

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 1 | 9 | 2 | 8 | 7 | 2

PHOTOS TAKEN     OH-2     OH-3  
 SECONDARY CRASH     OH-1P     OTHER  
 Private Property

LOCAL INFORMATION  
 REPORTING AGENCY NAME \*  
**GARFIELD HEIGHTS**    NCIC \*  
 0 | 1 | 8 | 2 | 0

HIT/SKIP  
 1 - Solved    NUMBER OF UNITS  
 2 - Unsolved    0 | 2  
 UNIT IN ERROR  
 98 - ANIMAL    0 | 1  
 99 - UNKNOWN

COUNTY \*  
 1 | 8  
 LOCALITY \*  
 1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
**GARFIELD HTS**

CRASH DATE/TIME \*  
 0 | 8 | 1 | 6 | 2 | 0 | 1 | 9 | 1 | 5 | 3 | 0

CRASH SEVERITY  
 5 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE  
 I | R  
 ROUTE NUMBER  
 4 | 8 | 0

PREFIX  
 LOCATION ROAD NAME  
 ROAD TYPE  
 H | W

LATITUDE DECIMAL DEGREES  
 4 | 1 | . | 4 | 1 | 1 | 9 | 2

ROUTE TYPE  
 ROUTE NUMBER  
 PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
 21.8  
 ROAD TYPE  
 M | P

LONGITUDE DECIMAL DEGREES  
 8 | 1 | . | 6 | 1 | 2 | 5 | 0

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 2

DIRECTION  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES

DISTANCE FROM REFERENCE  
 DISTANCE UNIT OF MEASURE  
 1 - Miles  
 2 - Feet  
 3 - Yards

ROUTE TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 0 | 1  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFICWAY  
 7 - ON RAMP  
 8 - OFF RAMP  
 9 - CROSSOVER  
 10 - DRIVEWAY / ALLEY ACCESS  
 11 - RAILWAY GRADE CROSSING  
 12 - SHARED USE PATHS OR TRAILS  
 13 - BIKE LANE  
 14 - TOLL BOOTH  
 99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
 2  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN

DIRECTION OF TRAVEL  
 3  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

MEDIAN TYPE  
 4  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER / UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER  
 3

LOCATION OF CRASH IN WORK ZONE  
 5  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA

CONTOUR  
 1  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER / UNKNOWN

CONDITIONS  
 1  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

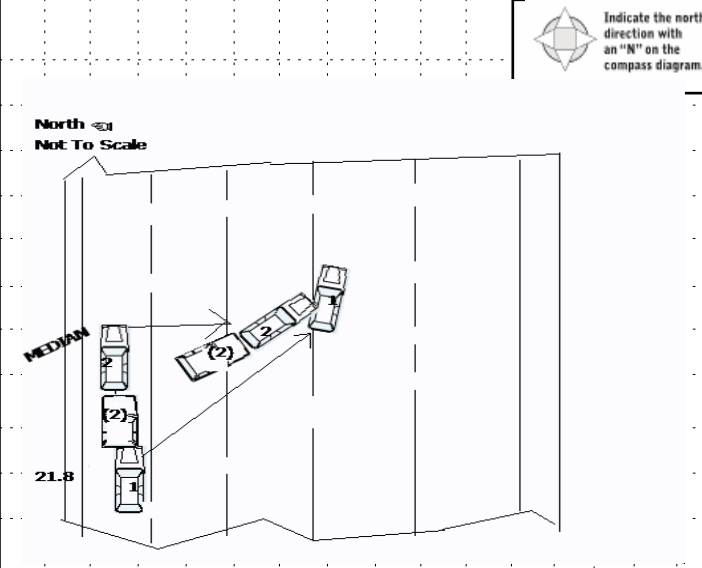
SURFACE  
 2  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER / UNKNOWN

LIGHT CONDITION  
 1  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN

WEATHER  
 1  
 1 - CLEAR  
 2 - CLOUDY  
 3 - FOG, SMOG, SMOKE  
 4 - RAIN  
 5 - SLEET, HAIL  
 6 - SNOW  
 7 - SEVERE CROSSWINDS  
 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 9 - FREEZING RAIN OR FREEZING DRIZZLE  
 99 - OTHER / UNKNOWN

CRASH REPORTED DATE/TIME  
 0 | 8 | 1 | 6 | 2 | 0 | 1 | 9 | 1 | 5 | 3 | 0  
 DISPATCH DATE/TIME  
 0 | 8 | 1 | 6 | 2 | 0 | 1 | 9 | 1 | 5 | 3 | 1  
 ARRIVAL DATE/TIME  
 0 | 8 | 1 | 6 | 2 | 0 | 1 | 9 | 1 | 5 | 3 | 6  
 SCENE CLEARED DATE/TIME  
 0 | 8 | 1 | 6 | 2 | 0 | 1 | 9 | 1 | 6 | 4 | 5

NARRATIVE  
 SEE OH - 2



TOTAL TIME ROADWAY CLOSED  
 0  
 OTHER INVESTIGATION TIME  
 6 | 0  
 TOTAL MINUTES  
 1 | 2 | 9

OFFICER'S NAME \*  
**R. Cramer**  
 OFFICER'S BADGE NUMBER \*  
 0 | 3 | 7

CHECKED BY OFFICER'S NAME \*  
**M. Berdysz**  
 CHECKED BY OFFICER'S BADGE NUMBER \*  
 S | 1 | 4

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST  
 SUPPLEMENT (CORRECTION IN ADDITION)

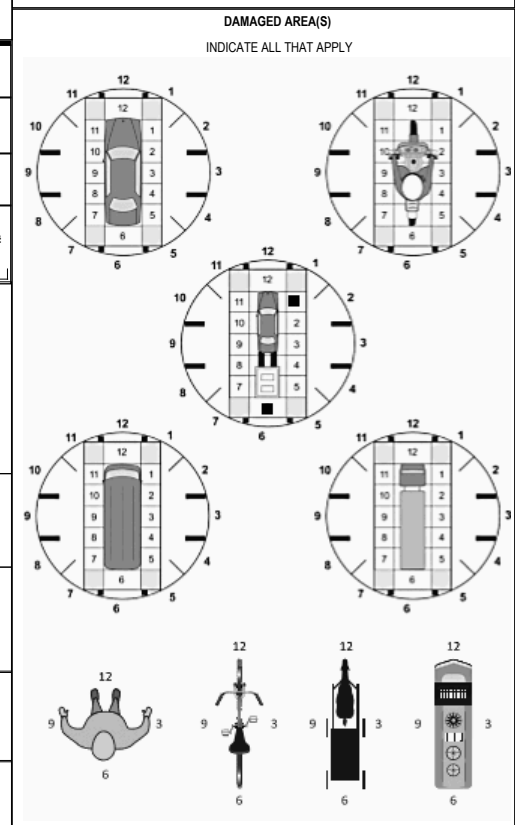
|  |   |   |  |   |
|--|---|---|--|---|
| <b>UNIT #</b><br>0 2   | <b>OWNER NAME: LAST, FIRST, MIDDLE</b><br>BRADLEY MICHAEL J | <input type="checkbox"/> Same As Driver | <b>OWNER PHONE: INCLUDE AREA CODE</b><br>3 3 0 5 6 5 2 2 4 3 | <input type="checkbox"/> Same As Driver |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b><br>691 KALE ADAMS RD LEAVITTSBURG OH 44430 9735 |   |   | <input type="checkbox"/> Same As Driver                      |   |
| <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>HLU3554             | <b>VEHICLE IDENTIFICATION #</b><br>1 F B N E 3 B L L 0 B D B 2 5 1 3 0 | <b>VEHICLE YEAR</b><br>2 0 1 1   | <b>VEHICLE MAKE</b><br>Ford   |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>        | <b>INSURANCE COMPANY</b>                      | <b>INSURANCE POLICY #</b>  | <b>VEHICLE COLOR</b><br>WHI  | <b>VEHICLE MODEL</b><br>E-350 |
| <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 7  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |                               |
| <b>TYPE OF USE</b>  |   |  | <b>TOWED BY: COMPANY NAME</b>  |                               |
| <input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>        |   |  | <input type="checkbox"/> <b>MATERIAL RELEASED</b> CLASS # PLACARD ID #                     |                               |
| <input type="checkbox"/> <b>PLACARD</b>                   |   |  |  |                               |



**UNIT TYPE**  
0 6

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

**# of TRAILING UNITS**  
1

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

**AUTONOMOUS MODE LEVEL**  
0 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  
2 - TAXI  
3 - ELECTRONIC RIDE SHARING  
4 - SCHOOL TRANSPORT  
5 - BUS-TRANSIT/COMMUTER  
6 - BUS - CHARTER/TOUR  
7 - BUS - INTERCITY  
8 - BUS - SHUTTLE  
9 - BUS - OTHER  
10 - AMBULANCE  
11 - FIRE  
12 - MILITARY  
13 - POLICE  
14 - PUBLIC UTILITY  
15 - CONSTRUCTION EQUIPMENT  
16 - FARM  
17 - MOWING  
18 - SNOW REMOVAL  
19 - TOWING  
20 - SAFETY SERVICE PATROL  
21 - MAIL CARRIER  
22 - OTHER / UNKNOWN

**CARGO BODY TYPE**  
0 6

1 - NO CARGO BODY TYPE / NOT APPLICABLE  
2 - BUS  
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  
4 - LOGGING  
5 - INTERMODAL CONTAINER CHASSIS  
6 - CARGO VAN/ENCLOSED BOX  
7 - GRAIN/CHIPS/GRAVEL  
8 - POLE  
9 - CARGO TANK  
10 - FLAT BED  
11 - DUMP  
12 - CONCRETE MIXER  
13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE  
99 - OTHER / UNKNOWN

**VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION AT IMPACT**  
0 1

1 - INTERSECTION - MARKED CROSSWALK  
2 - INTERSECTION - UNMARKED  
3 - INTERSECTION - OTHER  
4 - MIDLICK - MARKED CROSSWALK  
5 - TRAVEL LANE-OTHER LOCATION  
6 - BICYCLE LANE  
7 - SHOULDER/ROADSIDE  
8 - SIDEWALK  
9 - MEDIAN/CROSSING ISLAND  
10 - DRIVEWAY ACCESS  
11 - SHARED USE PATHS OR TRAILS  
12 - FIRST RESPONDER AT INCIDENT SCENE  
99 - OTHER / UNKNOWN

**ACTION**  
0 5

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

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

**CONTRIBUTING CIRCUMSTANCES**  
0 1

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

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

**TRAFFIC CONTROL**  
6 1 - ROUNDABOUT  
2 - SIGNAL  
3 - FLASHER  
4 - STOP SIGN  
5 - YIELD SIGN  
6 - NO CONTROL

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION  
26 - BRIDGE OVERHEAD STRUCTURE  
27 - BRIDGE PIER OR ABUTMENT  
28 - BRIDGE PARAPET  
29 - BRIDGE RAIL  
30 - GUARDRAIL FACE  
31 - GUARDRAIL END  
32 - PORTABLE BARRIER  
33 - MEDIAN CABLE BARRIER  
34 - MEDIAN GUARDRAIL BARRIER  
35 - MEDIAN CONCRETE BARRIER  
36 - MEDIAN OTHER BARRIER  
37 - TRAFFIC SIGN POST  
38 - OVERHEAD SIGN POST  
39 - LIGHT/LUMINARIES SUPPORT  
40 - UTILITY POLE  
41 - OTHER POST, POLE OR SUPPORT  
42 - CULVERT  
43 - CURB  
44 - DITCH  
45 - EMBANKMENT  
46 - FENCE  
47 - MAILBOX  
48 - TREE  
49 - FIRE HYDRANT  
50 - WORKZONE MAINTENANCE EQUIPMENT  
51 - WALL  
52 - BUILDING  
53 - TUNNEL  
54 - OTHER FIXED OBJECT  
99 - OTHER / UNKNOWN

**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 4 TO 3

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

**UNIT SPEED**  
5

**POSTED SPEED**  
6 0

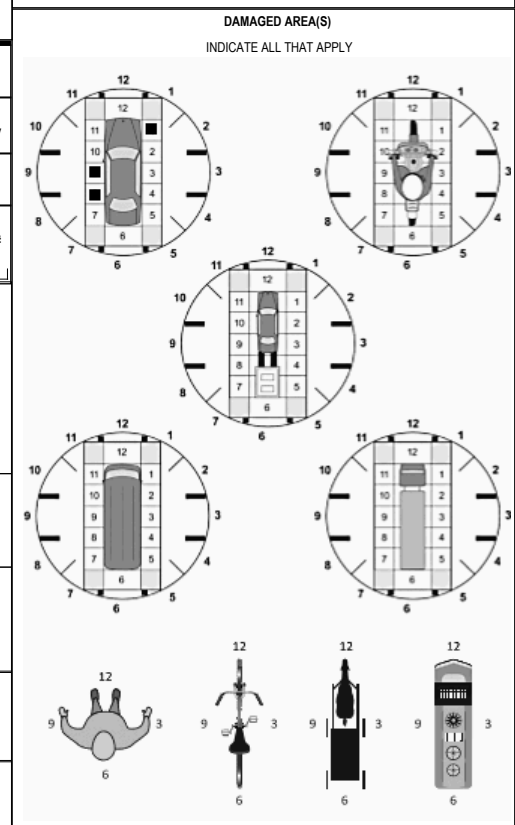
**DETECTED SPEED**  
1 1 - STATED/ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

2 0 1 9 2 8 7 2

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) JONES TYLER  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver ) 3 3 0 2 8 1 6 8 8 6  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver ) 333 LINDEN ST RAVENNA OH 44266  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH LICENSE PLATE # HPL4585 VEHICLE IDENTIFICATION # 1G1KF1K616U2121J184604 VEHICLE YEAR 2002 VEHICLE MAKE GMC  
 INSURANCE VERIFIED  INSURANCE COMPANY Safe Auto INSURANCE POLICY # OH1567220 VEHICLE COLOR BLK VEHICLE MODEL Other/Unknw  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR: 1- ≤10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS.  
 TOWED BY: COMPANY NAME HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD



UNIT TYPE 03  
 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? 0  
 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 01  
 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 01  
 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 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 01  
 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 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
 5 - INTERSECTION - UNMARKED 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 01 PRE-CRASH ACTION 01  
 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 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 08  
 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 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING

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

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

SEQUENCE OF EVENTS  
 EVENTS  
 1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 00 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 00 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE  
 4 00 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 00 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6 00 6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 21 - PARKED MOTOR VEHICLE  
 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  
 1 1 FIRST HARMFUL EVENT 1 1 MOST HARMFUL EVENT

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

# OF THROUGH LANES ON ROAD 3  
 RAIL GRADE CROSSING 1  
 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

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

UNIT SPEED 60  
 POSTED SPEED 60  
 DETECTED SPEED 1  
 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 1 9 2 8 7 2

|   |  |                            |   |   |  |                         |  |               |              |  |
|---|--|----------------------------|---|---|--|-------------------------|--|---------------|--------------|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>JONES TYLER |                            | DATE OF BIRTH<br>0 2 1 7 1 9 9 4                |   | AGE<br>25  | GENDER<br>M             |  |               |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>333 LINDEN ST RAVENNA OH 44266 |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE<br>3 3 0 2 8 1 6 8 8 6  |  |                         |  |               |              |  |
| INJURIES<br>5   | INJURED TAKEN BY                         | 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>TR863173      | OFFENSE CHARGED<br>333.03  | LOCAL CODE<br>■                                 | OFFENSE DESCRIPTION<br>ACDA   | CITATION NUMBER<br>G20193082                     |                         |  |               |              |  |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2               | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |               |              |  |

|   |   |                            |   |   |  |                         |  |               |              |  |
|---|---|----------------------------|---|---|--|-------------------------|--|---------------|--------------|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>WARNER RICKY LEF |                            | DATE OF BIRTH<br>0 4 0 9 1 9 5 4                |   | AGE<br>65  | GENDER<br>M             |  |               |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>629 HAZEN AVE RAVENNA OH 44266 |   |                            |   | CONTACT PHONE - INCLUDE AREA CODE<br>3 3 0 5 1 9 5 4 8 2  |  |                         |  |               |              |  |
| INJURIES<br>5   | INJURED TAKEN BY                              | 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>RQ079773           | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION   | CITATION NUMBER                                  |                         |  |               |              |  |
| OL CLASS<br>1   | ENDORSEMENT SELECT UP TO 2                    | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |               |              |  |

|                                   |                            |                            |   |  |  |                  |  |          |         |  |
|-----------------------------------|----------------------------|----------------------------|---|--|--|------------------|--|----------|---------|--|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   |  | AGE  | GENDER           |  |          |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |   | CONTACT PHONE - INCLUDE AREA CODE                        |  |                  |  |          |         |  |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                    | <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 OTHER DRUG | CONDITION  | STATUS           | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |          |         |  |

| INJURIES                                       | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                        | 6 - SECOND - RIGHT SIDE  | 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 | 2 | 8 | 7 | 2 |  |  |

|  |                                   |                           |   |                       |  |                                   |               |          |         |        |
|--|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|
| <b>OCCUPANT</b>                          | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |
|  | 2                                 | YODER DANNY D             |   |                       |  | 0 2 2 2 1 9 8 2                   |               |          | 3 7     | M      |
|  | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |
| 17108 BUNDYSBURG RD MIDDLEFIELD OH 44062 |                                   |                           |   |                       | 4 4 0 5 4 8 5 6 2 8                              |                                   |               |          |         |        |
| 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 |        |
| 5  |                                   |                           |   | 0 1                   |  | 0 3                               | 1             | 1        | 1       |        |

|                                       |                                   |                           |   |                       |  |                                   |               |          |         |        |
|---------------------------------------|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|
| <b>OCCUPANT</b>                       | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |
|                                       | 2                                 | YODER MARLIN M            |   |                       |  | 0 2 1 7 1 9 8 1                   |               |          | 3 8     | M      |
|                                       | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |
| 15915 PIONEER RD MIDDLEFIELD OH 44062 |                                   |                           |   |                       | 4 4 0 6 3 6 5 6 2 7                              |                                   |               |          |         |        |
| 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 |        |
| 5                                     |                                   |                           |   | 0 1                   |  | 0 4                               | 1             | 1        | 1       |        |

|                                   |                                   |                           |   |                       |  |                                   |               |          |         |        |
|-----------------------------------|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|
| <b>OCCUPANT</b>                   | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |
|                                   | 2                                 | YODER JOE                 |   |                       |  | 0 4 1 6 1 9 7 6                   |               |          | 4 3     | M      |
|                                   | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |
| 5555 KINSMAN MIDDLEFIELD OH 44062 |                                   |                           |   |                       |  |                                   |               |          |         |        |
| 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 |        |
| 5                                 |                                   |                           |   | 0 1                   |  | 0 6                               | 1             | 1        | 1       |        |

|                                   |                                   |                           |   |                       |  |                                   |               |          |         |        |
|-----------------------------------|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|
| <b>OCCUPANT</b>                   | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |
|                                   | 2                                 | YODER SAMUEL              |   |                       |  | 0 4 0 4 2 0 0 6                   |               |          | 1 3     | M      |
|                                   | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |
| 5555 KINSMAN MIDDLEFIELD OH 44062 |                                   |                           |   |                       |  |                                   |               |          |         |        |
| 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 |        |
| 5                                 |                                   |                           |   | 0 1                   |  | 9 9                               | 1             | 1        | 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 |
| INJURED TAKEN BY   | EJECTION   |   |   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |   |   |
| GENDER   | TRAPPED  |   |   |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   |   |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <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 |     |        |

# OCCUPANT / WITNESS ADDENDUM

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 1 | 9 | 2 | 8 | 7 | 2 |  |  |

|                 |   |   |                   |   |  |  |                         |                    |               |
|-----------------|---|---|-------------------|---|--|--|-------------------------|--------------------|---------------|
| <b>OCCUPANT</b> | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>BYLER ANDREW A |                   |   | DATE OF BIRTH<br>0 4 2 7 1 9 9 0                         |  |                         | AGE<br>2 9         | GENDER<br>M   |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>8411 PARKMAN MESPO RD MIDDLEFIELD OH 44062 |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE<br>4 4 0 6 9 3 9 9 7 9 |  |                         |                    |               |
|                 | INJURIES<br>5   | INJURED TAKEN BY                            | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 1                             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 7 | AIR BAG USAGE<br>1 | EJECTION<br>1 |

|                 |   |  |                   |   |  |  |                         |                    |               |
|-----------------|---|--|-------------------|---|--|--|-------------------------|--------------------|---------------|
| <b>OCCUPANT</b> | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>BYLER ENOUS |                   |   | DATE OF BIRTH<br>0 8 0 2 1 9 9 6                         |  |                         | AGE<br>2 3         | GENDER<br>M   |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>18017 MADISON MIDDLEFIELD OH 44062 |  |                   |   | CONTACT PHONE - INCLUDE AREA CODE<br>4 4 0 5 4 8 5 2 2 5 |  |                         |                    |               |
|                 | INJURIES<br>5   | INJURED TAKEN BY                         | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 1                             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 9 | AIR BAG USAGE<br>1 | EJECTION<br>1 |

|                 |                                   |                           |                   |   |                                   |  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| <b>OCCUPANT</b> | 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 |

|                 |                                   |                           |                   |   |                                   |  |                  |               |          |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------------------|--|------------------|---------------|----------|
| <b>OCCUPANT</b> | 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 |

| 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 |
| INJURED TAKEN BY   |  | EJECTION  |   |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   |
| GENDER   |  | TRAPPED   |   |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <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 |     |        |

|   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>20192872   | REPORTING AGENCY<br>GARFIELD HEIGHTS | DATE OF CRASH<br>M 08   D 16   Y 2019 |
| IN COUNTY OF<br>18  | CRASH LOCATION<br>IR 480 HW          |                                       |
| <p>Unit # 1 was traveling east on IR 480 in the inside lane near mile marker 21.8 directly behind Unit # 2. Unit # 2 was slowing for traffic. As a result, the front of Unit # 1 collided with the rear of Unit # 2(trailer). Unit # 1 and #2 rotated clockwise through the middle inside, middle and middle outside lanes. The front right of Unit # 2 then collided with the left side of Unit # 1. The trailer of Unit # 2 overturned onto its left side. Unit # 1 facing south in the middle inside, middle and middle outside lanes. Unit # 1 was parked facing east on the south shoulder. Both units were at final rest upon police arrival.</p> <p>Note: Passengers - Joe Yoder, Samuel Yoder, Andrew Byler, and Enous Byler left the scene and contact was made via phone on 8/20/19.</p> <p>Andrew Byler is the owner of the below listed trailer:<br/>White, 2017 Atla<br/>OH plate : TQY-7630 ; Vin # 5HCKU1023HE038529</p> |                                      |                                       |
| OFFICER'S SIGNATURE<br><b>X</b>   |                                      | BADGE NUMBER<br>037                   |