------------------|
| UNIT #                                              | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   | AGE                                                      | GENDER                  |
| ADDRESS: STREET, CITY, STATE, ZIP                   |                            |                            | CONTACT PHONE - INCLUDE AREA CODE               |                                                          |                         |
| INJURIES                                            | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                    | DOT-COMPLIANT MC HELMET |
| OL STATE                                            | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION                                      | CITATION NUMBER         |
| OL CLASS                                            | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG | CONDITION               |
| ALCOHOL TEST                                        |                            | DRUG TEST(S)               |                                                 |                                                          |                         |
| STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                            |                            |                                                 |                                                          |                         |

| INJURIES                                       | SEATING POSITION                                                                       | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)                                                                  | DRIVER DISTRACTION                                                                   | TEST STATUS                                    |
|------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE                                                       | 1 - NOT DISTRACTED                                                                   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE                                                                     | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY                                                            | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE                                                                 | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES                                                              | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)                                          | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER                                                                    | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE                                        | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE                                                                    | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS                                               | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE                                         | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                        |                                                                                        | 6 - SECOND - RIGHT SIDE            | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS                                                   | 6 - PASSENGER                                                                        | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            | 9 - DEPLOYMENT UNKNOWN             | <b>EJECTION</b>              | 7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS                                            | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                             | 1 - NONE                                       |
| 2 - EMS                                        | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                              | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE                                           | 2 - BLOOD                                      |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE                                                                 | 1 - NOT EJECTED                    | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS                                                  | 9 - OTHER / UNKNOWN                                                                  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY                                                      | <b>CONDITION</b>                                                                     | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        |                                                                                        | 3 - TOTALLY EJECTED                | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT                                                         | 1 - APPARENTLY NORMAL                                                                | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER                                                               | 2 - PHYSICAL IMPAIRMENT                                                              | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                         | 13 - TRAILING UNIT                                                                     | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY                                                        | 4 - ILLNESS                                                                          | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES                                             | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.                                             | 4 - OTHER                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 15 - NON-MOTORIST                                                                      |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR                                                                | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       | 99 - OTHER / UNKNOWN                                                                   |                                    |                              | 17 - PROSTHETIC AID                                                                | 9 - OTHER / UNKNOWN                                                                  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |                                                                                        |                                    |                              | 18 - OTHER                                                                         |                                                                                      | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 7 - OTHER                                      |
|                                                |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 8 - NEGATIVE RESULTS                           |