

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

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|--|--|---|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|---|--|--|--|--|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property | | LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS | | NCIC * 0 1 8 2 0 | | LOCAL REPORT NUMBER * 2 0 2 2 2 3 7 8 | | HIT/SKIP 1 - Solved 2 - Unsolved <input type="checkbox"/> | | NUMBER OF UNITS 0 2 | | UNIT IN ERROR <small>98 - ANIMAL 99 - UNKNOWN</small> 0 2 | | | | | | | | | | | | | |
| COUNTY * 1 8 | | LOCALITY * <small>1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *</small> 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | CRASH DATE/TIME 0 8 1 4 2 0 2 2 0 9 1 7 | | | | CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY | | | | | | | | | | | | | | | |
| ROUTE TYPE <input type="checkbox"/> | | ROUTE NUMBER <input type="checkbox"/> | | PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small> <input type="checkbox"/> | | LOCATION ROAD NAME TURNEY | | ROAD TYPE R D | | LATITUDE DECIMAL DEGREE 4 1 . 4 1 7 2 5 0 | | | | | | | | | | | | | | | |
| ROUTE TYPE <input type="checkbox"/> | | ROUTE NUMBER <input type="checkbox"/> | | PREFIX <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small> <input type="checkbox"/> | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS) 5275 | | ROAD TYPE <input type="checkbox"/> | | LONGITUDE DECIMAL DEGR 8 1 . 6 0 5 3 7 0 | | | | | | | | | | | | | | | |
| REFERENCE POINT <small>1 - INTERSECTION 2 - MILE POST</small> 3 | | DIRECTION <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small> 1 | | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE | | ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE TL - TRAIL HE - HEIGHTS PL - PLACE WA - WAY | | INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPRO <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH 1 | | | | | | | | | | | | | | | | | |
| DISTANCE FROM REFERENCE 1 0 0 | | DISTANCE UNIT OF MEASURE <small>1 - Miles 2 - Feet</small> 2 | | ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE | | ROAD TYPE AL - ALLEY HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - SQUARE BL - BOULEVARD MP - MILEPOST ST - STREET CR - CIRCLE OV - OVAL TE - TERRACE CT - COURT PK - PARKWAY DR - DRIVE PI - PIKE TL - TRAIL HE - HEIGHTS PL - PLACE WA - WAY | | ROADWAY <input type="checkbox"/> ROADWAY DIVIDE | | | | | | | | | | | | | | | | | |
| LOCATION OF FIRST HARMFUL EVE 0 1 <small>1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP</small> | | LOCATION OF FIRST HARMFUL EVE <small>9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE</small> | | MANNER OF CRASH COLLISION/IMPACT 7 <small>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</small> | | | | DIRECTION OF TRAV <small>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</small> <input type="checkbox"/> | | MEDIAN TYPE <small>1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)</small> | | | | | | | | | | | | | | | |
| <input type="checkbox"/> WORK ZONE <input type="checkbox"/> RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> ACTIVE SCHOOL ZON | | WORK ZONE TYPE <small>1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK</small> | | LOCATION OF CRASH IN WORK ZONE <small>1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA</small> | | CONTOUR 1 <small>1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE</small> | | CONDITIONS 1 <small>1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN</small> | | SURFACE 2 <small>1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER /UNKNOWN</small> | | | | | | | | | | | | | | | |
| LIGHT CONDITIO 1 <small>1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING</small> | | WEATHER 2 <small>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</small> | | | | NARRATIVE UNIT #1 WAS TRAVELING SOUTH ON TURNEY RD AND BEGAN TO CHANGE LANES TO THE LEFT TURNING LANE WHEN UNIT #1 WAS STRUCK ON THE DRIVER SIDE FRONT BY UNIT #2. UNIT #2 WAS DRIVING SOUTH ON TURNEY ROAD BEHIND UNIT #1 AND AFTER CHANGING LANES TRIED TO GO PAST UNIT #1 TO WHICH DRIVER OF UNIT #2 STATED SHE DID NOT REALIZE UNIT #1 WAS GETTING OVER AND SHE THEN SIDE SWIPED UNIT #1 WITH HER PASSENGER SIDE | | | | | | | | | | | | | | | | | | | |
| CRASH REPORTED DATE/TIME 0 8 1 4 2 0 2 2 0 9 1 7 | | | | | | DISPATCH DATE/TIME 0 8 1 4 2 0 2 2 0 9 1 8 | | | | | | ARRIVAL DATE/TIME 0 8 1 4 2 0 2 2 0 9 2 2 | | | | | | SCENE CLEARED DATE/TIME 0 8 1 4 2 0 2 2 0 9 4 1 | | | | | | REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> | |
| TOTAL TIME ROADWAY 0 | | OTHER INVESTIGATION 4 5 | | TOTAL MINUTES 6 4 | | OFFICER'S NAME * J. Holiday | | | | CHECKED BY OFFICER'S NAME* T. Baon | | | | SUPPLEMENT (CORRECTION OR ADDITION TO EXISTING REPORT SENT TO OOPS) | | | | | | | | | | | |
| OFFICER'S BADGE NUMBER* 0 2 8 | | | | CHECKED BY OFFICER'S BADGE NUMBER* S 2 0 | | | | | | | | | | | | | | | | | | | | | |

OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)
LADSON ARTEZ LAVERT

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
20013 STOCKTON AVE MAPLE HEIGHTS OH 44137

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # P059856 VEHICLE IDENTIFICATION # 1C3C3DZ1A41DN5540115 VEHICLE YEAR 2013 VEHICLE MAKE Dodge

INSURANCE VERIFIED INSURANCE COMPANY BRISTOL WEST INSURANCE POLICY # G01-171335000 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 0 1 VEHICLE WEIGHT GVWR/GC WTR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD RELEASED

UNIT TYPE: 0 1

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

| | | | | |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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: 0 1

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

ACTION: 0 3 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: 0 1

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

SEQUENCE OF EVENTS

| | | | | | |
|--------------|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 <u>2 0</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 | |

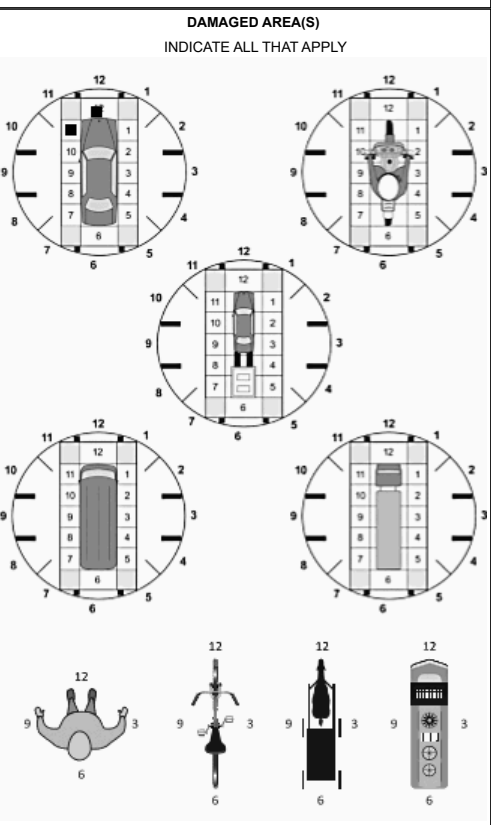
FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1

DAMAGE

DAMAGE SCALE: 3

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

9 - UNKNOWN



INITIAL POINT OF CONTACT

1 1

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

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

TRAFFIC

TRAFFICWAY FLOW: 2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 2

1 - ROUNDABOUT 4 - STOP SIGN
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 1 TO 2

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

| | | | | |
|--|--|---|--|---|
| UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE LAKE JENNIFER LYNN | <input type="checkbox"/> Same As Driver | OWNER PHONE: INCLUDE AREA CODE | <input type="checkbox"/> Same As Driver |
| OWNER ADDRESS: STREET, CITY, STATE 5303 E 133RD ST GARFIELD HTS OH 44125 | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | |

| | | | | |
|---|---|---|--|------------------------------|
| LP STATE OH | LICENSE PLATE # HBG2772 | VEHICLE IDENTIFICATION # K1NDJ1P31A501F77571363 | VEHICLE YEAR 2015 | VEHICLE MAKE Kia |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY ALL STATE | INSURANCE POLICY # 826340338 | VEHICLE COLOR RED | VEHICLE MODEL Soul |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY | | US DOT # | TOWED BY: COMPANY NAME | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED | |

| | | | | | |
|----------------------------|---|--|---|---|--|
| UNIT TYPE 0 1 | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPEL OR MOTORIZED BICYCLE | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIAN/SKATE R 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HITS KIP |
| # OF TRAILING UNITS | | | | | |

| | | | | |
|---|----------------------------|---|---|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | 1 - YES 2 - NO 9 - OTHER / | AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION | 9 - UNKNOWN |
|---|----------------------------|---|---|-------------|

| | | | | | |
|--------------------------------|--|---|---|---|---|
| SPECIAL FUNCTION 0 1 | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMU | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE | 21 - MAIL CARRIER 99 - OTHER /UNK NOWN |
|--------------------------------|--|---|---|---|---|

| | | | | | |
|-------------------------------|-----------------------------------|---|--|---|---|
| CARGO BODY TYPE 0 1 | 1 - NO CARGO BODY TYPE 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 |
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|------------------------|--|--|--|--|----------------------|
| 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 DEFECTIVE | 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 - MIDDLEBLOCK - 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 | 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-MOTORIST 21 - STANDING DISABLED VEHICLE |
|--------------------|---|--|---|---|--|

| | | | | | |
|--|---|---|--|--|---|
| CONTRIBUTING CIRCUMSTANCES 1 0 | 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 |
|--|---|---|--|--|---|

| | |
|---------------------------|--|
| SEQUENCE OF EVENTS | EVENTS |
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT |
| 2 | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT |
| 3 | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE |
| 4 | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE |
| 5 | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR |
| 6 | 25 - IMPACT ATTENUATOR / CRASH CUSHION STRUCTURE 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 |
| 1 | FIRST HARMFUL EVENT |
| 1 | MOST HARMFUL EVENT |

LOCAL REPORT
2 0 2 2 2 3 7 8

DAMAGE

DAMAGE SCALE

2 1 - NONE
2 - MINOR DAMAGE
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

0 1 0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP

14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE

TRAFFIC

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

| | |
|--------------------------------|---|
| # OF THROUGH LANES 4 | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
|--------------------------------|---|

UNIT / NON-MOTORIST DIRECTION

FROM 1 TO 2

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

| | |
|----------------------------|---|
| UNIT SPEED 2 0 | DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED 1 5 | |



MOTORIST / NON-MOTORIST

| LOCAL REPORT NUMBER | | | | | | | |
|---------------------|---|---|---|---|---|---|---|
| 2 | 0 | 2 | 2 | 2 | 3 | 7 | 8 |

| | | | | | | | | | | |
|---|---|-----------------------------------|--|---|--|-------------------------------|---|----------------------|---|--|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE LADSON ARTEZ LAVERT | | DATE OF BIRTH 07181991 | | AGE 31 | GENDER M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 20013 STOCKTON AVE MAPLE HEIGHTS OH 44137 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | INJURE D TAKEN 1 | EMS AGENCY (NA ME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEME NT | RESTRICTION SELECT UP TO 3 | DRIVER D DISTRACTE 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 | | DRUG TEST(S) TYPE 1 | |

| | | | | | | | | | | |
|---|--|-----------------------------------|--|--|--|-------------------------------|---|----------------------|---|--|
| UNIT # 02 | NAME: LAST, FIRST, MIDDLE LAKE JENNIFER LYNN | | DATE OF BIRTH 02031975 | | AGE 47 | GENDER F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 5303 E 133RD ST GARFIELD HTS OH 44125 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES 5 | INJURE D TAKEN 1 | EMS AGENCY (NA ME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEME NT | RESTRICTION SELECT UP TO 3 | DRIVER D DISTRACTE 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUAN <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 | | DRUG TEST(S) TYPE 1 | |

| | | | | | | | | | | |
|--|----------------------------------|-----------------------------------|--|---------------------------------|--|-------------------------|------------------------|-----------------|---------------------|--|
| UNIT # | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | | AGE | GENDER | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| INJURIES | INJURE D TAKEN | EMS AGENCY (NA ME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | 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 | ALCOHOL / DRUG SUSPECTED | | CONDITION | ALCOHOL TEST | | 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 |
| INJURED TAKEN BY | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 6 - PASSENGER | ALCOHOL TEST TYPE |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION | OL ENDORSEMENT | 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 | CONDITION | 4 - BREATH |
| SAFETY EQUIPMENT | 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 | TRAPPED | Q - MOTOR SCOOTER | 12 - LIMITED - OTHER | 2 - PHYSICAL IMPAIRMENT | DRUG TEST TYPE |
| 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 | | | GENDER | 17 - PROSTHETIC AID | 9 - OTHER / UNKNOWN | DRUG TEST RESULT(S) |
| 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 |