

# 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<br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>                                                                                                                                                                                             |  | LOCAL REPORT NUMBER *<br><b>20190795</b>                                                                                                                                                                                                                                                                                                                                      |  | HIT/SKIP<br>1 - Solved    2 - Unsolved<br><input type="checkbox"/> 1 <input type="checkbox"/> 2                                                                                                                                                                                                                |  | NUMBER OF UNITS<br><input type="checkbox"/> 0 <input type="checkbox"/> 2                                                                                                                                    |  | UNIT IN ERROR<br>98 - ANIMAL    99 - UNKNOWN<br><input type="checkbox"/> 0 <input type="checkbox"/> 2                                                                       |  |                                                                                                                                                                                                                                                                                                                                   |  |
| COUNTY *<br><b>18</b>                                                                                                                                                                                                                                    |  | LOCALITY *<br>1 - CITY *<br>2 - VILLAGE *<br>3 - TOWNSHIP *<br><b>1</b>                                                                                                                                                                                             |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>                                                                                                                                                                                                                                                                                                                    |  | CRASH DATE/TIME *<br><b>03092019 1949</b>                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                             |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><input type="checkbox"/> 3  |  |                                                                                                                                                                                                                                                                                                                                   |  |
| ROUTE TYPE<br><input type="checkbox"/>                                                                                                                                                                                                                   |  | ROUTE NUMBER<br><input type="checkbox"/>                                                                                                                                                                                                                            |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                          |  | LOCATION ROAD NAME<br><b>TURNEY</b>                                                                                                                                                                                                                                                                            |  | ROAD TYPE<br><input type="checkbox"/> R <input type="checkbox"/> D                                                                                                                                          |  | LATITUDE DECIMAL DEGREES<br><b>41.416759</b>                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                   |  |
| ROUTE TYPE<br><input type="checkbox"/>                                                                                                                                                                                                                   |  | ROUTE NUMBER<br><input type="checkbox"/>                                                                                                                                                                                                                            |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                          |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>GRANGER</b>                                                                                                                                                                                                                                                |  | ROAD TYPE<br><input type="checkbox"/> R <input type="checkbox"/> D                                                                                                                                          |  | LONGITUDE DECIMAL DEGREES<br><b>81.605781</b>                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><input type="checkbox"/> 1                                                                                                                                                        |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>                                                                                                                                                                             |  | 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    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES<br><input type="checkbox"/> ROADWAY DIVIDED |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                   |  |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/>                                                                                                                                                                                                      |  | DISTANCE UNIT OF MEASURE<br>1 - Miles<br>2 - Feet<br>3 - Yards<br><input type="checkbox"/>                                                                                                                                                                          |  | LOCATION OF FIRST HARMFUL EVENT<br><b>01</b><br>1 - ON ROADWAY    9 - CROSSOVER<br>2 - ON SHOULDER    10 - DRIVEWAY / ALLEY ACCESS<br>3 - IN MEDIAN    11 - RAILWAY GRADE CROSSING<br>4 - ON ROADSIDE    12 - SHARED USE PATHS OR TRAILS<br>5 - ON GORE    13 - BIKE LANE<br>6 - OUTSIDE TRAFFICWAY    14 - TOLL BOOTH<br>7 - ON RAMP    99 - OTHER / UNKNOWN<br>8 - OFF RAMP |  | MANNER OF CRASH COLLISION/IMPACT<br><input type="checkbox"/> 2<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN        |  |                                                                                                                                                                                                             |  | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST   |  | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSION MEDIAN (ANY TYPE)<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 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><input type="checkbox"/> 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN                                                                                                                                                                 |  | CONDITIONS<br><input type="checkbox"/> 2<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><input type="checkbox"/> 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                   |  |
| LIGHT CONDITION<br><input type="checkbox"/> 4<br>1 - 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><input type="checkbox"/> 4<br>1 - CLEAR    6 - SNOW<br>2 - CLOUDY    7 - SEVERE CROSSWINDS<br>3 - FOG, SMOG, SMOKE    8 - BLOWING SAND, SOIL, DIRT, SNOW<br>4 - RAIN    9 - FREEZING RAIN OR FREEZING DRIZZLE<br>5 - SLEET, HAIL    99 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                                                               |  | NARRATIVE<br>UNIT ONE WAS STOPPED ON TURNEY RD AT GRANGER AT THE TRAFFIC LIGHT. UNIT 2 WAS STOPPED BEHIND UNIT ONE. UNIT TWO STATED THE LIGHT TURNED GREEN AND SHE MAY HAVE LET HER FOOT OFF THE BRAKE AND TAPPED UNIT ONE.                                                                                    |  | <p style="text-align: right;">Indicate the north direction with an "N" on the compass diagram.</p> <p style="text-align: right;">not to scale</p>                                                           |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                   |  |
| CRASH REPORTED DATE/TIME<br><b>03092019 1949</b>                                                                                                                                                                                                         |  | DISPATCH DATE/TIME<br><b>03092019 1950</b>                                                                                                                                                                                                                          |  | ARRIVAL DATE/TIME<br><b>03092019 1954</b>                                                                                                                                                                                                                                                                                                                                     |  | SCENE CLEARED DATE/TIME<br><b>03092019 2021</b>                                                                                                                                                                                                                                                                |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST                                                                                                   |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                   |  |
| TOTAL TIME ROADWAY CLOSED<br><input type="checkbox"/> 0                                                                                                                                                                                                  |  | OTHER INVESTIGATION TIME<br><input type="checkbox"/> 35                                                                                                                                                                                                             |  | TOTAL MINUTES<br><input type="checkbox"/> 62                                                                                                                                                                                                                                                                                                                                  |  | OFFICER'S NAME *<br><b>P. HACE</b>                                                                                                                                                                                                                                                                             |  | CHECKED BY OFFICER'S NAME *<br><b>M. SMITH</b>                                                                                                                                                              |  | <input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION)                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                   |  |
| OFFICER'S BADGE NUMBER *<br><b>014</b>                                                                                                                                                                                                                   |  | CHECKED BY OFFICER'S BADGE NUMBER *<br><b>S16</b>                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                             |  |                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                   |  |

|                                                                                                                              |                                                                                                  |                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>UNIT #</b><br>0 2                                                                                                         | <b>OWNER NAME: LAST, FIRST, MIDDLE</b><br>DRAKE SHEILAND <input type="checkbox"/> Same As Driver | <b>OWNER PHONE: INCLUDE AREA CODE</b><br><input type="checkbox"/> Same As Driver |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> <input type="checkbox"/> Same As Driver<br>3021 E 126TH ST CLEVELAND OH 44120 |                                                                                                  |                                                                                  |
| <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>                                                                   |                                                                                                  | <b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>                               |

**DAMAGE**

**DAMAGE SCALE**

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

|                                                               |                                               |                                                                                      |                                                                                            |                                 |
|---------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|
| <b>LP STATE</b><br>OH                                         | <b>LICENSE PLATE #</b><br>FZC6089             | <b>VEHICLE IDENTIFICATION #</b><br>4M2CJ91799KJ2160Z                                 | <b>VEHICLE YEAR</b><br>2009                                                                | <b>VEHICLE MAKE</b><br>Mercury  |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b> | <b>INSURANCE COMPANY</b><br>SAFE AUTO         | <b>INSURANCE POLICY #</b><br>OH159495A00                                             | <b>VEHICLE COLOR</b><br>SIL                                                                | <b>VEHICLE MODEL</b><br>Mariner |
| <input type="checkbox"/> <b>COMMERCIAL</b>                    | <input type="checkbox"/> <b>GOVERNMENT</b>    | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>                                | <b>US DOT #</b>                                                                            |                                 |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>     | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>0 3                                                            | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |                                 |
| <input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>            |                                               | <input type="checkbox"/> <b>MATERIAL RELEASED</b> <b>CLASS #</b> <b>PLACARD ID #</b> |                                                                                            |                                 |
| <input type="checkbox"/> <b>PLACARD</b>                       |                                               |                                                                                      |                                                                                            |                                 |



**UNIT TYPE**  
0 6

|                             |                                      |                        |                                                |                            |
|-----------------------------|--------------------------------------|------------------------|------------------------------------------------|----------------------------|
| 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         |                                                | 99 - UNKNOWN OR HIT/SKIP   |

# of TRAILING UNITS

**WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?**  
2 1 - YES 2 - NO 9 - OTHER / UNKNOWN

**AUTONOMOUS MODE LEVEL**  
0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL AUTOMATION  
3 - CONDITIONAL AUTOMATION  
4 - HIGH AUTOMATION  
5 - FULL AUTOMATION  
9 - UNKNOWN

**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       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|                                         |                                          | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|                                         |                                          |                                  | 11 - DUMP      | 99 - 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**

|                                     |                                |                       |                                 |                                        |
|-------------------------------------|--------------------------------|-----------------------|---------------------------------|----------------------------------------|
| 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 | 10 - DRIVEWAY ACCESS            | 21 - STANDING OUTSIDE DISABLED VEHICLE |
|                                     | 5 - TRAVEL LANE-OTHER LOCATION | 8 - SIDEWALK          | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER / UNKNOWN                   |

**ACTION**  
0 1

|                            |                        |                                    |                                              |                                        |
|----------------------------|------------------------|------------------------------------|----------------------------------------------|----------------------------------------|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE                     | 18 - APPROACHING 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           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING                                 | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE                         | 99 - OTHER / UNKNOWN                   |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |                                              |                                        |

**CONTRIBUTING CIRCUMSTANCES**  
0 9

|                      |                              |                                            |                                      |                                |
|----------------------|------------------------------|--------------------------------------------|--------------------------------------|--------------------------------|
| 1 - NONE             | 7 - LEFT OF CENTER           | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION              | 21 - LYING IN ROADWAY          |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE/ACDA | 14 - STOPPED OR PARKED ILLEGALLY           | 18 - OPERATING DEFECTIVE EQUIPMENT   | 22 - NOT DISCERNABLE           |
| 3 - RAN RED LIGHT    | 9 - IMPROPER LANE CHANGING   | 15 - SWERVING TO AVOID                     | 19 - LOAD SHIFTING/ FALLING/SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING        | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING               | 99 - OTHER IMPROPER ACTION     |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD          |                                            |                                      |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING        |                                            |                                      |                                |

- NO DAMAGE [0]  
 - TOP [13]  
 - UNDERCARRIAGE [14]  
 - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

**INITIAL POINT OF CONTACT**

1 2 0 - NO DAMAGE  
1-12 - REFER TO UNIT DIAGRAM  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

**SEQUENCE OF EVENTS**

**EVENTS**

1 2 0

|                                     |                         |                                                      |                                 |                                                                                     |
|-------------------------------------|-------------------------|------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|
| 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT                                                |
| 2 - FIRE/EXPLOSION                  | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - FARM              | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE                                                                  |
| 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |                                                                                     |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |                                                                                     |

**COLLISION WITH FIXED OBJECT - STRUCK**

|                                        |                               |                                  |                   |                                     |
|----------------------------------------|-------------------------------|----------------------------------|-------------------|-------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORKZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                           |
| 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      | 54 - OTHER FIXED OBJECT             |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                |
|                                        |                               |                                  | 49 - FIRE HYDRANT |                                     |

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**TRAFFIC**

**TRAFFICWAY FLOW**  
1 1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**  
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 2 TO 1

|           |               |
|-----------|---------------|
| 1 - NORTH | 5 - NORTHEAST |
| 2 - SOUTH | 6 - NORTHWEST |
| 3 - EAST  | 7 - SOUTHEAST |
| 4 - WEST  | 8 - SOUTHWEST |

**UNIT SPEED**  
1

**POSTED SPEED**  
3 5

**DETECTED SPEED**  
1 1 - STATED/ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

2 0 1 9 0 7 9 5

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**GOSHEN NAKEYA C**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
**2 1 6 3 1 4 8 0 6 8**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**11016 LANGTON AV GARFIELD HTS OH 44125**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE O H LICENSE PLATE # **HPS6179** VEHICLE IDENTIFICATION # 2 1 C 3 C D Z A G 6 1 F H 8 0 3 9 4 1 VEHICLE YEAR 2 0 1 5 VEHICLE MAKE **Dodge**  
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR **RED** VEHICLE MODEL **Challenger**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 3 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 4 # 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 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

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

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  
 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 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 OR LEAVING VEHICLE AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 13 - POLICE 14 - GARBAGE/REFUSE 15 - DUMP 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER / UNKNOWN

ACTION 0 4 PRE-CRASH ACTION 1 1  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR LEAVING VEHICLE AT INCIDENT SCENE  
 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 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 22 - OTHER IMPROPER ACTION  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 12 - DRIVERLESS 17 - PUSHING VEHICLE

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

CONTRIBUTING CIRCUMSTANCES 0 1  
 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY  
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION

**INITIAL POINT OF CONTACT**  
0 6 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

SEQUENCE OF EVENTS  
 EVENTS  
 1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2     2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3     3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE  
 4     4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5     5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6     6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**  
**TRAFFICWAY FLOW** 1 1 - ONE-WAY 2 - TWO-WAY  
**TRAFFIC CONTROL** 2 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**COLLISION WITH FIXED OBJECT - STRUCK**  
 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
 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 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**# 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 2 TO 1  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 1 9 0 7 9 5

|                                                                             |                                              |                                   |                                                                 |                                                                                                                                           |                                                  |                         |                                                              |               |              |
|-----------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|--------------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 1                                                               | NAME: LAST, FIRST, MIDDLE<br>GOSHEN NAKEYA C |                                   | DATE OF BIRTH<br>1 0 1 0 1 9 8 1                                |                                                                                                                                           | AGE<br>3 7                                       | GENDER<br>F             |                                                              |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11016 LANGTON AV GARFIELD HTS OH 44125 |                                              |                                   | CONTACT PHONE - INCLUDE AREA CODE<br>2 1 6 3 1 4 8 0 6 8        |                                                                                                                                           |                                                  |                         |                                                              |               |              |
| INJURIES<br>3                                                               | INJURED TAKEN BY<br>2                        | EMS AGENCY (NAME)<br>GHFD SQUAD 1 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT ER | SAFETY EQUIPMENT USED<br>0 4                                                                                                              | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                                           | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE<br>OH                                                              | OPERATOR LICENSE NUMBER<br>RT596023          | OFFENSE CHARGED                   | LOCAL CODE<br><input type="checkbox"/>                          | OFFENSE DESCRIPTION                                                                                                                       | CITATION NUMBER                                  |                         |                                                              |               |              |
| 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<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S)  |              |

|                                                                       |                                               |                            |                                                          |                                                                                                                                           |                                                  |                         |                                                              |               |              |
|-----------------------------------------------------------------------|-----------------------------------------------|----------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|--------------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 2                                                         | NAME: LAST, FIRST, MIDDLE<br>HACKETT CHALIE D |                            | DATE OF BIRTH<br>1 2 1 7 1 9 8 6                         |                                                                                                                                           | AGE<br>3 2                                       | GENDER<br>F             |                                                              |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3021 EAST 126 CLEVELAND OH 44114 |                                               |                            | CONTACT PHONE - INCLUDE AREA CODE<br>2 1 6 8 4 8 7 9 5 7 |                                                                                                                                           |                                                  |                         |                                                              |               |              |
| INJURIES<br>5                                                         | INJURED TAKEN BY<br>1                         | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)          | SAFETY EQUIPMENT USED<br>0 4                                                                                                              | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1                                           | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE<br>OH                                                        | OPERATOR LICENSE NUMBER<br>RY001208           | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>                   | OFFENSE DESCRIPTION                                                                                                                       | CITATION NUMBER                                  |                         |                                                              |               |              |
| 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<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S)  |              |

|                                   |                            |                            |                                                 |                                                             |                                                  |                  |                                                              |              |         |
|-----------------------------------|----------------------------|----------------------------|-------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|------------------|--------------------------------------------------------------|--------------|---------|
| 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                                       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                                                | EJECTION     | TRAPPED |
| 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<br>OTHER DRUG | CONDITION                                        | STATUS           | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S) |         |

| 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                                                                | 9 - DEPLOYMENT UNKNOWN             | 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)                                            | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 7 - EXCEPT TRACTOR-TRAILER                                                         | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                             | 1 - NONE                                       |
| 2 - EMS                                        | 8 - THIRD - MIDDLE                                                                     | 1 - NOT EJECTED                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                              | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE                                           | 2 - BLOOD                                      |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE                                                                 | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS                                                  | 9 - OTHER / UNKNOWN                                                                  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 3 - TOTALLY EJECTED                | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY                                                      | <b>CONDITION</b>                                                                     | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT                                                         | 1 - APPARENTLY NORMAL                                                                | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                  | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER                                                               | 2 - PHYSICAL IMPAIRMENT                                                              | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 13 - TRAILING UNIT                                                                     | 1 - NOT TRAPPED                    | 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                         | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY                                                        | 4 - ILLNESS                                                                          | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 15 - NON-MOTORIST                                                                      | 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    | 99 - OTHER / UNKNOWN                                                                   |                                    | 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       |                                                                                        |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID                                                                | 9 - OTHER / UNKNOWN                                                                  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |                                                                                        |                                    | F - FEMALE                   | 18 - OTHER                                                                         |                                                                                      | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |                                                                                        |                                    | M - MALE                     |                                                                                    |                                                                                      | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |                                                                                        |                                    | U - OTHER/UNKNOWN            |                                                                                    |                                                                                      | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 7 - OTHER                                      |
|                                                |                                                                                        |                                    |                              |                                                                                    |                                                                                      | 8 - NEGATIVE RESULTS                           |

# OCCUPANT / WITNESS ADDENDUM

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 1 | 9 | 0 | 7 | 9 | 5 |  |  |

|                 |                                                                              |                                         |                   |                                                 |                              |                                                          |                         |                    |               |              |
|-----------------|------------------------------------------------------------------------------|-----------------------------------------|-------------------|-------------------------------------------------|------------------------------|----------------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>1                                                                  | NAME: LAST, FIRST, MIDDLE<br>GILL RAVYN |                   |                                                 |                              | DATE OF BIRTH<br>1 0 1 2 2 0 0 4                         |                         |                    | AGE<br>14     | GENDER<br>F  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>11016 LANGTON AVE GARFIELD HTS OH 44125 |                                         |                   |                                                 |                              | CONTACT PHONE - INCLUDE AREA CODE<br>2 1 6 6 4 7 9 0 2 9 |                         |                    |               |              |
|                 | INJURIES<br>5                                                                | INJURED TAKEN BY<br>1                   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET         | SEATING POSITION<br>0 6 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |

|                 |                                                                          |                                         |                   |                                                 |                              |                                                  |                         |                    |               |              |
|-----------------|--------------------------------------------------------------------------|-----------------------------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>1                                                              | NAME: LAST, FIRST, MIDDLE<br>FUQUI MYKI |                   |                                                 |                              | DATE OF BIRTH<br>0 1 0 9 2 0 1 4                 |                         |                    | AGE<br>5      | GENDER<br>M  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>11016 LANGTON GARFIELD HTS OH 44125 |                                         |                   |                                                 |                              | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |               |              |
|                 | INJURIES<br>5                                                            | INJURED TAKEN BY<br>1                   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 4 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |

|                 |                                                                          |                                               |                   |                                                 |                              |                                                  |                         |                    |               |              |
|-----------------|--------------------------------------------------------------------------|-----------------------------------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>2                                                              | NAME: LAST, FIRST, MIDDLE<br>HACKETT DECEMBER |                   |                                                 |                              | DATE OF BIRTH<br>0 3 0 6 2 0 1 0                 |                         |                    | AGE<br>9      | GENDER<br>F  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>3021 EAST 126 ST CLEVELAND OH 44114 |                                               |                   |                                                 |                              | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |               |              |
|                 | INJURIES<br>5                                                            | INJURED TAKEN BY<br>1                         | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 6 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |

|                 |                                                                       |                                           |                   |                                                 |                              |                                                  |                         |                    |               |              |
|-----------------|-----------------------------------------------------------------------|-------------------------------------------|-------------------|-------------------------------------------------|------------------------------|--------------------------------------------------|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>2                                                           | NAME: LAST, FIRST, MIDDLE<br>HILEY DAMIEN |                   |                                                 |                              | DATE OF BIRTH<br>0 2 2 8 2 0 0 7                 |                         |                    | AGE<br>12     | GENDER<br>M  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>3021 EAST 126 CLEVELAND OH 44114 |                                           |                   |                                                 |                              | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |               |              |
|                 | INJURIES<br>5                                                         | INJURED TAKEN BY<br>1                     | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 4 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |

| INJURIES                                                                                                                 | SAFETY EQUIPMENT USED                                                                                                                                                                                                                                                                                                                                                                                          | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AIR BAG USAGE                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<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>99 - OTHER / UNKNOWN | 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<br><br><b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE<br><br><b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS |
| <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN        |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |