

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|  |   |                            |                        |
|--|---|----------------------------|------------------------|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input checked="" type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> Private Property | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b> | NCIC *<br><b>0 1 8 2 0</b> | <b>2 0 2 2 0 3 2 3</b> |
|--|---|----------------------------|------------------------|

|                        |                        |  |   |   |
|------------------------|------------------------|--|---|---|
| COUNTY *<br><b>1 8</b> | LOCALITY *<br><b>1</b> | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b> | CRASH DATE/TIME *<br><b>0 2 0 4 2 0 2 2 1 8 4 1</b> | CRASH SEVERITY<br><b>4</b> 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
|------------------------|------------------------|--|---|---|

|  |  |                                    |   |                                       |   |  |
|--|--|------------------------------------|---|---------------------------------------|---|--|
| ROUTE TYPE<br><input type="checkbox"/> | ROUTE NUMBER<br><input type="checkbox"/> | PREFIX<br><input type="checkbox"/> | LOCATION ROAD NAME<br><b>E. 126</b>                                 | ROAD TYPE<br><b>S T</b>               | LATITUDE DECIMAL DEGREES<br><b>4 1 . 4 1 7 9 1 3</b>  | 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY |
| ROUTE TYPE<br><input type="checkbox"/> | ROUTE NUMBER<br><input type="checkbox"/> | PREFIX<br><input type="checkbox"/> | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>5297 E. 126</b> | ROAD TYPE<br><input type="checkbox"/> | LONGITUDE DECIMAL DEGREES<br><b>8 1 . 5 9 5 7 5 6</b> |  |

|  |  |   |  |  |
|--|--|---|--|--|
| REFERENCE POINT<br><b>3</b> 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE # | DIRECTION<br><b>2</b> 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<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 | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |
|--|--|---|--|--|

|   |   |   |
|---|---|---|
| LOCATION of FIRST HARMFUL EVENT<br><b>0 1</b> 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>7 - ON RAMP<br>8 - OFF RAMP | MANNER of CRASH COLLISION/IMPACT<br><b>3</b> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON | DIRECTION of TRAVEL<br><input type="checkbox"/> 1 - NORTH<br><input type="checkbox"/> 2 - SOUTH<br><input type="checkbox"/> 3 - EAST<br><input type="checkbox"/> 4 - WEST |
|---|---|---|

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

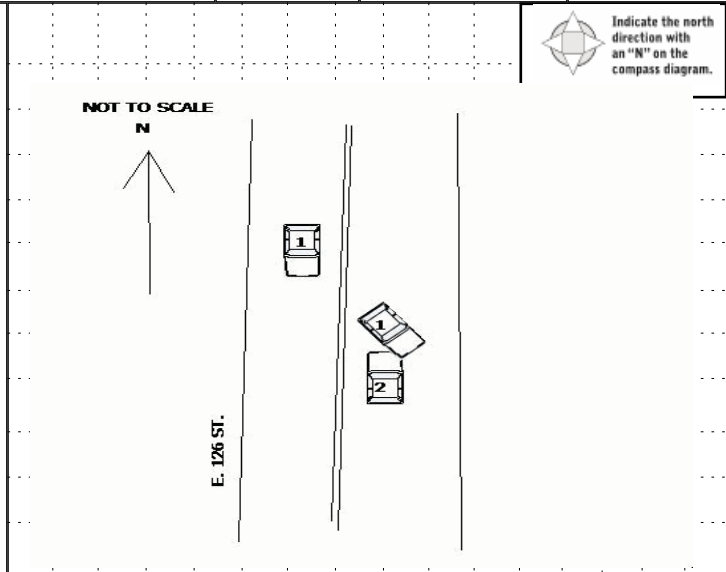
NARRATIVE

UNIT 1 WAS TRAVELING S/B ON E. 126 ST. FROM MCCRACKEN RD.

UNIT 2 WAS TRAVELING N/B ON E. 126 ST. FROM GRANGER RD.

UNIT 1 WENT LEFT OF CENTER AND STRUCK UNIT 2.

BOTH PARTIES GAVE CONFLICTING STATEMENTS. DAMAGE WAS LOCATED IN THE NORTHBOUND LANE INDICATING THAT UNIT 1 WAS TRAVELING TO THE LEFT OF CENTER AT THE TIME OF CRASH.



|  |  |   |   |  |
|--|--|---|---|--|
| CRASH REPORTED DATE/TIME<br><b>0 2 0 4 2 0 2 2 1 8 4 1</b> | DISPATCH DATE/TIME<br><b>0 2 0 4 2 0 2 2 1 8 4 4</b> | ARRIVAL DATE/TIME<br><b>0 2 0 4 2 0 2 2 1 8 5 2</b> | SCENE CLEARED DATE/TIME<br><b>0 2 0 4 2 0 2 2 1 9 4 7</b> | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT (CORRECTION - ADDITION) |
| TOTAL TIME ROADWAY CLOSED<br><b>8 5</b>                    | OTHER INVESTIGATION TIME<br><b>3 0</b>               | TOTAL MINUTES<br><b>8 5</b>                         | OFFICER'S NAME *<br><b>P. Stockhausen</b>                 | CHECKED BY OFFICER'S NAME *<br><b>W. Gall</b>  |
|  |  |   | OFFICER'S BADGE NUMBER *<br><b>0 2 5</b>                  | CHECKED BY OFFICER'S BADGE NUMBER *<br><b>L 1 3</b>  |

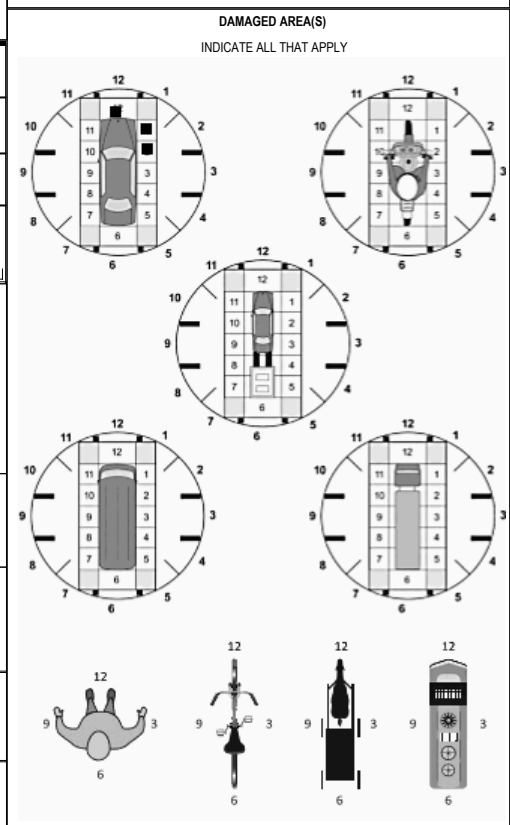
|  |  |  |
|--|--|--|
| <b>UNIT #</b><br>0 1   | <b>OWNER NAME: LAST, FIRST, MIDDLE</b><br>RUBALCAVA ROBERTA K<br><input type="checkbox"/> Same As Driver | <b>OWNER PHONE: INCLUDE AREA CODE</b><br><input type="checkbox"/> Same As Driver |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b><br>695 SCHILLER AVE 1 AKRON OH 44310<br><input type="checkbox"/> Same As Driver |  |  |
| <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>   |  | <b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>                               |

**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>GSP4722       | <b>VEHICLE IDENTIFICATION #</b><br>1FMCUJ9J1EUA99992                                       | <b>VEHICLE YEAR</b><br>2014  | <b>VEHICLE MAKE</b><br>Ford    |
| <b>INSURANCE VERIFIED</b><br><input checked="" type="checkbox"/>   | <b>INSURANCE COMPANY</b><br>PROGRESSIVE | <b>INSURANCE POLICY #</b><br>946331674   | <b>VEHICLE COLOR</b><br>BLK  | <b>VEHICLE MODEL</b><br>Escape |
| <input type="checkbox"/> COMMERCIAL<br><input type="checkbox"/> GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | <b>US DOT #</b>                         | <b>TOWED BY: COMPANY NAME</b><br>INTERSTATE  | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID #<br><input type="checkbox"/> PLACARD |                                |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/> HIT/SKIP UNIT                                 | <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. |  |                                |



**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                | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE      | 13 - POLICE                 | 18 - SNOW REMOVAL          |                      |
| 4 - SCHOOL TRANSPORT        | 9 - BUS - OTHER        | 14 - PUBLIC UTILITY         | 19 - TOWING                |                      |
| 5 - BUS-TRANSIT/COMMUTER    | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL |                      |

**CARGO BODY TYPE**  
0 1

|   |  |                                  |                |                       |
|---|--|----------------------------------|----------------|-----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER   |
| 2 - BUS                                 | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX       | 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**  
0 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                    |  |  |

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

**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        |  |                                      |                                |

**INITIAL POINT OF CONTACT**

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

**SEQUENCE OF EVENTS**

**EVENTS**

|       |                                     |                         |  |                                 |   |
|-------|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 2 0 | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
|       | 2 - 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

**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 2 TO 1

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

**UNIT SPEED**  
2 5

**POSTED SPEED**  
2 5

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

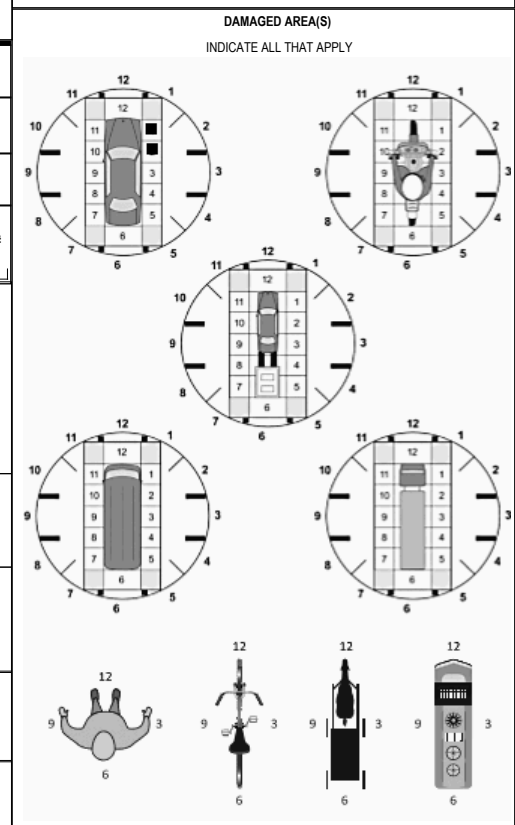
|  |  |  |
|--|--|--|
| <b>UNIT #</b><br>0 2   | <b>OWNER NAME: LAST, FIRST, MIDDLE</b><br>MORTENSEN ADELA ROSE ( Same As Driver) | <b>OWNER PHONE: INCLUDE AREA CODE</b><br>( Same As Driver) |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b><br>16485 HEATHER LANE 104 MIDDLEBURG HTS OH 44130 ( Same As Driver) |  |  |
| <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b>   |  |  |
| <b>COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE</b>   |  |  |

**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>JLW9962             | <b>VEHICLE IDENTIFICATION #</b><br>W1A1UD1F7181E1817A23211311 | <b>VEHICLE YEAR</b><br>2007  | <b>VEHICLE MAKE</b><br>Audi                 |
| <input type="checkbox"/> <b>INSURANCE VERIFIED</b>   | <b>INSURANCE COMPANY</b>                      | <b>INSURANCE POLICY #</b>                                     | <b>VEHICLE COLOR</b><br>BLK  | <b>VEHICLE MODEL</b><br>A4                  |
| <input type="checkbox"/> <b>COMMERCIAL</b>   | <input type="checkbox"/> <b>GOVERNMENT</b>    | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>         | <b>US DOT #</b>  |   |
| <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>TOWED BY: COMPANY NAME</b><br>INTERSTATE |
| <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL RELEASED <b>CLASS #</b> <b>PLACARD ID #</b><br><input type="checkbox"/> 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         |  | 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                | 25 - 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            | 14 - GARBAGE/REFUSE                    |
|                                     | 5 - TRAVEL LANE-OTHER LOCATION | 8 - SIDEWALK          | 11 - SHARED USE PATHS OR TRAILS | 99 - OTHER / UNKNOWN                   |

**ACTION**  
3

**PRE-CRASH ACTION**  
0 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                    |  |  |

**INITIAL POINT OF CONTACT**

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

**CONTRIBUTING CIRCUMSTANCES**  
0 7

|                      |                              |  |                                      |                                |
|----------------------|------------------------------|--|--------------------------------------|--------------------------------|
| 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        |  |                                      |                                |

**TRAFFIC**

|  |   |
|--|---|
| <b>TRAFFICWAY FLOW</b><br>2 1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>6 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 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 |

**SEQUENCE OF EVENTS**

| EVENTS                               |  |                               |   |
|--------------------------------------|--|-------------------------------|---|
| 1 2 0                                | 1 - OVERTURN/ROLLOVER                  | 6 - EQUIPMENT FAILURE         | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL                                |
|                                      | 2 - FIRE/EXPLOSION                     | 7 - SEPARATION OF UNITS       | 16 - RAILWAY VEHICLE  |
|                                      | 3 - IMMERSION                          | 8 - RAN OFF ROAD RIGHT        | 17 - ANIMAL - FARM  |
|                                      | 4 - JACKKNIFE                          | 9 - RAN OFF ROAD LEFT         | 18 - ANIMAL - DEER  |
|                                      | 5 - CARGO / EQUIPMENT LOSS OR SHIFT    | 10 - CROSS MEDIAN             | 19 - ANIMAL - OTHER   |
|                                      |  |                               | 20 - MOTOR VEHICLE IN TRANSPORT   |
|                                      |  |                               | 21 - PARKED MOTOR VEHICLE   |
|                                      |  |                               | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
|                                      |  |                               | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
|                                      |  |                               | 24 - OTHER MOVABLE  |
| COLLISION with FIXED OBJECT - STRUCK |  |                               |   |
| 4                                    | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST  |
|                                      | 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST   |
|                                      | 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 39 - LIGHT/LUMINARIES SUPPORT   |
|                                      | 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 40 - UTILITY POLE   |
|                                      | 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT  |
|                                      | 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 42 - CULVERT  |
|                                      |  |                               | 43 - CURB   |
|                                      |  |                               | 44 - DITCH  |
|                                      |  |                               | 45 - EMBANKMENT   |
|                                      |  |                               | 46 - FENCE  |
|                                      |  |                               | 47 - MAILBOX  |
|                                      |  |                               | 48 - TREE   |
|                                      |  |                               | 49 - FIRE HYDRANT   |
|                                      |  |                               | 50 - WORKZONE MAINTENANCE EQUIPMENT   |
|                                      |  |                               | 51 - WALL   |
|                                      |  |                               | 52 - BUILDING   |
|                                      |  |                               | 53 - TUNNEL   |
|                                      |  |                               | 54 - OTHER FIXED OBJECT   |
|                                      |  |                               | 99 - OTHER / UNKNOWN  |

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2

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

**UNIT SPEED**  
0 2 5

**POSTED SPEED**  
0 2

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 2 0 3 2 3

|   |  |                            |   |  |  |                         |                              |  |              |
|---|--|----------------------------|---|--|--|-------------------------|------------------------------|--|--------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>KLANN ASHLEY DE |                            | DATE OF BIRTH<br>1 0 1 0 1 9 9 1                                      |  | AGE<br>3 0                                       | GENDER<br>F             |                              |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>8826 RAY CT 5 TWINSBURG OH 44087 |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                         |                              |  |              |
| INJURIES<br>4   | INJURED TAKEN BY<br>2                        | EMS AGENCY (NAME)<br>GHFD  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>Marymount Hospital | SAFETY EQUIPMENT USED<br>9 9   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1           | EJECTION<br>1  | TRAPPED<br>1 |
| OL STATE<br>OH  | OPERATOR LICENSE NUMBER                      | OFFENSE CHARGED<br>331.01  | LOCAL CODE<br>■   | OFFENSE DESCRIPTION<br>Driving right side  |  |                         | CITATION NUMBER<br>G20220214 |  |              |
| OL CLASS<br>6   | ENDORSEMENT SELECT UP TO 2                   | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | STATUS<br>1                  | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |              |

|   |   |                            |   |  |  |                         |                    |  |              |
|---|---|----------------------------|---|--|--|-------------------------|--------------------|--|--------------|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>MORTENSEN ADELA RO |                            | DATE OF BIRTH<br>0 2 2 2 1 9 6 1                |  | AGE<br>6 0                                       | GENDER<br>F             |                    |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>16485 HEATHER LANE 104 MIDDLEBURG HTS OH 44130 |   |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |  |              |
| INJURIES<br>4   | 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>2 | 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                                       | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE   | EJECTION   | TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION   |  |                  | CITATION NUMBER |  |         |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA<br>OTHER DRUG |  | CONDITION        | STATUS          | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |         |

| INJURIES                                       | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <b>INJURED TAKEN BY</b>                        | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 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)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 7 - EXCEPT TRACTOR-TRAILER   | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS  | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 2 - BLOOD                                      |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 10 - LIMITED TO DAYLIGHT ONLY  | <b>CONDITION</b>   | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | <b>DRUG TEST TYPE</b>                          |
| 1 - NONE USED                                  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                         | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - OTHER                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |  |                                    |                              | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |  |                                    | <b>GENDER</b>                | 18 - OTHER   |  | 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                           |