

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

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

PHOTOS TAKEN  
 SECONDARY CRASH  
 OH-2  
 OH-1P  
 OH-3  
 OTHER  
 Private Property

LOCAL INFORMATION  
 REPORTING AGENCY NAME \*  
**GARFIELD HEIGHTS**  
 NCIC \*  
 0 | 1 | 8 | 2 | 0

HIT/SKIP  
 1 - Solved  
 2 - Unsolved  
 NUMBER OF UNITS  
 0 | 1  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 9 | 9

COUNTY \*  
 1 | 8  
 LOCALITY \*  
 1  
 LOCATION: CITY, VILLAGE, TOWNSHIP \*  
**GARFIELD HTS**

CRASH DATE/TIME \*  
 0 | 7 | 2 | 0 | 2 | 0 | 2 | 1 | 1 | 0 | 1 | 0 | 2 | 1  
 CRASH SEVERITY  
 2  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY

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

LOCATION ROAD NAME  
**Broadway**  
 ROAD TYPE  
 A | V  
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**13100**  
 ROAD TYPE  
 LONGITUDE DECIMAL DEGREES  
 8 | 1 | . | 5 | 9 | 1 | 1 | 0 | 0

LATITUDE DECIMAL DEGREES  
 4 | 1 | . | 4 | 2 | 7 | 9 | 3 | 0  
 INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 3  
 DIRECTION  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 DISTANCE FROM REFERENCE  
 DISTANCE UNIT OF MEASURE  
 1 - Miles  
 2 - Feet  
 3 - Yards

ROUTE TYPE  
 IR - INTERSTATE ROUTE (TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE  
 ROAD TYPE  
 AL - ALLEY  
 AV - AVENUE  
 BL - BOULEVARD  
 CR - CIRCLE  
 CT - COURT  
 DR - DRIVE  
 HE - HEIGHTS  
 HW - HIGHWAY  
 LA - LANE  
 MP - MILEPOST  
 OV - OVAL  
 PK - PARKWAY  
 PI - PIKE  
 PL - PLACE  
 RD - ROAD  
 SQ - SQUARE  
 ST - STREET  
 TE - TERRACE  
 TL - TRAIL  
 WA - WAY

DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN (ANY TYPE)  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER / UNKNOWN

LOCATION OF FIRST HARMFUL EVENT  
 0 | 1  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFICWAY  
 7 - ON RAMP  
 8 - OFF RAMP  
 9 - CROSSOVER  
 10 - DRIVEWAY / ALLEY ACCESS  
 11 - RAILWAY GRADE CROSSING  
 12 - SHARED USE PATHS OR TRAILS  
 13 - BIKE LANE  
 14 - TOLL BOOTH  
 99 - OTHER / UNKNOWN

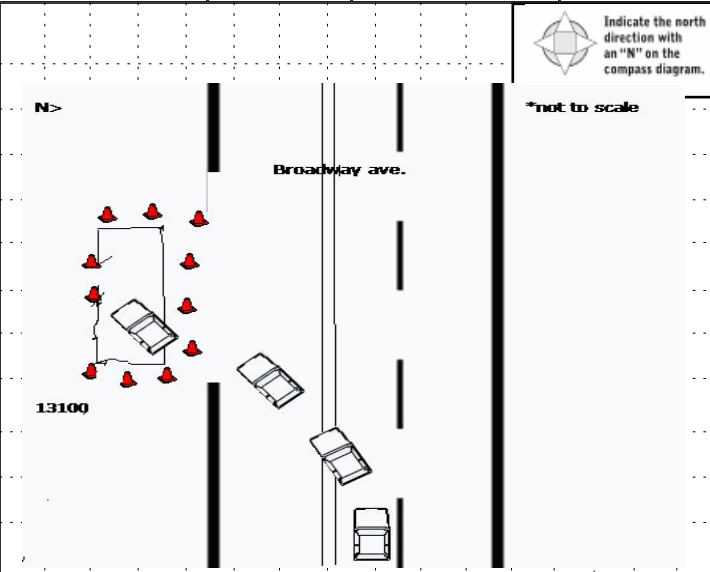
MANNER OF CRASH COLLISION/IMPACT  
 1  
 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
 2 - REAR-END  
 3 - HEAD-ON  
 4 - REAR-TO-REAR  
 5 - BACKING  
 6 - ANGLE  
 7 - SIDESWIPE, SAME DIRECTION  
 8 - SIDESWIPE, OPPOSITE DIRECTION  
 9 - OTHER / UNKNOWN

WORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT  
 ACTIVE SCHOOL ZONE  
 WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER  
 LOCATION OF CRASH IN WORK ZONE  
 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
 2 - ADVANCE WARNING AREA  
 3 - TRANSITION AREA  
 4 - ACTIVITY AREA  
 5 - TERMINATION AREA  
 CONTOUR  
 1  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER / UNKNOWN  
 CONDITIONS  
 1  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN  
 SURFACE  
 1  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER / UNKNOWN

LIGHT CONDITION  
 3  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN

WEATHER  
 1  
 1 - CLEAR  
 2 - CLOUDY  
 3 - FOG, SMOG, SMOKE  
 4 - RAIN  
 5 - SLEET, HAIL  
 6 - SNOW  
 7 - SEVERE CROSSWINDS  
 8 - BLOWING SAND, SOIL, DIRT, SNOW  
 9 - FREEZING RAIN OR FREEZING DRIZZLE  
 99 - OTHER / UNKNOWN

NARRATIVE  
 UNIT 1 WAS TRAVELING W/B ON BROADWAY AT 13100 BROADWAY. UNIT 1 STATES THAT AN ANIMAL WAS IN THE ROAD. UNIT 1 SWERVED TO AVOID THE ANIMAL AND WENT OFF ROAD LEFT, AND INTO A CONSTRUCTION HOLE. IN THE PROCESS OF FALLING INTO THE HOLE, UNT 1 OVERTURNED AND ENDED UP ON IT'S ROOF.



CRASH REPORTED DATE/TIME  
 0 | 7 | 2 | 0 | 2 | 0 | 2 | 1 | 1 | 0 | 1 | 0 | 2 | 1

DISPATCH DATE/TIME  
 0 | 7 | 2 | 0 | 2 | 0 | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 4

ARRIVAL DATE/TIME  
 0 | 7 | 2 | 0 | 2 | 0 | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 8

SCENE CLEARED DATE/TIME  
 0 | 7 | 2 | 0 | 2 | 0 | 2 | 1 | 1 | 0 | 1 | 3 | 1

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
 9 | 0  
 OTHER INVESTIGATION TIME  
 0

TOTAL MINUTES  
 2 | 3

OFFICER'S NAME \*  
**R. Jarzembak**  
 OFFICER'S BADGE NUMBER \*  
 S | 1 | 7

CHECKED BY OFFICER'S NAME \*  
**R. Jarzembak**  
 CHECKED BY OFFICER'S BADGE NUMBER \*  
 S | 1 | 7

SUPPLEMENT (CORRECTION IN ADDITION TO ORIGINAL REPORT)

2 0 2 1 1 9 9 0

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver) **WILLIAMS-NANCE SHANELL LARAE**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As Driver) **9317 PRATT AVE CLEVELAND OH 44105 3417**

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

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # EL8TED VEHICLE IDENTIFICATION # 2GKFLUJE37H6229469 VEHICLE YEAR 2017 VEHICLE MAKE GMC

INSURANCE VERIFIED  INSURANCE COMPANY GEICO INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR BLK VEHICLE MODEL Terrain

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR: 1- ≤10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS.

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  PLACARD

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY

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

UNIT TYPE 01

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

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  
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 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 7 - GRAIN/CHIPS/GRAVEL 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 13 - AUTO TRANSPORTER  
14 - GARBAGE/REFUSE 15 - TOWING 16 - SAFETY SERVICE PATROL 19 - TOWING 20 - SAFETY SERVICE PATROL 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 01

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 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 99 - OTHER / UNKNOWN  
5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 01 PRE-CRASH ACTION 01

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

**INITIAL POINT OF CONTACT**

13 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 11

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

**TRAFFIC**

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

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

**SEQUENCE OF EVENTS**

EVENTS

1 09 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 01 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 44 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE  
4 01 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
5 01 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
6 44 6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 21 - PARKED MOTOR VEHICLE

# of THROUGH LANES ON ROAD 4

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

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT  
26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL  
27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 2

**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 25

POSTED SPEED 25

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 1 1 9 9 0

|   |   |                            |  |   |  |
|---|---|----------------------------|--|---|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>WILLIAMS-NANCE SHANELL LAF |                            | DATE OF BIRTH<br>0 9   1 0   1 9   7 4                   | AGE<br>4 6  | GENDER<br>F                                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>9317 PRATT AVE CLEVELAND OH 44105 3417 |   |                            | CONTACT PHONE - INCLUDE AREA CODE                        |   |  |
| INJURIES<br>2   | INJURED TAKEN BY<br>2                                   | EMS AGENCY (NAME)<br>GHFD  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>METRO | SAFETY EQUIPMENT USED<br>0 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| 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<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   |
| ALCOHOL TEST  |   | DRUG TEST(S)               |  |   |  |
| STATUS 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 |
| OL STATE  | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION   | CITATION NUMBER                                  |
| OL CLASS  | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA<br>OTHER DRUG | CONDITION  |
| ALCOHOL TEST  |                            | DRUG TEST(S)               |   |   |  |
| STATUS 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 |
| OL STATE  | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION   | CITATION NUMBER                                  |
| OL CLASS  | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA<br>OTHER DRUG | CONDITION  |
| ALCOHOL TEST  |                            | DRUG TEST(S)               |   |   |  |
| 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>                        |  | 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) | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   |  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 2 - EXTRICATED BY MECHANICAL MEANS | 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   | 3 - FREED BY NON-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)                                    |                                    | 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                               |  |                                    |                              | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |  |                                    | <b>GENDER</b>                |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | F - FEMALE                   |  | 9 - OTHER / UNKNOWN  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |  |                                    | M - MALE                     |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    | U - OTHER/UNKNOWN            |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

# OCCUPANT / WITNESS ADDENDUM

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

|                 |   |  |                           |  |                                   |  |                        |                    |               |
|-----------------|---|--|---------------------------|--|-----------------------------------|--|------------------------|--------------------|---------------|
| <b>OCCUPANT</b> | UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>BRITTON JASON T |                           |  | DATE OF BIRTH<br>07071984         |  |                        | AGE<br>37          | GENDER<br>M   |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>14901 EDGEWOOD AVE CLEVELAND OH 44128 1133 |  |                           |  | CONTACT PHONE - INCLUDE AREA CODE |  |                        |                    |               |
|                 | INJURIES<br>3   | INJURED TAKEN BY<br>2                        | EMS AGENCY (NAME)<br>MHPD | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT | SAFETY EQUIPMENT USED<br>04       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>03 | AIR BAG USAGE<br>1 | EJECTION<br>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      |
| <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      |
| <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      |

|  |  |   |   |
|--|--|---|---|
| <b>INJURIES</b>  | <b>SAFETY EQUIPMENT USED</b>   | <b>SEATING POSITION</b>   | <b>AIR BAG USAGE</b>  |
| 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 |
| <b>INJURED TAKEN BY</b>  |  |   | <b>EJECTION</b>   |
| 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   |
| <b>GENDER</b>  |  |   | <b>TRAPPED</b>  |
| 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 |     |        |