

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

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

- 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 | 2  
 99 - UNKNOWN

COUNTY \*  
 1 | 8  
 LOCALITY \*  
 1

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

CRASH DATE/TIME \*  
 0 | 4 | 1 | 0 | 2 | 0 | 1 | 9 | 2 | 2 | 5 | 2

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

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

LOCATION ROAD NAME  
**131**

ROAD TYPE  
 S | T  
 LATITUDE DECIMAL DEGREES  
 4 | 1 | . | 4 | 3 | 6 | 5 | 9 | 5

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**REXWOOD**

ROAD TYPE  
 A | V  
 LONGITUDE DECIMAL DEGREES  
 8 | 1 | . | 5 | 9 | 1 | 0 | 5 | 2

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

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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
 4

DISTANCE FROM REFERENCE  
 2 | 0  
 DISTANCE UNIT OF MEASURE  
 1 - Miles  
 2 - Feet  
 3 - Yards  
 2

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  
 6  
 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  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSIONED 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

LOCATION OF CRASH IN WORK ZONE  
 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

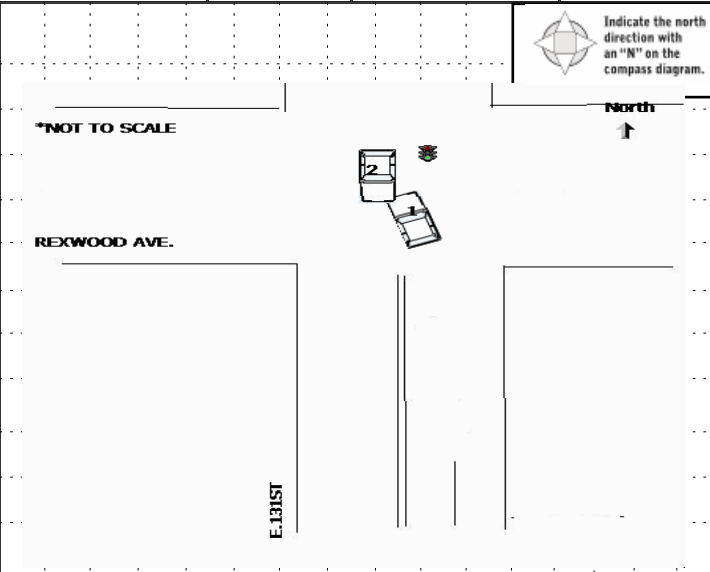
CONDITIONS  
 1  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

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

LIGHT CONDITION  
 3  
 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

NARRATIVE  
 UNIT 1 WAS TRAVELING S/B ON E.131ST AT REXWOOD. UNIT 2 WAS TRAVELING N/B ON REXWOOD AT E.131ST. UNIT 2 FAILED TO YIELD FOR UNIT 1 AND UNIT 2 MADE AN W/B TURN ONTO REXWOOD, STRIKING UNIT 1'S LEFT FRONT SIDE.



CRASH REPORTED DATE/TIME  
 0 | 4 | 1 | 0 | 2 | 0 | 1 | 9 | 2 | 2 | 5 | 2

DISPATCH DATE/TIME  
 0 | 4 | 1 | 0 | 2 | 0 | 1 | 9 | 2 | 3 | 1 | 1

ARRIVAL DATE/TIME  
 0 | 4 | 1 | 0 | 2 | 0 | 1 | 9 | 2 | 3 | 1 | 1

SCENE CLEARED DATE/TIME  
 0 | 4 | 1 | 0 | 2 | 0 | 1 | 9 | 2 | 3 | 3 | 4

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
 0

OTHER INVESTIGATION TIME  
 3 | 0

TOTAL MINUTES  
 5 | 3

OFFICER'S NAME \*  
**C. Crespo**  
 OFFICER'S BADGE NUMBER\*  
 0 | 3 | 9

CHECKED BY OFFICER'S NAME\*  
**T. Capretta**  
 CHECKED BY OFFICER'S BADGE NUMBER\*  
 1 | 0 | 2

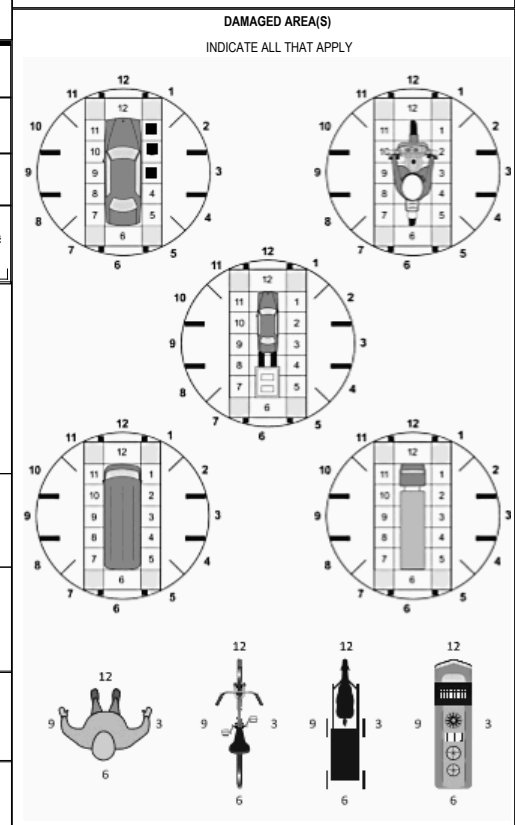
SUPPLEMENT (CORRECTION IN ADDITION)  
 (www.dps.ohio.gov)

2 0 1 9 1 1 9 8

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**RILING DIANNE L**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
**2 1 6 2 7 1 0 2 9 2**  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**9108 VINEYARD AVE CLEVELAND OH 44105 6652**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE O H LICENSE PLATE # **FRL6056** VEHICLE IDENTIFICATION # 2 T 1 B U 4 E E 5 1 A C 2 5 1 0 7 Z VEHICLE YEAR 2 0 1 0 VEHICLE MAKE **Toyota**  
 INSURANCE VERIFIED INSURANCE COMPANY **STATE FARM** INSURANCE POLICY # **722-9817-506-35D** VEHICLE COLOR **GRY** VEHICLE MODEL **Corolla**  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR 1- ≤10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  PLACARD



UNIT TYPE 0 1 # of TRAILING UNITS \_\_\_\_\_  
 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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 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 0 1  
 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  
 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 0 1  
 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 15 - DUMP 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER / UNKNOWN

VEHICLE DEFECTS 0 1  
 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 0 1  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED 4 - MIDLCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 13 - POLICE 14 - GARBAGE/REFUSE 15 - DUMP 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER / UNKNOWN

ACTION 0 1 PRE-CRASH ACTION 0 1  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR LEAVING VEHICLE  
 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 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 99 - OTHER / UNKNOWN  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN

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

CONTRIBUTING CIRCUMSTANCES 0 1  
 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 - STOPPED OR PARKED ILLEGALLY 18 - 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 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING  
 5 - UNSAFE SPEED 6 - IMPROPER TURN

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

**SEQUENCE OF EVENTS**  
 1 2 0  
 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 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 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 21 - PARKED MOTOR VEHICLE

**# OF THROUGH LANES ON ROAD** 4  
**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

**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 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

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

**UNIT SPEED** 5  
**POSTED SPEED** 2 5  
**DETECTED SPEED** 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

2 0 1 9 1 1 9 8

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**RANKIN KALEENA A**

OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
**2 1 6 6 8 8 5 4 8 6**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**12813 CHRISTINE GARFIELD HTS OH 44125**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE O H LICENSE PLATE # **H7835564** VEHICLE IDENTIFICATION # 0 1 0 0 0 VEHICLE YEAR 2 0 1 6 VEHICLE MAKE **Chevrolet**

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR **WHI** VEHICLE MODEL **Malibu**

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # PLACARD ID #  PLACARD

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

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

UNIT TYPE 0 1

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

# of TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 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 0 1

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  
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 0 1

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 15 - TOWING 16 - FARM EQUIPMENT 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - 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

1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 14 - GARBAGE/REFUSE 15 - TOWING 16 - FARM EQUIPMENT 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 22 - OTHER / UNKNOWN

ACTION 0 1 PRE-CRASH ACTION

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR LEAVING VEHICLE  
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 22 - OTHER IMPROPER ACTION  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

**INITIAL POINT OF CONTACT**

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

CONTRIBUTING CIRCUMSTANCES 0 2

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 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCRERNABLE  
3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY  
4 - RAN STOP SIGN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
5 - UNSAFE SPEED 6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

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

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

**SEQUENCE OF EVENTS**

EVENTS

1 2 0 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2     2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE  
3     3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 15 - PEDALCYCLE

# of THROUGH LANES ON ROAD 4

**RAIL GRADE CROSSING**

1 - NOT INVOLVED  
2 - INVOLVED - ACTIVE CROSSING  
3 - INVOLVED - PASSIVE CROSSING

**COLLISION with FIXED OBJECT - STRUCK**

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

**UNIT SPEED** 5

**POSTED SPEED** 2 5

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 1 9 1 1 9 8

|                                                                            |                                               |                            |                                                 |                                                                                                                                        |                                                  |                         |                                                                              |               |              |
|----------------------------------------------------------------------------|-----------------------------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|------------------------------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 1                                                              | NAME: LAST, FIRST, MIDDLE<br>RANKIN KALEENA A |                            | DATE OF BIRTH<br>0 4 0 3 1 9 8 3                |                                                                                                                                        | AGE<br>3 6                                       | GENDER<br>F             |                                                                              |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>12813 CHRISTINE GARFIELD HTS OH 44125 |                                               |                            |                                                 | CONTACT PHONE - INCLUDE AREA CODE<br>2 1 6 6 8 8 5 4 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>SJ411643           |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>                                                                                                 | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                                                              |               |              |
| 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<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4<br>1 1 1 |               | DRUG TEST(S) |

|                                                                                |                                              |                            |                                                 |                                                                                                                                        |                                                  |                         |                                                                              |               |              |
|--------------------------------------------------------------------------------|----------------------------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|------------------------------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 2                                                                  | NAME: LAST, FIRST, MIDDLE<br>RILING DIANNE L |                            | DATE OF BIRTH<br>0 2 1 8 1 9 4 4                |                                                                                                                                        | AGE<br>7 5                                       | GENDER<br>F             |                                                                              |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>9108 VINEYARD AVE CLEVELAND OH 44105 6652 |                                              |                            |                                                 | CONTACT PHONE - INCLUDE AREA CODE<br>2 1 6 2 7 1 0 2 9 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>RU846851          |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>                                                                                                 | OFFENSE DESCRIPTION                              |                         | CITATION NUMBER                                                              |               |              |
| 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<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4<br>1 1 1 |               | DRUG TEST(S) |

|                                   |                            |                            |                                                 |                                                             |                                                  |                  |                                                                     |          |              |
|-----------------------------------|----------------------------|----------------------------|-------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|------------------|---------------------------------------------------------------------|----------|--------------|
| 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<br>OTHER DRUG |                                                  | CONDITION        | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |          | DRUG TEST(S) |

| 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            | 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)                                            | 9 - DEPLOYMENT UNKNOWN             | <b>EJECTION</b>              | 7 - EXCEPT TRACTOR-TRAILER                                                         | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                             | 1 - NONE                                       |
| 2 - EMS                                        | 8 - THIRD - MIDDLE                                                                     | <b>EJECTION</b>                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                              | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE                                           | 2 - BLOOD                                      |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE                                                                 | 1 - NOT EJECTED                    | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS                                                  | 9 - OTHER / UNKNOWN                                                                  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB                                                      | 2 - PARTIALLY EJECTED              | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY                                                      | <b>CONDITION</b>                                                                     | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        |                                                                                        | 3 - TOTALLY EJECTED                | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT                                                         | 1 - APPARENTLY NORMAL                                                                | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER                                                               | 2 - PHYSICAL IMPAIRMENT                                                              | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA                                                | 4 - NOT APPLICABLE                 | 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                         | 13 - TRAILING UNIT                                                                     | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY                                                        | 4 - ILLNESS                                                                          | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 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    | 15 - NON-MOTORIST                                                                      | <b>TRAPPED</b>                     | 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       | 99 - OTHER / UNKNOWN                                                                   | 1 - NOT TRAPPED                    | <b>GENDER</b>                | 17 - PROSTHETIC AID                                                                | 9 - OTHER / UNKNOWN                                                                  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |                                                                                        | 2 - EXTRICATED BY MECHANICAL MEANS | F - FEMALE                   | 18 - OTHER                                                                         |                                                                                      | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |                                                                                        | 3 - FREED BY NON-MECHANICAL MEANS  | 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                           |