| OHO DEPARTMENT TRAFFIC CRASH REPORT DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT | | | | | | | LOCAL REPORT NUMBER * | | | | |
|-----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------|----------------------------|-------------------------------------------------|------------------------------------------------|-------------------------------------------|--|--|--|
| ■ PHOTOS TAKEN | □ OH-2 ■ | OH-3 | 2 0 1 9 0 0 4 4 | | | | | | | | |
| ■ PHOTOS TAKEN □ SECONDARY CRASH | | OTHER R | EPORTING AGENCY NAME * | .0.1 | HIT/SKIP 1 - Solved | NUMBER OF UNITS | UNIT IN ERROR | | | | |
| COUNTY* LOCAL | Private Property | LOCATION: CITY, VILL | SARFIELD HEIG | SHTS LOTT | 2 - Unsolved CRASH DA | | CRASH SEVERITY | | | | |
| 1 1 1 8 1 1 1 | 1 - CITY * 2 - VILLAGE * | GARFIELI | | | | 0.1.0.4.2.0.1 | 2 1-FATAL | | | | |
| ROUTE TYPE | 3 - TOWNSHIP * ROUTE NUMBER | PREFIX | 1 - NORTH LOCATION | ROAD NAME | ROAD TYPE | LATITUDE DECIN | 2 - SERIOUS INJURY SUSPECTED | | | | |
| ГОСАТІОИ | | 2-SOUTH 3-EAST E 1315 | ST | $ _{ S T }$ | 4 1 4 3 | 5 4 8 5 | 3 - MINOR INJURY SUSPECTED | | | | |
| ROUTE TYPE | ROUTE TYPE ROUTE NUMBER PREFIX | | | VEST ORTH REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) ROAD TYPE | | | LONGITUDE DECIMAL DEGREES | | | | |
| REFERENCE | 2 - SOUTH 3 - EAST 4 - WEST MELGROVE | | | | 5- PROPERTY DAMAGE ONL' | | | | | | |
| REFERENCE POINT 1 - INTERSECTIO | DIRECTION *********************************** | ID INTED | ROUTE TYPE STATE ROUTE (TP) | ROAD TYPE AL - ALLEY HW - HIGHWAY | RD - ROAD | ■ WITHIN INTER | INTERSECTION RELAT SECTION OR ON APPROACH | ED | | | |
| 2 - MILE POST 3 - HOUSE # | 3 2-SOUTH 3-EAST 4-WEST | US - FEDE | RAL US ROUTE | AV - AVENUE LA - LANE | SQ - SQUARE ST - STREET | | | _2_ | | | |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | | BERED COUNTY ROUTE | | TE - TERRACE TL - TRAIL | ☐ WITHIN INTER | CHANGE AREA ROADWAY | NUMBER OF APPROACHES | | | |
| | 1 - Miles 2 - Feet | TR - NUME ROUT | ERED TOWNSHIP E | DR - DRIVE PI - PIKE HE - HEIGHTS PL - PLACE | WA - WAY | ■ ROADWAY DIV | IDED | | | | |
| LOC | 3 - Yards | EVENT | | MANNER OF CRASH COLLISION/IMPACT | | DIRECTION OF TRAVEL | | MEDIAN TYPE | | | |
| 1 - ON RO. 2 - ON SHO | OULDER 10 - DRIVEY | /AY / ALLEY | 1 - NOT COLLIS | SION 4 - REAR-TO-REAR 5 - BACKING | | 2 1 1-NORTH | 9 1 1-DIVI | DED FLUSH MEDIAN | | | |
| 3 - IN MED 4 - ON RO | ADSIDE 11 - RAILWA | Y GRADE | TWO MOTOR VEHICLES IN | R 6 - ANGLE | | 2 - SOUTH 3 - EAST | (<4) | FEET) DED FLUSH MEDIAN | | | |
| 5 - ON GO 6 - OUTSIE TRAFFI | DE 12 - SHAREI | USE PATHS | TRANSPORT 2 - REAR-END | 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION | ON | 4 - WEST | 3 - DIVI | FEET) DED, DEPRESSED MEDIAN | | | |
| 7 - ON RAI 8 - OFF RA | MP 13 - BIKE LA | NE | | 9 - OTHER / UNKNOWN | | (AN) | DED, RAISED MEDIAN / TYPE) IER / UNKNOWN | | | | |
| | 99 - OTHER | / UNKNOWN WORK ZONE | TYPE | LOCATION OF CRASH IN WORK | ZONE | CONTOUR | SURFACE | | | | |
| ☐ WORK ZONE RELATI | 1. | - LANE CLOSURE - LANE SHIFT/CROS | | 1 - BEFORE THE 1ST WOR WARNING SIGN | | 1 1 | conditions | 2 | | | |
| LAW ENFORCEMENT PRESENT | | OR MEDIAN | | 2 - ADVANCE WARNING AF 3 - TRANSITION AREA | 1 - STRAIGHT LEVEL | 1 - DRY | 1 - CONCRETE | | | | |
| ☐ ACTIVE SCHOOL ZO | | - INTERMITTENT OR - OTHER | MOVING WORK | 4 - ACTIVITY AREA 5 - TERMINATION AREA | 2 - STRAIGHT GRADE | 2 - WET 3 - SNOW | 2 - BLACKTOP, BITUMINOUS, | | | | |
| | CONDITION | | 4 01515 | WEATHER | | 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER | 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL | ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, | | | |
| 1 - DAYLIGHT 2 - DAWN/DUS 3 - DARK - LIGH | K HTED ROADWAY | 1,1, | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SN | OW | /UNKNOWN | 6 - WATER (STANDING, MOVING) | STONE 5 - DIRT | | | |
| 4 - DARK - ROA | ADWAY NOT LIGHTED (NOWN ROADWAY | | 4 - RAIN 5 - SLEET, HAIL | 9 - FREEZING RAIN OR FREEZING DE 99 - OTHER / UNKNOWN | | 7 - SLUSH 9 - OTHER/UNKNOWN | 9 - OTHER /UNKNOWN | | | | |
| LIGHTING 9 - OTHER / UN | IKNOWN | | | | | | | | | | |
| NARRATIVE | | | | - : : | : : | | · · · · · | Indicate the north | | | |
| SEE LONG NA | ARRATIVE | | | | | | | direction with an "N" on the | | | |
| THE DRIVER | OF UNIT #1 S | TATED H | E WAS TRAVEL | ING | : : | † † | | compass diagram. | | | |
| EAST ON MEL | GROVE APP | ROACHIN | IG E131ST. | | | | | | | | |
| DRIVER OF U | NIT #1 STATE | D HE ST | OPPED AT THE | | | † † | | | | | |
| STOP SIGN, A | TTEMPTED 1 | O PULL (| ONTO E131ST T | ГО | | | | | | | |
| TRAVEL SOU | TH AND SUBS | SEQUENT | LY STRUCK | | | | | | | | |
| PEDESTRIAN | UNIT #2. DRI | VER OF U | JNIT #1 BELIEV | 'ED | MELGROVE | | | TAT 13KI | | | |
| THE PEDESTI | RIAN WAS ON | N THE RIC | SHT SIDE OF H | IS | | | | | | | |
| CAR BEFORE | THE IMPACT | AND HE | STATED HE DI | D | | 7 | | | | | |
| NOT SEE THE | NOT SEE THE PEDESTRIAN, DRIVER OF UNIT #1 | | | | | | | 1 | | | |
| EXITED HIS C | AR TO FIND | THE PED | ESTRIAN | | 4 | + + | | | | | |
| TRAPPED UN | DER UNIT #1 | · · · · · · · · · · · · · · · · · · · | | | A | | | | | | |
| CRASH REPORTE | | | DISPATCH DATE/TIME | ARRIVAL DATE/TIN | | SCENE CLEAR | ED DATE/TIME | REPORT TAKEN BY POLICE AGENCY | | | |
| 0 1 0 4 2 0 1 | 9 1 5 5 7 OTHER | 0 1 0 4 | 120119 1155 | 5 7 0 1 0 4 2 0 1 9 | | 01104201 FFICER'S NAME* | 1 9 1 6 5 7 | ■ POLICE AGENCY ■ MOTORIST | | | |
| ROADWAY CLOSED | | | | | | | | | | | |
| | INVESTIGATION TIME | MINUTES | officer's name * R. Pitts | ER'S BADGE NUMBER* | N. Ross | | | SUPPLEMENT (CORRECTION or ADDITION | | | |

UNIT # 1. 2006 CHEVROLET EQUINOX, VEHICLE IDENTIFICATION NUMBER #2CNDL13FX66075685. MILEAGE 113369.

VEHICLE INSPECTED BY PATROLMAN FOXX # 30. DURING INSPECTION THE SAID VEHICLE'S BRAKE PEDAL WAS HARD, WHICH THE MASTER CYLINDER CONTAINED

APPROXIMATELY 1/2 OF DARK BRAKE FLUID.
THE VEHICLE HAD NORMAL TIRE WEAR AND

| | OH OF SAFE | PUBLIC SAFETY ETY - BERYICE - PROTECTION | | _2_0_1_9_0_ | 0 4 4 | | | |
|----------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------|
| | UNIT# | OWNER NAME: LAST, FIRST, MIC | ODLE (S S | ame As Driver) | OWNER PHONE: INCLUDE AREA CODE | (Same As Driver 3 . 6 . 0 . 7 . 7 . | | DAMAGE DAMAGE SCALE |
| OWNER | OWNER ADD | DRESS: STREET, CITY, STATE, ZIP E 98TH ST | (🗏 Same As | l | | | 1 - NONE 2 - MINOR DAMAGE | 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE |
| | COMMERCIAL | CARRIER: NAME, ADDRESS, CITY, STA | TE, ZIP | | COMMERCIAL CARRIER PHONE: | INCLUDE AREA CODE | | DAMAGED AREA(S) |
| Ī | LP STATE | LICENSE PLATE # HMX4997 | | VEHICLE IDENTIFICATION # $1 \cdot 3 \cdot F_1 X \cdot 6 \cdot 6 \cdot 0 \cdot 7 \cdot 5 \cdot 1$ | VEHICLE YEAR 2 0 0 | 6 Chevrolet | 11 12 1 | INDICATE ALL THAT APPLY |
| | | URANCE INSURANCE COMPANY GEICO | , | insurance policy# 4575-16-79-88 | VEHICLE COLOR RED | VEHICLE MODEL Equinox | 10 11 1 | 10 12 1 |
| | Соммен | TYPE OF USE RCIAL GOVERNMENT | IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME A&H TOWING | 1 | 9 9 3 4 7 | , , , , , , , , , , , , , , , , , , , , |
| | INTERLO DEVICE EQUIPPE | ☐ HIT/SKIP UNIT | #OCCUPANTS 0 1 | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 ->26K LBS. | MATERIAL RELEASED | US MATERIAL CLASS# PLACARD ID# | 8 7 6 5 | 11 12 7 6 5 |
| VEHICLE | 0 3 UNIT TYPE | PASSENGER CAR PASSENGER VAN (MINIVAN) SPORT UTILITY VEHICLE PICK UP CARGO VAN C-VAN (9-15 SEATS) # OF TRAILING UNITS | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPEO 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 - PEDESTRIANISKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | 10 9 8 | 11 1 2 2 3 3 6 5 4 7 6 5 11 12 1 |
| VE | 2 | WAS VEHICLE OPERATING IN AUT MODE WHEN CRASH OCCURED? 1-YES 2-NO 9-OTHER/UNK | AUTONOM | | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | 10 12 1 9 9 3 4 7 5 | 10 12 1 2 2 3 3 5 4 7 5 4 |
| | | NONE TAXI SECTIONIC RIDE SHARING SCHOOL TRANSPORT 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 99 - OTHER /UNKNOW N | 7 6 5 | 12 12 12 |
| | 0 1 CARGO BODY TYPE | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | 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 - GARRAGE/REFUSE 99 - OTHER / UNKNOWN | 9 6 3 9 | 3 9 8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 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 | · | 6 6 6 |
| | NON-MOTORIST LOCATION AT IMPACT | 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - 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 | ☐ -NO DAMAGE [0] ☐ -TOP [13] ☐ -UNIT | ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] I NOT AT SCENE [16] |
| | 3 | 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 | 0 - NO DAMAGE 1-12 - REFER TO DIAGRAM | |
| | 0 2 | 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 - SWEEVING TO AVOID 16 - WRONG WAY | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLINGSPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION | 1 - ONE-WAY | TRAFFIC CONTROL |
| EVENT(S) | SEQUENCE OF | FEVENTS | | | | | 2 | 2 - INVOLVED - ACTIVE CROSSING |
| EV | 1 1 4 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS | NON-COLLISION 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER | 22 - WORK ZONE MAINTENANCE EQUIPMENT | | 3 - INVOLVED - PASSIVE CROSSING T / NON-MOTORIST DIRECTION |
| | | 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE | FROM 4 TO | 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 2 3 - EAST 7 - SOUTHEAST |
| | 3 | | | COLLISION WITH FIXED OBJECT | | | | 4 - WEST 8 - SOUTHWEST |
| | 4 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT | 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER | 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR | 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX | 50 -WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL | UNIT SPEED | DETECTED SPEED |
| | | 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE | 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER | SUPPORT 42 - CULVERT | 48 - TREE 49 - FIRE HYDRANT | 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | POSTED SPEED | 2 - CALCULATED / EDR 3 - UNDETERMINED |
| | 1 | FIRST HARMFUL EVENT | _ 1 | MOST HARMFUL EVENT | | | 2 5 | |
| HS | Y8304 OH1U 1/19 | [/OU-U82U] | | | | | | PAGE OF |

| | OH OF MAPET | OHIO DEPARTMENT UNIT | | | | | | O 4 4 | | |
|--------|-------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------|---------------------------------------------------|--|--|
| | UNIT# | OWNER NAME: LAST, FIRST, MID | DDLE (S | came As Driver) | OWNER PHONE: INCLUDE AREA CODE | (Same As Driver | DAMAGE DAMAGE SCALE | | | |
| œ | 0 2 | RESS: STREET, CITY, STATE, ZIP | (□ Same As | - Driver) | | | 1 - NONE | 3 - FUNCTIONAL DAMAGE | | |
| OWNE | OWNERADDI | NEGO. STREET, CITT, STATE, ZIP | (Li Same As | s Driver) | | | 9 2 - MINOR DAMAGE | 4 - DISABLING DAMAGE | | |
| | COMMERCIAL (| CARRIER: NAME, ADDRESS, CITY, STA | TE, ZIP | | COMMERCIAL CARRIER PHONE: I | NCLUDE AREA CODE | | | | |
| | LP STATE | LICENSE PLATE # | | VEHICLE IDENTIFICATION # | VEHICLE YEAR | VEHICLE MAKE | 11 | DAMAGED AREA(S) NDICATE ALL THAT APPLY | | |
| | LISTAIL | LICENSE PLATE # | | LILI I I I I I I | VEHICLE TEAK | | 11 12 1 | 11 12 1 | | |
| | | IRANCE INSURANCE COMPANY RIFIED | , | INSURANCE POLICY# | VEHICLE COLOR | VEHICLE MODEL | 10 12 1 | 10 12 2 | | |
| | | TYPE OF USE | | US DOT# | TOWED BY: COMPANY NAME | | 9 10 2 3 | , , , , , , , | | |
| | ☐ COMMER | RCIAL GOVERNMENT | IN EMERGENCY RESPONSE | VEHICLE WEIGHT GVWR/GCWR | HAZARDOI | JS MATERIAL | | 8 4 7 | | |
| | INTERLO | ☐ HIT/SKIP UNIT | # OCCUPANTS | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. | ☐ MATERIAL RELEASED | | 6 5 | 7 6 5 | | |
| | EQUIPPE | 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHEELED | 3 - >26K LBS. 12 - GOLF CART | PLACARD 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN/SKATER | 10 | 1 12 2 | | |
| | 12131 | 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE | 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE | 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK | 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE | 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST | | 10 2 | | |
| | LINIT TYPE | 4 - PICK UP 5 - CARGO VAN | 10 - MOPED OR MOTORIZED BICYCLE | 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT | 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR | 26 - BICYCLE 27 - TRAIN | \ - | | | |
| щ | | 6 - VAN (9-15 SEATS) | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 17 - MOTORHOME | ANIMAL-DRAWN VEHICLE | 99 - UNKNOWN OR HIT/SKIP | 12 | 7 6 5 4 | | |
| VEHICI | | # OF TRAILING UNITS | | | | | 11 12 1 | 6 11 12 | | |
| | | WAS VEHICLE OPERATING IN AUTO | DNOMOUS | 0 - NO AUTOMATION | 3 - CONDITIONAL | 9 - UNKNOWN | 10 1 2 | 10 1 2 | | |
| | | MODE WHEN CRASH OCCURED? 1-YES 2-NO 9-OTHER/UNK | AUTONON | | AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | | 9 8 4 | 3 9 9 3 | | |
| | | 1 - NONE | 6 - BUS - CHARTER/TOUR | 11 - FIRE | 16 - FARM | 21 - MAIL CARRIER | 8 7 6 5 | 8 7 5 4 | | |
| | | 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT | 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER | 12 - MILITARY 13 - POLICE | 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING | 99 - OTHER /UNKNOW N | 6 | 6 | | |
| | | 5 - BUS-TRANSIT/COMMUTER | 10 - AMBULANCE | 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL | | | 12 12 12 | | |
| | 0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE 9 - CARGO TANK | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER | а Щ з | ↑ 1 ■ | | |
| | CARGO BODY TYPE | 2 - BUS | 4 - LOGGING | 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 10 - FLAT BED 11 - DUMP | 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN | • , | 3 9 3 9 | | |
| | | 1 - TURN SIGNALS 2 - HEAD LAMPS | 4 - BRAKES 5 - STEERING | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR | 99 - OTHER / UNKNOWN | 6 | | | |
| L | DEFECTS | 3 - TAIL LAMPS 1 - INTERSECTION - | 6 - TIRE BLOWOUT | DEFECTIVE | ACCIDENT | | _ | _ | | |
| | 0 1 | MARKED CROSSWALK | 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK | 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR | 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | - NO DAMAGE [0] - TOP [13] | ☐ - UNDERCARRIAGE [14] ☐ - ALL AREAS [15] | | |
| | LOCATION AT IMPACT | 2 - INTERSECTION - UNMARKED | 5 - TRAVEL LANE-OTHER LOCATION | | TRAILS | | ☐ -UNIT | NOT AT SCENE [16] | | |
| | | 1-NON-CONTACT 2-NON-COLLISION | 1 - STRAIGHT AHEAD 2 - BACKING | 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE | 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING | 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING | INITI | IAL POINT OF CONTACT | | |
| | | 3 - STRIKING PRE-CRASH | 3 - CHANGING LANES 4 - OVERTAKING/PASSING | 9 - LEAVING TRAFFIC LANE 10 - PARKED | SPECIFIED LOCATION 15 - WALKING, RUNNING, | 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE | 0 9 0 - NO DAMAGE | 14 - UNDERCARRIAGE | | |
| ı | 71011011 | 5 - BOTH STRIKING | 5 - MAKING RIGHT TURN | 11 - SLOWING OR STOPPED IN TRAFFIC | JOGGING, PLAYING 16 - WORKING | DISABLED VEHICLE 99 - OTHER / UNKNOWN | 1-12 - REFER TO DIAGRAM | UNIT 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | | |
| | | & STRUCK 9 - OTHER / UNKNOWN | 6 - MAKING LEFT TURN | 12 - DRIVERLESS | 17 - PUSHING VEHICLE | | | TRAFFIC | | |
| | | 1 - NONE | 7 - LEFT OF CENTER | 13 - IMPROPER START FROM | 17 - VISION OBSTRUCTION | 21 - LYING IN ROADWAY | TRAFFICWAY FLOW | TRAFFIC CONTROL | | |
| | : | 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN | 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE | A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY | 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ | 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO | 1 - ONE-WAY | 1 - ROUNDABOUT 4 - STOP SIGN | | |
| | 0 1 | 5 - UNSAFE SPEED 6 - IMPROPER TURN | CHANGING 10 - IMPROPER PASSING | 15 - SWERVING TO AVOID 16 - WRONG WAY | FALLING/SPILLING 20 - IMPROPER CROSSING | ROADWAY 99 - OTHER IMPROPER | 2 2 - TWO-WAY | 2 - SIGNAL | | |
| | CONTRIBUTING CIRCUMSTANCES | 0-IMPROPER IORN | 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | mone m | | ACTION | # of THROUGH LANES ON ROAD | RAIL GRADE CROSSING | | |
| (S) | SEQUENCE OF | EVENTS | | | | | ON ROAD | 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING | | |
| EVENT | SEQUENCE OF | EVENIS | | NON-COLLISION | | | 2 | 3 - INVOLVED - PASSIVE CROSSING | | |
| | ~ ~ | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM | 22 - WORK ZONE MAINTENANCE EQUIPMENT | I I I I I I I I I I I I I I I I I I I | / NON-MOTORIST DIRECTION | | |
| | | 3 - IMMERSION 4 - JACKKNIFE | UNITS 8 - RAN OFF ROAD RIGHT | TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | 18 - ANIMAL - DEER 19 - ANIMAL - OTHER | 23 - STRUCK BY FALLING, SHIFTING CARGO OR | UNIT | / NON-MOTORIST DIRECTION 1 - NORTH 5 - NORTHEAST | | |
| | 2 | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 20 - MOTOR VEHICLE IN TRANSPORT | ANYTHING SET IN MOTION BY A MOTOR | | 2 - SOUTH 6 - NORTHWEST | | |
| | 3 1 | | | | 21 - PARKED MOTOR VEHICLE | VEHICLE 24 - OTHER MOVABLE | FROM 2 TO | 1 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST | | |
| | | 25 - IMPACT ATTENUATOR | 31 - GUARDRAIL END | COLLISION WITH FIXED OBJECT 37 - TRAFFIC SIGN POST | 43 - CURB | 50 -WORKZONE MAINTENANCE | | 4 - WEST 8 - SOUTHWEST | | |
| | 41 1 1 | / CRASH CUSHION 26 - BRIDGE OVERHEAD | 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER | 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT | 44 - DITCH 45 - EMBANKMENT | EQUIPMENT 51 - WALL | UNIT SPEED | DETECTED SPEED | | |
| | | STRUCTURE 27 - BRIDGE PIER OR ABUTMENT | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE 41 - OTHER POST, POLE OR | 46 - FENCE 47 - MAILBOX | 52 - BUILDING 53 - TUNNEL | | 3 11-STATED/ESTIMATED SPEED | | |
| | | 28 - BRIDGE PARAPET 29 - BRIDGE RAIL | 35 - MEDIAN CONCRETE BARRIER | SUPPORT 42 - CULVERT | 48 - TREE 49 - FIRE HYDRANT | 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN | | 2 - CALCULATED / EDR | | |
| | 6 1 | 30 - GUARDRAIL FACE | 36 - MEDIAN OTHER BARRIER | | | | POSTED SPEED | 3 - UNDETERMINED | | |
| | | | | | | | | | | |
| His. | 1 Y8304 OH1U 1/19 [7 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT | | | | PAGE OF | | |

| OHIO DEPARTMENT OF PUBLIC SAFETY | MOTORIST / NO | N-MOTORIS | Т | | | | 0 1 0 | | PORT NUMBER | | |
|--------------------------------------------------------------|--------------------------------------------------|-------------------------------|-----------------------------------------|--------------------|----------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------------------|----------------------------|---------------------------------|--|
| M UNIT# NAME: LAST, FIRST, MIDGLE | | | | | | | 2 0 1 9 0 0 4 4 1 DATE OF BIRTH AGE GENDER | | | | |
| O 1 CAR ADDRESS: STREET, CITY, STATE, ZI | | DANIEL | STI | | | O 6 2 0 1 9 4 3 7 5 M | | | | | |
| 3495 E 98T | | CLE | VELAND | OH 44 | 1104 5539 | 2 | | 2 5 | 3 6 | 0 7 7 | |
| 0100 = | EMS AGENCY (NAME) | | ICAL FACILITY (NAME, CITY) | SAFETY EQU USED | JIPMENT | DOT-COMPLIAN | SEATING POSI | ITION | AIR BAG USAGE | EJECTION TRAPPED | |
| N 5 L | | | | | | MC HELMET | 0 1 | <u>- </u> | 1 | 1 1 | |
| M | CENSE NUMBER | OFFENSE CHAI | RGED | CODE | FENSE DESCRIPTION | 2 | | | CITATION NUMBER | 0 | |
| OL CLASS ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | 371.01 DRIVER | ALCOHOL / DRUG SUSPECTED | | TY Pedestriar | ALCOHO | | | G2019008 | EST(S) | |
| S 4 | | ıl" ı 9 ıl | ☐ ALCOHOL ☐ MARI | IJUANA | 1 STATUS | 1 1 1 | VALUE | status 1 | TYPE 1 | RESULT SELECT UP TO 4 | |
| M UNIT# NAME: LAST, F | IRST, MIDDLE | | OTHER DRUG | | | | DATE OF BIR | тн | AG | GE GENDER | |
| | DLY | FRANK | WIL | | | ∟0 6 | 5 0 3 1 | 9 5 | 8 8 6 | 0 M | |
| ADDRESS: STREET, CITY, STATE, ZI | | | | | | CONTACT | PHONE - INCLUDE AREA CODE | | • | , | |
| T 4608 E 131 | ST ST EMS AGENCY (NAME) | | RFIELD HTS ICAL FACILITY (NAME, CITY) | OH 44 | 1125 JIPMENT | | SEATING POSI | TION | AIR BAG USAGE | EJECTION TRAPPED | |
| | GARFIELD HEIGHTS | METRO H | HOSPITAL | USED | _0 | DOT-COMPLIANT MC HELMET | | <u>. </u> | 1 | 1 2 | |
| M | CENSE NUMBER | OFFENSE CHAR | RGED | LOCAL OF | FENSE DESCRIPTION | | ' | | CITATION NUMBER | | |
| O D L CLASS ENDORSEMENT | 019 RESTRICTION SELECT UP TO 3 | DRIVER | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHO | L TEST | | DRUG TI | EST(S) | |
| SELECT UP TO 2 | | DISTRACTED | ☐ ALCOHOL ☐ MARIA | | STATUS | TYPE 1 | VALUE | STATUS | TYPE | RESULT SELECT UP TO 4 | |
| M UNIT# NAME: LAST, FI | IPST MIDDLE | | OTHER DRUG | | 1 1 | 1 | DATE OF BIR | 1 | 1 AG | GE GENDER | |
| O T | | | | | | ļ. , | 1 1 1 | | | | |
| ADDRESS: STREET, CITY, STATE, ZI | , | | | | | CONTACT | PHONE - INCLUDE AREA CODE | | | | |
| S T | | | | SAFETY EQU | IDMENT | | | | <u> </u> | | |
| INJURIES INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDIC | CAL FACILITY (NAME, CITY) | USED | IPMENT | DOT-COMPLIANT | SEATING POSI | IION | AIR BAG USAGE | EJECTION TRAPPED | |
| OL STATE OPERATOR LI | CENSE NUMBER | OFFENSE CHAR | RGED | LOCAL OF | FENSE DESCRIPTION | | | | CITATION NUMBER | | |
| 0 T | | | | | | | | | | | |
| O OL CLASS ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIA | JUANA | CONDITION | ALCOHO TYPE | L TEST VALUE | STATUS | DRUG TI | RESULT SELECT UP TO 4 | |
| S T | | _ | OTHER DRUG | L | | Ш | - | L | | | |
| INJURIES 1 - FATAL | SEATING POSITION 1 - FRONT - LEFT SIDE | AIR BAG 1 - NOT DEPLOYED | OL CLAS | SS | OL RESTRICTION 1 - ALCOHOL INTERLOCK | | DRIVER DIST | RACTION | 1 - NONE GI | TEST STATUS VEN | |
| 2 - SUSPECTED SERIOUS INJURY | (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | | DEVICE 2 - CDL INTRASTATE ONL | v | 2 - MANUALLY OPERAT | ING AN | 2 - TEST REI | FUSED | |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | | 3 - CORRECTIVE LENSES | | ELECTRONIC COMM DEVICE (TEXTING, T | | | /EN, CONTAMINATED | |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / S | SIDE 4 - REGULAR CLASS (OI | HIO = D) | 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS | 3 | DIALING) | | | /UNUSABLE /EN, RESULTS KNOWN | |
| INJURED TAKEN BY | 6 - SECOND - RIGHT SIDE | 5 - NOT APPLICABLE | 5 - M / C MOPED ONLY | | 6 - EXCEPT CLASS A | | 3 - TALKING ON HANDS COMMUNICATION D | | | /EN, RESULTS UNKNOWN | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - THIRD - LEFT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | | & CLASS B BUS 7 - EXCEPT TRACTOR-TR | RAILER | 4 - TALKING ON HAND- | | | | |
| 2 - EMS | (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE | EJECTION 1 - NOT EJECTED | OL ENDORSE H - HAZMAT | EMENT | 8 - INTERMEDIATE LICEN | ISE | COMMUNICATION D | | 1 - NONE | ALCOHOL TEST TYPE | |
| 3 - POLICE | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | | 9 - LEARNER'S PERMIT | | 5 - OTHER ACTIVITY WI ELECTRONIC DEVIC | | 2 - BLOOD | | |
| 4 - OTHER / UNKNOWN | TRUCK CAR | 3 - TOTALLY EJECTED | P - PASSENGER | | RESTRICTIONS 10 - LIMITED TO DAYLIGH | łT | 6 - PASSENGER | | 3 - URINE | | |
| SAFETY EQUIPMENT 1 - NONE USED | | 4 - NOT APPLICABLE | N - TANKER | | ONLY 11 - LIMITED TO EMPLOY | | 7 - OTHER DISTRACTION THE VEHICLE | ON INSIDE | 4 - BREATH | | |
| 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED | PICK-UP WITH CAP) | TRAPPED 1 - NOT TRAPPED | Q - MOTOR SCOOTER | | 11 - LIMITED TO EMPLOY 12 - LIMITED - OTHER | IVICIN I | 8 - OTHER DISTRACTIO | ONS OUTSIDE | | DRUG TEST TYPE | |
| 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - | 12 - PASSENGER IN UNENCLOSED | 2 - EXTRICATED BY | R - THREE-WHEEL MOT S - SCHOOL BUS | FORCYCLE | 13 - MECHANICAL DEVICE (SPECIAL BRAKES, H | | THE VEHICLE | | 1 - NONE | DROG TEGT TITE | |
| FORWARD FACING | CARGO AREA 13 - TRAILING UNIT | MECHANICAL MEANS 3 - FREED BY | T - DOUBLE & TRIPLE T | RAII FRS | CONTROLS, OR OTH | ER | CONDIT 1 - APPARENTLY NOR | | 2 - BLOOD | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 14 - RIDING ON VEHICLE EXTERIOR | NON-MECHANICAL MEANS | X - TANKER / HAZMAT | | 14 - MILITARY VEHICLES | | 2 - PHYSICAL IMPAIRM | | 3 - URINE | | |
| 7 - BOOSTER SEAT 8 - HELMET USED | (NON-TRAILING UNIT) | | | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKE | ES | 3 - EMOTIONAL (E.G. DE | PRESSED, | 4 - OTHER | DRUG TEST RESULT(S) | |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | | | | 16 - OUTSIDE MIRROR | | ANGRY, DISTURBED) | | 1 - AMPHETA | | |
| 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN | | | | | 17 - PROSTHETIC AID 18 - OTHER | | 4 - ILLNESS 5 - FELL ASLEEP, FAIN | TED, | 2 - BARBITU | | |
| / BICYCLE ONLY | | | | | | | FATIGUED, ETC. | , | 3 - BENZODI | | |
| 99 - OTHER / UNKNOWN | | | | | | | 6 - UNDER THE INFLUE MEDICATIONS / DRU | | 4 - CANNABI 5 - COCAINE | | |
| | | | | | | | / ALCOHOL | | 6 - OPIATES | | |
| | | | | | | | | | | | |
| HSY8306 OH1M 1/19 [760-1500] | | | | | | | | | | PAGE OF | |

| OCCUPANT / WITNESS ADDENDUM | | | | | | 4 0 | 2007121121 | 4 | | | | |
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| | | | | | | $\begin{bmatrix} 2 & 0 \end{bmatrix}$ | 1 9 0 | 0 0 4 | 4 | | | |
| UNIT# | NAME: LAST, FI | RST, MIDDLE | | | | | DATE O | FBIRTH | | 1 | AGE | GENDER |
| | | | | | | | | | | | | |
| 2 | EET, CITY, STATE, ZIP | | | | | CONTACT PHO | ONE - INCLUDE AR | EA CODE | | | | |
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| INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | □ DOT-co | | ATING POSITION | AIR BAG US | AGE E | JECTION | TRAPPED |
| | BY | | | | | MC HEL | .MET L | | | L | | |
| UNIT# | NAME: LAST, FI | RST, MIDDLE | | | | | DATE OF | BIRTH | | , | AGE | GENDER |
| | | | | | | | | 1 1 | | نا ا | ш | L |
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| INJURIES | INJURED TAKEN | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | DOT course | | ATING POSITION | AIR BAG US | AGE E | JECTION | TRAPPED |
| | BY | | | | | MC HEL | | | | L | | |
| UNIT# | NAME: LAST, FI | RST, MIDDLE | | | | | DATE OF | BIRTH | • | | AGE | GENDER |
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| INJURIES | INJURED | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | | | ATING POSITION | AIR BAG US | AGE E | JECTION | TRAPPED |
| | TAKEN BY | | | | USED | DOT-co | | | | | | |
| UNIT# | NAME: LAST, FI | NAME: LAST, FIRST, MIDDLE | | | | | DATE O | BIRTH | 1 | <u> </u> | AGE | GENDER |
| 1 | | | | | | | | 1 1 | | | | |
| ADDRESS: STRE | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
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| INJURIES | INJURED | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT | | SE | ATING POSITION | AIR BAG US | AGE E | JECTION | TRAPPED |
| 1 1 | TAKEN BY | | | | USED | DOT-co | | | | | | |
| | | JURIES | | SAFETY EQUIPMENT USED | SEAT! | ING POSITION | | | AIR | BAG USA | GE | |
| 1 - FATAL | | OCKIEG | 1 - NONE US | | 1 - FRONT - LEFT SIDE (MOTO | | R) | 1 - NOT | DEPLOYED | DAG GGA | J.L | |
| | ED SERIOUS INJUR | Y | | VEHICLE OCCUPANT 2 - FRONT - MIDDLE 2 - SHOULDED BELT ONLY LISED 3 - FRONT - RIGHT SIDE | | | 2 - DEPLOYED FRONT | | | | | |
| 3 - SUSPECTEI 4 - POSSIBLE I | ED MINOR INJURY | | | ER BELT ONLY USED ONLY USED | | 1 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 4 - DEPLOYEDS 5 - SECOND - MIDDLE | | | | | | |
| 5 - NO APPARE | | | | ER & LAP BELT USED | 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE | | | | 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE | | | |
| | | | | STRAINT SYSTEM - | | SIDE (MOTORCYCLE SIDE CAR) 9 - DEPLOYMENT UNKNO | | | | NOWN | | |
| | INJURE | D TAKEN BY | FORWARD | D FACING ESTRAINT SYSTEM - | 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE | | | | | | | |
| 1 - NOT TRAN | NSPORTED / | | REAR FACING 10 - SLEEPER SEC | | | RUCK CAB | | | | | | |
| TREATED A | AT SCENE | | (NON-TRAILING UNIT, B | | | R ENCLOSED CARGO AREA PICK-UP WITH CAP) 1 - NOT EJEC | | | | EJECTION | | |
| 2 - EMS 3 - POLICE | | | 8 - HELMET USED 12 - PASSENGER IN UNEN 9 - PROTECTIVE PADS USED 13 - TRAILING UNIT | | | CLOSED CARGO AREA 2 - PARTIALLY EJECTED | | | D | | | |
| 9 - OTHER / U | JNKNOWN | | | KNEES, ETC.) | 3 - TOTALLY EJECTED XTERIOR | | | | | | | |
| | | | 10 - REFLECTIVE CLOTHING (NON-TRAILING U | | | 4 - NOT APPLICABLE | | | | | | |
| | G | ENDER | 11 - LIGHTIN / BICYCLE | G - PEDESTRIAN | 15 - NON-MOTORIST 99 - OTHER / UNKNOWN | | | | | | | |
| F - FEMALE M - MALE | | | 99 - OTHER | | | | | | | TRAPPED | | |
| U - OTHER/UN | NKNOWN | | | | | | | | TRAPPED | | | |
| | | | | | | | 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS | | | | | |
| | | | | | | | | 3 - FREE | D BT NON-ME | UHANICAL | WEANS | |
| | | | | | | | | | | | | |
| NAME: LAST, FIRST | | | | | | | DATE O | F BIRTH | | AGE | T | GENDER |
| KNIGHT | | SHIO | NNA | YONIQUE | | | | | <u></u> £ | 3 1 | <u>_</u> _L | F |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | T PHONE - INCLUI | | . 0 | 6 | 1 . (| 2 . 1 | | | |
| | Westbury Rd | | | | | 1 6 | | 8 | 6 ' | <u> </u> | | |
| NAME: LAST, FIRST, MIDDLE | | | <u> </u> | DATE O | F BIRTH | | AGE | | GENDER | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | CONTAC | T PHONE - INCLUI | DE AREA CODE | _ _ | | | | | | |
| ADDICESS: STREE | LI, UIII, OIAIE, ZIP | | | | | I | | | 1 1 | 1 | ı | |
| NAME: LAST, FIRST | T, MIDDLE | | | | | - ' | DATE O | F BIRTH | ' | AGE | 一 | GENDER |
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| ADDRESS: STREE | ET, CITY, STATE, ZIP | | | | | CONTAC | T PHONE - INCLUI | DE AREA CODE | | | | |
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LOCAL REPORT NUMBER

HSY 8355 OHIP 1/19 [760-1500] PAGE OF



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER 20190044 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 01 D 04 Y 2019 |
|-------------------------------|-----------------------------------------------------|--------------------------------|
| IN COUNTY OF 18 | CRASH LOCATION E 131ST ST MELGROVE @ 131 | |
| The Driver of Unit #1 stated | he was traveling East on Melgrove approaching | E131st. |
| Driver of Unit #1 stated he s | stopped at the stop sign, attempted to pull onto E | 131st to |
| travel South and subsequer | ntly struck Pedestrian Unit #2. Driver of Unit #1 b | elieved |
| the pedestrian was on the ri | ight side of his car before the impact and he state | ed he did |
| not see the pedestrian. Driv | er of Unit #1 exited his car to find the pedestrian | trapped |
| under Unit #1. | | |
| | | |
| Pedestrian Unit #2 was unre | esponsive upon police arrival, he was extricated | from |
| under Unit #1 by mechanica | al means and transported to Level 1 Trauma Cen | ter. |
| | | |
| Witness observed the last p | ortion of the MVA, only observing Unit #2 being t | rapped |
| under Unit #1. | | |
| | | |
| Video is available - Upon re | view of the video it was determined that Unit #1 | was |
| | nit #2 entered the marked crosswalk and once di | |
| | n accelerated and struck Unit #2, forcing Unit #2 | - |
| #1. | raccolorated and struck offit #2, forcing offit #2 | under offic |
| #1. | | |
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| | OFFICER'S SIGNATURE X | BADGE NUMBER 023 |



OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF | | |
|-----------------------------|-------------------------------------------------|----------|--------------|--|
| 20190044 | GARFIELD HEIGHTS | м 01 | D 04 Y 2019 | |
| IN COUNTY OF 18 | CRASH LOCATION E 131ST ST MELGROVE @ 131 | | | |
| | | | | |
| | | | | |
| | | | | |
| 11 11 # 4 2000 Obourslat Ed | 42CND142 | TY060' | - ,- | |
| Unit # 1. 2006 Chevrolet Ed | quinox, vehicle identification number #2CNDL13 | FXbbu | /5 | |
| 685. Mileage 113369. | | | | |
| | | | | |
| | | | | |
| Vahiela inspected | by Betrelman Feyy #20 During inequation the ea | id vohi | olo! | |
| Verilicie irrapecteu | by Patrolman Foxx #30. During inspection the sa | ilu vein | Cie | |
| s brake pedal was hard, wh | nich the master cylinder contained | | | |
| | | | | |
| approximately 1/2 | of dark brake fluid. | | | |
| The vehicle had no | ormal tire wear and sustained no body damage. | | | |
| | ormartic wear and sustained no body damage. | | | |
| | | | | |
| T | | | | |
| i ne driver stated t | hat he has an impaired right eye. | | | |
| | | | | |
| | | | | |
| See sketch of diag | ıram. | | | |
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| | OFFICER'S SIGNATURE | | BADGE NUMBER | |