

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 2 | 2 | 3 | 7 | 4 |

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

LOCAL INFORMATION

REPORTING AGENCY NAME \*

GARFIELD HEIGHTS

NCIC \*

0 | 1 | 8 | 2 | 0 |

HIT/SKIP  
1 - Solved  
2 - Unsolved

NUMBER OF UNITS  
0 | 2 |

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN  
0 | 1 |

COUNTY \*  
1 | 8 |

LOCALITY \*  
1 |

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

CRASH DATE/TIME  
0 | 8 | 1 | 3 | 2 | 0 | 2 | 2 | 1 | 2 | 5 | 8 |

CRASH SEVERITY  
5 | 1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY

ROUTE TYPE  
[ ]

ROUTE NUMBER  
[ ]

PREFIX  
[ ]

LOCATION ROAD NAME  
Turney

ROAD TYPE  
R | D |

LATITUDE DECIMAL DEGREE  
4 | 1 | . | 4 | 1 | 2 | 3 | 6 | 0 |

ROUTE TYPE  
[ ]

ROUTE NUMBER  
[ ]

PREFIX  
[ ]

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS  
Darlington

ROAD TYPE  
A | V |

LONGITUDE DECIMAL DEGR  
- 8 | 1 | . | 6 | 0 | 2 | 6 | 7 | 0 |

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
1 |

DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
4 |

ROUTE TYPE  
IR - INTERSTATE ROUTE (TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPRO  
 WITHIN INTERCHANGE ARE

DISTANCE FROM REFERENCE  
1 | 0 | 0 |

DISTANCE UNIT OF MEASURE  
1 - Miles  
2 - Feet  
2 |

NUMBER OF APPROACH  
ROADWAY  
 ROADWAY DIVIDE

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

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

DIRECTION OF TRAV  
[ ] 1 - NORTH  
[ ] 2 - SOUTH  
[ ] 3 - EAST  
[ ] 4 - WEST

MEDIAN TYPE  
[ ] 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
[ ] 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
[ ] 3 - DIVIDED, DEPRESSED MEDIAN  
[ ] 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)

- WORK ZONE  
 RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT  
 ACTIVE SCHOOL ZON

WORK ZONE TYPE  
1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN  
4 - INTERMITTENT OR MOVING WORK

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA

CONTOUR  
1 |  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE

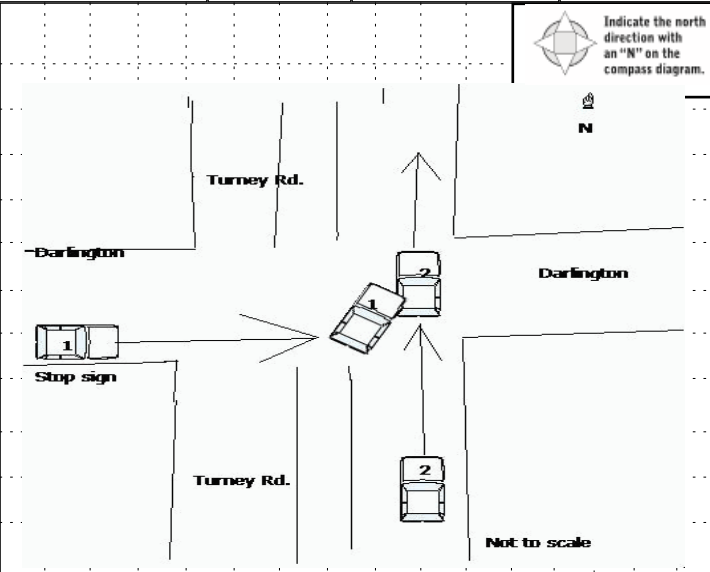
CONDITIONS  
1 |  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT  
OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

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

LIGHT CONDITIO  
1 |  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING

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

NARRATIVE  
UNIT 1 WAS MAKING A NORTHBOUND TURN FROM DARLINGTON AVENUE ONTO TURNEY RD. AFTER THE STOP SIGN WHEN HE FAILED TO YIELD FOR ON COMING TRAFFIC. UNIT 1 STRUCK ZONE TYPE 2 IN THE LEFT REAR BUMPER WITH UNIT 1'S RIGHT FRONT BUMPER. UNIT 2 WAS TRAVELING NORTHBOUND ON TURNEY RD PASSING DARLINGTON WHEN UNIT 1 STRUCK IT. THE DRIVER OF UNIT 1 CITED FOR FAILING TO YIELD AND NO DRIVER'S LICENSE.



CRASH REPORTED DATE/TIME  
0 | 8 | 1 | 3 | 2 | 0 | 2 | 2 | 1 | 2 | 5 | 8 |

DISPATCH DATE/TIME  
0 | 8 | 1 | 3 | 2 | 0 | 2 | 2 | 1 | 2 | 5 | 9 |

ARRIVAL DATE/TIME  
0 | 8 | 1 | 3 | 2 | 0 | 2 | 2 | 1 | 3 | 0 | 7 |

SCENE CLEARED DATE/TIME  
0 | 8 | 1 | 3 | 2 | 0 | 2 | 2 | 1 | 4 | 0 | 0 |

REPORT TAKEN B  
 POLICE AGENCY

TOTAL TIME ROADWAY  
5 | 3 |

OTHER INVESTIGATION  
2 | 0 |

TOTAL MINUTES  
7 | 3 |

OFFICER'S NAME \*  
L. Aiena  
OFFICER'S BADGE NUMBER\*  
0 | 2 | 7 |

CHECKED BY OFFICER'S NAME\*  
M. Berdysz  
CHECKED BY OFFICER'S BADGE NUMBER\*  
L | 1 | 4 |

SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO ODPB)

**OWNER**

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**FINKLEA SHELLY ROCHELLE**

OWNER ADDRESS: STREET, CITY, STATE, ( ) Same As Driver  
**5640 ANDOVER BLVD GARFIELD HTS OH 44125**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP ( ) Same As Driver

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # P088379 VEHICLE IDENTIFICATION # 1HGCV2F192NA0081376 VEHICLE YEAR 2022 VEHICLE MAKE Honda

INSURANCE VERIFIED ( ) INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR BLU VEHICLE MODEL Accord

TYPE OF USE ( ) COMMERCIAL ( ) GOVERNMENT ( ) IN EMERGENCY ( )

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

INTERLOCK DEVICE EQUIPPED ( ) HIT/SKIP UNIT ( ) # OCCUPANTS 0 2 VEHICLE WEIGHT GVWR/GC ( ) MATERIAL ( ) CLASS # \_\_\_\_\_ PLACARD ( )

UNIT TYPE 0 1

|                             |                                 |                        |  |                            |
|-----------------------------|---------------------------------|------------------------|--|----------------------------|
| 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 - 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? 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 0 1

|                             |                        |                             |                     |                     |
|-----------------------------|------------------------|-----------------------------|---------------------|---------------------|
| 1 - NONE                    | 6 - BUS - CHARTER/TOUR | 11 - FIRE                   | 16 - FARM           | 21 - MAIL CARRIER   |
| 2 - TAXI                    | 7 - BUS - INTERCITY    | 12 - MILITARY               | 17 - MOWING         | 99 - OTHER / 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 0 1

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

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

NON-MOTORIST LOCATION AT IMPACT

|                                       |                                 |                        |                            |  |
|---------------------------------------|---------------------------------|------------------------|----------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK   | 3 - INTERSECTION - OTHER        | 6 - BICYCLE LANE       | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED 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 0 1 3 PRE-CRASH ACTION 0 1

|                            |                        |                                    |  |   |
|----------------------------|------------------------|------------------------------------|--|---|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE                     | 18 - APPROACHING OR LEAVING VEHICLE   |
| 2 - NON-COLLISION          | 2 - BACKING            | 8 - ENTERING TRAFFIC LANE          | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING   |
| 3 - STRIKING               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST   |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING                                 | 21 - STANDING 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

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

| 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

**DAMAGE**

DAMAGE SCALE

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

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

**TRAFFIC**

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

**# OF THROUGH LANES** 2

**RAIL GRADE CROSSING**

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**UNIT SPEED** 1 5

**POSTED SPEED** 2 5

**DETECTED SPEED**

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

**OWNER**

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE CLANCY BRYANA L (  Same As Driver )  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver ) \_\_\_\_\_

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
4774 E 90TH ST UP GARFIELD HTS OH 44125

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

**VEHICLE**

LP STATE OH LICENSE PLATE # JFX8112 VEHICLE IDENTIFICATION # 1C3C3CAB2FN533800 VEHICLE YEAR 2015 VEHICLE MAKE Chrysler

INSURANCE VERIFIED  INSURANCE COMPANY Progressive INSURANCE POLICY # 939983293 VEHICLE COLOR SIL VEHICLE MODEL Avenger

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

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GC WV  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

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

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                 |
|                             |                                 | 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-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

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

NON-MOTORIST LOCATION AT IMPACT

|                                       |                                 |                        |                            |  |
|---------------------------------------|---------------------------------|------------------------|----------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK   | 3 - INTERSECTION - OTHER        | 6 - BICYCLE LANE       | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED 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 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-MOTO RIST            |
| 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 |  | VEHICLE                             |
| 9 - OTHER / UNKNOWN        |                        |                                    |  |                                     |

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

20222374

**DAMAGE**

DAMAGE SCALE

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

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 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM NOT AT SCENE 15 - VEHICLE NOT AT SCENE  
 13 - TOP

**TRAFFIC**

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

**# OF THROUGH LANES** 4

**RAIL GRADE CROSSING** 1

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

**UNIT SPEED** 15

**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 | 2 | 3 | 7 | 4 |

|  |  |                            |   |   |  |   |                    |                              |              |
|--|--|----------------------------|---|---|--|---|--------------------|------------------------------|--------------|
| UNIT #<br>01   | NAME: LAST, FIRST, MIDDLE<br>PETERSON ELIJAH KENNETH |                            |   |   | DATE OF BIRTH<br>10112004                        |   | AGE<br>17          | GENDER<br>M                  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4526 E 126TH ST GARFIELD HTS OH 44105 |  |                            |   |   | 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>02   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01  | AIR BAG USAGE<br>1 | EJECTION<br>1                | TRAPPED<br>1 |
| OL STATE   | OPERATOR LICENSE NUMBER                              | OFFENSE CHARGED<br>331.10B |   | LOCAL CODE<br>■   | OFFENSE DESCRIPTION<br>Turns at Intersectio      |   |                    | CITATION NUMBER<br>G20221880 |              |
| OL CLASS   | ENDORSEME NT   | RESTRICTION SELECT UP TO 3 | DRIVER<br>DISTRACTE<br>1                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                    | DRUG TEST(S)                 |              |

|  |  |                            |   |  |  |   |                    |                 |              |
|--|--|----------------------------|---|--|--|---|--------------------|-----------------|--------------|
| UNIT #<br>02   | NAME: LAST, FIRST, MIDDLE<br>CLANCY BRYANA L |                            |   |  | DATE OF BIRTH<br>08061990                        |   | AGE<br>32          | GENDER<br>F     |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4774 E 90TH ST UP GARFIELD HTS OH 44125 |  |                            |   |  | 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>02  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>01  | 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   | ENDORSEME NT                                 | RESTRICTION SELECT UP TO 3 | DRIVER<br>DISTRACTE<br>1                        | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                    | DRUG TEST(S)    |              |

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

| INJURIES                                       | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS   | 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                           |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT

2 0 2 2 2 3 7 4

|  |   |  |                   |   |  |  |                                |   |                      |
|--|---|--|-------------------|---|--|--|--------------------------------|---|----------------------|
| <b>OCCUPANT</b>  | UNIT #<br><b>1</b>  | NAME: LAST, FIRST, MIDDLE<br><b>HAYWOOD DEMETRIUS ANDRE</b>  |                   |   |  | DATE OF BIRTH<br><b>0 7 1 5 2 0 0 5</b>          |                                | AGE<br><b>1 7</b>   | GENDER<br><b>M</b>   |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br><b>5640 Hanover BLVD GARFIELD HTS OH 44125</b> |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |
|  | INJURIES<br><b>5</b>  | INJURED TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br><b>0 2</b>  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>0 2</b> | AIR BAG USAGE<br><b>1</b>   | EJECTION<br><b>1</b> |
| <b>OCCUPANT</b>  | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                   |   |  | DATE OF BIRTH                                    |                                | AGE   | GENDER               |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |
|  | INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION               | AIR BAG USAGE   | EJECTION             |
| <b>OCCUPANT</b>  | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                   |   |  | DATE OF BIRTH                                    |                                | AGE   | GENDER               |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |
|  | INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION               | AIR BAG USAGE   | EJECTION             |
| <b>OCCUPANT</b>  | UNIT #  | NAME: LAST, FIRST, MIDDLE  |                   |   |  | DATE OF BIRTH                                    |                                | AGE   | GENDER               |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |
|  | INJURIES  | INJURED TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION               | AIR BAG USAGE   | EJECTION             |
| <b>INJURIES</b>  |   | <b>SAFETY EQUIPMENT USED</b>   |                   |   | <b>SEATING POSITION</b>  |  |                                | <b>AIR BAG USAGE</b>  |                      |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |   | 1 - NONE USED - VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                   |   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) |  |                                | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                      |
| <b>INJURED TAKEN BY</b>  |   | <b>EJECTION</b>  |                   |   |  |  |                                |   |                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                   |   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE  |                   |   |  |  |                                |   |                      |
| <b>GENDER</b>  |   | <b>TRAPPED</b>   |                   |   |  |  |                                |   |                      |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |                   |   |  |  |                                |   |                      |
| <b>WITNESS</b>   | NAME: LAST, FIRST, MIDDLE   |  |                   |   |  | DATE OF BIRTH                                    |                                | AGE   | GENDER               |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |
| <b>WITNESS</b>   | NAME: LAST, FIRST, MIDDLE   |  |                   |   |  | DATE OF BIRTH                                    |                                | AGE   | GENDER               |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |
| <b>WITNESS</b>   | NAME: LAST, FIRST, MIDDLE   |  |                   |   |  | DATE OF BIRTH                                    |                                | AGE   | GENDER               |
|  | ADDRESS: STREET, CITY, STATE, ZIP   |  |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                                |   |                      |