DRIVER OF UNIT 1 STATES SHE WAS STOPPED AT THE BOTTOM OF THE E/B OFF RAMP AT GRANGER RD AND WAS STRUCK BY UNIT 2.

DRIVER OF UNIT 2 STATES THAT HE WAS TRAVELING DOWN THE EXIT RAMP APPROACHING GRANGER RD.

BEHIND UNIT 1, HE OBSERVED UNIT 1 SLOWING AND BELIEVED THAT UNIT 1 WAS GOING TO CONTINUE ONTO GRANGER RD. HE LOOKED W/B TO CHECK TRAFFIC AND UPON LOOKING BACK TOWARD UNIT 1 HE REALIZED UNIT 1 HAD STOPPED AND UNIT 2 WAS UNABLE TO STOP IN TIME AND STRUCK UNIT 1.
<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
</tr>
</thead>
</table>

**Traffic Flow**

1. Roundabout
2. Stop Sign
3. Yield Sign
4. No Control

**Rail Grade Crossing**

1. Not Involved
2. Involved - Active Crossing
3. Involved - Passive Crossing

**Unit/Non-Motorist Direction**

1. North
2. South
3. East
4. West

**Unit Speed**

1. State/Estimated Speed
2. Calculated ED
3. Undetermined

**Detected Speed**

1. 0-20 MPH
2. 21-30 MPH
3. 31-40 MPH
4. 41-50 MPH
5. 51-60 MPH
6. 61-70 MPH
7. 71-80 MPH
8. 81-90 MPH
9. 91-100 MPH
10. Above 100 MPH

**Postion Speed**

1. 0-20 MPH
2. 21-30 MPH
3. 31-40 MPH
4. 41-50 MPH
5. 51-60 MPH
6. 61-70 MPH
7. 71-80 MPH
8. 81-90 MPH
9. 91-100 MPH
10. Above 100 MPH
<table>
<thead>
<tr>
<th>UNIT 1</th>
<th>UNIT 2</th>
<th>UNIT 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME</strong></td>
<td>HARRIS</td>
<td>KNIGHT</td>
</tr>
<tr>
<td><strong>LAST, FIRST, MIDDLE</strong></td>
<td>PAULINE E</td>
<td>JACOB C</td>
</tr>
<tr>
<td><strong>ADDRESS</strong></td>
<td>13621 SILVER 228 GARFIELD HTS OH 44128</td>
<td>17207 MAPLE HEIGHTS BLVD MAPLE HEIGHTS OH 44137</td>
</tr>
<tr>
<td><strong>DATE OF BIRTH</strong></td>
<td>01-01-91</td>
<td>01-01-90</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td>F</td>
<td>M</td>
</tr>
</tbody>
</table>

**TRINKED BY**

<table>
<thead>
<tr>
<th>10 - REFLECTIVE CLOTHING</th>
<th>8 - HELMET USED</th>
<th>6 - CHILD RESTRAINT SYSTEM - FORWARD FACING</th>
<th>1 - NONE USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 - OTHER / UNKNOWN</td>
<td>7 - OUTSIDE MIRROR</td>
<td>5 - MECHANICAL DEVICES</td>
<td>4 - FARM WAIVER</td>
</tr>
<tr>
<td>8 - OTHER ACTIVITY WITH AN COMMUNICATION DEVICE</td>
<td>7 - OTHER ACTIVITY WITH AN COMMUNICATION DEVICE</td>
<td>6 - PASSENGER</td>
<td>5 - OTHER ACTIVITY WITH AN COMMUNICATION DEVICE</td>
</tr>
<tr>
<td>9 - LEARNER’S PERMIT RESTRICTIONS</td>
<td>8 - INTERMEDIATE LICENSE RESTRICTIONS</td>
<td>7 - INTERMEDIATE LICENSE RESTRICTIONS</td>
<td>6 - PASSENGER</td>
</tr>
<tr>
<td>9 - ALCOHOL TEST</td>
<td>8 - ILLNESS</td>
<td>7 - ILLNESS</td>
<td>6 - PASSENGER</td>
</tr>
</tbody>
</table>

**SAFETY EQUIPMENT**

| 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, PICKUP WITH CAP) | 12 - PASSENGER ENCLOSED CARGO AREA |
| 13 - TRAILING UNIT | 14 - RIDING ON VEHICLE EXTENSION (NON-TRAILING UNIT) | 15 - NON-MOTORIST | 16 - OTHER / UNKNOWN |

**INJURED IN LADY**

<table>
<thead>
<tr>
<th>1 - M / C HELMET</th>
<th>2 - M / C HELMET</th>
<th>3 - M / C HELMET</th>
<th>4 - M / C HELMET</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - M / C HELMET</td>
<td>6 - M / C HELMET</td>
<td>7 - M / C HELMET</td>
<td>8 - M / C HELMET</td>
</tr>
</tbody>
</table>

**ALCOHOL / DRUG SUSPECTED CONDITION**

| 1 - ALCOHOL INTERLOCK DEVICE | 2 - COL INTRASTATE ONLY | 3 - CORRECTIVE LENSES | 4 - FIREARMS |
| 5 - EXCEPT CLASS A BUS | 6 - EXCEPT CLASS A AND CLASS B BUS | 7 - EXCEPT TRACTOR-TRAILER | 8 - INTERMEDIATE LICENSE RESTRICTIONS |
| 9 - LEARNER’S PERMIT RESTRICTIONS | 10 - LIMITED TO DAYLIGHT ONLY | 11 - LIMITED TO EMPLOYMENT | 12 - LIMITED - OTHER |
| 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 14 - MILITARY VEHICLES ONLY | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 16 - OUTSIDE MIRROR |
| 17 - PROSTHETIC AD | 18 - OTHER | 19 - OTHER / UNKNOWN | 20 - OTHER / UNKNOWN |

**ALCOHOL TEST**

| 1 - NOT DISTRACTED | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 3 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |
| 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 6 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 7 - TALKING ON HANDS-FREE COMMUNICATION DEVICE |
| 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 9 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 10 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE |

**CITATION NUMBER**

| 1 - NOT TRANSPORTED TO MEDICAL FACILITY (NAME, CITY) | 2 - REFERENCE | 3 - REFERENCE | 4 - REFERENCE |
| 5 - REFERENCE | 6 - REFERENCE | 7 - REFERENCE | 8 - REFERENCE |

**MEDICATIONS / DRUGS**

| 1 - AMPHETAMINES | 2 - BLOOD | 3 - BLOOD | 4 - BLOOD |
| 5 - AMPHETAMINES | 6 - BLOOD | 7 - BLOOD | 8 - BLOOD |

**LOCAL REPORT NUMBER**

| 1 - NOT DISTRACTED | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 3 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |
| 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 5 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 6 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | 7 - TALKING ON HANDS-FREE COMMUNICATION DEVICE |
| 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 9 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 10 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | 11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE |

**DATE OF BIRTH**

| 1 - FATAL | 2 - SUSPECTED SERIOUS INJURY | 3 - SUSPECTED MINOR INJURY | 4 - POSSIBLE INJURY |
| 5 - NO APPARENT INJURY | 6 - NON-MOTORIST | 7 - NON-MOTORIST | 8 - NON-MOTORIST |

**NUMBER OF INJURIES**

| 1 - NOT TRANSPORTED | 2 - REFERENCE | 3 - REFERENCE | 4 - REFERENCE |
| 5 - REFERENCE | 6 - REFERENCE | 7 - REFERENCE | 8 - REFERENCE |

**UNIT # NAME:**

| 1 - MOTORIST / NON-MOTORIST | 2 - POLICE | 3 - FIRE | 4 - OTHER |
| 5 - OTHER / UNKNOWN | 6 - OTHER / UNKNOWN | 7 - OTHER / UNKNOWN | 8 - OTHER / UNKNOWN |

**ALCOHOL TEST TYPE**

| 1 - NONE | 2 - BLOOD | 3 - BLOOD | 4 - BLOOD |
| 5 - NONE | 6 - BLOOD | 7 - BLOOD | 8 - BLOOD |

**DATE OF BIRTH**

| 1 - NOT TRANSPORTED | 2 - REFERENCE | 3 - REFERENCE | 4 - REFERENCE |
| 5 - REFERENCE | 6 - REFERENCE | 7 - REFERENCE | 8 - REFERENCE |

**ADDRESS:**

| 1 - ADDRESS | 2 - ADDRESS | 3 - ADDRESS | 4 - ADDRESS |
| 5 - ADDRESS | 6 - ADDRESS | 7 - ADDRESS | 8 - ADDRESS |

**CONTACT PHONE**

| 1 - CONTACT PHONE | 2 - CONTACT PHONE | 3 - CONTACT PHONE | 4 - CONTACT PHONE |
| 5 - CONTACT PHONE | 6 - CONTACT PHONE | 7 - CONTACT PHONE | 8 - CONTACT PHONE |

**MEDICAL FACILITY:**

| 1 - MEDICAL FACILITY | 2 - MEDICAL FACILITY | 3 - MEDICAL FACILITY | 4 - MEDICAL FACILITY |
| 5 - MEDICAL FACILITY | 6 - MEDICAL FACILITY | 7 - MEDICAL FACILITY | 8 - MEDICAL FACILITY |

**MEDICATIONS / DRUGS**

| 1 - AMPHETAMINES | 2 - BLOOD | 3 - BLOOD | 4 - BLOOD |
| 5 - AMPHETAMINES | 6 - BLOOD | 7 - BLOOD | 8 - BLOOD |

**DATE OF BIRTH**

| 1 - FATAL | 2 - SUSPECTED SERIOUS INJURY | 3 - SUSPECTED MINOR INJURY | 4 - POSSIBLE INJURY |
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**NUMBER OF INJURIES**

| 1 - NOT TRANSPORTED | 2 - REFERENCE | 3 - REFERENCE | 4 - REFERENCE |
| 5 - REFERENCE | 6 - REFERENCE | 7 - REFERENCE | 8 - REFERENCE |

**UNIT # NAME:**

| 1 - MOTORIST / NON-MOTORIST | 2 - POLICE | 3 - FIRE | 4 - OTHER |
| 5 - OTHER / UNKNOWN | 6 - OTHER / UNKNOWN | 7 - OTHER / UNKNOWN | 8 - OTHER / UNKNOWN |

**ALCOHOL TEST TYPE**

| 1 - NONE | 2 - BLOOD | 3 - BLOOD | 4 - BLOOD |
| 5 - NONE | 6 - BLOOD | 7 - BLOOD | 8 - BLOOD |

**DATE OF BIRTH**

| 1 - NOT TRANSPORTED | 2 - REFERENCE | 3 - REFERENCE | 4 - REFERENCE |
| 5 - REFERENCE | 6 - REFERENCE | 7 - REFERENCE | 8 - REFERENCE |

**ADDRESS:**

| 1 - ADDRESS | 2 - ADDRESS | 3 - ADDRESS | 4 - ADDRESS |
| 5 - ADDRESS | 6 - ADDRESS | 7 - ADDRESS | 8 - ADDRESS |

**CONTACT PHONE**

| 1 - CONTACT PHONE | 2 - CONTACT PHONE | 3 - CONTACT PHONE | 4 - CONTACT PHONE |
| 5 - CONTACT PHONE | 6 - CONTACT PHONE | 7 - CONTACT PHONE | 8 - CONTACT PHONE |

**MEDICAL FACILITY:**

| 1 - MEDICAL FACILITY | 2 - MEDICAL FACILITY | 3 - MEDICAL FACILITY | 4 - MEDICAL FACILITY |
| 5 - MEDICAL FACILITY | 6 - MEDICAL FACILITY | 7 - MEDICAL FACILITY | 8 - MEDICAL FACILITY |

**MEDICATIONS / DRUGS**

| 1 - AMPHETAMINES | 2 - BLOOD | 3 - BLOOD | 4 - BLOOD |
| 5 - AMPHETAMINES | 6 - BLOOD | 7 - BLOOD | 8 - BLOOD |
### OCCUPANT / WITNESS ADDENDUM

<table>
<thead>
<tr>
<th>LOCAL REPORT NUMBER</th>
<th>20191408</th>
<th>AGE</th>
<th>GENDER</th>
</tr>
</thead>
</table>

#### UNIT # 2

**NAME:** HAIGHT CRISTAN

**ADDRESS:** 17207 MAPLE HEIGHTS BLVD MAPLE HEIGHTS OH 44137 2610

**DATE OF BIRTH:** 01/19/1977

**GENDER:** F

**DATE TAKEN BY:** 01/19/2019

**EMS AGENCY (NAME):** 4408647620

**SAFETY EQUIPMENT USED:**

- DOT-COMPLIANT MC HELMET
- SEATING POSITION:
  - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- AIR BAG USAGE:
  - NOT DEPLOYED
- EJECTION:
  - NOT EJECTED
- TRAPPED:
  - NOT TRAPPED

**INJURIES:**

- NOT TRANSPORTED / TREATED AT SCENE
- EMS
- POLICE
- NOT APPLICABLE

**INJURED TAKEN BY:**

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

**SEATING POSITION:**

- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- FRONT - MIDDLE
- FRONT - RIGHT SIDE
- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
- SECOND - MIDDLE
- SECOND - RIGHT SIDE
- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
- THIRD - MIDDLE
- THIRD - RIGHT SIDE

**TRAPPED:**

- NOT TRAPPED

**SAFETY EQUIPMENT USED:**

- NOT APPLICABLE

**ADDRESS:** 17207 MAPLE HTS BLVD MAPLE HTS OH 44137

**CONTACT PHONE:** 4408647620

---

### UNIT # 2

**NAME:** KNIGHT SKYLER

**ADDRESS:** 17207 MAPLE HTS BLVD MAPLE HTS OH 44137

**DATE OF BIRTH:** 01/19/2019

**GENDER:** F

**DATE TAKEN BY:** 01/19/2019

**EMS AGENCY (NAME):** 4408647620

**SAFETY EQUIPMENT USED:**

- DOT-COMPLIANT MC HELMET
- SEATING POSITION:
  - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- AIR BAG USAGE:
  - NOT DEPLOYED
- EJECTION:
  - NOT EJECTED
- TRAPPED:
  - NOT TRAPPED

**INJURIES:**

- NOT TRANSPORTED / TREATED AT SCENE
- EMS
- POLICE
- NOT APPLICABLE

**INJURED TAKEN BY:**

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

**SEATING POSITION:**

- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- FRONT - MIDDLE
- FRONT - RIGHT SIDE
- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
- SECOND - MIDDLE
- SECOND - RIGHT SIDE
- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
- THIRD - MIDDLE
- THIRD - RIGHT SIDE

**TRAPPED:**

- NOT TRAPPED

**SAFETY EQUIPMENT USED:**

- NOT APPLICABLE

**ADDRESS:** 17207 MAPLE HTS BLVD MAPLE HTS OH 44137

**CONTACT PHONE:** 4408647620

---

### UNIT # 2

**NAME:** WITNESS

**ADDRESS:** 17207 MAPLE HTS BLVD MAPLE HTS OH 44137

**DATE OF BIRTH:** 01/19/2019

**GENDER:** F

**DATE TAKEN BY:** 01/19/2019

**EMS AGENCY (NAME):** 4408647620

**SAFETY EQUIPMENT USED:**

- DOT-COMPLIANT MC HELMET
- SEATING POSITION:
  - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- AIR BAG USAGE:
  - NOT DEPLOYED
- EJECTION:
  - NOT EJECTED
- TRAPPED:
  - NOT TRAPPED

**INJURIES:**

- NOT TRANSPORTED / TREATED AT SCENE
- EMS
- POLICE
- NOT APPLICABLE

**INJURED TAKEN BY:**

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

**SEATING POSITION:**

- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
- FRONT - MIDDLE
- FRONT - RIGHT SIDE
- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
- SECOND - MIDDLE
- SECOND - RIGHT SIDE
- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
- THIRD - MIDDLE
- THIRD - RIGHT SIDE

**TRAPPED:**

- NOT TRAPPED

**SAFETY EQUIPMENT USED:**

- NOT APPLICABLE

**ADDRESS:** 17207 MAPLE HTS BLVD MAPLE HTS OH 44137

**CONTACT PHONE:** 4408647620