

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property		<input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		LOCAL INFORMATION MCCRACKEN RD		2 0 2 4 0 0 4 5					
REPORTING AGENCY NAME * GARFIELD HEIGHTS		NCIC * 0 1 8 2 0		HITSKIP 1 - Solved 2 - Unsolved 2		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 * 0 1 0 4 2 0 2 4 2 2 5 3		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY 5					
LOCATION	ROUTE TYPE _____		ROUTE NUMBER _____		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST _____		LOCATION ROAD NAME MCCRACKEN		ROAD TYPE R D 		LATITUDE DECIMAL DEGREES 4 1 . 4 2 2 0 9 0		
	ROUTE TYPE _____		ROUTE NUMBER _____		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST _____		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 9614		ROAD TYPE _____		LONGITUDE DECIMAL DEGREES 8 1 . 6 1 8 2 1 4		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST _____		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES _____ <input type="checkbox"/> ROADWAY DIVIDED					
DISTANCE 1 - Miles 2 - Feet 3 - Yards _____		DISTANCE 1 - Miles 2 - Feet 3 - Yards _____		LOCATION - FIRST AND SECOND EVENT 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		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			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER _____ OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 2		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN 1		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2			
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 3		WEATHER 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		CRASH REPORTED DATE/TIME 0 1 0 4 2 0 2 4 2 2 5 3		DISPATCH DATE/TIME 0 1 0 4 2 0 2 4 2 2 5 6		ARRIVAL DATE/TIME 0 1 0 4 2 0 2 4 2 3 0 6		SCENE CLEARED DATE/TIME 0 1 0 4 2 0 2 4 2 3 3 5		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME _____		TOTAL MINUTES 2 9		OFFICER'S NAME * Mahmoud Suleiman		CHECKED BY OFFICER'S NAME * Sp. Sabelli		<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION)			
OFFICER'S BADGE NUMBER * 0 2 2		CHECKED BY OFFICER'S BADGE NUMBER * S 2 1		NARRATIVE UNIT ONE WAS PARKED UNOCCUPIED IN FRONT OF 9614 MCCRACKEN RD. WHILE UNIT TWO WAS TRAVELING E/B ON MCCRACKEN RD. UNIT TWO REAR ENDED THE LEFT REAR OF UNIT ONE DISABLING BOTH VEHICLES. THE DRIVER OF UNIT TWO FLED ON FOOT.									
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>NOT TO SCALE</p> </div> <div style="flex: 1; text-align: right;"> <p>Indicate the north direction with an "N" on the compass diagram.</p> </div> </div>													

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
TUCKER DEMETRIUS

OWNER PHONE: INCLUDE AREA CODE () Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
9615 MCCrackEN BLVD 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 # JTQ1085 VEHICLE IDENTIFICATION # K1L7C1JRSB21FB25167131 VEHICLE YEAR 2015 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED () INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR BLK VEHICLE MODEL Trax

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

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED () HIT/SKIP UNIT () # OCCUPANTS 00

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

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

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

1 - NO DAMAGE [0] ()
2 - TOP [13] ()
3 - UNDERCARRIAGE [14] ()
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

TRAFFICWAY FLOW: 1 - ONE-WAY, 2 - TWO-WAY

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

EVENT(S)

SEQUENCE OF 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: 2

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: 0

POSTED SPEED: 25

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

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
JEFFERSON SHUNTAY S
 OWNER PHONE: INCLUDE AREA CODE () Same As Driver
 OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
19912 GARDENVIEW DR MAPLE HTS OH 44137
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LOCAL REPORT NUMBER
20240045

LP STATE OH LICENSE PLATE # JML1418 VEHICLE IDENTIFICATION # 1G4P5S1KX1D4192124 VEHICLE YEAR 2013 VEHICLE MAKE Buick
 INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR BLU VEHICLE MODEL Verano
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # _____ TOWED BY: COMPANY NAME _____
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GVWR 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. HAZARDOUS MATERIAL MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

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

UNIT TYPE 01 # of TRAILING UNITS _____
 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 16- FARM EQUIPMENT 99- UNKNOWN OR HIT/SKIP

DAMAGED AREA(S)
 INDICATE ALL THAT APPLY

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2
 1- YES 2- NO 9- OTHER / UNKNOWN
 AUTONOMOUS MODE LEVEL 0
 0- NO AUTOMATION 1- DRIVER ASSISTANCE 3- CONDITIONAL AUTOMATION 9- UNKNOWN
 2- PARTIAL AUTOMATION 4- HIGH AUTOMATION 5- FULL AUTOMATION
 SPECIAL FUNCTION 01
 1- NONE 6- BUS - CHARTER/TOUR 11- FIRE 16- FARM 21- MAIL CARRIER
 2- TAXI 7- BUS - INTERCITY 12- MILITARY 17- MOWING 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 7- GRAIN/CHIPS/GRAVEL 9- CARGO TANK 10- FLAT BED 13- AUTO TRANSPORTER
 11- DUMP 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 3
 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 01 PRE-CRASH 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
01
 0- NO DAMAGE 14- UNDERCARRIAGE
 1-12- REFER TO UNIT DIAGRAM 15- VEHICLE NOT AT SCENE
 13- TOP 99- UNKNOWN

CONTRIBUTING CIRCUMSTANCES 99
 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
 6- IMPROPER TURN

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

SEQUENCE OF EVENTS
 1 21 1- OVERTURN/ROLLOVER 6- EQUIPMENT FAILURE 11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16- RAILWAY VEHICLE 22- WORK ZONE MAINTENANCE EQUIPMENT
 2 1 2- FIRE/EXPLOSION 7- SEPARATION OF UNITS 17- ANIMAL - FARM 18- ANIMAL - DEER 23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 1 3- IMMERSION 8- RAN OFF ROAD RIGHT 12- DOWNHILL RUNAWAY 19- ANIMAL - OTHER 24- OTHER MOVABLE OBJECT
 4 1 4- JACKKNIFE 9- RAN OFF ROAD LEFT 14- PEDESTRIAN 20- MOTOR VEHICLE IN TRANSPORT
 5 1 5- CARGO / EQUIPMENT LOSS OR SHIFT 10- CROSS MEDIAN 15- PEDALCYCLE 21- PARKED MOTOR VEHICLE
 6 1 25- IMPACT ATTENUATOR / CRASH CUSHION 31- GUARDRAIL END 37- TRAFFIC SIGN POST 43- CURB 50- WORKZONE MAINTENANCE EQUIPMENT
 26- BRIDGE OVERHEAD STRUCTURE 32- PORTABLE BARRIER 38- OVERHEAD SIGN POST 44- DITCH 51- WALL
 27- BRIDGE PIER OR ABUTMENT 33- MEDIAN CABLE BARRIER 39- LIGHT/LUMINARIES SUPPORT 45- EMBANKMENT 52- BUILDING
 28- BRIDGE PARAPET 34- MEDIAN GUARDRAIL BARRIER 40- UTILITY POLE 46- FENCE 53- TUNNEL
 29- BRIDGE RAIL 35- MEDIAN CONCRETE BARRIER 41- OTHER POST, POLE OR SUPPORT 47- MAILBOX 54- OTHER FIXED OBJECT
 30- GUARDRAIL FACE 36- MEDIAN OTHER BARRIER 42- CULVERT 48- TREE 99- OTHER / UNKNOWN 49- FIRE HYDRANT
 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

OF THROUGH LANES ON ROAD 2 RAIL GRADE CROSSING 1
 1- NOT INVOLVED
 2- INVOLVED - ACTIVE CROSSING
 3- INVOLVED - PASSIVE CROSSING
 UNIT / NON-MOTORIST DIRECTION
 FROM 4 TO 3
 1- NORTH 5- NORTHEAST
 2- SOUTH 6- NORTHWEST
 3- EAST 7- SOUTHEAST
 4- WEST 8- SOUTHWEST
 9- OTHER / UNKNOWN
 UNIT SPEED 35 DETECTED SPEED 1
 1- STATED/ESTIMATED SPEED
 2- CALCULATED / EDR
 3- UNDETERMINED
 POSTED SPEED 25



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER									
2	0	2	4	0	0	4	5		

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
	02	UNKNOWN UNKNOWN			U						
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE								
			OH								
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		
5				99		01	1	1	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	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
			9	ALCOHOL MARIJUANA OTHER DRUG	9	STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

MOTORIST / NON-MOTORIST	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	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				ALCOHOL MARIJUANA OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

MOTORIST / NON-MOTORIST	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	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
				ALCOHOL MARIJUANA OTHER DRUG		STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4

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