

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 3 | 1 | 7 | 6 | 9 |

HITSKIP  
1 - Solved  
2 - Unsolved  
2

NUMBER OF UNITS  
0 | 2

UNIT IN EDDP  
98 - ANIMAL  
99 - UNKNOWN  
0 | 2

CRASH DATE/TIME \*  
0 | 7 | 0 | 2 | 2 | 0 | 2 | 3 | 1 | 7 | 1 | 4 |

CRASH SEVERITY  
4  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

ATTITUDE (NORMAL DEGREE)  
4 | 1 | 4 | 2 | 3 | 2 | 5 | 7 |

LONGITUDE (DECIMAL DEGREES)  
8 | 1 | 5 | 6 | 4 | 9 | 5 | 3 |

INTERSECTION RELATED  
3  
NUMBER OF APPROACHES

ROADWAY  
ROADWAY DIVIDED

DIRECTION OF TRAVEL  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

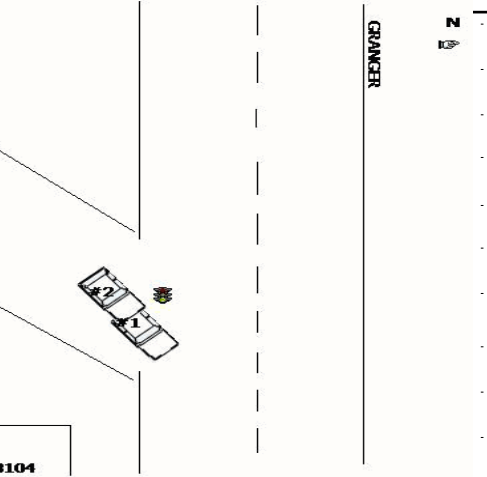
MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (24 FEET)  
3 - DIVIDED, DEPRESSED MEDIAN  
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
9 - OTHER / UNKNOWN

CONTOUR  
1  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER / UNKNOWN

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

INDICATE THE NORTH DIRECTION WITH AN "N" ON THE COMPASS DIAGRAM.



CRASH REPORTED DATE/TIME: 0 | 7 | 0 | 2 | 2 | 0 | 2 | 3 | 1 | 7 | 1 | 4 |

DISPATCH DATE/TIME: 0 | 7 | 0 | 2 | 2 | 0 | 2 | 3 | 1 | 7 | 1 | 5 |

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

SCENE CLEARED DATE/TIME: 0 | 7 | 0 | 2 | 2 | 0 | 2 | 3 | 1 | 7 | 3 | 5 |

REPORT TAKEN BY  
POLICE AGENCY  
MOTORIST  
SUPPLEMENT (CORRECTION = ADDITION)

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

LOCAL INFORMATION  
REPORTING AGENCY NAME \*  
GARFIELD HEIGHTS  
NCIC \*  
0 | 1 | 8 | 2 | 0 |

COUNTY \*  
1 | 8 |

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

ROUTE TYPE  
ROUTE NUMBER

PREFIX  
LOCATION ROAD NAME  
GRANGER  
ROAD TYPE  
R | D |

ROUTE TYPE  
ROUTE NUMBER

PREFIX  
REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
13104  
ROAD TYPE

REFERENCE POINT  
3  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #

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

DISTANCE  
7 | 5 |

DISTANCE  
2  
1 - Miles  
2 - Feet  
3 - Yards

LOCATION - FIRST AND SECOND EVENT  
0 | 1 |  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
7 - ON RAMP  
8 - OFF RAMP  
9 - CROSSOVER  
10 - DRIVEWAY / ALLEY ACCESS  
11 - RAILWAY GRADE CROSSING  
12 - SHARED USE PATHS OR TRAILS  
13 - BIKE LANE  
14 - TOLL BOOTH  
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT  
2  
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

WORK ZONE RELATED  
WORKERS PRESENT  
LAW ENFORCEMENT PRESENT  
ACTIVE SCHOOL ZONE

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

LIGHT CONDITION  
1  
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER  
2  
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

DRIVER OF UNIT #1 STATED SHE WAS EXITING THE I480 EAST RAMP AND WAS STRUCK IN THE REAR BY UNIT #2. UNIT #1 WAS JUST STARTING TO MAKE A RIGHT HAND TURN AFTER THE LIGHT TURNED GREEN WHEN SHE WAS STRUCK IN THE REAR BY UNIT #2. UNIT #2 THEN WENT AROUND UNIT #1 AND FLED THE AREA HEADING SOUTH ON E-132 ST. THE VEHICLE WAS A DAWN COLORED MID SIZE SUV WITH A BLACK FEMALE DRIVER AND A CHILD IN THE BACKSEAT.

TOTAL TIME ROADWAY CLOSED  
0

OTHER INVESTIGATION TIME  
3 | 5 |

TOTAL MINUTES  
5 | 0 |

OFFICER'S NAME \*  
J. Holiday

CHECKED BY OFFICER'S NAME \*  
M. Kaye

OFFICER'S BADGE NUMBER \*  
0 | 2 | 8 |

CHECKED BY OFFICER'S BADGE NUMBER \*  
C | H | 1 |

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**STEWART SONSEEHRAY A**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**15063 JAMES AVE MAPLE HEIGHTS OH 44137**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH LICENSE PLATE # FXT2846 VEHICLE IDENTIFICATION # 1FAHP3151X9W2315994 VEHICLE YEAR 2009 VEHICLE MAKE Ford  
 INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR GLD VEHICLE MODEL Focus  
 TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 01 US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 VEHICLE WEIGHT GVWR/GVWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

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

- NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

UNIT TYPE 01  
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER  
 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 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 AUTONOMOUS MODE LEVEL: 0  
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 2 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

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 22 - OTHER UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 23 - OTHER UNKNOWN  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

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  
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 15 - OTHER / UNKNOWN  
 11 - DUMP

VEHICLE DEFECTS 01  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 05  
 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/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 5 - UNMARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 04  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 22 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE

**INITIAL POINT OF CONTACT**  
06  
 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

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 12 - IMPROPER BACKING

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

**SEQUENCE OF EVENTS**  
 EVENTS  
 1 20  
 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 VEHICLE  
 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT  
 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - OTHER FIXED OBJECT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER / UNKNOWN  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER

**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

# OF THROUGH LANES ON ROAD 1  
**RAIL GRADE CROSSING**  
 1 - NOT INVOLVED  
 2 - INVOLVED - ACTIVE CROSSING  
 3 - INVOLVED - PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
 FROM 2 TO 3  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED** 5  
**DETECTED SPEED** 1  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
**POSTED SPEED** 25

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver

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

**DAMAGE**

**DAMAGE SCALE**

1 - NONE  
2 - MINOR DAMAGE  
9 - UNKNOWN

3 - FUNCTIONAL DAMAGE  
4 - DISABLING DAMAGE

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # **UNKNOWN** VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_

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

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

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

INTERLOCK DEVICE EQUIPPED ( ) HIT/SKIP UNIT ( ) # OCCUPANTS 0 1

VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

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

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

- NO DAMAGE [0]       - UNDERCARRIAGE [14]  
 - TOP [13]       - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

UNIT TYPE: 0 3

1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIANSKATER  
 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 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 6 - VAN (9-15 SEATS) 17 - MOTORHOME

# of TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 9

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL: 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

**SPECIAL FUNCTION**

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 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 PATROL 21 - MAIL CARRIER 99 - OTHER UNKNOWN

**CARGO BODY TYPE**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**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 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

**ACTION**

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

0 1 **PRE-CRASH ACTION**

1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT 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 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - PARKED 17 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

1 5 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**

0 8 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

**TRAFFIC**

**TRAFFICWAY FLOW**

1 1 - ONE-WAY 2 - TWO-WAY

**TRAFFIC CONTROL**

2 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

**EVENT(S)**

**SEQUENCE OF EVENTS**

1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**EVENTS**

6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

1 **FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT**

**# OF THROUGH LANES ON ROAD**

1

**RAIL GRADE CROSSING**

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 1

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

**UNIT SPEED**

3

**DETECTED SPEED**

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

**POSTED SPEED**

\_\_\_\_\_

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 1 7 6 9

|   |   |                            |  |   |  |
|---|---|----------------------------|--|---|--|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>STEWART SONSEEHRAY A |                            | DATE OF BIRTH<br>0 8   1 9   1 9   7 0                       | AGE<br>5 2  | GENDER<br>F                                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>15063 JAMES AVE MAPLE HEIGHTS OH 44137 |   |                            | CONTACT PHONE - INCLUDE AREA CODE                            |   |  |
| INJURIES<br>4   | INJURED TAKEN BY<br>2                             | EMS AGENCY (NAME)<br>GHS1  | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT | SAFETY EQUIPMENT USED<br>0 4  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |
| OL STATE  | OPERATOR LICENSE NUMBER                           | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>                       | OFFENSE DESCRIPTION   | CITATION NUMBER                                  |
| OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                        | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                                    | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1                                   |
| ALCOHOL TEST  |   | DRUG TEST(S)               |  |   |  |
| STATUS  | TYPE  | VALUE                      | STATUS   | TYPE  | RESULT SELECT UP TO 4                            |

|   |                                      |                            |   |   |  |
|---|--------------------------------------|----------------------------|---|---|--|
| UNIT #<br>0 2                           | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN |                            | DATE OF BIRTH                                   | AGE   | GENDER<br>F                                      |
| ADDRESS: STREET, CITY, STATE, ZIP<br>OH |                                      |                            | 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 |
| OL STATE                                | OPERATOR LICENSE NUMBER              | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION   | CITATION NUMBER                                  |
| OL CLASS                                | ENDORSEMENT SELECT UP TO 2           | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  |
| ALCOHOL TEST                            |                                      | DRUG TEST(S)               |   |   |  |
| STATUS                                  | TYPE                                 | VALUE                      | STATUS  | TYPE  | RESULT SELECT UP TO 4                            |

|                                   |                            |                            |   |   |  |
|-----------------------------------|----------------------------|----------------------------|---|---|--|
| 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 |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE<br><input type="checkbox"/>          | OFFENSE DESCRIPTION   | CITATION NUMBER                                  |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION  |
| ALCOHOL TEST                      |                            | DRUG TEST(S)               |   |   |  |
| STATUS                            | TYPE                       | VALUE                      | STATUS  | TYPE  | RESULT SELECT UP TO 4                            |

| INJURIES                                       | SEATING POSITION                                    | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                   |
|--|---|------------------------------------|------------------------------|--|--|---|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)           | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE                                  | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                              |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE                              | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNSABLE |
| 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 & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN               |
| <b>INJURED TAKEN BY</b>                        |   | 6 - SECOND - RIGHT SIDE            | 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)         | 9 - DEPLOYMENT UNKNOWN             | H - HAZMAT                   | 7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                      |
| 2 - EMS  | 8 - THIRD - MIDDLE                                  | <b>EJECTION</b>                    | M - MOTORCYCLE               | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 2 - BLOOD                                     |
| 3 - POLICE                                     | 9 - THIRD - RIGHT SIDE                              | 1 - NOT EJECTED                    | P - PASSENGER                | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                     |
| 9 - OTHER / UNKNOWN                            | 10 - SLEEPER SECTION OF TRUCK CAB                   | 2 - PARTIALLY EJECTED              | N - TANKER                   | 10 - LIMITED TO DAYLIGHT ONLY  |  | 4 - BREATH                                    |
| <b>SAFETY EQUIPMENT</b>                        |   | 3 - TOTALLY EJECTED                | Q - MOTOR SCOOTER            | 11 - LIMITED TO EMPLOYMENT   |  | 5 - OTHER                                     |
| 1 - NONE USED                                  | 12 - PASSENGER IN UNENCLOSED CARGO AREA             | 4 - NOT APPLICABLE                 | R - THREE-WHEEL MOTORCYCLE   | 12 - LIMITED - OTHER   |  | <b>DRUG TEST TYPE</b>                         |
| 2 - SHOULDER BELT ONLY USED                    | 13 - TRAILING UNIT                                  | <b>TRAPPED</b>                     | S - SCHOOL BUS               | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 1 - NONE                                      |
| 3 - LAP BELT ONLY USED                         | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 1 - NOT TRAPPED                    | T - DOUBLE & TRIPLE TRAILERS | 14 - MILITARY VEHICLES ONLY  |  | 2 - BLOOD                                     |
| 4 - SHOULDER & LAP BELT USED                   | 15 - NON-MOTORIST                                   | 2 - EXTRICATED BY MECHANICAL MEANS | X - TANKER / HAZMAT          | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  | 3 - URINE                                     |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 99 - OTHER / UNKNOWN                                | 3 - FREED BY NON-MECHANICAL MEANS  |                              | 16 - OUTSIDE MIRROR  | <b>CONDITION</b>   | 4 - OTHER                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |   |                                    |                              | 17 - PROSTHETIC AID  | 1 - APPARENTLY NORMAL  | <b>DRUG TEST RESULT(S)</b>                    |
| 7 - BOOSTER SEAT                               |   |                                    |                              | 18 - OTHER   | 2 - PHYSICAL IMPAIRMENT  | 1 - AMPHETAMINES                              |
| 8 - HELMET USED                                |   |                                    |                              |  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 2 - BARBITURATES                              |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |   |                                    |                              |  | 4 - ILLNESS  | 3 - BENZODIAZEPINES                           |
| 10 - REFLECTIVE CLOTHING                       |   |                                    |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - CANNABINOIDS                              |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |   |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 5 - COCAINE                                   |
| 99 - OTHER / UNKNOWN                           |   |                                    |                              |  | 9 - OTHER / UNKNOWN  | 6 - OPIATES / OPIOIDS                         |
|  |   |                                    |                              |  |  | 7 - OTHER                                     |
|  |   |                                    |                              |  |  | 8 - NEGATIVE RESULTS                          |