

# 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<br><b>CVS - TURNEY/GRANGER</b><br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b> |  | NCIC *<br><b>0 1 8 2 0</b> |  | HIT/SKIP<br>1 - Solved<br>2 - Unsolved<br><b>2</b> |  | NUMBER OF UNITS<br><b>0 2</b> |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>0 1</b> |  |
|--|--|--|--|----------------------------|--|--|--|-------------------------------|--|--|--|

|            |            |                                     |                       |                |
|------------|------------|-------------------------------------|-----------------------|----------------|
| COUNTY *   | LOCALITY * | LOCATION: CITY, VILLAGE, TOWNSHIP * | CRASH DATE/TIME *     | CRASH SEVERITY |
| <b>1 8</b> | <b>1</b>   | <b>GARFIELD HTS</b>                 | <b>07112021 11838</b> | <b>5</b>       |

|            |              |        |   |            |                           |
|------------|--------------|--------|---|------------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME                            | ROAD TYPE  | LATITUDE DECIMAL DEGREES  |
|            |              |        | <b>GRANGER</b>                                | <b>R D</b> | <b>41.417111</b>          |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE  | LONGITUDE DECIMAL DEGREES |
|            |              |        | <b>11223</b>                                  |            | <b>81.606834</b>          |

|                 |           |   |   |   |
|-----------------|-----------|---|---|---|
| REFERENCE POINT | DIRECTION | ROUTE TYPE  | ROAD TYPE   | INTERSECTION RELATED  |
| <b>3</b>        | <b>4</b>  | 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 | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br><input type="checkbox"/> ROADWAY DIVIDED |

|                                 |                                  |                     |             |
|---------------------------------|----------------------------------|---------------------|-------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| <b>0 1</b>                      | <b>7</b>                         | <b>1</b>            | <b>1</b>    |

|                          |                |                                |          |            |          |
|--------------------------|----------------|--------------------------------|----------|------------|----------|
| WORK ZONE RELATED        | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR  | CONDITIONS | SURFACE  |
| <input type="checkbox"/> | <b>3</b>       | <b>3</b>                       | <b>1</b> | <b>1</b>   | <b>2</b> |

|   |          |  |
|---|----------|--|
| NARRATIVE   | WEATHER  | INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM. |
| UNIT 1 WAS TRAVELING W/B ON GRANGER RD. FROM TURNEY RD. BEHIND UNIT 2. UNIT 2 WAS TRAVELING W/B ON GRANGER RD. FROM TURNEY RD. IN FRONT OF UNIT 1. UNIT 2 WAS SLOWING DOWN TO MAKE A RIGHT HAND TURN INTO THE PARKING LOT OF CVS AT 11223 GRANGER RD. UNIT 1 WENT OFF THE ROADWAY TO THE RIGHT TO PASS UNIT 2. UNIT 1 SIDE SWIPED THE RIGHT SIDE OF UNIT 2. UNIT 1 LEFT THE SCENE OF THE ACCIDENT WITHOUT STOPPING. | <b>2</b> |  |

|                           |                          |                       |                         |  |
|---------------------------|--------------------------|-----------------------|-------------------------|--|
| CRASH REPORTED DATE/TIME  | DISPATCH DATE/TIME       | ARRIVAL DATE/TIME     | SCENE CLEARED DATE/TIME | REPORT TAKEN BY  |
| <b>07112021 11838</b>     | <b>07112021 11851</b>    | <b>07112021 11900</b> | <b>07112021 11910</b>   | <input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES         | OFFICER'S NAME *        | CHECKED BY OFFICER'S NAME*   |
| <b>0</b>                  | <b>3 0</b>               | <b>4 0</b>            | <b>P. Stockhausen</b>   | <b>R. Jarzembak</b>  |
|                           |                          |                       | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER*   |
|                           |                          |                       | <b>0 2 5</b>            | <b>S 1 7</b>   |

2 0 2 1 1 8 9 1

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver

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

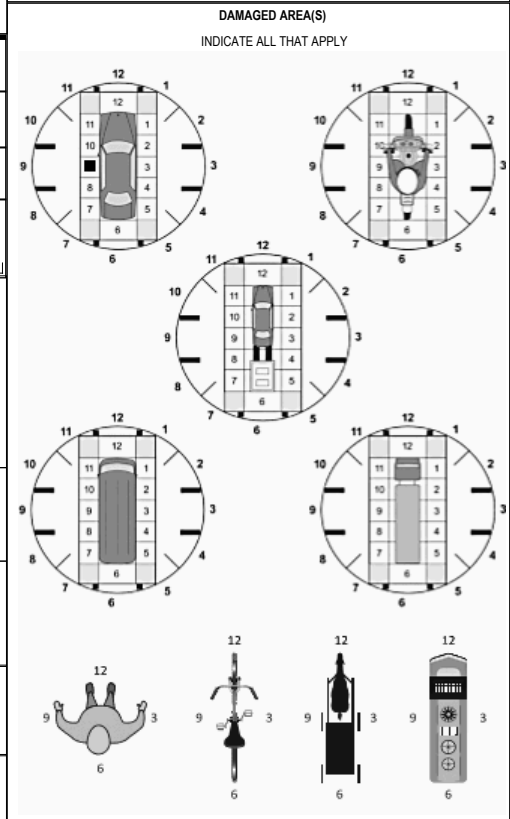
**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE Other/Unknown

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR SIL VEHICLE MODEL Other/Unknown

TYPE OF USE:  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

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

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 99 - 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 9 - CARGO TANK 13 - AUTO TRANSPORTER  
7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
11 - DUMP

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 OR LEAVING VEHICLE AT INCIDENT SCENE  
2 - INTERSECTION - UNMARKED 4 - MIDLANE - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 0 4 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 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

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**

0 9 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**SEQUENCE OF EVENTS**

EVENTS

1 4 3 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 0 8 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
3 2 0 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE

**TRAFFIC**

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

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

# 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**

4 \_\_\_\_\_ 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT  
5 \_\_\_\_\_ 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
6 \_\_\_\_\_ 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

3 FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

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

UNIT SPEED 2 5

POSTED SPEED 3 5

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

2 0 2 1 1 8 9 1

**UNIT #** 0 2 **OWNER NAME: LAST, FIRST, MIDDLE** ( Same As Driver ) MELJAC TIM HARRISON **OWNER PHONE: INCLUDE AREA CODE** ( Same As Driver )

**OWNER ADDRESS: STREET, CITY, STATE, ZIP** ( Same As Driver ) 12901 CARPENTER RD GARFIELD HTS OH 44125

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

**LP STATE** OH **LICENSE PLATE #** HVG6754 **VEHICLE IDENTIFICATION #** K1L7CJL1S B7 K B 8 1 5 5 8 5 **VEHICLE YEAR** 2 0 1 9 **VEHICLE MAKE** Chevrolet

**INSURANCE VERIFIED** **INSURANCE COMPANY** STATE FARM **INSURANCE POLICY #** G02 5805-E03 35N **VEHICLE COLOR** SIL **VEHICLE MODEL** Other/Unknow

**TYPE OF USE**  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  PLACARD **CLASS #** **PLACARD ID #**

**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      | 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?** 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                | 24 - 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       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|   |  | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|   |  |                                  | 11 - DUMP      | 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**

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

**ACTION** 4 **PRE-CRASH ACTION** 1 1

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

**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 - FIRE/EXPLOSION                  | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - FARM              |   |
|       | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              |   |
|       | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
|       | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT | 24 - OTHER MOVABLE  |
|       |                                     |                         |  | 21 - PARKED MOTOR VEHICLE       |   |

**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         | 99 - OTHER / UNKNOWN                |
|  |                               |                                  | 49 - FIRE HYDRANT |                                     |

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

**DAMAGE**

**DAMAGE SCALE**

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY

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

**INITIAL POINT OF CONTACT**

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

**TRAFFIC**

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

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

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

**UNIT SPEED** 1 0

**POSTED SPEED** 3 5

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 1 1 8 9 1

|   |                                      |                            |   |   |  |                  |               |              |         |      |                       |
|---|--------------------------------------|----------------------------|---|---|--|------------------|---------------|--------------|---------|------|-----------------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN |                            | DATE OF BIRTH                                   |   | AGE<br>1 2 1                                     | GENDER           |               |              |         |      |                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>UNKNOWN CLEVELAND OH |                                      |                            | 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  | CONDITION  | ALCOHOL TEST     |               | DRUG TEST(S) |         |      |                       |
|   |                                      |                            |   | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | STATUS           | TYPE          | VALUE        | STATUS  | TYPE | RESULT SELECT UP TO 4 |

|   |   |                            |   |   |  |                         |                    |               |              |           |                       |
|---|---|----------------------------|---|---|--|-------------------------|--------------------|---------------|--------------|-----------|-----------------------|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>MELJAC TIM HAI |                            | DATE OF BIRTH<br>1 0 1 2 1 9 5 9                |   | AGE<br>6 1                                       | GENDER<br>M             |                    |               |              |           |                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>12901 CARPENTER RD GARFIELD HTS OH 44125 |   |                            | CONTACT PHONE - INCLUDE AREA CODE               |   |  |                         |                    |               |              |           |                       |
| INJURIES<br>5   | INJURED TAKEN BY<br>1                       | 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                                      | 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  | CONDITION<br>1                                   | ALCOHOL TEST            |                    | DRUG TEST(S)  |              |           |                       |
|   |   |                            |   | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | STATUS<br>1             | TYPE<br>1          | VALUE<br>1    | STATUS<br>1  | TYPE<br>1 | 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  | CONDITION  | ALCOHOL TEST     |               | DRUG TEST(S) |         |      |                       |
|                                   |                            |                            |   | <input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | STATUS           | 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>                        |  | <b>EJECTION</b>                    |                              | <b>CONDITION</b>   |  | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | 9 - DEPLOYMENT UNKNOWN             | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 6 - PASSENGER  | 1 - NONE                                       |
| 2 - EMS  | 8 - THIRD - MIDDLE   |                                    | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 2 - BLOOD                                      |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | 9 - OTHER / UNKNOWN  | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        |  | <b>TRAPPED</b>                     |                              | <b>CONDITION</b>   |  | <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   | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 2 - EXTRICATED BY MECHANICAL MEANS | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                         | 13 - TRAILING UNIT   | 3 - FREED BY NON-MECHANICAL MEANS  | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                    | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 4 - OTHER                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 15 - NON-MOTORIST  |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | <b>DRUG TEST RESULT(S)</b>                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       | 99 - OTHER / UNKNOWN   |                                    |                              | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |  |                                    | <b>GENDER</b>                | 18 - OTHER   | 9 - OTHER / UNKNOWN  | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |  |                                    | F - FEMALE                   |  |  | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | M - MALE                     |  |  | 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                           |