UNIT 1 WAS SOUTHBOUND ON TURNEY RD AT MCCRACKEN IN THE CENTER LANE STopped TO TURN LEFT ONTO MCCRACKEN WHEN STRUCK FROM BEHIND BY UNIT 2. UNIT 2 WAS SOUTHBOUND ON TURNEY RD IN THE CENTER LANE SAW UNIT 1 STOPPED TO TURN AND ATTEMPTED TO STOP BUT FAILED TO STOP BEFORE STRIKING UNIT 1.
## VEHICLE EVENT(S)

<table>
<thead>
<tr>
<th>SEQUENCE</th>
<th>CIRCUMSTANCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - OVERTURN/ROLLOVER</td>
<td>2 - FAILURE TO YIELD</td>
</tr>
<tr>
<td>3 - IMPOPER SPEED</td>
<td>4 - IMPROPER TURN</td>
</tr>
</tbody>
</table>

### INTERLOCK DEVICE EQUIPED
- 0: 11
- 1 - PASSENGER CAR
- 2 - PASSENGER VAN (MINIVAN)
- 3 - SPORT UTILITY VEHICLE
- 4 - AUTOCYCLE
- 5 - CARGO VAN
- 6 - VAN (9-15 SEATS)

###どのように変更するか
- 0 - NO AUTOMATION
- 1 - DRIVER ASSISTANCE
- 2 - PARTIAL AUTOMATION
- 3 - CONDITIONAL AUTOMATION
- 4 - HIGH AUTOMATION
- 5 - FULL AUTOMATION

### COMMERCIAL CARRIER
- NAME, ADDRESS, CITY, STATE, ZIP: 2338 E 74TH ST, CLEVELAND, OH 44104

### VEHICLE MAKE
- Kia Optima

### VEHICLE IDENTIFICATION
- License Plate #: GCUS4812
- Vehicle Identification #: 992743618

### COMMERCIAL CARRIER PHONE: Include AREA CODE
- (Same As Driver)

### INSURANCE COMPANY
- ALLSTATE

### HAZARDOUS MATERIAL
- Material Released: Place Card
- Class #: Placard ID #: 30 - GUARDRAIL FACE

### COLLISION WITH FIXED OBJECT - STRUCK
- 0 - NO DAMAGE
- 1 - UNDERCARRIAGE
- 2 - TWO-WAY
- 3 - FLAT BED
- 4 - CARGO TANK
- 5 - FLAT BED
- 6 - MOTOR CARRIER
- 7 - DIFFICULT TO DETERMINE
- 8 - FULL IMPACT

### TRAFFIC
- # OF THROUGH LANES ON ROAD: 4

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

### SEQUENCE OF EVENTS
- 1 - OVERTURN/ROLLOVER
- 2 - FAILURE TO YIELD
- 3 - IMPROPER SPEED
- 4 - IMPROPER TURN

###/events
- 1 - 9

### DAMAGE
- 1 - NONE
- 2 - MINOR DAMAGE
- 3 - FUNCTIONAL DAMAGE
- 4 - DISABLING DAMAGE
- 5 - UNKNOWN

### TRAFFIC CONTROL
- 1 - ROUNDABOUT
- 2 - SIGNAL
- 3 - FLAT BED
- 4 - CARGO TANK
- 5 - CARGO TANK
- 6 - MOPED OR MOTORIZED SCOOTER
- 7 - TRAILER EQUIPMENT
- 8 - MOTORCART
- 9 - MOTOR TROUBLE
- 10 - UNDERCARRIAGE
- 11 - OTHER IMPROPER ACTION
- 12 - APPROPRIATING OR LEAVING VEHICLE
- 13 - STANDING
- 14 - UNDERCARRIAGE
- 15 - VEHICLE NOT AT SCENE DIAGNOSIS
- 16 - UNKNOWN

### TRAFFIC FLOW
- 1 - 2

### RAIL GRADE CROSSING
- 1 - NOT INVOLVED
- 2 - INVOLVED - ACTIVE CROSSING
- 3 - INVOLVED - PASSIVE CROSSING

### TRAFFIC
- 1 - 2

### POSTED SPEED LIMIT
- 1 - 5

### UNIT SPEED
- 1 - STATE/ESTIMATED SPEED
- 2 - CALLED/EDR
- 3 - UNDETERMINED
**Event(s)**

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**First Harmful Event**: none

**Most Harmful Event**: none

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**Vehicular Data**

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| UNIT # | NAME | FIRST | MIDDLE | LAST | ADDRESS | CITY, STATE, ZIP | PHONE | DRIVER DISTRACTION | ALCOHOL / DRUG SUSPECTED | CONDITION | STATUS | TYPE | VALUE | STATUS | TYPE | RESULT | SATISFACTORY?
<table>
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<tr>
<td>1</td>
<td>GRAY</td>
<td>ALEENE</td>
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<td>ANGEL</td>
<td>TASHA</td>
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</table>
UNIT # | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE
--- | --- | --- | --- | --- | --- | ---
1 | GRAY MYRTLE | 02/19/1994 | 90 | F | 4418 SEXTON CLEVELAND OH 44105 | 216-544-6304

INJURIES | EMS AGENCY (NAME) | INJURED TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED
--- | --- | --- | ---
3 | GARFIELD HTS F.D. | MARYMOUNT HOSPITAL | 04

SAFETY EQUIPMENT | DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED
--- | --- | --- | --- | --- | ---

INJURIES | INJURED TAKEN BY
--- | ---
1 - FATAL
2 - SUSPECTED SERIOUS INJURY
3 - SUSPECTED MINOR INJURY
4 - POSSIBLE INJURY
5 - NO APPARENT INJURY

INJURED TAKEN BY
---
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
9 - OTHER / UNKNOWN

INJURED TO: MEDICAL FACILITY (NAME, CITY)
---
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
2 - FRONT - MIDDLE
3 - FRONT - RIGHT SIDE
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
5 - SECOND - MIDDLE
6 - SECOND - RIGHT SIDE
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
8 - THIRD - MIDDLE
9 - THIRD - RIGHT SIDE
10 - SLEEPER SECTION OF TRUCK CAB
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CARGO)
12 - PASSENGER IN UNENCLOSED CARGO AREA (NON-TRAILING UNIT, TRAILING UNIT)
13 - TRAILING UNIT
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
15 - NON-MOTORIST
99 - OTHER / UNKNOWN

SAFETY EQUIPMENT USED
---
1 - NONE USED - VEHICLE OCCUPANT
2 - SHOULDER BELT ONLY USED
3 - LAP BELT ONLY USED
4 - SHOULDER & LAP BELT USED
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING
6 - CHILD RESTRAINT SYSTEM - REAR-FACING
7 - BOOSTER SEAT
8 - HELMET USED
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)
10 - REFLECTIVE CLOTHING
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY
99 - OTHER / UNKNOWN

CONTACT PHONE - INCLUDE AREA CODE
---

GENDER
---
F - FEMALE
M - MALE
U - OTHER/UNKNOWN

WITNESS
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NAME: LAST, FIRST, MIDDLE
ADDRESS: STREET, CITY, STATE, ZIP
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