

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 3 | 2 | 7 | 9 | 2 | | | | | | | | | | | | | | | | |

HITSKIP  
1 - Solved  
2 - Unsolved

NUMBER OF UNITS  
0 | 2 |

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

CRASH DATE/TIME \*  
1 | 0 | 1 | 5 | 2 | 0 | 2 | 3 | | 1 | 3 | 1 | 0 |

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

ATTITUDE (NORMAL / REVERSED)  
4 | 1 | | 4 | 2 | 9 | 0 | 1 | 8 |

LONGITUDE DECIMAL DEGREES  
8 | 1 | | 5 | 9 | 3 | 4 | 2 | 1 |

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
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 |

CONDITIONS  
2 |

SURFACE  
2 |

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

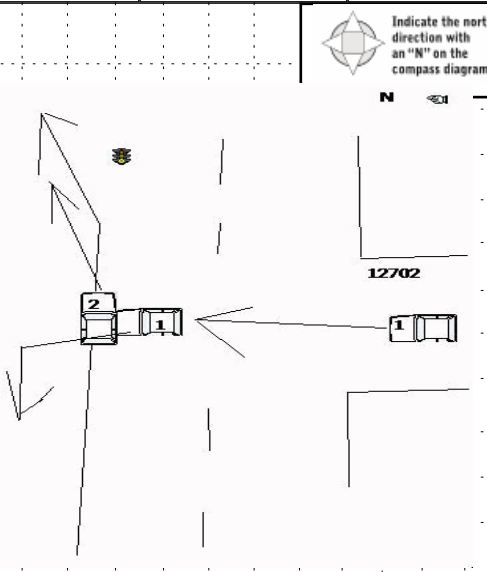
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

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

LIGHT CONDITION  
1 |

WEATHER  
4 |

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



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

LOCAL INFORMATION  
JUMP CITY USA  
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  
ROAD TYPE  
A | V |

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
12702  
ROAD TYPE

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

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

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  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #  
5 | 0 |

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

LOCATION - INCIDENT TYPE  
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  
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  
4 - IN MEDIAN  
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 |

CONDITIONS  
2 |

SURFACE  
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

WEATHER  
4 |

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

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

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

ARRIVAL DATE/TIME  
1 | 0 | 1 | 5 | 2 | 0 | 2 | 3 | | 1 | 3 | 1 | 3 |

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

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
5 | 0 |

OTHER INVESTIGATION TIME  
1 | 5 |

TOTAL MINUTES  
6 | 5 |

OFFICER'S NAME \*  
L. Ajengi

CHECKED BY OFFICER'S NAME \*  
R. Dodge

OFFICER'S BADGE NUMBER \*  
0 | 2 | 7 |

CHECKED BY OFFICER'S BADGE NUMBER \*  
S | 2 | 2 |

SUPPLEMENT  
(CORRECTION - ADDITION)

|   |   |   |
|---|---|---|
| UNIT #<br>0 1   | OWNER NAME: LAST, FIRST, MIDDLE<br>WILLIAMS EUGENE J<br><input type="checkbox"/> Same As Driver | OWNER PHONE: INCLUDE AREA CODE<br><input type="checkbox"/> Same As Driver |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>4465 BROOKTON RD WARRENSVILLE HT OH 44128<br><input type="checkbox"/> Same As Driver |   |   |
| 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

|   |   |  |   |                           |
|---|---|--|---|---------------------------|
| LP STATE<br>OH  | LICENSE PLATE #<br>008S9WX                | VEHICLE IDENTIFICATION #<br>1C4R1JFBG5MC769180 | VEHICLE YEAR<br>2021  | VEHICLE MAKE<br>Jeep      |
| INSURANCE VERIFIED<br><input checked="" type="checkbox"/>   | INSURANCE COMPANY<br>PROGRESSIVE          | INSURANCE POLICY #<br>953582620                | VEHICLE COLOR<br>BLK  | VEHICLE MODEL<br>Cherokee |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | US DOT #                                       | TOWED BY: COMPANY NAME  |                           |
| INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>   | HIT/SKIP UNIT<br><input type="checkbox"/> | # OCCUPANTS<br>0 1                             | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED CLASS # PLACARD ID #<br><input type="checkbox"/> 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<br>0 3    | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS) | 7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 23 - PEDESTRIANSKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |
| # of TRAILING UNITS |   |  |   |   |  |

|  |   |   |   |
|--|---|---|---|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 | 1 - YES 2 - NO 9 - OTHER / UNKNOWN  | AUTONOMOUS MODE LEVEL<br>0  | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN |
| SPECIAL FUNCTION<br>0 1  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT   |

|                        |  |   |  |  |   |
|------------------------|--|---|--|--|---|
| CARGO BODY TYPE<br>0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN |
| VEHICLE DEFECTS        | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT          | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                               | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   | 99 - OTHER / UNKNOWN  |

|                                      |   |  |  |   |   |
|--------------------------------------|---|--|--|---|---|
| NON-MOTORIST LOCATION AT IMPACT<br>3 | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK  | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE-OTHER LOCATION                                      | 6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK  | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS   | 12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN  |
| ACTION<br>0 6                        | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN | 7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE | 18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |

**INITIAL POINT OF CONTACT**

1 2

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

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

**TRAFFIC**

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

**EVENT(S)**

SEQUENCE OF EVENTS

1 2 0

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE | 16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |
|--|--|---|---|--|

**COLLISION WITH FIXED OBJECT - STRUCK**

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**RAIL GRADE CROSSING**

1

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

**UNIT / NON-MOTORIST DIRECTION**

FROM 2 TO 4

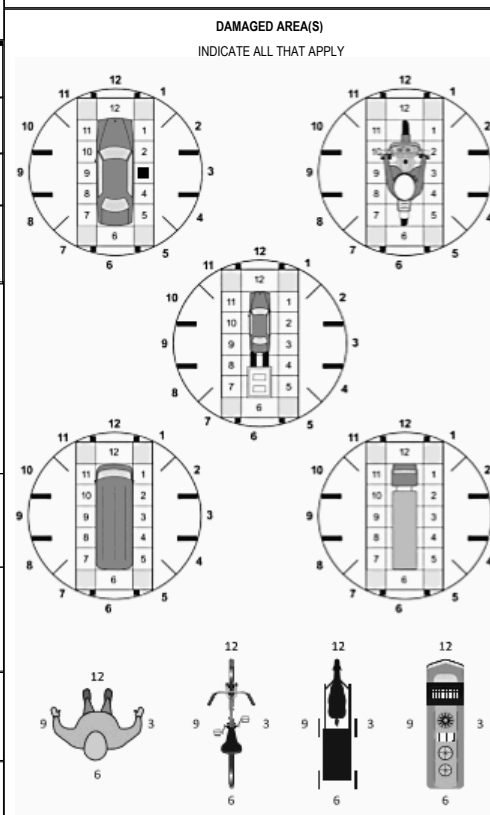
1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

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

OWNER # 02 OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver) CAMPBELL DANNETTE D  
 OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver) 12611 MAPLEROW AVE 102 GARFIELD HTS OH 44105  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

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

LP STATE OH LICENSE PLATE # JZP9261 VEHICLE IDENTIFICATION # 1C4RDJJA1GX1F1C18181112 VEHICLE YEAR 2015 VEHICLE MAKE Dodge  
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR BLK VEHICLE MODEL Durango  
 TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE  
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 03  
 US DOT # VEHICLE WEIGHT GVWR/GCWR TOWED BY: COMPANY NAME  
 HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD ID #



UNIT TYPE 03  
 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

# of TRAILING UNITS  
 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  
 1 - PARTIAL AUTOMATION 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 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 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  
 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 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

ACTION 4  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE  
 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING  
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-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

INITIAL POINT OF CONTACT  
 03  
 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 - ONE-WAY  
 2 - TWO-WAY  
 TRAFFIC CONTROL  
 1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL  
 6

SEQUENCE OF EVENTS  
 EVENTS  
 1 2 0  
 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

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

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

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 2 7 9 2

|  |  |                            |   |   |                              |                         |  |               |              |  |
|--|--|----------------------------|---|---|------------------------------|-------------------------|--|---------------|--------------|--|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>WILLIAMS EUGENE J |                            | DATE OF BIRTH<br>0 9   1 3   1 9   7 1          |   | AGE<br>5 2                   | GENDER<br>M             |  |               |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4465 BROOKTON RD WARRENSVILLE H' OH 44128 |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE   |                              |                         |  |               |              |  |
| INJURIES<br>5  | INJURED TAKEN BY                               | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 2  | DOT-COMPLIANT MC HELMET      | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1   | EJECTION<br>1 | TRAPPED<br>1 |  |
| OL STATE   | OPERATOR LICENSE NUMBER                        | OFFENSE CHARGED<br>4511.42 | LOCAL CODE                                      | OFFENSE DESCRIPTION<br>FTY TURNING LEFT   | CITATION NUMBER<br>G20231371 |                         |  |               |              |  |
| OL CLASS   | ENDORSEMENT SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1               | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S)  |              |  |

|   |  |                            |   |   |                         |                         |  |               |              |  |
|---|--|----------------------------|---|---|-------------------------|-------------------------|--|---------------|--------------|--|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>CAMPBELL DANNETTE D |                            | DATE OF BIRTH<br>0 7   1 5   1 9   7 7          |   | AGE<br>4 6              | GENDER<br>F             |  |               |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>12611 MAPLEROW AVE 102 GARFIELD HTS OH 44105 |  |                            |   | CONTACT PHONE - INCLUDE AREA CODE   |                         |                         |  |               |              |  |
| INJURIES<br>5   | INJURED TAKEN BY                                 | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 2  | DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1   | EJECTION<br>1 | TRAPPED<br>1 |  |
| 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<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1          | STATUS<br>1             | ALCOHOL TEST<br>TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S)  |              |  |

|                                   |                            |                            |   |  |                         |                  |  |              |         |  |
|-----------------------------------|----------------------------|----------------------------|---|--|-------------------------|------------------|--|--------------|---------|--|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   |  | AGE                     | GENDER           |  |              |         |  |
| ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |   | CONTACT PHONE - INCLUDE AREA CODE                        |                         |                  |  |              |         |  |
| INJURIES                          | 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<br>ALCOHOL MARIJUANA OTHER DRUG | CONDITION               | STATUS           | ALCOHOL TEST<br>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 / 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   | 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  | <b>CONDITION</b>   | 4 - BREATH                                    |
| <b>SAFETY EQUIPMENT</b>                        |  | 3 - TOTALLY EJECTED                | Q - MOTOR SCOOTER            | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 5 - OTHER                                     |
| 1 - NONE USED                                  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | R - THREE-WHEEL MOTORCYCLE   | 12 - LIMITED - OTHER   | 2 - PHYSICAL IMPAIRMENT  | <b>DRUG TEST TYPE</b>                         |
| 2 - SHOULDER BELT ONLY USED                    | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | S - SCHOOL BUS               | 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                         | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | T - DOUBLE & TRIPLE TRAILERS | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | 2 - BLOOD                                     |
| 4 - SHOULDER & LAP BELT USED                   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | X - TANKER / HAZMAT          | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 3 - URINE                                     |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |                              | 16 - OUTSIDE MIRROR  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 4 - OTHER                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       | 99 - OTHER / UNKNOWN   |                                    | <b>GENDER</b>                | 17 - PROSTHETIC AID  | 9 - OTHER / UNKNOWN  | <b>DRUG TEST RESULT(S)</b>                    |
| 7 - BOOSTER SEAT                               |  |                                    | F - FEMALE                   | 18 - OTHER   |  | 1 - AMPHETAMINES                              |
| 8 - HELMET USED                                |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                              |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    | U - OTHER/UNKNOWN            |  |  | 3 - BENZODIAZEPINES                           |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  | 4 - CANNABINOIDS                              |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  | 5 - COCAINE                                   |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                         |
|  |  |                                    |                              |  |  | 7 - OTHER                                     |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                          |

# OCCUPANT / WITNESS ADDENDUM

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 3 | 2 | 7 | 9 | 2 |  |  |

|                 |   |   |                   |   |                              |  |                         |                    |               |              |
|-----------------|---|---|-------------------|---|------------------------------|--|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>WARE DANIJAH |                   |   |                              | DATE OF BIRTH<br>1 2 1 2 2 0 0 8                 |                         |                    | AGE<br>1 4    | GENDER<br>F  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>12611 MAPLEROW AVE GARFIELD HTS OH 44125 |   |                   |   |                              | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |               |              |
|                 | INJURIES<br>5   | INJURED TAKEN BY                          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |

|                 |   |   |                           |  |                              |  |                         |                    |               |              |
|-----------------|---|---|---------------------------|--|------------------------------|--|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>2   | NAME: LAST, FIRST, MIDDLE<br>BLYLER TIYONA JACQUELINE |                           |  |                              | DATE OF BIRTH<br>0 4 0 5 2 0 0 0                 |                         |                    | AGE<br>2 3    | GENDER<br>F  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>12611 MAPLEROW AVE GARFIELD HTS OH 44125 |   |                           |  |                              | CONTACT PHONE - INCLUDE AREA CODE                |                         |                    |               |              |
|                 | INJURIES<br>4   | INJURED TAKEN BY<br>2                                 | EMS AGENCY (NAME)<br>GHS2 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT | SAFETY EQUIPMENT USED<br>0 2 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 3 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |

|                 |                                   |                           |                   |   |                       |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  |               | AGE      | GENDER  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
|                 | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

|                 |                                   |                           |                   |   |                       |  |                  |               |          |         |
|-----------------|-----------------------------------|---------------------------|-------------------|---|-----------------------|--|------------------|---------------|----------|---------|
| <b>OCCUPANT</b> | UNIT #                            | NAME: LAST, FIRST, MIDDLE |                   |   |                       | DATE OF BIRTH                                    |                  |               | AGE      | GENDER  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP |                           |                   |   |                       | CONTACT PHONE - INCLUDE AREA CODE                |                  |               |          |         |
|                 | INJURIES                          | INJURED TAKEN BY          | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

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

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

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

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