

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 3 | 3 | 4 | 1 | 9

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

LOCAL INFORMATION

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 | 2

COUNTY \*  
1 | 8

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

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

CRASH SEVERITY  
5

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

ROUTE TYPE  
I | R

ROUTE NUMBER  
4 | 8 | 0

ROUTE TYPE  
S | R

ROUTE NUMBER  
1 | 7

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

LOCATION ROAD NAME

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

ROAD TYPE

ROAD TYPE

ROAD TYPE

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

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

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

ROAD TYPE  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE

ROAD TYPE  
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  
2

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

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

MEDIAN TYPE  
1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
2 - DIVIDED FLUSH MEDIAN (4-8 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

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

CONDITIONS  
3

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

SURFACE  
2

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

LIGHT CONDITION  
3

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

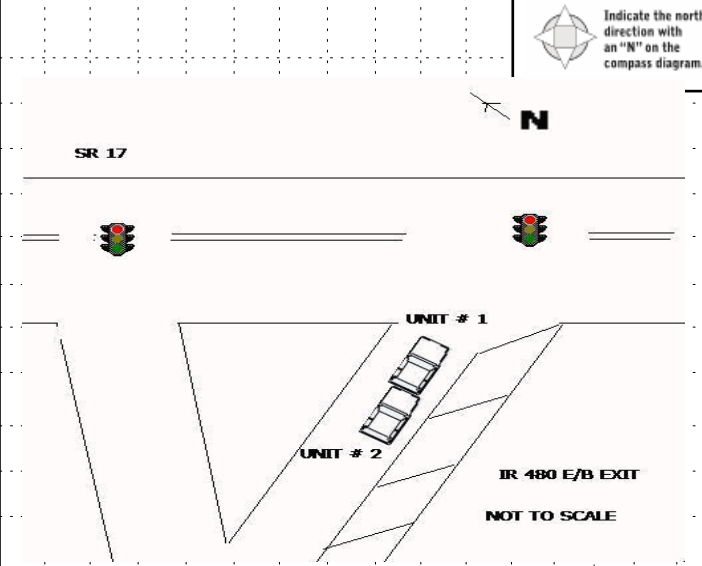
WEATHER  
6

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

ROADWAY SURFACE

NARRATIVE

UNIT 1 WAS EASTBOUND ON IR 480 EXIT RAMP TO SR 17 STOPPED AT THE RED LIGHT WAITING TO TURN RIGHT WHEN STRUCK FROM BEHIND BY UNIT 2. UNIT 2 WAS TRAVELING BEHIND UNIT 1 AND FAILED TO STOP AND STRUCK UNIT 1. THE DRIVER OF UNIT 2 WAS DRIVING FOR A RIDE SHARE SERVICE AND DID NOT HAVE INFORMATION ON HIS PASSENGER.



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

TOTAL TIME ROADWAY CLOSED  
0

DISPATCH DATE/TIME  
1 | 2 | 1 | 9 | 2 | 0 | 2 | 3 | 1 | 0 | 9 | 0 | 6

OTHER INVESTIGATION TIME

TOTAL MINUTES  
5 | 2

ARRIVAL DATE/TIME  
1 | 2 | 1 | 9 | 2 | 0 | 2 | 3 | 1 | 0 | 9 | 0 | 7

OFFICER'S NAME \*  
J. Marks

OFFICER'S BADGE NUMBER \*  
R | P | T | 1

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

CHECKED BY OFFICER'S NAME \*  
T. Baon

CHECKED BY OFFICER'S BADGE NUMBER \*  
S | 2 | 0

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

SUPPLEMENT (CORRECTION = ADDITION)

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ Same As Driver)  
**SIKETA OSBORNE GOHNNIE JASIME**

OWNER PHONE: INCLUDE AREA CODE (☐ Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ Same As Driver)  
**85 WANDLE AVE BEDFORD OH 44146**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

2

LP STATE O H LICENSE PLATE # JXW7561 VEHICLE IDENTIFICATION # 5N1DR2CM6LC587465 VEHICLE YEAR 2020 VEHICLE MAKE Nissan

INSURANCE VERIFIED  INSURANCE COMPANY STATEFARM INSURANCE POLICY # 356301SFP35 VEHICLE COLOR BLK VEHICLE MODEL Pathfinder

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

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

UNIT 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 - PEDESTRIANSKATER, 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

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

SPECIAL FUNCTION: 0 1

1 - NONE, 2 - TAXI, 3 - ELECTRONIC RIDE SHARING, 4 - SCHOOL TRANSPORT, 5 - BUS-TRANSIT/COMMUTER, 6 - BUS - CHARTER/TOUR, 7 - BUS - INTERCITY, 8 - BUS - SHUTTLE, 9 - BUS - OTHER, 10 - AMBULANCE, 11 - FIRE, 12 - MILITARY, 13 - POLICE, 14 - PUBLIC UTILITY, 15 - CONSTRUCTION EQUIPMENT, 16 - FARM, 17 - MOWING, 18 - SNOW REMOVAL, 19 - TOWING, 20 - SAFETY SERVICE PATROL, 21 - MAIL CARRIER, 99 - OTHER UNKNOWN

CARGO BODY TYPE: 0 1

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

VEHICLE DEFECTS: 0 1

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

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

ACTION: 4

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 - MAKING U-TURN, 8 - ENTERING TRAFFIC LANE, 9 - LEAVING TRAFFIC LANE, 10 - PARKED, 11 - SLOWING OR STOPPED IN TRAFFIC, 12 - DRIVERLESS, 13 - NEGOTIATING A CURVE, 14 - ENTERING OR CROSSING SPECIFIED LOCATION, 15 - WALKING, RUNNING, JOGGING, PLAYING, 16 - WORKING, 17 - PUSHING VEHICLE, 18 - APPROACHING OR LEAVING VEHICLE, 19 - STANDING, 20 - OTHER NON-MOTORIST, 21 - STANDING OUTSIDE DISABLED VEHICLE, 99 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

0 6

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

CONTRIBUTING CIRCUMSTANCES: 0 1

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

**TRAFFIC**

**TRAFFICWAY FLOW**

1

1 - ONE-WAY  
2 - TWO-WAY

**TRAFFIC CONTROL**

2

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

**SEQUENCE OF EVENTS**

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

# OF THROUGH LANES ON ROAD: 1

**RAIL GRADE CROSSING**

1

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

**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

**UNIT / NON-MOTORIST DIRECTION**

FROM 4 TO 3

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

**UNIT SPEED**

0

**POSTED SPEED**

3 5

**DETECTED SPEED**

1

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

**OWNER**

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**FROST PATTI J**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**1803 W 22ND ST LORAIN OH 44052**

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

**DAMAGE**

**DAMAGE SCALE**

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

2

**VEHICLE**

LP STATE OH LICENSE PLATE # HLR1227 VEHICLE IDENTIFICATION # 2FMGK5B861GBA08973 VEHICLE YEAR 2016 VEHICLE MAKE Ford

INSURANCE VERIFIED  INSURANCE COMPANY STATEFARM INSURANCE POLICY # 16828785SFP35 VEHICLE COLOR BLK VEHICLE MODEL Flex

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT  # OCCUPANTS 0 1

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

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

1 - NO DAMAGE [0]  2 - UNDERCARRIAGE [14]   
3 - TOP [13]  4 - ALL AREAS [15]   
5 - UNIT NOT AT SCENE [16]

UNIT 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: 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER UNKNOWN

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

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

NON-MOTORIST LOCATION AT IMPACT: 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

ACTION: 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 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

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

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

TRAFFIC: TRAFFICWAY FLOW 1 TRAFFIC CONTROL 2

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

**EVENT(S)**

SEQUENCE OF EVENTS: 1 2 0

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

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**TRAFFIC**

# OF THROUGH LANES ON ROAD 1

RAIL GRADE CROSSING: 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION: FROM 4 TO 3

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

UNIT SPEED 5 POSTED SPEED 3 5

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

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 3 3 4 1 9

|   |  |                            |   |  |  |                         |   |               |              |
|---|--|----------------------------|---|--|--|-------------------------|---|---------------|--------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>SIIKETA OSBORNE GOHNNIE JASIIME |                            | DATE OF BIRTH<br>1 2 2 5 1 9 8 6                |  | AGE<br>3 6                                       | GENDER<br>F             |   |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>85 WANDLE AVE BEDFORD OH 44146 |  |                            |   | 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 4   | <input type="checkbox"/> 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<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 <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |               | DRUG TEST(S) |

|   |   |                            |   |  |  |                         |   |               |              |
|---|---|----------------------------|---|--|--|-------------------------|---|---------------|--------------|
| UNIT #<br>0 2   | NAME: LAST, FIRST, MIDDLE<br>FROST HOWARD J |                            | DATE OF BIRTH<br>0 3 2 3 1 9 5 5                |  | AGE<br>6 8                                       | GENDER<br>M             |   |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>1803 W 22ND ST LORAIN OH 44052 |   |                            |   | 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 4   | <input type="checkbox"/> 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<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 <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1          | ALCOHOL TEST<br>STATUS 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             | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED      |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION               |  | CITATION NUMBER  |               |          |              |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED          |  | CONDITION        | ALCOHOL TEST  |          | DRUG TEST(S) |

| INJURIES                                       | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT / SIDE     | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & 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>   |  |
| <b>SAFETY EQUIPMENT</b>                        |  | 3 - TOTALLY EJECTED                | Q - MOTOR SCOOTER            | 11 - LIMITED TO EMPLOYMENT   | 1 - APPARENTLY NORMAL  | 2 - BLOOD                                      |
| 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  | 3 - URINE                                      |
| 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)                                     | 4 - OTHER                                      |
| 3 - LAP BELT ONLY USED                         | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    | T - DOUBLE & TRIPLE TRAILERS | 14 - MILITARY VEHICLES ONLY  | 4 - ILLNESS  | <b>DRUG TEST TYPE</b>                          |
| 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.   | 1 - NONE                                       |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  | <b>GENDER</b>                |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 2 - BLOOD                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       | 99 - OTHER / UNKNOWN   | F - FEMALE                         |                              | 16 - OUTSIDE MIRROR  | 7 - OTHER  | 3 - URINE                                      |
| 7 - BOOSTER SEAT                               | M - MALE   |                                    | U - OTHER/UNKNOWN            |  | 17 - PROSTHETIC AID  | 4 - OTHER                                      |
| 8 - HELMET USED                                | U - OTHER/UNKNOWN  |                                    | U - OTHER/UNKNOWN            |  | 18 - OTHER   | 5 - OTHER                                      |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | U - OTHER/UNKNOWN  |                                    | U - OTHER/UNKNOWN            |  | <b>DRUG TEST RESULT(S)</b>   |  |
| 10 - REFLECTIVE CLOTHING                       | U - OTHER/UNKNOWN  |                                    | U - OTHER/UNKNOWN            |  | 1 - APPARENTLY NORMAL  | 1 - AMPHETAMINES                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      | U - OTHER/UNKNOWN  |                                    | U - OTHER/UNKNOWN            |  | 2 - PHYSICAL IMPAIRMENT  | 2 - BARBITURATES                               |
| 99 - OTHER / UNKNOWN                           | U - OTHER/UNKNOWN  |                                    | U - OTHER/UNKNOWN            |  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3 - BENZODIAZEPINES                            |
| U - OTHER / UNKNOWN                            |  | U - OTHER/UNKNOWN                  |                              | 4 - ILLNESS  |  | 4 - CANNABINOIDS                               |
| U - OTHER / UNKNOWN                            |  | U - OTHER/UNKNOWN                  |                              | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   |  | 5 - COCAINE                                    |
| U - OTHER / UNKNOWN                            |  | U - OTHER/UNKNOWN                  |                              | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                           |  | 6 - OPIATES / OPIOIDS                          |
| U - OTHER / UNKNOWN                            |  | U - OTHER/UNKNOWN                  |                              | 7 - OTHER / UNKNOWN  |  | 7 - OTHER                                      |
| U - OTHER / UNKNOWN                            |  | U - OTHER/UNKNOWN                  |                              | 8 - OTHER / UNKNOWN  |  | 8 - NEGATIVE RESULTS                           |

# OCCUPANT / WITNESS ADDENDUM

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 3 | 3 | 4 | 1 | 9 |  |  |

|                 |   |   |                   |   |                              |  |                         |                    |               |              |
|-----------------|---|---|-------------------|---|------------------------------|--|-------------------------|--------------------|---------------|--------------|
| <b>OCCUPANT</b> | UNIT #<br>1   | NAME: LAST, FIRST, MIDDLE<br>OSBORNE MIRYAH |                   |   |                              | DATE OF BIRTH<br>0 2 1 4 2 0 1 6                 |                         |                    | AGE<br>7      | GENDER<br>F  |
|                 | ADDRESS: STREET, CITY, STATE, ZIP<br>85 WANDLE BEDFORD OH 44146 |   |                   |   |                              | 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 4 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br>0 6 | AIR BAG USAGE<br>5 | 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>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 |     |        |