

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 3 | 3 | 3 | 1 | 4

HITSKIP  
1 - Solved  
2 - Unsolved  
2

NUMBER OF UNITS  
0 | 2

UNIT IN EDDP  
98 - ANIMAL  
99 - UNKNOWN  
9 | 9

- PHOTOS TAKEN
- SECONDARY CRASH
- OH-2
- OH-1P
- OH-3
- 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

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

CRASH SEVERITY  
5

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

ROUTE TYPE

ROUTE NUMBER

ROUTE TYPE

ROUTE NUMBER

PREFIX

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

LOCATION ROAD NAME  
TURNEY RD

ROAD TYPE  
R | D

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
CARPENTER RD

ROAD TYPE  
R | D

LONGITUDE DECIMAL DEGREES  
8 | 1 | . | 5 | 8 | 9 | 0 | 3 | 6

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

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

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

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

ROADWAY

ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE 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  
6

- 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
- 2 - REAR-END
- 3 - HEAD-ON
- 4 - REAR-TO-REAR
- 5 - BACKING
- 6 - ANGLE
- 7 - SIDESWIPE, SAME DIRECTION
- 8 - SIDESWIPE, OPPOSITE DIRECTION
- 9 - OTHER / UNKNOWN

DIRECTION OF 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

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

2

CONDITIONS

2

SURFACE

2

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

LIGHT CONDITION

3

- 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

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

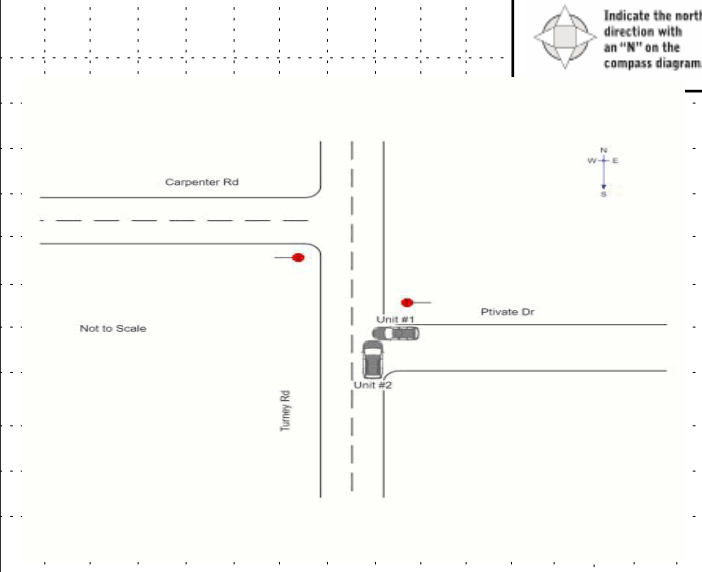
6 - WATER (STANDING, MOVING)

7 - SLUSH

9 - OTHER/UNKNOWN

NARRATIVE

UNIT #1 WAS TRAVELING EAST ON A PRIVATE DRIVE AND ATTEMPTED TO MAKE A RIGHT TURN ONTO TURNEY TD. WHEN UNIT #2 WHO WAS TRAVELING SOUTH ON TURNEY RD. STRUCK UNIT #1 AND FLED THE SCENE SOUTH ON TURNEY RD.



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

DISPATCH DATE/TIME  
1 | 2 | 0 | 9 | 2 | 0 | 2 | 3 | 2 | 0 | 5 | 9

ARRIVAL DATE/TIME  
1 | 2 | 0 | 9 | 2 | 0 | 2 | 3 | 2 | 1 | 0 | 5

SCENE CLEARED DATE/TIME  
1 | 2 | 0 | 9 | 2 | 0 | 2 | 3 | 2 | 1 | 3 | 5

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
3 | 0

OTHER INVESTIGATION TIME  
3 | 0

TOTAL MINUTES  
6 | 0

OFFICER'S NAME \*  
M. Woodside

OFFICER'S BADGE NUMBER\*  
0 | 0 | 5

CHECKED BY OFFICER'S NAME\*  
R. Jarzembak

CHECKED BY OFFICER'S BADGE NUMBER\*  
L | 1 | 6

SUPPLEMENT  
(CORRECTION = ADDITION)

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**HOLLOWAY ALISHA MARIE**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**11004 WALLINGFORD AVE 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  
4

LP STATE OH LICENSE PLATE # KEA9914 VEHICLE IDENTIFICATION # 51X1YRHD1L1F81P62191204 VEHICLE YEAR 2023 VEHICLE MAKE Kia  
 INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 970150617 VEHICLE COLOR GRY VEHICLE MODEL Sportage  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME INTERSTATE TOWING  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 0 1 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  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 # OF TRAILING UNITS 0  
 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 AUTONOMOUS MODE LEVEL 0  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN  
 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 0 1  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER 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 0 1  
 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  
 11 - DUMP

VEHICLE DEFECTS 0 1  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 0 1  
 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - 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 0 4 PRE-CRASH ACTION 0 5  
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN  
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 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 - 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

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

CONTRIBUTING CIRCUMSTANCES 0 2  
 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** 2 **TRAFFIC CONTROL** 4  
 1 - ONE-WAY 2 - TWO-WAY  
 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

**SEQUENCE OF EVENTS**  
 1 2 0  
 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  
 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 4 TO 2  
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  
**UNIT SPEED** 5 **DETECTED SPEED** 1  
 1 - STATED/ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED  
**POSTED SPEED** 3 5

**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 3 - FUNCTIONAL DAMAGE  
2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
9 - UNKNOWN

**VEHICLE**

LP STATE \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ VEHICLE IDENTIFICATION # \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE MAKE Other/Unknown

INSURANCE VERIFIED  INSURANCE COMPANY \_\_\_\_\_ INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR BLK VEHICLE MODEL Other/Unknown

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 # \_\_\_\_\_

**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 5

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

# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 22 - GARBAGE/REFUSE  
 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

**SPECIAL FUNCTION**

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 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

**CARGO BODY TYPE**

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

**VEHICLE DEFECTS**

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  
 3 - UNMARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS

**ACTION**

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**

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

**CONTRIBUTING CIRCUMSTANCES**

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

**SEQUENCE OF EVENTS**

EVENTS

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  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER / UNKNOWN

**RAIL GRADE CROSSING**

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

**UNIT / NON-MOTORIST DIRECTION**

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

**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 STRUCTURE 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 SPEED**

**DETECTED SPEED**

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

**POSTED SPEED**

3 5

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 3 3 1 4

|  |  |                            |   |   |   |                          |                        |                    |                          |                        |                                    |
|--|--|----------------------------|---|---|---|--------------------------|------------------------|--------------------|--------------------------|------------------------|------------------------------------|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>HOLLOWAY ALISHA MARIE |                            | DATE OF BIRTH<br>0 3 2 3 1 9 9 2                |   | AGE<br>3 1  | GENDER<br>F              |                        |                    |                          |                        |                                    |
| ADDRESS: STREET, CITY, STATE, ZIP<br>11004 WALLINGFORD AVE GARFIELD HTS OH 44125 |  |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE                   |                          |                        |                    |                          |                        |                                    |
| INJURIES<br>5  | INJURED TAKEN BY<br>1                              | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | DOT-COMPLIANT MC HELMET<br><input type="checkbox"/> | 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<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 STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST VALUE | ALCOHOL TEST STATUS<br>1 | ALCOHOL TEST TYPE<br>1 | ALCOHOL TEST RESULT SELECT UP TO 4 |

|                                   |  |                            |   |   |   |                     |                   |                    |                     |                   |                                    |
|-----------------------------------|--|----------------------------|---|---|---|---------------------|-------------------|--------------------|---------------------|-------------------|------------------------------------|
| UNIT #<br>0 2                     | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN UNKNOWN |                            | DATE OF BIRTH                                   |   | AGE<br>1 2 3  | GENDER<br>U         |                   |                    |                     |                   |                                    |
| 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<br><input type="checkbox"/> | SEATING POSITION    | AIR BAG USAGE     | EJECTION           | TRAPPED             |                   |                                    |
| 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 STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST 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<br><input type="checkbox"/> | SEATING POSITION    | AIR BAG USAGE     | EJECTION           | TRAPPED             |                   |                                    |
| 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 STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST 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                |
|  | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 7 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  |  |
| <b>INJURED TAKEN BY</b>                        | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | <b>ALCOHOL TEST TYPE</b>                       |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS  | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
| 3 - POLICE                                     | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   |  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 | N - TANKER                   | 12 - LIMITED - OTHER   | <b>CONDITION</b>   | 4 - BREATH                                     |
| <b>SAFETY EQUIPMENT</b>                        | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | <b>TRAPPED</b>                     | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 1 - APPARENTLY NORMAL  | 5 - OTHER                                      |
| 1 - NONE USED                                  | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 2 - PHYSICAL IMPAIRMENT  |  |
| 2 - SHOULDER BELT ONLY USED                    | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | <b>DRUG TEST TYPE</b>                          |
| 3 - LAP BELT ONLY USED                         | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 4 - ILLNESS  | 1 - NONE                                       |
| 4 - SHOULDER & LAP BELT USED                   | 99 - OTHER / UNKNOWN   |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 2 - BLOOD                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    |  |                                    |                              | 18 - OTHER   | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 3 - URINE                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |  |                                    |                              |  | 9 - OTHER / UNKNOWN  | 4 - OTHER                                      |
| 7 - BOOSTER SEAT                               |  |                                    |                              |  |  |  |
| 8 - HELMET USED                                |  |                                    |                              |  |  |  |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    |                              |  |  |  |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  |  |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  |  |
|  |  |                                    | <b>GENDER</b>                |  |  | <b>DRUG TEST RESULT(S)</b>                     |
|  |  |                                    | F - FEMALE                   |  |  | 1 - AMPHETAMINES                               |
|  |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
|  |  |                                    | U - OTHER/UNKNOWN            |  |  | 3 - BENZODIAZEPINES                            |
|  |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
|  |  |                                    |                              |  |  | 5 - COCAINE                                    |
|  |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|  |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |