

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 3 | 2 | 2 | 8 | 6 |

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

LOCAL INFORMATION
TURNEY@GBLD
REPORTING AGENCY NAME *
GARFIELD HEIGHTS NCIC *
0 | 1 | 8 | 2 | 0

HITSKIP
1 - Solved
2 - Unsolved
[]

NUMBER OF UNITS
[0 | 2]

UNIT IN EDDP
98 - ANIMAL
99 - UNKNOWN
[0 | 1]

COUNTY *
[1 | 8]

LOCALITY *
[1]

1 - CITY *
2 - VILLAGE *
3 - TOWNSHIP *

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME *
[0 | 8 | 2 | 5 | 2 | 0 | 2 | 3] [0 | 8 | 1 | 9]

CRASH SEVERITY
[5]

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

ROUTE TYPE
[]

ROUTE NUMBER
[]

PREFIX
[]

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

LOCATION ROAD NAME
GARFIELD

ROAD TYPE
[B | L]

LATITUDE DECIMAL DEGREES
[4 | 1 | . | 4 | 2 | 7 | 1 | 6 | 7]

CRASH SEVERITY

ROUTE TYPE
[]

ROUTE NUMBER
[]

PREFIX
[]

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
TURNEY

ROAD TYPE
[R | D]

LONGITUDE DECIMAL DEGREES
[8 | 1 | . | 6 | 1 | 3 | 5 | 1 | 8]

CRASH SEVERITY

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

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

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

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

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
NUMBER OF APPROACHES
[5]

DISTANCE
1 - Miles
2 - Feet
3 - Yards
[]

DISTANCE
1 - Miles
2 - Feet
3 - Yards
[]

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE
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
[0 | 1]

MANNER OF CRASH COLLISION/IMPACT
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
[7]

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

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
[1]

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
[]

LOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA
[]

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

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

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

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

WEATHER
1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE
4 - RAIN
5 - SLEET, HAIL
[2]

WEATHER
6 - SNOW
7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - FREEZING RAIN OR FREEZING DRIZZLE
99 - OTHER / UNKNOWN
[]

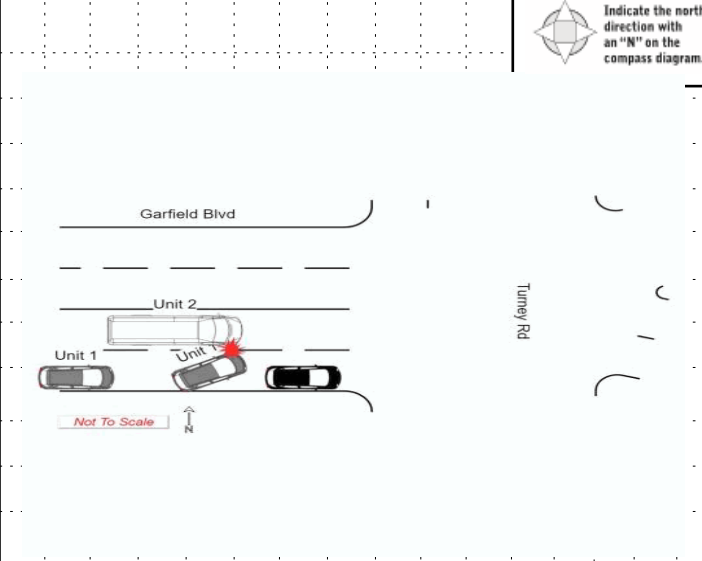
CONTOUR

CONDITIONS

SURFACE

DRIVER OF UNIT #1 WAS STOPPED BEHIND A PARKED VEHICLE AND ATTEMPTED TO CHANGE LANES TO THE LEFT TO PASS THE PARKED VEHICLE. UNIT #1 DID NOT SEE UNIT #2 AND SIDE SWIPED UNIT #2.

UNIT #2 WAS APPROACHING THE INTERSECTION OF GARFIELD BLVD @ TURNEY RD. UNIT #2 STATED UNIT #1 MERGED INTO HIS LANE AND SIDE SWIPED UNIT #2.



CRASH REPORTED DATE/TIME
[0 | 8 | 2 | 5 | 2 | 0 | 2 | 3] [0 | 8 | 1 | 9]

DISPATCH DATE/TIME
[0 | 8 | 2 | 5 | 2 | 0 | 2 | 3] [0 | 8 | 2 | 0]

ARRIVAL DATE/TIME
[0 | 8 | 2 | 5 | 2 | 0 | 2 | 3] [0 | 8 | 2 | 9]

SCENE CLEARED DATE/TIME
[0 | 8 | 2 | 5 | 2 | 0 | 2 | 3] [0 | 8 | 5 | 5]

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
[0]

OTHER INVESTIGATION TIME
[1 | 5]

TOTAL MINUTES
[4 | 1]

OFFICER'S NAME *
R. Pitts

OFFICER'S BADGE NUMBER*
[0 | 2 | 3]

CHECKED BY OFFICER'S NAME*
C. Crespo

CHECKED BY OFFICER'S BADGE NUMBER*
[S | 1 | 9]

SUPPLEMENT
(CORRECTION = ADDITION)

OWNER INFORMATION

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
ELLINGTON SHEIONTE Y

OWNER PHONE: INCLUDE AREA CODE () Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
4761 E 81ST GARFIELD HTS OH 44125

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

3

VEHICLE IDENTIFICATION # 1G1PG5SB6D7248703 VEHICLE YEAR 2013 VEHICLE MAKE **Chevrolet**

LP STATE OH LICENSE PLATE # **KAE6774**

INSURANCE VERIFIED INSURANCE COMPANY **TREXIS** INSURANCE POLICY # **1134018765531** VEHICLE COLOR **GRY** VEHICLE MODEL **Cruze**

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 2

US DOT # _____ TOWED BY: COMPANY NAME _____

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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

SPECIAL FUNCTION: 0 1

CARGO BODY TYPE: 0 1

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: 0 1

ACTION: 0 3

CONTRIBUTING CIRCUMSTANCES: 0 9

INITIAL POINT OF CONTACT: 1 1

TRAFFIC: 2

RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 3

UNIT SPEED: 5

DETECTED SPEED: 1

POSTED SPEED: 2 5

VEHICLE TYPE: 1- PASSENGER CAR, 2- PASSENGER VAN (MINIVAN), 3- SPORT UTILITY VEHICLE, 4- PICK UP, 5- CARGO VAN, 6- VAN (9-15 SEATS), 7- MOTORCYCLE 2-WHEELED, 8- MOTORCYCLE 3-WHEELED, 9- AUTOCYCLE, 10- MOPED OR MOTORIZED BICYCLE, 11- ALL TERRAIN VEHICLE (ATV / UTV), 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 SKATER, 24- WHEELCHAIR (ANY TYPE), 25- OTHER NON-MOTORIST, 26- BICYCLE, 27- TRAIN, 99- UNKNOWN OR HIT/SKIP

of TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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: 0 1

CARGO BODY TYPE: 0 1

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: 0 1

ACTION: 0 3

CONTRIBUTING CIRCUMSTANCES: 0 9

SEQUENCE OF EVENTS

EVENTS

1- OVERTURN/ROLLOVER, 2- FIRE/EXPLOSION, 3- IMMERSION, 4- JACKKNIFE, 5- CARGO / EQUIPMENT LOSS OR SHIFT, 6- EQUIPMENT FAILURE, 7- SEPARATION OF UNITS, 8- RAN OFF ROAD RIGHT, 9- RAN OFF ROAD LEFT, 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

SEQUENCE OF EVENTS

EVENTS

1- OVERTURN/ROLLOVER, 2- FIRE/EXPLOSION, 3- IMMERSION, 4- JACKKNIFE, 5- CARGO / EQUIPMENT LOSS OR SHIFT, 6- EQUIPMENT FAILURE, 7- SEPARATION OF UNITS, 8- RAN OFF ROAD RIGHT, 9- RAN OFF ROAD LEFT, 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

SEQUENCE OF EVENTS

EVENTS

1- OVERTURN/ROLLOVER, 2- FIRE/EXPLOSION, 3- IMMERSION, 4- JACKKNIFE, 5- CARGO / EQUIPMENT LOSS OR SHIFT, 6- EQUIPMENT FAILURE, 7- SEPARATION OF UNITS, 8- RAN OFF ROAD RIGHT, 9- RAN OFF ROAD LEFT, 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

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

TRAFFICWAY FLOW: 2

TRAFFIC CONTROL: 2

OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 3

UNIT SPEED: 5

DETECTED SPEED: 1

POSTED SPEED: 2 5

TRAFFICWAY FLOW: 2

TRAFFIC CONTROL: 2

OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 3

UNIT SPEED: 5

DETECTED SPEED: 1

POSTED SPEED: 2 5

TRAFFICWAY FLOW: 2

TRAFFIC CONTROL: 2

OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 3

UNIT SPEED: 5

DETECTED SPEED: 1

POSTED SPEED: 2 5

TRAFFICWAY FLOW: 2

TRAFFIC CONTROL: 2

OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 3

UNIT SPEED: 5

DETECTED SPEED: 1

POSTED SPEED: 2 5

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
TRANSPORT TAKE 2
 OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
1375 E 39TH ST CLEVELAND OH 44111
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # GXQ7097 VEHICLE IDENTIFICATION # 1G1H1G319U9161231299 VEHICLE YEAR 2006 VEHICLE MAKE Chevrolet
 INSURANCE VERIFIED INSURANCE COMPANY PHILADELPHIA INS INSURANCE POLICY # PHYL202314687 VEHICLE COLOR WHI VEHICLE MODEL Express
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 02 VEHICLE WEIGHT GVWR/GCWR _____ HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

UNIT TYPE 06
 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 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL _____
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER UNKNOWN
 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/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 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
 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 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/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN
 5 - UNMARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS
 ACTION 4 PRE-CRASH ACTION 11
 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 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE

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

SEQUENCE OF 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 - BRIDGE BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 26 - 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

COLLISION WITH FIXED OBJECT - STRUCK
 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER
20232286

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

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

INITIAL POINT OF CONTACT
01
 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN 13 - TOP

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

OF THROUGH LANES ON ROAD 4 RAIL GRADE CROSSING 1
 1 - NOT INVOLVED
 2 - INVOLVED - ACTIVE CROSSING
 3 - INVOLVED - PASSIVE CROSSING

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

UNIT SPEED 10 DETECTED SPEED 1
 1 - STATED/ESTIMATED SPEED
 2 - CALCULATED / EDR
 3 - UNDETERMINED
 POSTED SPEED 25

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 3 2 2 8 6

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE HOPE JOHNSON RICKIA BRENISHA		DATE OF BIRTH 1 0 0 9 2 0 0 0		AGE 2 2	GENDER F					
ADDRESS: STREET, CITY, STATE, ZIP 4761 E 81ST GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1	VALUE	STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4

UNIT # 0 2	NAME: LAST, FIRST, MIDDLE WILLIAMS PETER ANTHONY		DATE OF BIRTH 0 9 1 9 1 9 5 8		AGE 6 4	GENDER M					
ADDRESS: STREET, CITY, STATE, ZIP 1037 MEADVIEW DR SEVEN HILLS OH 44131				CONTACT PHONE - INCLUDE AREA CODE							
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER						
OL CLASS 4	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1	VALUE	STATUS 1	TYPE 1	DRUG TEST(S) 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	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	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	CONDITION	STATUS	ALCOHOL TEST TYPE	VALUE	STATUS	TYPE	DRUG TEST(S) RESULT SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY		EJECTION		ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJECTED	H - HAZMAT	6 - INTERMEDIATE LICENSE RESTRICTIONS	6 - PASSENGER	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	2 - PARTIALLY EJECTED	M - MOTORCYCLE	7 - LEARNER'S PERMIT RESTRICTIONS	7 - OTHER DISTRACTION INSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	3 - TOTALLY EJECTED	P - PASSENGER	8 - LIMITED TO DAYLIGHT ONLY	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	4 - NOT APPLICABLE	N - TANKER	9 - LIMITED TO EMPLOYMENT	9 - OTHER / UNKNOWN	4 - BREATH
SAFETY EQUIPMENT		TRAPPED		10 - LIMITED TO DAYLIGHT ONLY		5 - OTHER
1 - NONE USED	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT TRAPPED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT	DRUG TEST TYPE	
2 - SHOULDER BELT ONLY USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	2 - EXTRICATED BY MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER	1 - NONE	
3 - LAP BELT ONLY USED	13 - TRAILING UNIT	3 - FREED BY NON-MECHANICAL MEANS	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	2 - BLOOD	
4 - SHOULDER & LAP BELT USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY	3 - URINE	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	15 - NON-MOTORIST		X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES	4 - OTHER	
6 - CHILD RESTRAINT SYSTEM - REAR FACING	99 - OTHER / UNKNOWN			16 - OUTSIDE MIRROR	DRUG TEST RESULT(S)	
7 - BOOSTER SEAT				17 - PROSTHETIC AID	1 - AMPHETAMINES	
8 - HELMET USED				18 - OTHER	2 - BARBITURATES	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)					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 NUMBER
2 0 2 3 2 2 8 6

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE SCOTT ASHAUN		DATE OF BIRTH 0 1 0 5 2 0 1 4		AGE 9	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 4761 E 81ST GARFIELD HTS OH 44125				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE HASAN ABDUL HAMAD		DATE OF BIRTH 0 7 2 1 1 9 4 4		AGE 7 9	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 8925 HOUGH AVE CLEVELAND OH 44106				CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 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

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

INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SAFETY EQUIPMENT USED 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 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		