

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

| | | | | | | | | | |
|--|--|--|-----------------|--|--|--|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property | | LOCAL INFORMATION GRANGER RD REPORTING AGENCY NAME * GARFIELD HEIGHTS NCIC * 0 1 8 2 0 | 2 0 2 2 2 6 7 3 | | | | | | |
| COUNTY * 1 8 | | LOCALITY * 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | CRASH DATE/TIME 0 9 1 2 2 0 2 2 2 1 0 6 | | CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY | |

| | | | | | | | | | | | |
|-------------------------|--|---------------------------|--|--|--|---|--|-------------------------|--|---|--|
| ROUTE TYPE LOCATION | | ROUTE NUMBER LOCATION | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | LOCATION ROAD NAME TRANSPORTATION | | ROAD TYPE B L | | LATITUDE DECIMAL DEGRE 4 1 . 4 1 7 0 6 | |
| ROUTE TYPE REFERENCE | | ROUTE NUMBER REFERENCE | | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUS GRANGER | | ROAD TYPE R D | | LONGITUDE DECIMAL DEGR 8 1 . 6 1 6 9 7 | |

| | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|--|--|
| REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 1 | | DIRECTION REFERENCE 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 HW - HIGHWAY RD - ROAD AV - AVENUE LA - LANE SQ - BL - BOULEVARD MP - SQUARE CR - CIRCLE OV - OVAL ST - STREET CT - COURT PK - PARKWAY TE - DR - DRIVE PI - PIKE TL - TRAIL HE - HEIGHTS PL - PLACE WA - WAY | | INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPRO 4 <input type="checkbox"/> WITHIN INTERCHANGE ARE NUMBER OF APPROACH <input type="checkbox"/> ROADWAY DIVIDE | | | |
| DISTANCE FROM REFERENCE 1 5 | | DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 2 | | ROADWAY | | | | | | | |

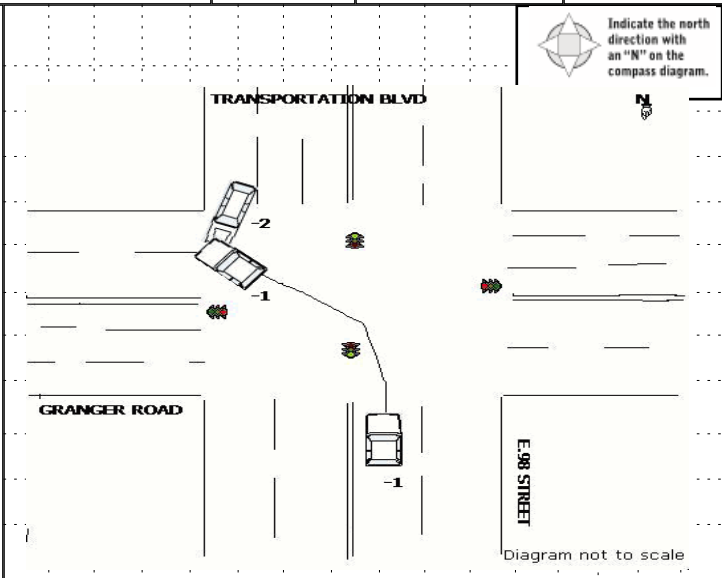
| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|---|--|
| LOCATION OF FIRST HARMFUL EVE 0 1 1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY / ALLEY ACCESS 3 - IN MEDIAN 11 - RAILWAY GRADE CROSSING 4 - ON ROADSIDE 12 - SHARED USE PATHS 5 - ON GORE OR TRAILS 6 - OUTSIDE TRAFFICWAY 13 - BIKE LANE 7 - ON RAMP | | | | MANNER OF CRASH COLLISION/IMPACT 8 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) | |
|---|--|--|--|--|--|--|--|---|--|---|--|

| | | | | | | | | | | | |
|--|--|---|--|---|--|--|--|--|--|---|--|
| <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 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 2 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 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING | | WEATHER 1 1 - CLEAR 6 - SNOW 2 - CLOUDY 7 - SEVERE CROSSWINDS 3 - FOG, SMOG, SMOKE 8 - BLOWING SAND, SOIL, DIRT, SNOW 4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN | | | |
|---|--|--|--|--|--|

NARRATIVE

UNIT 2 WAS MAKING AN EAST BOUND TURN ONTO GRANGER ROAD FROM TRANSPORTATION BLVD. UNIT 1 WAS MAKING AN EAST BOUND TURN FROM E.98TH STREET TO GRANGER ROAD. UNIT 2, WITH THE GREEN LIGHT, WAS MAKING THE RIGHT HAND TURN WHEN UNIT 1 FAILED TO YIELD WHILE MAKING A LEFT HAND TURN AND STRUCK UNIT 2 IN THE FRONT CAUSING DAMAGE.



| | | | | | | | | | |
|---|--|---|--|---|--|--|--|---|--|
| CRASH REPORTED DATE/TIME 0 9 1 2 2 0 2 2 2 1 0 6 | | DISPATCH DATE/TIME 0 9 1 2 2 0 2 2 2 1 0 6 | | ARRIVAL DATE/TIME 0 9 1 2 2 0 2 2 2 1 0 6 | | SCENE CLEARED DATE/TIME 0 9 1 2 2 0 2 2 2 1 2 7 | | REPORT TAKEN B <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> | |
| TOTAL TIME ROADWAY 0 | | OTHER INVESTIGATION | | TOTAL MINUTES 2 1 | | OFFICER'S NAME * Z. Krebs | | CHECKED BY OFFICER'S NAME* T. Baon | |
| OFFICER'S BADGE NUMBER* 0 1 2 | | CHECKED BY OFFICER'S BADGE NUMBER* S 2 0 | | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | | | | | |

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
FOSTER SHARON L

OWNER ADDRESS: STREET, CITY, STATE, () Same As Driver
15309 FERNWAY DR 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 # 2SHAE VEHICLE IDENTIFICATION # K1NDJ1T21A621D7487180Z VEHICLE YEAR 2013 VEHICLE MAKE Kia

INSURANCE VERIFIED INSURANCE COMPANY STATEFARM INSURANCE POLICY # UNKNOWN VEHICLE COLOR RED VEHICLE MODEL Soul

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 02 US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD _____

UNIT TYPE 03

| | | | | |
|-----------------------------|---------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR | 7 - MOTORCYCLE 2-WHE ELED | 12 - GOLF CART | 18 - LIMO (LIVERY VEHICLE) | 23 - PEDESTRIAN/SKATE R |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHE ELED | 13 - SNOWMOBILE | 19 - BUS (16+ PASSENGERS) | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE | 9 - AUTOCYCLE | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE | 25 - OTHER NON-MOTORIST |
| 4 - PICK UP | 10 - 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

| | | | | |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 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 03

| | | | | |
|---------------------------------------|------------------------------------|------------------------|----------------------------|--|
| 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 03 PRE-CRASH ACTION 06

| | | | | |
|----------------------------|------------------------|------------------------------------|--|-------------------------------------|
| 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 | | 22 - NOT DISCERNABLE |
| 9 - OTHER / UNKNOWN | | | | 23 - OPENING DOOR INTO ROADWAY |

CONTRIBUTING CIRCUMSTANCES 02

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

20222673

DAMAGE

DAMAGE SCALE

3

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

04

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

TRAFFIC

| | |
|----------------------------|---|
| TRAFFICWAY FLOW | TRAFFIC CONTROL |
| <u>2</u> | <u>2</u> |
| 1 - ONE-WAY 2 - TWO-WAY | 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 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 3

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

UNIT SPEED 25

POSTED SPEED 35

DETECTED SPEED 1

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

OWNER

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
LOPEZ JOSE ANTONIO

OWNER ADDRESS: STREET, CITY, STATE, () Same As Driver
10911 PENFIELD AVENUE GARFIELD HEIGHT OH 44125

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

VEHICLE

LP STATE OH LICENSE PLATE # FAX3456 VEHICLE IDENTIFICATION # 2A4R4DE9AR110000Z VEHICLE YEAR 2010 VEHICLE MAKE Chrysler

INSURANCE VERIFIED INSURANCE COMPANY STATEFARM INSURANCE POLICY # UNKNOWN VEHICLE COLOR BLU VEHICLE MODEL Town & Counti

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

UNIT TYPE 06

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

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 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 | 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 DIFF/TWIF | 10 - DISABLED FROM PRIOR ACCIDENT | |
| 3 - TAIL LAMPS | 6 - TIRE BLOWOUT | | | |

NON-MOTORIST LOCATION AT IMPACT 01

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

ACTION 04 PRE-CRASH ACTION 05

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

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

20222673

DAMAGE

DAMAGE SCALE

3 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

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

TRAFFIC

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

TRAFFIC CONTROL 2 1 - ROUNDABOUT 2 - SIGNAL 4 - STOP SIGN 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 3

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

UNIT SPEED 20

POSTED SPEED 35

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



MOTORIST / NON-MOTORIST

| | | | | | | | |
|---------------------|---|---|---|---|---|---|---|
| LOCAL REPORT NUMBER | | | | | | | |
| 2 | 0 | 2 | 2 | 2 | 6 | 7 | 3 |

| | | | | | | | | | |
|--|--|----------------------------|---|--|--|--|--------------------|---------------|--------------|
| UNIT # 01 | NAME: LAST, FIRST, MIDDLE FOSTER TIMOTHY TYSHUN | | | | DATE OF BIRTH 01101981 | | AGE | GENDER M | |
| ADDRESS: STREET, CITY, STATE, ZIP 15309 FERNWAY DR MAPLE HEIGHTS OH 44137 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| INJURIES 5 | INJURE D TAKEN | 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 331.17 | LOCAL CODE ■ | OFFENSE DESCRIPTION FTY | CITATION NUMBER G20222146 | | | | |
| OL CLASS 1 | 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 TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1 | | DRUG TEST(S) | |

| | | | | | | | | | |
|---|--|----------------------------|---|---|--|--|--------------------|---------------|--------------|
| UNIT # 02 | NAME: LAST, FIRST, MIDDLE LOPEZ LETITIA | | | | DATE OF BIRTH 06041968 | | AGE 54 | GENDER F | |
| ADDRESS: STREET, CITY, STATE, ZIP 10911 PENFIELD AVE GARFIELD HTS OH 44125 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| INJURIES 5 | INJURE D TAKEN | 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 TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 1 1 1 1 1 | | 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 D DISTRACTE | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUAN OTHER DRUG | CONDITION | ALCOHOL TEST 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 |
| 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 |

OCCUPANT / WITNESS ADDENDUM

| LOCAL REPORT | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|--|--|
| 2 | 0 | 2 | 2 | 2 | 6 | 7 | 3 | | |

| | | | | | | | | | | |
|-----------------|--|---|-------------------|---|------------------------------|--|-------------------------|--------------------|---------------|--------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE FOSTER NYAVION | | | | DATE OF BIRTH 0 7 1 0 2 0 2 0 | | | AGE 2 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 15309 FERNWAY DR MAPLE HTS OH 44137 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED 0 5 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 6 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OCCUPANT | 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 | TRAPPED |
| OCCUPANT | 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 | TRAPPED |
| OCCUPANT | 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 | TRAPPED |

| INJURIES | SAFETY EQUIPMENT USED | SEATING POSITION | AIR BAG USAGE |
|--|--|--|------------------------------------|
| 1 - FATAL | 1 - NONE USED - VEHICLE OCCUPANT | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT |
| 3 - SUSPECTED MINOR INJURY | 3 - LAP BELT ONLY USED | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE |
| 4 - POSSIBLE INJURY | 4 - SHOULDER & LAP BELT USED | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT/SIDE |
| 5 - NO APPARENT INJURY | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE |
| | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | 6 - SECOND - RIGHT SIDE | 9 - DEPLOYMENT UNKNOWN |
| INJURED TAKEN BY | 7 - BOOSTER SEAT | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | EJECTION |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 8 - HELMET USED | 8 - THIRD - MIDDLE | 1 - NOT EJECTED |
| 2 - EMS | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | 9 - THIRD - RIGHT SIDE | 2 - PARTIALLY EJECTED |
| 3 - POLICE | 10 - REFLECTIVE CLOTHING | 10 - SLEEPER SECTION OF TRUCK CAB | 3 - TOTALLY EJECTED |
| 9 - OTHER / UNKNOWN | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE |
| GENDER | 99 - OTHER / UNKNOWN | 12 - PASSENGER IN UNENCLOSED CARGO AREA | TRAPPED |
| F - FEMALE | | 13 - TRAILING UNIT | 1 - NOT TRAPPED |
| M - MALE | | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - EXTRICATED BY MECHANICAL MEANS |
| U - OTHER/UNKNOWN | | | 3 - FREED BY NON-MECHANICAL MEANS |

| | | | | |
|----------------|-----------------------------------|-----------------------------------|-----|--------|
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |
| WITNESS | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER |
| | ADDRESS: STREET, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE | | |