Traffic Crash Report	Local Report Number *	Crash Severity Hit/Skip			
ENUCATION - SERVICE - PROTECTION  Local Information	2 0 1 8 4 3 5 0 1 1 1 2 2 1 - Fatal 2 - Injury 3 - PDO 3 - PDO				
State Proposition	ng Agency Name *		Number of Unit in error		
1 1 01 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	FIELD HEIGHTS	<u>  [0</u>	0 3 98 - Animal 99 - Unknown		
County * ☑ City * City, Village, Township *		Crash Date *	Time of Crash Day of Week		
1 8     Village *   GARFIELD HTS		1 1 2 9 2 0 1 8	0 6 0 9 THU		
Degrees / Minutes / Seconds Latitude Longitude	O	ecimal Degrees Latitude	Longitude		
[4 1]°[2 5]'[4 8].[7 2]" -[8 1]°[3 6]'[1 2].	4 2 " R		-     .		
□ Divided □ N - Northbound E - Eastbound S - Southbound W - Westbound □ 4 □ AL AV	ad Types or Milepost  - Alley CR - Circle  - Avenue CT - Court  - Boulevard DR - Drive	HE - Heights MP - Milepost HW - Highway PK - Parkway LA - Lane PI - Pike	PL - Place ST - Street WA - Way RD - Road TE - Terrace SQ - Square TL - Trail		
Location Route Number Location Route Number N.S.  Route Number N.S.  E.W IR 480 West	нw	Route Types 1 IR - Interstate Route (inc. t US - US Route	turnpike) CR - Numbered County Route TR - Numbered Township		
Dictores From Reference		SR - State Route rence Name (Road, Milepost, House #)	Route		
Miles   Feet   Yards   Feet   Yards   Feet   Seference   Reference   Referen	N,S, E,W 21.6	ence Marine (road, Milepost, Touse #)	MP Reference Road 2 Type 2		
Reference Point Used	11 - Railway Grade Cros 12 - Shared-Use Paths o	Intersection Related	First Harmful Event  - On Roadway 5 - On Gore  - On Shoulder 6 - Outside Trafficway		
2   3 - House Number	Trails 99 - Unknown ess	] ] ] 3	- In Median 9 - Unknown - On Roadside		
Road Contour Road Conditions (	01 - Dry 05 - Sand, Mu	ud, Dirt, Oil, gravel 09 - Rut, Holes,			
2 - Straight Grade 9 - Unknown	02 - Wet 06 - Water (Si 03 - Snow 07 - Slush 04 - Ice 08 - Debris*	tanding, Moving) Pavement*  10 - Other  99 - Unknown	* Secondary Condition Only		
Manner of Crash Collision/Impact	Weather	99 - Ulikilowii	Secondary Condition Only		
2 - Rear-End 5 - Backing 8 - Sideswing Two Motor Vehicles 3 - Head-On 6 - Angle Direction In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknow	1 1 2	- Clear 4 - Rain - Cloudy 5 - Sleet, Hail - Fog, Smog, Smoke 6 - Snow	7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown		
Road Surface Light conditions		2	School Bus Related Yes, School Bus		
1 - Concrete 4 - Slag, Gravel, 2 - Blacktop, Bituminous, Stone Asphalt 5 - Dirt Secondary 1 - Daylight 2 - Dawn 3 - Dusk	6 - Dark - I 7 - Glare*	Roadway Not Lighted 9 - Un Unknown Roadway Lighting	Aknown Zone Zone Related Yes, School Bus Indirectly Involved		
3 - Brick/Block 6 - Other 4 - Dark - Lig  Work	ghted Roadway 8 - Other	* Secondary Cond Location of Crash in Work Zone	ition Only		
Related Comcervencie 2 - Lane Shift/Crossover 5 - Ot	ermittent or Moving Work her	1 - Before the first Work Zone Wa 2 - Advance Warning Area	arning Sign 4 - Activity Area 5 - Termination Area		
(Vehicle Only)  Narrative  3 - Work on Shoulder or Median		3 - Transition Area			
UNIT 1 WAS STOPPED IN LANE 4 WEST BOUND ON IR 480	Diagra	m	Write an "N" on the compass diagram to indicate the direction		
AT 21.6. UNIT 2 WAS TRAVELING IN LANE 4 AND CAME TO			of north.		
A STOP TO AVOID STRIKING UNIT 1. UNIT 3 WAS	<del> </del>		-		
TRAVELING IN LANE 4 AND WAS UNABLE TO STOP					
BEFORE STRIKING UNIT 2 THEN CONTINUING FORWARD		1 2 3	4   → N		
STRIKING UNIT 1.		J J	l <sub>s</sub> _		
			1		
	- 21.6				
		[ ]			
			13		
	<u> </u>		Drawing Not To Scale		
Report Taken By  Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)	<del></del>				
Date Crash Reported Time Crash Reported Dispatch Time	Arrival Time		stigation Time Total Minutes		
[1 1 2 9 2 0 1 8]	0 6 1 8	0 6 5 0 4 5	5		
	Officer's Badge Number 031	Checked By	Page of		

OHIO SIGNATURE OF PUBLIC EDUCATION - MEDITECTA PUBLICATION  EDUCATION - MEDITECTA PUBLICATION - MEDITECTA PUBLI		Local Report Number *	4 3 5 0
Unit Number Owner Name: Last, First, Middle ( 🗹 COOPER NUHTIA JERRIE	Owner Phone Number - inc. ar	rea code ( 🖫 Same As Driver)	Damage Scale Damaged Area Front
Owner Address, City, State, Zip ( Same As 12265 VALLEY LANE DR	Driver) GARFIELD HTS	OH 44125 4558	1 - None 09 02 03
LP State License Plate Number	Vehicle Identification Number   2   B   3   K   A   4   3   R   9   7   F	# Occupants H   8   8   0   8   3   9     0   1	2 - Minor 08 10 04
Vehicle Make	Vehicle Model	Vehicle Color	3 - Functional 07 05
Proof of Insurance Company	CHA Charger  Policy Number	RED Red Towed By	4 - Disabling
Shown Carrier Name, Address, City, State, Zip		a and h	9 - Unknown Rear  Carrier Phone - include area code
US DOT  Vehicle Weight GVWR/GCWR  1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.  Hazardous Material	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging	10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer	Not Divided Not Divided, Continuous Left Turn Lane Divided, Unprotected (Painted or Grass>4 Ft.) Median Divided, Positive Median Barrier
HM Class Released Number	06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	,
Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Unit Type Passenger Vehicle (less than 9 pass  0 3 01 - Sub-Compact 02 - Compact 03 - Mid Size 99 - Unknown 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle	•	
04 - Bus - School (Public or Private) 12 - Mili 05 - Bus - Transit 13 - Poli 06 - Bus - Charter 14 - Pub 07 - Bus - Shuttle 15 - Oth	18 - Farm Equipment way/Maintenance 19 - Motorhome ury 20 - Golf Cart e 21 - Train	Most Damaged Area	t
02 - Backing 08 - Ente 03 - Changing Lanes 09 - Lear 99 - Unknown 04 - Overtaking/Passing 10 - Part	ng or Stopped in Traffic	Non-Motorist  15 - Entering or Crossing Specified Li 16 - Walking, Running, Jogging, Playi 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	
Contributing Circumstances  Primary  01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change //Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifing/Falling/Spilling 21 - Other Improper Action	Non-Motorist  22 - None  23 - Improper Crossing  24 - Darting  25 - Lying and/or Illegally in Roadway  26 - Failure to Yield Right of Way  27 - Not Visible (Dark Clothing)  28 - Inattentive  29 - Failure to Obey Traffic Signs  //Signals/Officer  30 - Wrong Side of the Road  31 - Other Non-Motorist Action	Vehicle Defects  01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
Sequence of Events  1 2 0 2 3 4 5 5	Non-Collision Events	(Blown Tire, Brake Failure, etc)         11 - Cro           07 - Separation of Units         Opp           08 - Ran Off Road Right         12 - Doo	ss Median ss Center Line sosite Direction of Travel wnhill Runaway er Non-Collision
Event Event Collision with Person. Vehicle or Object Not Fixed  14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	Collision With Fixed Object  25 - Impact Attenuator/Crash Cus 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Ears	shion         33 - Median Cable Barrier         41 - Ott           34 - Median Guardrail Barrier         or :           35 - Median Concrete Barrier         42 - Cu           36 - Median Other Barrier         43 - Cu           37 - Traffic Sign Post         44 - Dit           38 - Overhead Sign Post         45 - En           39 - Light/Luminaries Support         46 - Fe           40 - Utility Pole         47 Mail	ner Post, Pole 48 - Tree Support 49 - Fire Hydrant Ivert 50 - Work Zone Maintenance rb Equipment ch 51 - Wall, Building, Tunnel bankment 52 - Other Fixed Object
Unit Speed	gn 08 - Railroad Flashers gn 09 - Railroad Gates ignal 10 - Construction Barricade lashers 11 - Person (Flagger, Officer)	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast 4 - West 8 - Southwest

OHIO OF PUBLIC SOFT PUBLIC SOF			Report Number * 2   0   1   8   4   3   5	5 0
Unit Number Owner Name: Last, First, Middle (  KOLLI SRI GOWTHAMI	Same As Driver) Owner Phone Number - inc. ar	rea code ( 🖫 Same As	Damage S	cale Damaged Area Front
Owner Address, City, State, Zip ( Same A 34855 DOGWOOD LN	Driver)	OH 44139	1 - None	09 02 03
LP State License Plate Number   O   H   HBY7838	Vehicle Identification Number		# Occupants 2 - Minor	08 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color	3 - Function	onal
2 0 1 4 SUBA Subaru  Proof of Insurance Company Insurance Company	OUT Outback  Policy Number	GRY Gray Towed By	4 - Disabli	ng 07 06 05
Insurance Shown grange  Carrier Name, Address, City, State, Zip	PA34363310		9 - Unknor	wn Rear Phone - include area code
US DOT Vehicle Weight GVWR/GCWR  1 - Less Than or Equal to 10k Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable	e 09 - Pole	afficway Description  1 - Two-Way, Not Divided	
HM Placard ID No. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.	0 1 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus/(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging	10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer	2 - Two-Way, Not Divided, 3 - Two-Way, Divided, Unp 4 - Two-Way, Divided, Pos	rotected (Painted or Grass>4 Ft.) Median
HM Class Number  Hazardous Material Released	06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	14 - Auto Transporter	5 - One-Way Trafficway  Hit / Skip Unit	
Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk	Unit Type Passenger Vehicle (less than 9 pass			us/Van/Limo (9 or More Including Driver)  1 - Bus/Van (9-15 Seats, Inc Driver)
03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 1 - Person	0 6 02 - Compact 03 - Mid Size	14 - Single Unit Truck 15 - Single Unit Truck 16 - Truck/Tractor(Bol	3+ axles 2	2 - Bus(16+ Seats, Inc Driver)
06 - Bicycle Lane 2 - Comm 07 - Shoulder/Roadside 3 - Govern 08 - Sidewalk	or Hit/Skip 05 - Minivan	17 - Tractor/Semi-Tra 18 - Tractor/Double 19 - Tractor/Triples	iler 2	on-Motorist 3 - Animal with Rider 4 - Animal with Buggy, Wagon, Surrey
09 - Median/Crossing Island 10 - Driveway Access	gency 08 - Van 09 - Motorcycle	20 - Other Med/Heavy	y Vehicle 2	4 - Alimina with buggy, Wagon, Suney 5 - Bicycle/Pedacyclist 6 - Pedestrian/Skater 7 - Other Non-Motorist
11 - Shared-Use Path or Trail Respon 12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle	☐ Has HM	Placard	
04 - Bus - School (Public or Private) 12 - Mill 05 - Bus - Transit 13 - Pol 06 - Bus - Charter 14 - Pul 07 - Bus - Shuttle 15 - Ott	18 - Farm Equipment hway/Maintenance 19 - Motorhome ary 20 - Golf Cart	Most Damaged Area	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	99 - Unknown  Action  1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
08 - Entropy 08 - Entropy 09 - Unknown 04 - Overtaking/Passing 10 - Par	ring or Stopped in Traffic			21 - Other Non-Motorist Action
Contributing Circumstances  Motorist  01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change //Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifing/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally ir 26 - Failure to Yield Right of 27 - Not Visible (Dark Cloth 28 - Inattentive 29 - Failure to Obey Traffic //Signals/Officer 30 - Wrong Side of the Ros 31 - Other Non-Motorist Ac	n Roadway of Way ning) Signs	Defects  01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
Harmful 1 Harmful 1 Event Event  Collision with Person, Vehicle or Object Not Fixed	Non-Collision Events		Opposite Directi 12 - Downhill Runaw 13 - Other Non-Collis	on of Travel vay sion
14 - Pedestrian 21 - Parked Motor Vehici 15 - Pedalcycle (Train,Engine) 22 - Work Zone Mainten 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, St 17 - Animal - Farm 35 - Struck by Falling, St 18 - Animal - Deer 40 - Motor Vehicle 19 - Animal - Other 24 - Other Movable Obje	26 - Bridge Overhead Structure 17 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Esce	34 - Median Guardrail Ba 35 - Median Concrete Ba 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Sur 40 - Utility Pole	rrier or Support rrier 42 - Culvert r 43 - Curb 44 - Ditch 45 - Enbankment oport 46 - Fence 47 Mailbox	49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
Unit Speed	ign 08 - Railroad Flashers ign 09 - Railroad Gates Signal 10 - Construction Barricade	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	3 6 4 2-	North 5 - Northeast 9 - Unknown South 6 - Northwest East 7 - Southeast West 8 - Southwest
06 - School				Page of

OHIO COPPUSAC SAFETY SAFETY SERVICE - PROTECTION			L	cal Report Number *	4   3   5   0	
Unit Number Owner Name: Last, First, Middle EYRING DILLON J	( 🗹 Same As Driver)	Owner Phone Number - inc. ar	ea code (□2 Sam	ne As Driver)	Damage Scale	Damaged Area Front
Owner Address City Otata Zin	☑ Same As Driver)  OR UNIT	BRUNSWICK	OH 442	212	1 - None	09 02 03
LP State License Plate Number  O H H HJD4694	Vehicle Identificatio	n Number	3   1   2   2   9   7   6		2 - Minor	08 10 04
Vehicle Year	Vehicle Mode	el	Vehicle Color		3 - Functional	07
Proof of Insurance Company Insurance	Policy Number	Sonoma	Towed By	Gray	4 - Disabling	06
Shown SafeCO  Carrier Name, Address, City, State, Zip	k2936151				9 - Unknown  Carrier Phone -	Rear include area code
US DOT  Vehicle Weight GVWR/GCW  1 - Less Than or Equal 2 - 10,001 to 26,000 Lb 3 - More Than 26,000 L  Hazardous Material	to 10k Lbs. s bs. 01 - Nc 02 - Bc 03 - Bc 04 - Vc 05 - Lc		10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer	3 - Two-Way, D	ot Divided ot Divided, Continu- ivided, Unprotected ivided, Positive Med	(Painted or Grass>4 Ft.) Median
HM Class Released Number	07 - Ca 08 - Gi	termodal Container Chassis argo Van/Enclosed Box rain, Chips, Gravel	14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	☐ Hit / Skip Unit		
Non-Motorist Location Prior to Impact 01 - Intersection - Narked Crosswalk 22 - Intersection - No Crosswalk 03 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Town of the control of the control	Passenger Vehicle (less than 9 pass 01 - Sub-Compact 02 - Compact 03 - Mid Size	13 - Single Unit 1 14 - Single Unit 1 15 - Single Unit 1 16 - Truck/Tractc 17 - Tractor/Sem 18 - Tractor/Doul 19 - Tractor/Tripl 20 - Other Med/H	Fruck/Trailer or(Bobtail) i-Trailer ble es	21 - Bus/ 22 - Bus(* Non-Motor 23 - Anim 24 - Anim 25 - Bicyt 26 - Pede	imo (9 or More Including Driver)  Van (9-15 Seats, Inc Driver)  16+ Seats, Inc Driver)  rist  al with Rider  all with Buggy, Wagon, Surrey  cle/Pedacyclist  strian/Skater  rr Non-Motorist
Special Function	10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 01 - None 02 - Center F 03 - Right Fro 15 - Right Sio 06 - Rear Cei 07 - Left Rea	ont 10 - Top and W de 11 - Undercarri ear 12 - Load/Traile nter 13 - Total (All Ar	age er	Action  1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions  O1 - Straight Ahead O2 - Backing O3 - Changing Lanes O4 - Overtaking/Passing O5 - Making Right Turn O6 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	16 - Walking, F 17 - Working 18 - Pushing V	or Crossing Specified Loc Running, Jogging, Playin Tehicle ng or Leaving Vehicle		21 - Other Non-Motorist Action
Contributing Circumstances  Motorist  Primary  01 - None  02 - Failure to Yield  03 - Ran Red Light  04 - Ran Stop Sign  05 - Exceeded Speed Limit  06 - Unsafe Speed  07 - Improper Turn  08 - Left of Center  09 - Followed Too Closely/ACD/  10 - Improper Lane Change  /Passing/Off Road	16 - Wrong Side/Wrong 17 - Failure to Control 18 - Vision Obstruction	I llegally in Negligent Manner (Due to External Conditions) y Way ve Equipment tg/Spilling	Non-Motorist 22 - None 23 - Improper Crossin 24 - Darting 25 - Lying and/or Illegi 26 - Failure to Yield Ri 27 - Not Visible (Dark 28 - Inattentive 29 - Failure to Obey T /Signals/Officer 30 - Wrong Side of the 31 - Other Non-Motori	ally in Roadway ight of Way Clothing) raffic Signs	02 03 04 05 06 07 08 09	- Turn Signals - Head Lamps - Tail Lamps - Brakes - Steering - Tire Blowout - Worn or Slick tires - Trailer Equipment Defective - Motor Trouble - Disabled From Prior Accident - Other Defects
Sequence of Events	5 6	Ion-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05- Cargo/Equipment Loss or Sh	06 - Equipment Failure (Blown Tire, Brake Failu 07 - Separation of Units 08 - Ran Off Road Righ ift 09 - Ran Off Road Left	t Oppo	s Median s Center Line osite Direction of Tra nhill Runaway r Non-Collision	avel
16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	Motor Vehicle ne Maintenance Equipment y Falling, Shifting Cargo ng Set in Motion by a hicle ovable Obiect	ollision With Fixed Object 25 - Impact Attenuator/Crash Cus 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier		darrier 41 - Othe or Si te Barrier 42 - Culvi arrier 43 - Curb t 44 - Ditch Post 45 - Enba s Support 47 Mailbo	er Post, Pole upport ert o n ankment	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
Unit Speed  4 5   6 0   1 2  Stated Estimated  Posted Speed Traffic Cor  1 2	01 - No Controls     07 - Ra       02 - Stop Sign     08 - Ra       03 - Yield Sign     09 - Ra       04 - Traffic Signal     10 - Co       05 - Traffic Flashers     11 - Pei	ilroad Flashers ilroad Gates	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 3 To	1 - North 2 - South 3 - East 4 - West	5 - Northeast 9 - Unknown 6 - Northwest 7 - Southeast 8 - Southwest  Page of
HSV8304 OH111 (Pey 01/12)						



## Motorist / Non-Motorist / Occupant

Lo	cal Repo	rt N	umb	er *								
4	2	0	1	8	4	3	5	0				

	الململا	Last, First, Middle	NUHT	1.0	JE			Date of Birth	11   9   8	Age 34	Gender F - Female M - Male
181	Address, City, State, Zip					OU	444	Co	ntact Phone - includ		I I I I I I I I I I I I I I I I I I I
DIOINI-IION	12265 VALLEY LANE DR GARFIELD HTS OH 44  Injuries Injuried Taken By EMS Agency Medical Facility Injured Taken To Safety Equipment Use						DOT Compliant	Seating Position	n Air Bag Usage	Ejection Trapped	
MOTOLISM	OL State Operator Lic	ghfd 1  ense Number OL Class	l No. l	marymount	ohol/Drug Suspected	0 4	tatus lĀ	Helmet	O 1	Drug Test Sta	tus Drug Test Type
	O H SM699	0122 4	No Valid OL En		1	1	tutus	1	<u>. LLL</u>		1
	Offense Charged (□ Le	Ocal Code )	fense Description			Citation Number				Dovice   F	ver Distracted By
Unit Number Name: Last, First, Middle  EYRING  Address City State Zin					J			Date of Birth		2 Age 26	Gender F - Female M - Male
Address, City, State, Zip 1520 CLEARBROOKE DR UNIT  BRUNSWICK  Injuries Injured Taken By LEMS Agency  Medical Facility Injured Taken To Safe						ОН			ntact Phone - includ	de area code	
O   H   TM264258						Safety Equipme		DOT Compliant Motorcycle Helmet	Seating Positio	Air Bag Usage	Ejection Trapped
≥ '		<del></del>	I □ Valid I □ M/0		ohol/Drug Suspected	Alcohol Test S	status A	Alcohol Test Type	Alcohol Test Value	Drug Test Sta	Drug Test Type
	Offense Charged (M L 333.03	<b>'</b> 3				iver Distracted By					
	Injuries  1 - No Injury/None Repor	Injured Taken By ted 1 - Not Transporte		uipment Used	99 -	Unknown Safety E	quipment	:	Non-Motorist		
	2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Treated at Sce 2 - EMS 3 - Police 4 - Other 9 - Unknown	01 - No 02 - Sh 03 - La								
Seating Position  01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 09 - Third - Right Side 09 - Third - Right Side 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Middle 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car) 09 - Third - Left Side (Motorcycle Side Car)					rgo Area	Air Bag Usage  12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 2 - Deployed Front 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 4 - Deployed Both Front/Side 16 - Other 99 - Unknown 9 - Deployment Unknown					
1 - Not Ejected         1 - Not Trapped         1 - Class           2 - Totally Ejected         2 - Extricated by         2 - Class           3 - Partially Ejected         Mechanical Means         3 - Class           4 - Not Applicable         3 - Extricated by         4 - Regu				B 2 - Physical Impairment				5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other Alcohol/Drug Suspected 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected			
	Alcohol Test Status  1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kr 5 - Test Given, Results Ur	ted Sample/Unusable own	Alcohol Test Type  1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	Drug Test Status  1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown			Drug Test Type  1 - None 2 - Blood 3 - Urine 4 - Other  Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication 5 - Other Electronic Device (Navigation Device, Radio, DV				
ı	10121	ast, First, Middle	SRI		G(		- 1	e of Birth	1   9   8   9	.1 - 1	Gender F - Female M - Male
Occupan	Address, City, State, Zip 34855 DC	GWOOD LN		SOLON	I	ОН	441	39 1426 Con	tact Phone - include	e area code	
	Injuries Injured Taken By	EMS Agency	ľ	Medical Facility Injured	d Taken To	Safety Equipme	ent Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection Trapped
	Unit Number Name: L	ast, First, Middle					Date	e of Birth	<u>'</u>	Age	Gender F - Female M - Male
ccupant	Address, City, State, Zip							Con	tact Phone - include	e area code	W Male
0	Injuries Injured Taken By	EMS Agency	M	ledical Facility Injured	d Taken To	Safety Equipme	ent Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection Trapped
	l <b>I</b>	I				I		İ	I	1	



## Motorist / Non-Motorist / Occupant

Loca	ıl Rep	oort N	lumb	er *								
	2	0	1	8	4	3	5	0				

	Unit Number Name: Last, First, Middle MUMMANENI	KRISHNAPRASAD P(	Date of Bi	Age   Gender   F - Female   M - Male			
1000	Address, City, State, Zip 34855 DOGWOOD LN	SOLON	OH 44139 142	Contact Phone - include area code			
	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used DOT Mote				
-	OL State         Operator License Number         OL Class           O   H   SC037633         4	ss No Valid OL End 1 Alcohol/Drug Suspect	ted Alcohol Test Status Alcohol Tes	t Type			
	Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Driver Distracted By Device Used 1			
	Unit Number Name: Last, First, Middle		Date of B	rth Age Gender F - Female M - Male			
OUSI	Address, City, State, Zip			Contact Phone - include area code			
TOTIST/NOTI-INO	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To		Compliant recycle let Trapped			
M	OL State Operator License Number OL Clas	S No Valid OL End Condition Alcohol/Drug Suspect	Alcohol Test Status Alcohol Test	tt Type Alcohol Test Value Drug Test Status Drug Test Type			
	Offense Charged (☐ Local Code )	Offense Description	Citation Number	Hands-Free Driver Distracted By Device Used			
Injures Injury/None Reported 1 - Not Transported / Treated at Scene 2 - Possible Treated at Scene 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal 9 - Unknown Safety Equipment Motorist  Safety Equipment Used 99 - Unknown Safety Equipment Motorist  Non-Motorist  1 - Not Transported / Treated at Scene 01 - None Used - Vehicle Occupant 05 - Child Restraint System-Forward Facing 09 - None Used 12 - Reflective Cloth O6 - Child Restraint System-Rear Facing 10 - Helmet Used 13 - Lighting 13 - Lighting 13 - Lighting 14 - Other 14 - Other 15 - Possible Seat 14 - Other 14 - Other 15 - Read 15 - Read 16 - Child Restraint System-Forward Facing 16 - Child Restraint System-Forward Facing 17 - Protective Pads Used 18 - Lighting 18 - Lighting 19 - Unknown 19 - U							
	Seating Position  01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)	12 - Passenger in Unencloser 13 - Trailing Unit 14 - Riding on Vehicle Exterio 15 - Non-Motorist 16 - Other 99 - Unknown	2 - Deployed Front			
	Ejection  1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable  Trapped 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Mean	4 - Regular Class (Ohio is "D") 4 - Illness	airment 6 - Und	Asleep, Fainted, Fatigued er The Influence of ications, Drugs, Alcohol er  Alcohol/Drug Suspected  1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected			
	Alcohol Test Status  1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Alcohol Test Type  1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other  Drug Test Status  1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	river Distracted By  1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Inside the Vehicle 7 - External Distraction  8 - Electronic Device (Navigation Device, Radio, DVD)			
±	Unit Number Name: Last, First, Middle		Date of Birth	Age Gender F - Female M - Male			
	Address, City, State, Zip			Contact Phone - include area code			
Cccupar	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To		Compliant rcycle let Ejection Air Bag Usage Ejection Trapped			
Occupar	Unit Number Name: Last, First, Middle	·	Date of Birth	Age Gender F - Female			
Cocupar	.			M - Male			
Occupant	Address, City, State, Zip						
Occupant	Address, City, State, Zip  Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To		Contact Phone - include area code  Compliant roycle  M - Male  M - Male  M - Male			