

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|   |  |   |                        |
|---|--|---|------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property | LOCAL INFORMATION<br><b>MCCRACKEN</b><br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b> | NCIC *<br><b>01820</b> |
| COUNTY * <b>18</b> LOCALITY * <b>1</b>  |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>                                  |                        |

|  |                              |   |
|--|------------------------------|---|
| <b>20200619</b>                        |                              |   |
| HIT/SKIP<br>1 - Solved<br>2 - Unsolved | NUMBER OF UNITS<br><b>02</b> | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>02</b> |

|                    |                     |  |   |
|--------------------|---------------------|--|---|
| COUNTY * <b>18</b> | LOCALITY * <b>1</b> | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b> | CRASH DATE/TIME *<br><b>02262020 1957</b> |
|--------------------|---------------------|--|---|

|  |  |                                    |   |                         |   |  |
|--|--|------------------------------------|---|-------------------------|---|--|
| ROUTE TYPE<br><input type="checkbox"/> | ROUTE NUMBER<br><input type="checkbox"/> | PREFIX<br><input type="checkbox"/> | LOCATION ROAD NAME<br><b>MCCRACKEN</b>                            | ROAD TYPE<br><b>R D</b> | LATITUDE DECIMAL DEGREES<br><b>41.4224</b>  | CRASH SEVERITY<br><input checked="" type="checkbox"/> 1 - FATAL<br><input type="checkbox"/> 2 - SERIOUS INJURY SUSPECTED<br><input type="checkbox"/> 3 - MINOR INJURY SUSPECTED<br><input type="checkbox"/> 4 - INJURY POSSIBLE<br><input type="checkbox"/> 5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE<br><input type="checkbox"/> | ROUTE NUMBER<br><input type="checkbox"/> | PREFIX<br><input type="checkbox"/> | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>CLAREMONT</b> | ROAD TYPE<br><b>B L</b> | LONGITUDE DECIMAL DEGREES<br><b>81.5957</b> |  |

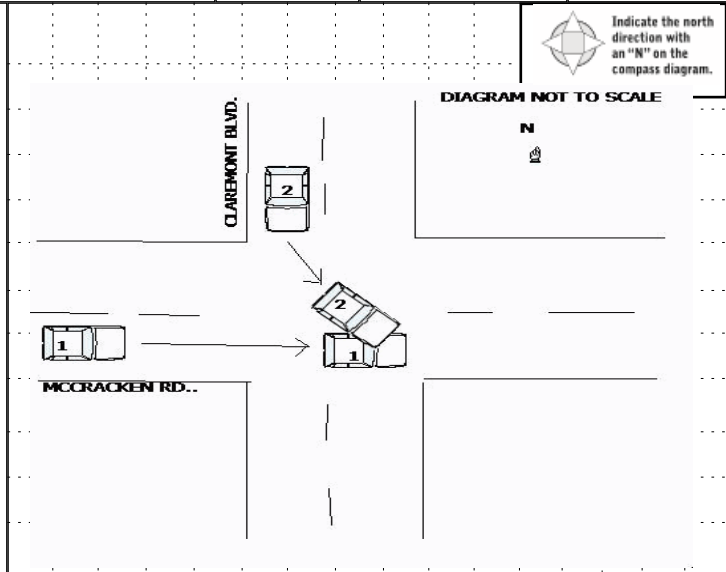
|   |   |  |   |   |  |
|---|---|--|---|---|--|
| REFERENCE POINT<br><input checked="" type="checkbox"/> 1 - INTERSECTION<br><input type="checkbox"/> 2 - MILE POST<br><input type="checkbox"/> 3 - HOUSE # | DIRECTION<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST | ROUTE TYPE<br><input type="checkbox"/> IR - INTERSTATE ROUTE (TP)<br><input type="checkbox"/> US - FEDERAL US ROUTE<br><input type="checkbox"/> SR - STATE ROUTE<br><input type="checkbox"/> CR - NUMBERED COUNTY ROUTE<br><input type="checkbox"/> TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>4</b> |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/>   | DISTANCE UNIT OF MEASURE<br><input type="checkbox"/> 1 - Miles<br><input type="checkbox"/> 2 - Feet<br><input type="checkbox"/> 3 - Yards                       |  |   |   | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED  |

|  |   |  |
|--|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br><input checked="" type="checkbox"/> 01<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>7 - ON RAMP<br>8 - OFF RAMP | MANNER OF CRASH COLLISION/IMPACT<br><input checked="" type="checkbox"/> 6<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON | DIRECTION OF TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST  |
| 9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN   | 4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN                             | MEDIAN TYPE<br><input type="checkbox"/> 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br><input type="checkbox"/> 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br><input type="checkbox"/> 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br><input type="checkbox"/> 9 - OTHER / UNKNOWN |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                               | WORK ZONE TYPE<br><input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> 5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br><input type="checkbox"/> 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br><input type="checkbox"/> 4 - ACTIVITY AREA<br><input type="checkbox"/> 5 - TERMINATION AREA | CONTOUR<br><input checked="" type="checkbox"/> 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN | CONDITIONS<br><input checked="" type="checkbox"/> 2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br><input checked="" type="checkbox"/> 2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |
| LIGHT CONDITION<br><input checked="" type="checkbox"/> 3<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN |   | WEATHER<br><input checked="" type="checkbox"/> 6<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                           |   |  |  |

NARRATIVE

UNIT 1 WAS TRAVELING E/B ON MCCRACKEN ROAD AT CLAREMONT BLVD. UNIT 2 WAS TRAVELING S/B ON CLAREMONT BLVD. AT MCCRACKEN ROAD. UNIT 2 FAILED TO YIELD AT THE FLASHING RED LIGHT AND STRUCK UNIT 1 IN THE LEFT FRONT.



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE/TIME<br><b>02262020 1957</b> | DISPATCH DATE/TIME<br><b>02262020 1958</b> | ARRIVAL DATE/TIME<br><b>02262020 2004</b> | SCENE CLEARED DATE/TIME<br><b>02262020 2030</b>   | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br><b>0</b>            | OTHER INVESTIGATION TIME<br><b>30</b>      | TOTAL MINUTES<br><b>56</b>                | OFFICER'S NAME *<br><b>B. McCune</b>              | CHECKED BY OFFICER'S NAME *<br><b>T. Capretta</b>   |
|  |  | OFFICER'S BADGE NUMBER *<br><b>032</b>    | CHECKED BY OFFICER'S BADGE NUMBER *<br><b>102</b> |   |

2 0 2 0 0 6 1 9

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver ) **CLAYTOR VALENCIA**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**11007 MCCracken RD GARFIELD HTS OH 44125**

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

**DAMAGE**

**DAMAGE SCALE**

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

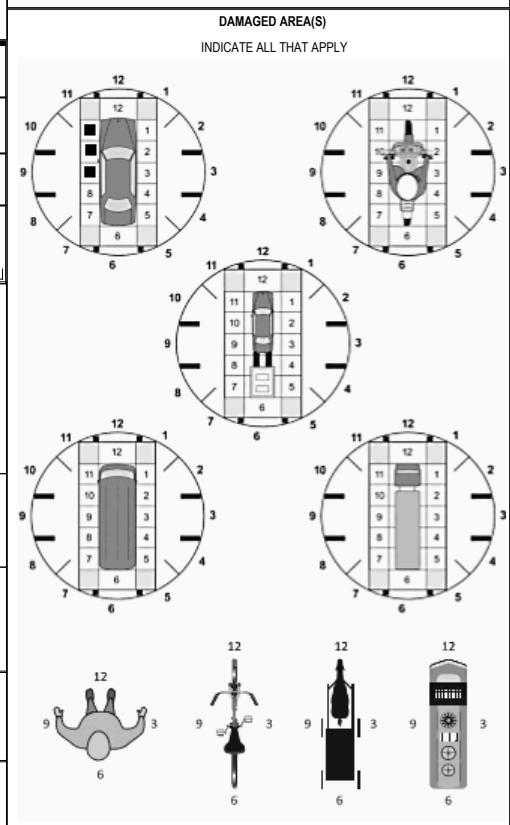
**VEHICLE**

LP STATE OH LICENSE PLATE # **EML2387** VEHICLE IDENTIFICATION # 2 1 C T A 1 L F E W 7 1 A 6 3 2 1 9 1 1 5 VEHICLE YEAR 2 0 1 0 VEHICLE MAKE **GMC**

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR **SIL** VEHICLE MODEL **Terrain**

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 3

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 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS

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

AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 0 1

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL N  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 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 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT 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 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

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 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 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 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION

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

INITIAL POINT OF CONTACT 1 1

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

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 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3     3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE  
 4     4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5     5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6     30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT

**TRAFFIC**

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

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

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 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

# of THROUGH LANES ON ROAD 2

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

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED 2 5

POSTED SPEED 2 5

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

20200619

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**HARRIS ANGELETHA S**

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver  
**19809 MOHICAN AVE CLEVELAND OH 44119**

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

**DAMAGE**

**DAMAGE SCALE**

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

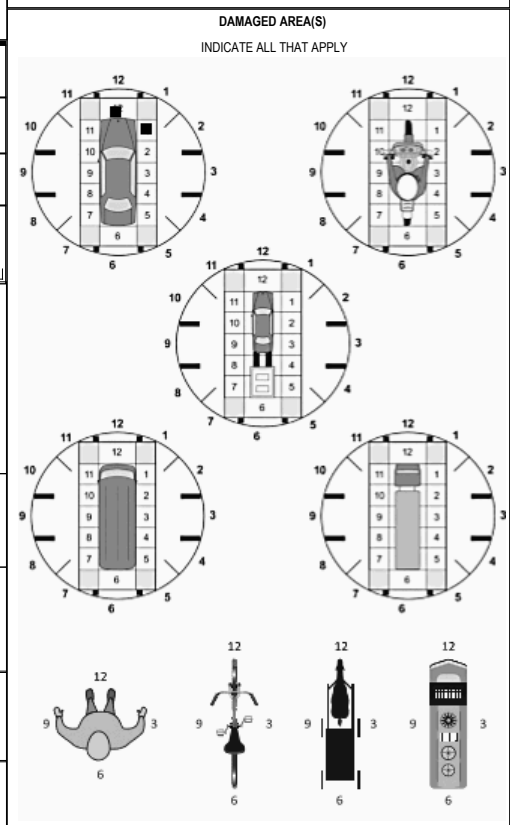
**VEHICLE**

LP STATE OH LICENSE PLATE # DVU3204 VEHICLE IDENTIFICATION # 1GKDT113S915128191985 VEHICLE YEAR 2005 VEHICLE MAKE GMC

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR MAR VEHICLE MODEL Envoy

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 04 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

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 03

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - OTHER / UNKNOWN  
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 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN

VEHICLE DEFECTS

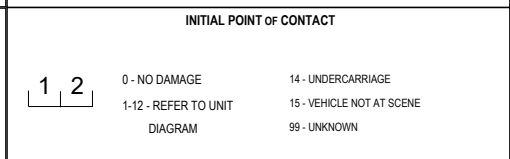
1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 02

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 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN  
 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 19 - OTHER / UNKNOWN

ACTION 03 PRE-CRASH ACTION 01

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING 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 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS



CONTRIBUTING CIRCUMSTANCES 02

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 5 - UNSAFE SPEED 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

**TRAFFIC**

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

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

**SEQUENCE OF EVENTS**

EVENTS

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
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 4     4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
 5     5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
 6     30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT

# of THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING 1 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 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

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 10

POSTED SPEED 25

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 0 0 6 1 9

|   |   |                            |   |  |  |                         |                    |  |              |
|---|---|----------------------------|---|--|--|-------------------------|--------------------|--|--------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>CLAYTOR VALENCIA |                            | DATE OF BIRTH<br>0 2 0 1 1 9 7 5                |  | AGE<br>4 5                                       | GENDER<br>F             |                    |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11007 MCCracken RD GARFIELD HTS OH 44125 |   |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |  |              |
| 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                       | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  |  | CITATION NUMBER         |                    |  |              |
| OL CLASS  | 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          | STATUS<br>1        | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |              |

|  |   |                            |   |  |  |                              |                    |  |              |
|--|---|----------------------------|---|--|--|------------------------------|--------------------|--|--------------|
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>HARRIS SHEQUITIA M |                            | DATE OF BIRTH<br>0 6 1 0 1 9 8 8                |  | AGE<br>3 1                                       | GENDER<br>F                  |                    |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>13160 HATHAWAY RD DOWN GARFIELD HTS OH 44125 2855 |   |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                              |                    |  |              |
| 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                         | OFFENSE CHARGED<br>331.16  | LOCAL CODE<br>■                                 | OFFENSE DESCRIPTION<br>FAILURE TO YIELD  |  | CITATION NUMBER<br>G20200599 |                    |  |              |
| 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               | STATUS<br>1        | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |              |

|                                   |                            |                            |   |   |  |                  |               |  |         |
|-----------------------------------|----------------------------|----------------------------|---|---|--|------------------|---------------|--|---------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   |   | AGE  | GENDER           |               |  |         |
| ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |  |         |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION   | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION   |  | CITATION NUMBER  |               |  |         |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA<br>OTHER DRUG |  | CONDITION        | STATUS        | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |         |

| INJURIES                                       | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                        |  | 6 - SECOND - RIGHT SIDE            | 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   | 1 - NOT TRAPPED                    | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY 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  | 3 - FREED BY NON-MECHANICAL MEANS  | 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   |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |  |                                    | F - FEMALE                   | 18 - OTHER   |  | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |  |                                    | M - MALE                     |  |  | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | U - OTHER/UNKNOWN            |  |  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 0 | 0 | 6 | 1 | 9 |  |  |

|   |                                   |                           |   |                       |  |                                   |               |          |         |        |   |   |   |   |   |
|---|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|---|---|---|---|---|
| <b>OCCUPANT</b>                         | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |   |   |   |   |   |
|   | 2                                 | JORDAN E'NIYAH            |   |                       |  | 1                                 | 0             | 1        | 6       | 2      | 0 | 1 | 0 | 9 | F |
|   | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |   |   |   |   |   |
| 13160 HATHAWAY RD GARFIELD HTS OH 44125 |                                   |                           |   |                       |  |                                   |               |          |         |        |   |   |   |   |   |
| INJURIES                                | INJURED TAKEN BY                  | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |        |   |   |   |   |   |
| 5                                       |                                   |                           |   | 0 4                   |  | 0 3                               | 1             | 1        | 1       |        |   |   |   |   |   |

|   |                                   |                           |   |                       |  |                                   |               |          |         |        |   |   |   |   |   |
|---|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|---|---|---|---|---|
| <b>OCCUPANT</b>                         | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |   |   |   |   |   |
|   | 2                                 | JORDAN E'MONI             |   |                       |  | 0                                 | 5             | 1        | 5       | 2      | 0 | 1 | 2 | 7 | F |
|   | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |   |   |   |   |   |
| 13160 HATHAWAY RD GARFIELD HTS OH 44125 |                                   |                           |   |                       |  |                                   |               |          |         |        |   |   |   |   |   |
| INJURIES                                | INJURED TAKEN BY                  | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |        |   |   |   |   |   |
| 5                                       |                                   |                           |   | 0 4                   |  | 0 5                               | 1             | 1        | 1       |        |   |   |   |   |   |

|                                  |                                   |                           |   |                       |  |                                   |               |          |         |        |   |   |   |   |   |   |
|----------------------------------|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|---|---|---|---|---|---|
| <b>OCCUPANT</b>                  | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |   |   |   |   |   |   |
|                                  | 2                                 | BUCHANON AMARE            |   |                       |  | 0                                 | 4             | 1        | 5       | 2      | 0 | 0 | 9 | 1 | 0 | F |
|                                  | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |   |   |   |   |   |   |
| E. 88TH ST GARFIELD HTS OH 44125 |                                   |                           |   |                       |  |                                   |               |          |         |        |   |   |   |   |   |   |
| INJURIES                         | INJURED TAKEN BY                  | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |        |   |   |   |   |   |   |
| 5                                |                                   |                           |   | 0 4                   |  | 0 4                               | 1             | 1        | 1       |        |   |   |   |   |   |   |

|                 |                                   |                           |   |                       |  |                                   |               |          |         |        |  |  |  |  |  |
|-----------------|-----------------------------------|---------------------------|---|-----------------------|--|-----------------------------------|---------------|----------|---------|--------|--|--|--|--|--|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |   |                       |  | DATE OF BIRTH                     |               |          | AGE     | GENDER |  |  |  |  |  |
|                 |                                   |                           |   |                       |  |                                   |               |          |         |        |  |  |  |  |  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |   |                       |  | CONTACT PHONE - INCLUDE AREA CODE |               |          |         |        |  |  |  |  |  |
|                 |                                   |                           |   |                       |  |                                   |               |          |         |        |  |  |  |  |  |
| INJURIES        | INJURED TAKEN BY                  | EMS AGENCY (NAME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                  | AIR BAG USAGE | EJECTION | TRAPPED |        |  |  |  |  |  |
|                 |                                   |                           |   |                       |  |                                   |               |          |         |        |  |  |  |  |  |

| INJURIES   | SAFETY EQUIPMENT USED  | SEATING POSITION  | AIR BAG USAGE   |
|--|--|---|---|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY   |  |   | EJECTION  |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |  |   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |
| GENDER   |  |   | TRAPPED   |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |

|                |                                   |                                   |     |        |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| <b>WITNESS</b> | NAME: LAST, FIRST, MIDDLE         | DATE OF BIRTH                     | AGE | GENDER |
|                | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |     |        |