

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|   |                          |   |   |   |  |   |
|---|--------------------------|---|---|---|--|---|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> Private Property  |                          | LOCAL INFORMATION   |   | 2   0   2   0   1   2   5   7   |  |   |
|   |                          | REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>  |   | NCIC *<br>0   1   8   2   0   | HIT/SKIP<br>1 - Solved<br>2 - Unsolved | NUMBER OF UNITS<br>0   1  |
| COUNTY *<br>1   8   | LOCALITY *<br>1          | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>  |   | CRASH DATE/TIME *<br>0   5   0   7   2   0   2   0   1   6   4   4  |  | CRASH SEVERITY<br>4<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                                       |
| ROUTE TYPE  | ROUTE NUMBER             | PREFIX  | LOCATION ROAD NAME  | ROAD TYPE   | LATITUDE DECIMAL DEGREES               |   |
|   |                          | 3   | 86  | S   T   | 4   1   .   4   2   4   4   9   0      |   |
| ROUTE TYPE  | ROUTE NUMBER             | PREFIX  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)   | ROAD TYPE   | LONGITUDE DECIMAL DEGREES              |   |
|   |                          |   | 5019  |   | 8   1   .   6   2   4   2   9   0      |   |
| REFERENCE POINT   |                          | DIRECTION   |   | ROUTE TYPE  |  | INTERSECTION RELATED  |
| 3   |                          | 4   |   | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE   |  | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br><input type="checkbox"/> ROADWAY DIVIDED                             |
| DISTANCE FROM REFERENCE   | DISTANCE UNIT OF MEASURE | ROUTE TYPE  |   | ROAD TYPE   |  | NUMBER OF APPROACHES  |
| 7   5   | 2                        | IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |   | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  |   |
| LOCATION OF FIRST HARMFUL EVENT   |                          |   | MANNER OF CRASH COLLISION/IMPACT  |   |  | DIRECTION OF TRAVEL   |
| 0   4   |                          |   | 9   |   |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |
| 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<br>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   |                          |   | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |   |  | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSIONED MEDIAN (ANY TYPE)<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |
| WORK ZONE RELATED   |                          | WORK ZONE TYPE  |   | LOCATION OF CRASH IN WORK ZONE  |  | CONTOUR   |
| <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |                          | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER        |   | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | 1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN  |
| CONDITIONS  |                          | SURFACE   |   | WEATHER   |  | LIGHT CONDITION   |
| 1   |                          | 2   |   | 1   |  | 1   |
| 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   |                          | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN    |   | 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  |  | 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                             |
| NARRATIVE   |                          |   |   |   |  | Indicate the north direction with an "N" on the compass diagram.  |
| UNIT #1 WAS TRAVELING SOUTH ON E. 86 ST AND THE DRIVER MS. HARRIS DROVE OFF THE ROADWAY AND STRUCK A TREE ON THE EAST SIDE OF THE STREET IN FRONT OF 5019 E. 86 ST. MS. HARRIS STATED WHILE SHE WAS DRIVING HER CHEST STARTED TO HURT AND HER ARM WENT NUMB AND THEN SHE LOST CONTROL AND HIT THE TREE. MS. HARRIS DID NOT HAVE ANY VISIBLE INJURIES BUT WAS COMPLAINING OF SHORTNESS OF BREATH, DIZZINESS AND BOTH ARMS WERE NUMB. |                          |   |   |   |  |   |
| CRASH REPORTED DATE/TIME  |                          | DISPATCH DATE/TIME  |   | ARRIVAL DATE/TIME   |  | SCENE CLEARED DATE/TIME   |
| 0   5   0   7   2   0   2   0   1   6   4   4   |                          | 0   5   0   7   2   0   2   0   1   6   4   5   |   | 0   5   0   7   2   0   2   0   1   6   4   9   |  | 0   5   0   7   2   0   2   0   1   7   1   0   |
| TOTAL TIME ROADWAY CLOSED   | OTHER INVESTIGATION TIME | TOTAL MINUTES   | OFFICER'S NAME *  |   | CHECKED BY OFFICER'S NAME *            |   |
| 0   | 3   0                    | 5   1   | J. Holiday  |   | M. Kaye                                |   |
|   |                          |   | OFFICER'S BADGE NUMBER *  |   | CHECKED BY OFFICER'S BADGE NUMBER *    |   |
|   |                          |   | 0   2   8   |   | D   C   1                              |   |
| <input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION IN ADDITION)   |                          |   |   |   |  |   |

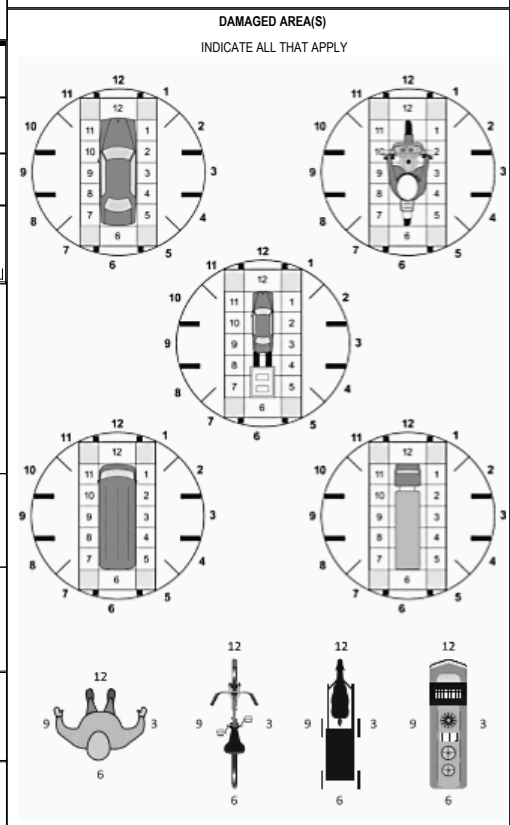
|  |  |   |  |   |
|--|--|---|--|---|
| <b>UNIT #</b><br>0 1   | <b>OWNER NAME: LAST, FIRST, MIDDLE</b><br>HARRIS MARZAE ALEXANDRIA | <input type="checkbox"/> Same As Driver | <b>OWNER PHONE: INCLUDE AREA CODE</b><br>_____ | <input type="checkbox"/> Same As Driver |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b><br>5026 E 86 ST GARFIELD HTS OH 44125 |  |   |  |   |
| <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b><br>_____                  |  |   |  |   |
| <b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b><br>_____                          |  |   |  |   |

**DAMAGE**

**DAMAGE SCALE**

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

|   |   |  |  |                                 |
|---|---|--|--|---------------------------------|
| <b>LP STATE</b><br>OH                                     | <b>LICENSE PLATE #</b><br>HZQ9035             | <b>VEHICLE IDENTIFICATION #</b><br>K1NDJ1D713157191587121161 | <b>VEHICLE YEAR</b><br>2009  | <b>VEHICLE MAKE</b><br>Kia      |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>        | <b>INSURANCE COMPANY</b><br>THE GENERAL       | <b>INSURANCE POLICY #</b><br>_____                           | <b>VEHICLE COLOR</b><br>GLD  | <b>VEHICLE MODEL</b><br>Sorento |
| <input type="checkbox"/> <b>COMMERCIAL</b>                | <input type="checkbox"/> <b>GOVERNMENT</b>    | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>        | <b>US DOT #</b><br>_____   |                                 |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b># OCCUPANTS</b><br>0 1                                    | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |                                 |
| <b>TYPE OF USE</b>  |   |  | <b>TOWED BY: COMPANY NAME</b><br>_____   |                                 |
| <input type="checkbox"/> <b>HAZARDOUS MATERIAL</b>        |   |  | <input type="checkbox"/> <b>MATERIAL RELEASED</b> CLASS # _____ PLACARD ID # _____         |                                 |
| <input type="checkbox"/> <b>PLACARD</b>                   |   |  | _____  |                                 |



|                                     |   |  |   |   |   |
|-------------------------------------|---|--|---|---|---|
| <b>UNIT TYPE</b><br>0 3             | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| <b># of TRAILING UNITS</b><br>_____ |   |  |   |   |   |

|  |   |
|--|---|
| <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN | <b>AUTONOMOUS MODE LEVEL</b><br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |
|--|---|

|                                |   |   |   |  |   |
|--------------------------------|---|---|---|--|---|
| <b>SPECIAL FUNCTION</b><br>0 1 | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |
|--------------------------------|---|---|---|--|---|

|                               |  |   |  |  |   |
|-------------------------------|--|---|--|--|---|
| <b>CARGO BODY TYPE</b><br>0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN |
|-------------------------------|--|---|--|--|---|

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

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>NON-MOTORIST LOCATION AT IMPACT</b><br>0 1 | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED | 3 - INTERSECTION - OTHER<br>4 - MIDLICK - MARKED CROSSWALK<br>5 - TRAVEL LANE-OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN |
|---|--|--|---|---|--|

|                      |   |  |  |   |   |
|----------------------|---|--|--|---|---|
| <b>ACTION</b><br>0 1 | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |
|----------------------|---|--|--|---|---|

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

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

**INITIAL POINT OF CONTACT**

1 2 0 - NO DAMAGE  
14 - UNDERCARRIAGE  
15 - VEHICLE NOT AT SCENE  
99 - UNKNOWN

**SEQUENCE OF EVENTS**

|               |  |  |   |   |   |
|---------------|--|--|---|---|---|
| <b>EVENTS</b> | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE |
|---------------|--|--|---|---|---|

**TRAFFIC**

|  |  |
|--|--|
| <b>TRAFFICWAY FLOW</b><br>2 1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
|--|--|

|  |   |
|--|---|
| <b># of THROUGH LANES ON ROAD</b><br>2 | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING |
| <b>UNIT / NON-MOTORIST DIRECTION</b>   |   |
| FROM 1 TO 2                            | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST  |
| <b>UNIT SPEED</b><br>3 5               | <b>DETECTED SPEED</b><br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                   |
| <b>POSTED SPEED</b><br>2 5             |   |

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 0 1 2 5 7

|   |  |                            |  |  |   |                         |                    |  |              |
|---|--|----------------------------|--|--|---|-------------------------|--------------------|--|--------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>HARRIS MARZAE ALI |                            | DATE OF BIRTH<br>0 9 0 2 2 0 0 1                             |  | AGE<br>1 8  | GENDER<br>F             |                    |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5026 E 86 ST GARFIELD HTS OH 44125 |  |                            |  |  | CONTACT PHONE - INCLUDE AREA CODE                   |                         |                    |  |              |
| INJURIES<br>4   | INJURED TAKEN BY<br>2                          | EMS AGENCY (NAME)<br>GHS1  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT | SAFETY EQUIPMENT USED<br>0 4   | DOT-COMPLIANT MC HELMET<br><input type="checkbox"/> | 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<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                                       | 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 |         |

|                                   |                            |                            |   |   |                                   |                  |               |  |         |
|-----------------------------------|----------------------------|----------------------------|---|---|-----------------------------------|------------------|---------------|--|---------|
| 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                                       | 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>                    | 1 - NOT EJECTED              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 2 - BLOOD                                      |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  |  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        |  | 4 - NOT APPLICABLE                 | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   |  | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | <b>TRAPPED</b>                     | N - TANKER                   | 12 - LIMITED - OTHER   |  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 1 - NOT TRAPPED                    | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | <b>CONDITION</b>   | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                         | 13 - TRAILING UNIT   | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 1 - APPARENTLY NORMAL  | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 2 - PHYSICAL IMPAIRMENT  | 4 - OTHER                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 15 - NON-MOTORIST  |                                    | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | <b>DRUG TEST RESULT(S)</b>                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 4 - ILLNESS  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |  |                                    | <b>GENDER</b>                | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |  |                                    | F - FEMALE                   |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | M - MALE                     |  | 9 - OTHER / UNKNOWN  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |  |                                    | U - OTHER/UNKNOWN            |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |