

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                                     |  |                                                                                                                         |                                                         |                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3<br><input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER<br><input type="checkbox"/> Private Property |  | LOCAL INFORMATION<br><b>IR 480 @ BROADWAY</b><br>REPORTING AGENCY NAME *<br><b>GARFIELD HEIGHTS</b> NCIC * <b>01820</b> | <b>2   0   2   2   2   0   2   7  </b>                  |                                                                                                                    |  |
| COUNTY * <b>1   8  </b> LOCALITY * <b>1  </b><br>1 - CITY *<br>2 - VILLAGE *<br>3 - TOWNSHIP *                                                                                                                                                                      |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br><b>GARFIELD HTS</b>                                                              | CRASH DATE/TIME<br><b>07   11   20   22   08   53  </b> | CRASH SEVERITY<br><b>4  </b> 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY |  |

|                              |                                    |                                                                 |                                                        |                             |                                                                  |
|------------------------------|------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| ROUTE TYPE<br><b>1   R  </b> | ROUTE NUMBER<br><b>4   8   0  </b> | PREFIX<br><b>1 - NORTH</b><br>2 - SOUTH<br>3 - EAST<br>4 - WEST | LOCATION ROAD NAME<br><b>24</b>                        | ROAD TYPE<br><b>M   P  </b> | LATITUDE DECIMAL DEGR<br><b>4   1   .   4   2   7   2   0  </b>  |
| ROUTE TYPE<br><b>1   R  </b> | ROUTE NUMBER<br><b>4   8   0  </b> | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST        | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS<br><b>24</b> | ROAD TYPE<br><b>M   P  </b> | LONGITUDE DECIMAL DEGR<br><b>8   1   .   5   7   4   9   5  </b> |

|                                                                    |                                                                                                       |                                                                                                                     |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br><b>2  </b> | DIRECTION<br><small>REFERENCE</small><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>4  </b> | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE | ROAD TYPE<br>AL - ALLEY    HW - HIGHWAY    RD - ROAD<br>AV - AVENUE    LA - LANE    SQ -<br>BL - BOULEVARD    MP -    SQUARE<br>CR - CIRCLE    MILEPOST    ST - STREET<br>CT - COURT    OV - OVAL    TE -<br>DR - DRIVE    PK - PARKWAY    TERRACE<br>HE - HEIGHTS    PI - PIKE    TL - TRAIL<br>PL - PLACE    WA - WAY | 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><b>2  </b>                              | DISTANCE UNIT OF MEASURE<br>1 - Miles<br>2 - Feet<br><b>1  </b>                                       | ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDE                                                       |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                         |

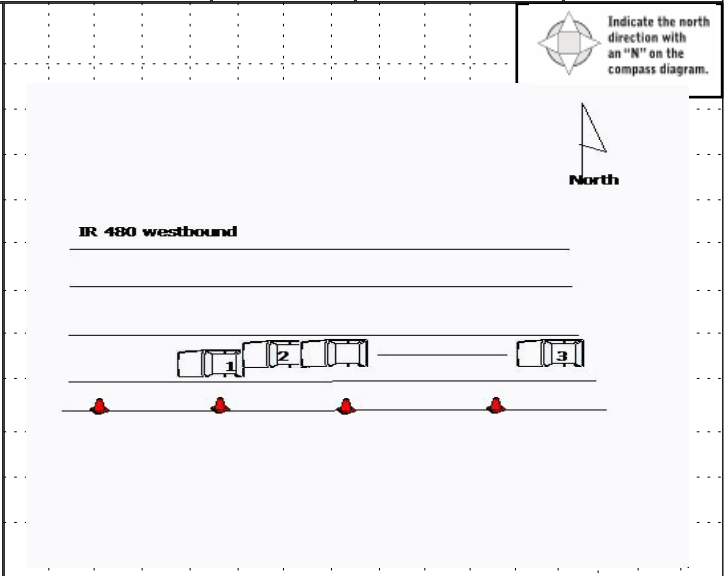
|                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION OF FIRST HARMFUL EVE<br><b>0   1  </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>2  </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><b>4  </b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br><b>9  </b><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                                                                                                                 | 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 | 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/UNKNOW | 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>1  </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

UNIT'S 1, 2 & 3 WERE ALL WESTBOUND ON IR 480.

UNIT # 1 MADE A SUDDEN STOP DUE TO A STOPPAGE IN THE FLOW OF TRAFFIC, WHICH CAUSED UNIT # 3 TO STRIKE UNIT #2 IN THE REAR, WHICH CAUSED UNIT #2 TO STRIKE UNIT #1.



|                                                                  |                                                            |                                                           |                                                                                     |                                                                                                             |
|------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| CRASH REPORTED DATE/TIME<br><b>07   11   20   22   08   53  </b> | DISPATCH DATE/TIME<br><b>07   11   20   22   08   54  </b> | ARRIVAL DATE/TIME<br><b>07   11   20   22   09   10  </b> | SCENE CLEARED DATE/TIME<br><b>07   11   20   22   11   00   5  </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>5   5  </b>                      | TOTAL MINUTES<br><b>5   5  </b>                           | OFFICER'S NAME *<br><b>B. Foxx</b><br>OFFICER'S BADGE NUMBER*<br><b>0   3   0  </b> | CHECKED BY OFFICER'S NAME*<br><b>M. Berdysz</b><br>CHECKED BY OFFICER'S BADGE NUMBER*<br><b>1   1   4  </b> |

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**PERRONE ERIC M**

OWNER ADDRESS: STREET, CITY, STATE, ( ) Same As Driver  
**40 MAPLE DR GREENVILLE PA 16125**

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

**VEHICLE**

LP STATE PA LICENSE PLATE # LMX3981 VEHICLE IDENTIFICATION # 1FAH1P316N919W173230 VEHICLE YEAR 2009 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY GENERAL INSURANCE INSURANCE POLICY # PN9620933 VEHICLE COLOR BLU VEHICLE MODEL Focus

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC 01

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

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

UNIT TYPE: 01

|                             |                                 |                        |                                                |                            |
|-----------------------------|---------------------------------|------------------------|------------------------------------------------|----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHEELED        | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN/SKATE R    |
| 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 - MOPEL 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? 0

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-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: 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 OR   |                                        |

ACTION: 4

|                            |                        |                                    |                                              |                                                                             |
|----------------------------|------------------------|------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------|
| 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 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR |

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        |                                            |                                      |                                |

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

20222027

DAMAGE

DAMAGE SCALE

2

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

05

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

TRAFFIC

|                            |                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------|
| TRAFFICWAY FLOW            | TRAFFIC CONTROL                                                                   |
| <u>1</u>                   | <u>6</u>                                                                          |
| 1 - ONE-WAY<br>2 - TWO-WAY | 1 - ROUNDABOUT<br>2 - SIGNAL<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |

# OF THROUGH LANES: 3

RAIL GRADE CROSSING: 1

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

UNIT / NON-MOTORIST DIRECTION

FROM 3 TO 4

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

UNIT SPEED: 0

POSTED SPEED: 55

DETECTED SPEED

1

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**NOVAK COLLEEN M**

OWNER ADDRESS: STREET, CITY, STATE, ( ) Same As Driver  
**57 PAUL ST BEDFORD OH 44146**

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

**DAMAGE**

**DAMAGE SCALE**

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

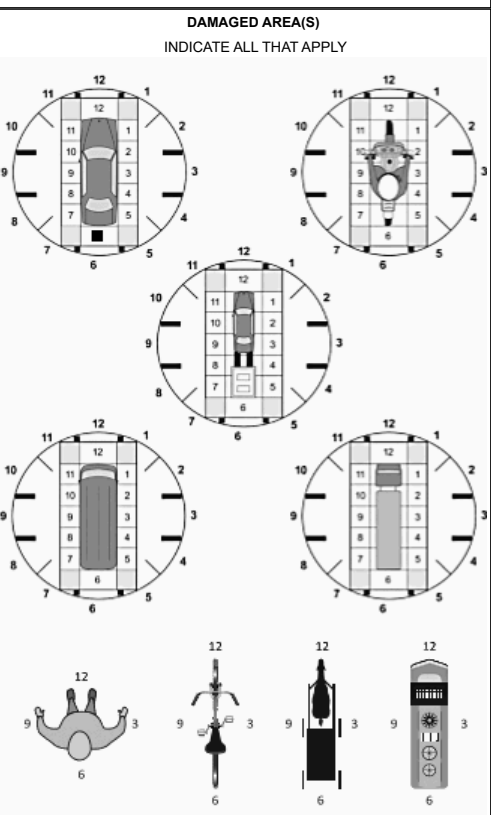
**VEHICLE**

LP STATE OH LICENSE PLATE # HEE4013 VEHICLE IDENTIFICATION # K1NAGM41A721E5464517 VEHICLE YEAR 2014 VEHICLE MAKE Kia

INSURANCE VERIFIED  INSURANCE COMPANY ALLSTATE INSURANCE POLICY # 992921160 VEHICLE COLOR SIL VEHICLE MODEL Optima

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC 1 HAZARDOUS MATERIAL:  MATERIAL  RELEASED CLASS # PLACARD



UNIT TYPE 01 # OF TRAILING UNITS

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 - MOPEL 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 99 - UNKNOWN OR HITS KIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 AUTONOMOUS MODE LEVEL

1 - YES 2 - NO 9 - OTHER /

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 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE

3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE

4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMU

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED 8 - POLE 9 - CARGO TANK 10 - FLAT BED 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADS IDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION 5 PRE-CRASH ACTION 11

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTO RIST 21 - STANDING DISABLED 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

INITIAL POINT OF CONTACT

06 0 - NO DAMAGE 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 13 - TOP

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

CONTRIBUTING CIRCUMSTANCES

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

**TRAFFIC**

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

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

**EVENT(S)**

SEQUENCE OF EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 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

# OF THROUGH LANES 3

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

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 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 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 0

POSTED SPEED 55

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

**OWNER**

UNIT # 03 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**OKAPAL KEVIN MICHAEL**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**44 PEPPER CREEK DR PEPPER PIKE OH 44124**

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 # HQZ1530 VEHICLE IDENTIFICATION # JM1GJ1V51E1104021 VEHICLE YEAR 2014 VEHICLE MAKE Mazda

INSURANCE VERIFIED  INSURANCE COMPANY ERIE INSURANCE INSURANCE POLICY # Q 07790 7410 VEHICLE COLOR BLK VEHICLE MODEL Mazda6

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

VEHICLE WEIGHT GVWR/GC WTS: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL:  MATERIAL CLASS # \_\_\_\_\_ PLACARD  RELEASED

**DAMAGED AREA(S)**  
INDICATE ALL THAT APPLY

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

UNIT TYPE 01

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 - MOPEL 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 99 - UNKNOWN OR HITS KIP

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

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 18 - SNOW REMOVAL 19 - TOWING  
3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT  
4 - SCHOOL TRANSPORT 9 - BUS - OTHER 10 - AMBULANCE

CARGO BODY TYPE 01

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED 8 - POLE 9 - CARGO TANK 10 - FLAT BED 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER 6 - BICYCLE LANE 7 - SHOULDER/ROADS IDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER /

ACTION 3

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTION 01

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTO RIST 21 - STANDING DISABLED 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

**INITIAL POINT OF CONTACT**

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

CONTRIBUTING CIRCUMSTANCES 08

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

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**SEQUENCE OF EVENTS**

EVENTS

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FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

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

UNIT SPEED 0

POSTED SPEED 55

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 2 2 0 2 7

|                                                                          |                                                       |                            |                                                 |                                                                                                                                        |                                                  |                                         |                                                       |               |              |
|--------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 1                                                            | NAME: LAST, FIRST, MIDDLE<br>TETER KATRIANA MACKENZIE |                            | DATE OF BIRTH<br>0 3 0 1 1 9 9 4                |                                                                                                                                        | AGE                                              | GENDER<br>F                             |                                                       |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>10039 SR 700 LOT 48 MANTUA OH 44255 |                                                       |                            |                                                 | 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>0 4                                                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                 | AIR BAG USAGE<br>1                                    | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE                                                                 | 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 type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT SELECT UP TO 4 |               |              |

|                                                                  |                                                |                            |                                                            |                                                                                                                                       |                                                  |                                         |                                                       |               |              |
|------------------------------------------------------------------|------------------------------------------------|----------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 2                                                    | NAME: LAST, FIRST, MIDDLE<br>MILLER ANGEL LYNN |                            | DATE OF BIRTH<br>0 3 2 6 1 9 9 8                           |                                                                                                                                       | AGE                                              | GENDER<br>F                             |                                                       |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>57 PAUL ST BEDFORD OH 44146 |                                                |                            |                                                            | CONTACT PHONE - INCLUDE AREA CODE                                                                                                     |                                                  |                                         |                                                       |               |              |
| INJURIES<br>4                                                    | INJURE D TAKEN<br>9                            | EMS AGENCY (NA ME)         | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>Unknown | SAFETY EQUIPMENT USED<br>0 4                                                                                                          | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                 | AIR BAG USAGE<br>1                                    | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE                                                         | 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 type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT SELECT UP TO 4 |               |              |

|                                                                              |                                                   |                            |                                                 |                                                                                                                                       |                                                  |                                         |                                                       |               |              |
|------------------------------------------------------------------------------|---------------------------------------------------|----------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------------------------|---------------|--------------|
| UNIT #<br>0 3                                                                | NAME: LAST, FIRST, MIDDLE<br>OKAPAL KEVIN MICHAEL |                            | DATE OF BIRTH<br>0 8 2 3 1 9 8 8                |                                                                                                                                       | AGE                                              | GENDER<br>M                             |                                                       |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>44 PEPPER CREEK DR PEPPER PIKE OH 44124 |                                                   |                            |                                                 | 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>0 4                                                                                                          | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1                 | AIR BAG USAGE<br>1                                    | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE                                                                     | OPERATOR LICENSE NUMBER                           | OFFENSE CHARGED<br>333.03  |                                                 | LOCAL CODE<br>■                                                                                                                       | OFFENSE DESCRIPTION<br>A.C.D.A                   |                                         | CITATION NUMBER<br>G20221550                          |               |              |
| OL CLASS<br>4                                                                | ENDORSEME NT                                      | RESTRICTION SELECT UP TO 3 | DRIVER<br>DISTRACTE 1                           | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 | DRUG TEST(S)<br>STATUS 1 TYPE 1 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       |                                                                                        |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID                                                                | 9 - OTHER / UNKNOWN                                                                  | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                               |                                                                                        |                                    | F - FEMALE                   | 18 - OTHER                                                                         |                                                                                      | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                                |                                                                                        |                                    | M - MALE                     |                                                                                    |                                                                                      | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |                                                                                        |                                    | U - OTHER/UNKNOWN            |                                                                                    |                                                                                      | 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                           |

# OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

|                                                                                        |                                            |                                       |
|----------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER<br>20222027                                                        | REPORTING AGENCY<br>GARFIELD HEIGHTS       | DATE OF CRASH<br>M 07   D 11   Y 2022 |
| IN COUNTY OF<br>18                                                                     | CRASH LOCATION<br>IR 480 IR 480 @ BROADWAY |                                       |
| <p>Damage- Unit #1. 2009 Ford Focus sustained light damage to the rear bumper.</p>     |                                            |                                       |
| <p>Unit #2. 2014 Kia Optima sustained light to moderate damage to the rear bumper.</p> |                                            |                                       |
| <p>Unit #3. 2014 Mazda 6 sustained heavy damage to the front bumper and grill.</p>     |                                            |                                       |
| <p>All vehicles were moved from final rest.</p>                                        |                                            |                                       |
| <p>Driver of Unit # 2 did complain of a headache, but refused transport.</p>           |                                            |                                       |
| OFFICER'S SIGNATURE<br>X                                                               |                                            | BADGE NUMBER<br>030                   |