

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

|  |  |   |  |   |  |  |  |  |  |   |  |   |  |
|--|--|---|--|---|--|--|--|--|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> Private Property   |  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b>   |  | NCIC *<br><b>01820</b>  |  | LOCAL REPORT NUMBER *<br><b>20221595</b>   |  | HIT/SKIP<br>1 - Solved<br>2 - Unsolved<br><b>2</b>   |  | NUMBER OF UNITS<br><b>02</b>  |  | UNIT IN ERROR<br><small>98 - ANIMAL<br/>99 - UNKNOWN</small><br><b>02</b> |  |
| COUNTY *<br><b>18</b>  |  | LOCALITY *<br>1 - CITY *<br>2 - VILLAGE *<br>3 - TOWNSHIP *<br><b>1</b>   |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>  |  | CRASH DATE/TIME<br><b>06042022 0200</b>  |  |  |  | CRASH SEVERITY<br><b>3</b> 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY  |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/>   |  | ROUTE NUMBER<br><input type="checkbox"/>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>  |  | LOCATION ROAD NAME<br><b>E 131ST</b>   |  | ROAD TYPE<br><b>S T</b>  |  | LATITUDE DECIMAL DEGREE<br><b>41.436690</b>   |  |   |  |
| ROUTE TYPE<br><input type="checkbox"/>   |  | ROUTE NUMBER<br><input type="checkbox"/>  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>  |  | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS<br><b>4517</b>   |  | ROAD TYPE<br><input type="checkbox"/>  |  | LONGITUDE DECIMAL DEGR<br><b>-81.591091</b>   |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br><b>3</b>   |  | DIRECTION<br><small>REFERENCE</small><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br><input type="checkbox"/>   |  | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ - SQUARE<br>BL - BOULEVARD    MP - MILEPOST    ST - STREET<br>CR - CIRCLE    OV - OVAL    TE - TERRACE<br>CT - COURT    PK - PARKWAY    TL - TRAIL<br>DR - DRIVE    PI - PIKE    WA - WAY<br>HE - HEIGHTS    PL - PLACE |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO<br><input type="checkbox"/> WITHIN INTERCHANGE ARE    NUMBER OF APPROACH<br><b>1</b>  |  |   |  |   |  |
| DISTANCE FROM REFERENCE<br><input type="checkbox"/>  |  | DISTANCE UNIT OF MEASURE<br>1 - Miles<br>2 - Feet<br><input type="checkbox"/>   |  | ROUTE TYPE<br><input type="checkbox"/>  |  | ROAD TYPE<br><input type="checkbox"/>  |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDE   |  |   |  |   |  |
| LOCATION OF FIRST HARMFUL EVE<br><b>01</b><br>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>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS<br>13 - BIKE LANE |  |   |  | MANNER OF CRASH COLLISION/IMPACT<br><b>8</b><br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN |  |  |  | DIRECTION OF TRAV<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><input type="checkbox"/>  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE) |  |   |  |
| <input type="checkbox"/> WORK ZONE<br><input type="checkbox"/> RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT<br><input type="checkbox"/> ACTIVE SCHOOL ZON   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br><input type="checkbox"/> |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br><input type="checkbox"/>   |  | CONTOUR<br><b>1</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE  |  | CONDITIONS<br><b>1</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT<br>OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN  |  | SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER /UNKNOWN          |  |   |  |
| LIGHT CONDITIO<br><b>3</b><br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING   |  |   |  | WEATHER<br><b>1</b><br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                     |  |  |  | NARRATIVE<br>UNIT 01 WAS TRAVELING NORTH IN FRONT OF 4517 E1<br>31. UNIT 02 WAS TRAVELING SOUTH IN FRONT OF 4517 E131. UNIT 02 DROVE LEFT OF CENTER AND THE FRONT LEFT OF UNIT 02 STRUCK THE LEFT REAR OF UNIT 01. |  |   |  |   |  |
| CRASH REPORTED DATE/TIME<br><b>06042022 0200</b>   |  |   |  | DISPATCH DATE/TIME<br><b>06042022 0209</b>  |  | ARRIVAL DATE/TIME<br><b>06042022 0215</b>  |  | SCENE CLEARED DATE/TIME<br><b>06042022 0300</b>  |  | REPORT TAKEN B<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/>   |  |   |  |
| TOTAL TIME ROADWAY<br><b>0</b>   |  | OTHER INVESTIGATION<br><b>0</b>   |  | TOTAL MINUTES<br><b>45</b>  |  | OFFICER'S NAME *<br><b>B. Reovich</b>  |  | CHECKED BY OFFICER'S NAME*<br><b>S. Sabelli</b>  |  | SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO OOPS)<br><input type="checkbox"/>   |  |   |  |
| OFFICER'S BADGE NUMBER*<br><b>041</b>  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>S21</b>  |  |   |  |  |  |  |  |   |  |   |  |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**SPATES ARIEL NE CHA**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**15321 MAPLEPARK DR MAPLE HTS OH 44137**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP (  Same As Driver )  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JLR8898 VEHICLE IDENTIFICATION # 1C4PJM1B5KD3051134 VEHICLE YEAR 2019 VEHICLE MAKE Jeep

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR SIL VEHICLE MODEL Cherokee

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY  US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME INTERSTATE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC (LBS) \_\_\_\_\_ HAZARDOUS MATERIAL CLASS # \_\_\_\_\_ PLACARD \_\_\_\_\_

UNIT TYPE 03

|                             |                                 |                        |  |                            |
|-----------------------------|---------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHE ELED       | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN/SKATE R    |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHE ELED       | 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               |                                 | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 |
|                             |                                 | 17 - MOTORHOME         |  | 99 - UNKNOWN OR HITS KIP   |

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / \_\_\_\_\_

AUTONOMOUS MODE LEVEL: 0

0 - NO AUTOMATION  
1 - DRIVER ASSISTANCE  
2 - PARTIAL  
3 - CONDITIONAL AUTOMATION  
4 - HIGH 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         | 99 - OTHER / UNKNOW |
| 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-TRANSPORT/COMMU     | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE |                     |

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   |
|   | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED           | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|   |  |                                  | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |

VEHICLE DEFECTS 01

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 CROSSWALK | 4 - MIDBLOCK - MARKED CROSSWALK | 7 - SHOULDER/ROADS IDE | 10 - DRIVEWAY ACCESS       | 99 - OTHER /                           |
|                                       | 5 - TRAVEL LANE-OTHER           | 8 - SIDEWALK           | 11 - SHARED USE PATHS      |  |

ACTION 04

|                            |                        |                                    |  |                                     |
|----------------------------|------------------------|------------------------------------|--|-------------------------------------|
| 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 DISABLED              |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC |  | 22 - NOT DISCERNABLE                |
| 9 - OTHER / UNKNOWN        |                        |                                    |  | 23 - OPENING DOOR INTO ROADWAY      |

CONTRIBUTING CIRCUMSTANCES 01

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

**EVENT(S)**

SEQUENCE OF EVENTS

|             |                                     |                         |  |                                 |   |
|-------------|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 <u>20</u> | 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2           | 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 |
| 3           | 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              |   |
| 4           | 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5           | 5 - CARGO / EQUIPMENT LOSS OR SHIFT |                         | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |   |
| 6           |                                     |                         |  | 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

LOCAL REPORT

20221595

**DAMAGE**

DAMAGE SCALE

4

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

9 - UNKNOWN

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY

- NO DAMAGE [0]  - UNDERCARRIAGE [1]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

**INITIAL POINT OF CONTACT**

07

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

**TRAFFIC**

TRAFFICWAY FLOW 2

1 - ONE-WAY  
2 - TWO-WAY

TRAFFIC CONTROL 6

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

# OF THROUGH LANES 2

RAIL GRADE CROSSING

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

UNIT SPEED 30

POSTED SPEED 25

DETECTED SPEED 1

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**WESTMORELAND OTHA**

OWNER ADDRESS: STREET, CITY, STATE, ( ) Same As Driver  
**2847 E 119TH ST CLEVELAND OH 44120**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP ( ) Same As Driver  
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # JBH3719 VEHICLE IDENTIFICATION # YV4A22PL81G1004938 VEHICLE YEAR 2016 VEHICLE MAKE Volvo

INSURANCE VERIFIED ( ) INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR BLK VEHICLE MODEL XC90

TYPE OF USE ( ) COMMERCIAL ( ) GOVERNMENT ( ) IN EMERGENCY ( ) INTERLOCK DEVICE EQUIPPED ( ) HIT/SKIP UNIT ( ) # OCCUPANTS 01 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME INTERSTATE

HAZARDOUS MATERIAL ( ) MATERIAL ( ) CLASS # \_\_\_\_\_ PLACARD ( ) RELEASED

UNIT TYPE 03

|                             |                                 |                        |  |                            |
|-----------------------------|---------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHE ELED       | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN/SKATE R    |
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| 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               |                                 | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 |
|                             |                                 | 17 - MOTORHOME         |  | 99 - UNKNOWN OR HITS KIP   |

# OF TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / \_\_\_\_\_

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL 3 - CONDITIONAL AUTOMATION 4 - HIGH 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         | 99 - OTHER / UNKNOW |
| 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/COMMU       | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE |                     |

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   |
|   | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED           | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|   |  |                                  | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |

VEHICLE DEFECTS 07

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 CROSSWALK | 4 - MIDDLEBLOCK - MARKED CROSSWALK | 7 - SHOULDER/ROADS IDE | 10 - DRIVEWAY ACCESS       | 19 - STANDING OUTSIDE DISABLED VEHICLE |
|                                       | 5 - TRAVEL LANE-OTHER              | 8 - SIDEWALK           | 11 - SHARED USE PATHS      | 21 - STANDING DISABLED VEHICLE         |

ACTION 03

|                            |                        |                                    |  |  |
|----------------------------|------------------------|------------------------------------|--|--|
| 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 RIST                     |
| 3 - STRIKING               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTO RIST               |
| 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 |  |  |
| 9 - OTHER / UNKNOWN        |                        |                                    |  |  |

CONTRIBUTING CIRCUMSTANCES 07

|                      |                              |  |                                      |                              |
|----------------------|------------------------------|--|--------------------------------------|------------------------------|
| 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 ROADWAY |
| 3 - RAN RED LIGHT    | 9 - IMPROPER LANE CHANGING   | 15 - SWERVING TO AVOID                     | 19 - LOAD SHIFTING/ FALLING/SPILLING | 99 - OTHER IMPROPER ACTION   |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING        | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING               |                              |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD          |  |                                      |                              |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING        |  |                                      |                              |

SEQUENCE OF EVENTS

| EVENTS                              | EVENTS                  | EVENTS   | EVENTS                          | EVENTS  |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 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              | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR |
| 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             |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT |                         | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |   |
|                                     |                         |  | 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

LOCAL REPORT

20221595

DAMAGE

DAMAGE SCALE 4

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

9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

Legend:

- ( ) - NO DAMAGE [0]
- ( ) - TOP [13]
- ( ) - UNDERCARRIAGE [1]
- ( ) - ALL AREAS [15]
- ( ) - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

11

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

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6

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

# OF THROUGH LANES 2

RAIL GRADE CROSSING

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

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

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 5 9 5

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>SPATES ARIEL NE CHA |   | DATE OF BIRTH<br>0 6 2 6 1 9 9 1                                | AGE<br>3 0   | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>15321 MAPLEPARK DR MAPLE HTS OH 44137 |  |   | CONTACT PHONE - INCLUDE AREA CODE                               |  |  |
| INJURIES<br>3  | INJURE D TAKEN<br>2                              | EMS AGENCY (NA ME)<br>GHFD SQUAD 2                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT ER | SAFETY EQUIPMENT USED<br>9 9   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION: 0 1<br>AIR BAG USAGE: 1<br>EJECTION: 1<br>TRAPPED: 1 |
| OL STATE   | OPERATOR LICENSE NUMBER                          | OFFENSE CHARGED                                     | LOCAL CODE<br><input type="checkbox"/>                          | OFFENSE DESCRIPTION  | CITATION NUMBER  |
| OL CLASS<br>4  | ENDORSEME NT                                     | RESTRICTION SELECT UP TO 3                          | DRIVER<br>DISTRACTE 1   | ALCOHOL / DRUG SUSPECTED<br><input checked="" type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>3   |
|  |  | ALCOHOL TEST  |   | DRUG TEST(S)   |  |
|  |  | STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |   |  |  |
|  |  | 1 1 1 1 1   |   |  |  |

|                                   |                                      |   |   |  |  |
|-----------------------------------|--------------------------------------|---|---|--|--|
| UNIT #<br>0 2                     | NAME: LAST, FIRST, MIDDLE<br>Unknown |   | DATE OF BIRTH                                   | AGE  | GENDER<br>F  |
| ADDRESS: STREET, CITY, STATE, ZIP |                                      |   | CONTACT PHONE - INCLUDE AREA CODE               |  |  |
| INJURIES<br>5                     | INJURE D TAKEN                       | EMS AGENCY (NA ME)                                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>9 9   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION: 0 1<br>AIR BAG USAGE: 4<br>EJECTION: 1<br>TRAPPED: 1 |
| OL STATE                          | OPERATOR LICENSE NUMBER              | OFFENSE CHARGED                                     | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER  |
| OL CLASS                          | ENDORSEME NT                         | RESTRICTION SELECT UP TO 3                          | DRIVER<br>DISTRACTE 9                           | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUAN<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>9   |
|                                   |                                      | ALCOHOL TEST  |   | DRUG TEST(S)   |  |
|                                   |                                      | STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |   |  |  |
|                                   |                                      | 1 1 1 1 1   |   |  |  |

|                                   |                           |   |   |  |  |
|-----------------------------------|---------------------------|---|---|--|--|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE |   | DATE OF BIRTH                                   | AGE  | GENDER   |
| ADDRESS: STREET, CITY, STATE, ZIP |                           |   | CONTACT PHONE - INCLUDE AREA CODE               |  |  |
| INJURIES                          | INJURE D TAKEN            | EMS AGENCY (NA ME)                                  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                      | <input type="checkbox"/> DOT-COMPLIANT MC HELMET<br>SEATING POSITION<br>AIR BAG USAGE<br>EJECTION<br>TRAPPED |
| OL STATE                          | OPERATOR LICENSE NUMBER   | OFFENSE CHARGED                                     | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION  | CITATION NUMBER  |
| OL CLASS                          | ENDORSEME NT              | RESTRICTION SELECT UP TO 3                          | DRIVER<br>DISTRACTE                             | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUAN<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   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS KNOWN                  |
| <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  | 5 - OTHER                                      |
| 1 - NONE USED                                  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                          |
| 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)                                     | 1 - NONE                                       |
| 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  | 2 - BLOOD                                      |
| 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.   | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |  |                                    |                              | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                               |  |                                    |                              | 18 - OTHER   |  | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                                |  |                                    |                              |  |  | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|  |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |