

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 2 | 1 | 0 | 8 | 6 |

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

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

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

COUNTY \*  
 1 | 8  
 LOCALITY \*  
 1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
**GARFIELD HTS**

CRASH DATE/TIME \*  
 0 | 4 | 1 | 9 | 2 | 0 | 2 | 2 | 1 | 4 | 5 | 2 |

CRASH SEVERITY  
 3  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE    ROUTE NUMBER    PREFIX  
 3  
 LOCATION ROAD NAME  
**135**    ROAD TYPE  
 S | T

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
**5392**    ROAD TYPE

LATITUDE DECIMAL DEGREES  
 4 | 1 | . 4 | 1 | 4 | 9 | 5 | 6 |  
 LONGITUDE DECIMAL DEGREES  
 8 | 1 | . 5 | 8 | 9 | 0 | 5 | 2 |

REFERENCE POINT  
 3  
 DIRECTION  
 3 - EAST

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

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA    NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

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

MANNER OF CRASH COLLISION/IMPACT  
 7  
 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

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, DEPRESSION MEDIAN (ANY TYPE)  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 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

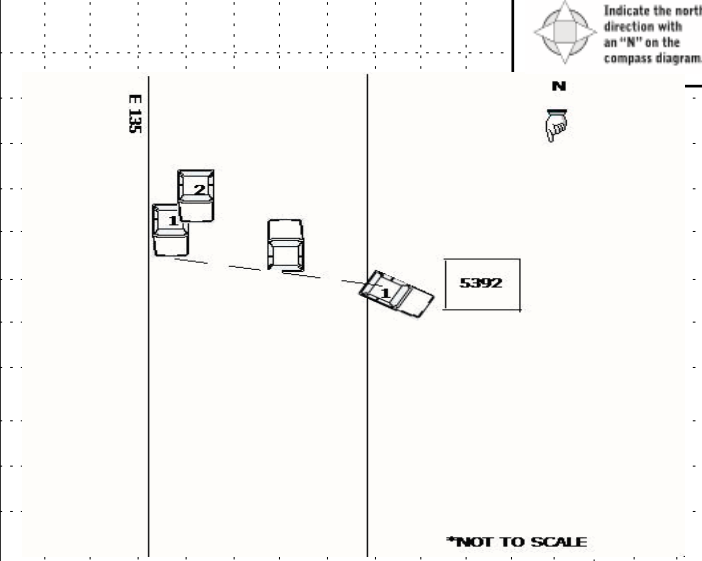
CONDITIONS  
 2  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN

SURFACE  
 2  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER / UNKNOWN

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

WEATHER  
 2  
 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 PARKED ON E. 135. UNIT #2 STARTED TO PASS UNIT #1 WHILE A VEHICLE WAS DRIVING S/B ON E. 135. UNIT #2 PULLED TOO CLOSE TO UNIT #1 STRIKING IT.



CRASH REPORTED DATE/TIME  
 0 | 4 | 1 | 9 | 2 | 0 | 2 | 2 | 1 | 4 | 5 | 2 |

DISPATCH DATE/TIME  
 0 | 4 | 1 | 9 | 2 | 0 | 2 | 2 | 1 | 4 | 5 | 3 |

ARRIVAL DATE/TIME  
 0 | 4 | 1 | 9 | 2 | 0 | 2 | 2 | 1 | 4 | 5 | 8 |

SCENE CLEARED DATE/TIME  
 0 | 4 | 1 | 9 | 2 | 0 | 2 | 2 | 1 | 5 | 4 | 8 |

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
 0

OTHER INVESTIGATION TIME  
 0

TOTAL MINUTES  
 5 | 0

OFFICER'S NAME \*  
**C. Bruno**  
 OFFICER'S BADGE NUMBER \*  
 0 | 2 | 1

CHECKED BY OFFICER'S NAME \*  
**M. Kaye**  
 CHECKED BY OFFICER'S BADGE NUMBER \*  
 C | H | 1

SUPPLEMENT (CORRECTION IN ADDITION)

2 0 2 2 1 0 8 6

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

**OWNER ADDRESS: STREET, CITY, STATE, ZIP** ( ) Same As Driver  
**5396 E 135 ST GARFIELD HTS OH 44125**  
**COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP**  
**COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE**

**DAMAGE**

**DAMAGE SCALE**

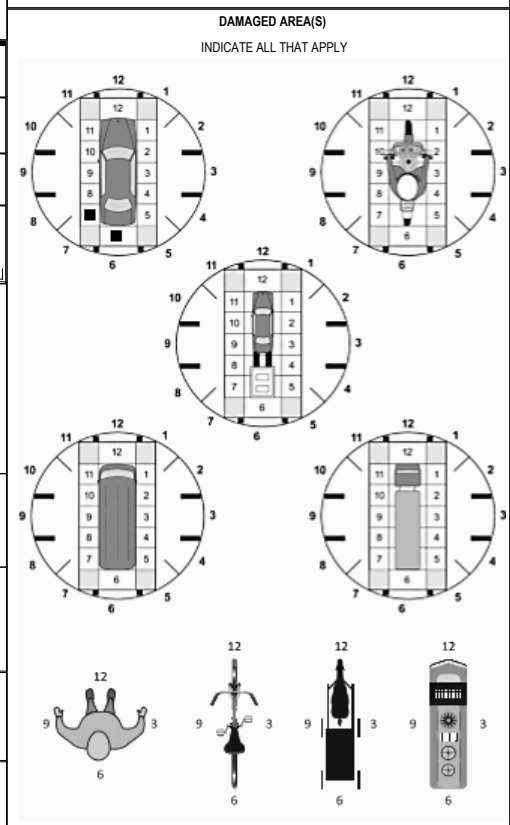
4 1 - NONE  
 2 - MINOR DAMAGE  
 3 - FUNCTIONAL DAMAGE  
 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**LP STATE** OH **LICENSE PLATE #** GQY9071 **VEHICLE IDENTIFICATION #** 1F1AHP21D1WX1C612209Z **VEHICLE YEAR** 2012 **VEHICLE MAKE** Ford

**INSURANCE VERIFIED** **INSURANCE COMPANY** NONE **INSURANCE POLICY #** **VEHICLE COLOR** GRY **VEHICLE MODEL** Taurus

**COMMERCIAL**  **GOVERNMENT**  **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY: COMPANY NAME** INTERSTATE

**INTERLOCK DEVICE EQUIPPED**  **HIT/SKIP UNIT** **# OCCUPANTS** 0 0 **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 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 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

**AUTONOMOUS MODE LEVEL**

**SPECIAL FUNCTION** 0 1

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

**CARGO BODY TYPE** 0 1

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

**VEHICLE DEFECTS**

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

**NON-MOTORIST LOCATION AT IMPACT**

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 - MIDBLOCK - 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 15 - OTHER / UNKNOWN

**ACTION** 4 1 0

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

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

**INITIAL POINT OF CONTACT**

0 7 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**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 12 - IMPROPER BACKING  
 6 - IMPROPER TURN

**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

**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 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 24 - OTHER MOVABLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

2 4 3 5 - CARGO / EQUIPMENT LOSS OR SHIFT

3 0 8

**COLLISION WITH FIXED OBJECT - STRUCK**

4 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 48 - TREE 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 49 - FIRE HYDRANT 99 - OTHER / UNKNOWN

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

**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** 0

**POSTED SPEED** 0

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

20221086

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver ) ADAMS KEENAN ISAAC

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver ) 4958 OSBORN RD GARFIELD HTS OH 44128

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**

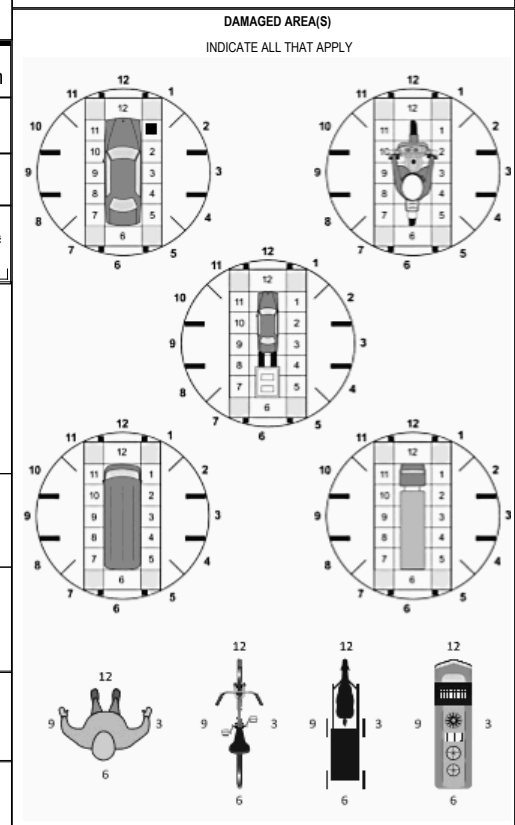
LP STATE OH LICENSE PLATE # BL3SSNS VEHICLE IDENTIFICATION # 4JGDJF6E9FA5471581 VEHICLE YEAR 2015 VEHICLE MAKE Mercedes-Ben

INSURANCE VERIFIED  INSURANCE COMPANY GEICO INSURANCE POLICY # 4388069066 VEHICLE COLOR BLU VEHICLE MODEL G-Class

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME INTERSTATE

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



UNIT TYPE 03

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

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01

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

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT 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 - MIDLCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN  
5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 19 - OTHER / UNKNOWN

ACTION 04

1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE OR LEAVING VEHICLE  
2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 22 - OTHER IMPROPER ACTION  
9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

CONTRIBUTING CIRCUMSTANCES 10

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

INITIAL POINT OF CONTACT

01 0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**EVENT(S)**

SEQUENCE OF EVENTS

EVENTS

1 21 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
2 1 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 1 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE  
4 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER  
5 1 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT  
6 1 6 - IMPROPER TURN 11 - DROVE OFF ROAD 16 - WRONG WAY 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 55 - 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 30

POSTED SPEED 25

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 2 1 0 8 6

|   |   |                            |   |   |                                   |                         |  |               |              |  |
|---|---|----------------------------|---|---|-----------------------------------|-------------------------|--|---------------|--------------|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>ADAMS KEENAN ISA |                            | DATE OF BIRTH<br>0 2 2 3 1 9 9 0                |   | AGE<br>3 2                        | GENDER<br>M             |  |               |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4958 OSBORN RD GARFIELD HTS OH 44128 |   |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE |                         |  |               |              |  |
| INJURIES<br>5   | INJURED TAKEN BY                              | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | 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>331.03  | LOCAL CODE                                      | OFFENSE DESCRIPTION<br>IMPROPER PASSING   | CITATION NUMBER<br>G20220760      |                         |  |               |              |  |
| 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 <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                    | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S)  |              |  |

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

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

| 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       |  |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |  |                                    | F - FEMALE                   | 18 - OTHER   |  | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |  |                                    | M - MALE                     |  |  | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | U - OTHER/UNKNOWN            |  |  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |

# OCCUPANT / WITNESS ADDENDUM

|                               |
|-------------------------------|
| LOCAL REPORT NUMBER           |
| 2   0   2   2   1   0   8   6 |

|                 |   |   |  |   |                                |
|-----------------|---|---|--|---|--------------------------------|
| <b>OCCUPANT</b> | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>ADAMS KAYDENCE | DATE OF BIRTH<br>0   9   1   5   2   0   1   4 | AGE<br>7  | GENDER<br>F                    |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>4958 OSBORN RD GARFIELD HTS OH 44125 |   |  | CONTACT PHONE - INCLUDE AREA CODE               |                                |
|                 | INJURIES<br>3   | INJURED TAKEN BY<br>1                       | EMS AGENCY (NAME)<br>GHFD #1                   | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0   4 |

|                 |   |  |  |   |                                |
|-----------------|---|--|--|---|--------------------------------|
| <b>OCCUPANT</b> | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>WOODS LABRION | DATE OF BIRTH<br>1   2   0   5   2   0   0   8 | AGE<br>13                                       | GENDER<br>F                    |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>4958 OSBORN RD GARFIELD HTS OH 44125 |  |  | CONTACT PHONE - INCLUDE AREA CODE               |                                |
|                 | INJURIES<br>5   | INJURED TAKEN BY                           | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0   4 |

|                 |  |  |  |   |                                |
|-----------------|--|--|--|---|--------------------------------|
| <b>OCCUPANT</b> | UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>ADAMS CHRISTIAN | DATE OF BIRTH<br>1   0   1   3   2   0   1   2 | AGE<br>9  | GENDER<br>M                    |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>OSBORN RD4958 GARFIELD HTS OH 44125 |  |  | CONTACT PHONE - INCLUDE AREA CODE               |                                |
|                 | INJURIES<br>5  | INJURED TAKEN BY                             | EMS AGENCY (NAME)                              | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0   4 |

|                 |                                   |                           |                   |   |                       |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|
| <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 |

|   |  |  |   |  |
|---|--|--|---|--|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | <b>SAFETY EQUIPMENT USED</b><br>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 | <b>SEATING POSITION</b><br>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 | <b>AIR BAG USAGE</b><br>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><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                           |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   |  |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  | <b>TRAPPED</b><br>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 |     |        |