

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 4 | 0 | 6 | 3 | 0

- 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 \*  
0 | 3 | 1 | 3 | 2 | 0 | 2 | 4 | 0 | 7 | 3 | 5

CRASH SEVERITY  
5

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

ROUTE TYPE  
ROUTE NUMBER

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

LOCATION ROAD NAME  
MCCRACKEN

ROAD TYPE  
B | L

LATITUDE DEGREE  
4 | 1 | 4 | 2 | 1 | 9 | 1 | 0

ROUTE TYPE  
ROUTE NUMBER

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

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

ROAD TYPE  
B | L

LONGITUDE DECIMAL DEGREES  
8 | 1 | 6 | 1 | 6 | 2 | 7 | 9

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

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

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

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS  
HW - HIGHWAY  
LA - LANE  
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

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

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  
1

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

CONDITIONS  
1

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  
2

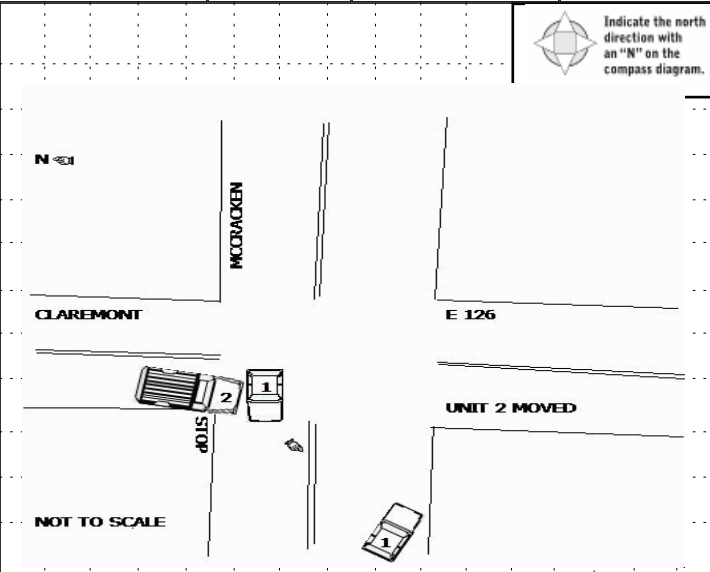
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

WEATHER  
1

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

NARRATIVE

UNIT 1 WAS W/B ON MCCRACKEN APPROACHING CLAREMONT. UNIT 2 WAS S/B ON CLAREMONT AT MCCRACKEN AT STOP SIGN. UNIT 2 THEN ENTERED MCCRACKEN THRU THE STOP SIGN WITHOUT YIELDING TO UNIT 1. AND UNIT 2 STRUCK UNIT 1 ON PASSENGER SIDE CAUSING UNIT 1 TO SPIN 180 DEGREE.



CRASH REPORTED DATE/TIME  
0 | 3 | 1 | 3 | 2 | 0 | 2 | 4 | 0 | 7 | 3 | 5

DISPATCH DATE/TIME  
0 | 3 | 1 | 3 | 2 | 0 | 2 | 4 | 0 | 7 | 3 | 8

ARRIVAL DATE/TIME  
0 | 3 | 1 | 3 | 2 | 0 | 2 | 4 | 0 | 7 | 3 | 9

SCENE CLEARED DATE/TIME  
0 | 3 | 1 | 3 | 2 | 0 | 2 | 4 | 0 | 8 | 3 | 5

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0

OTHER INVESTIGATION TIME  
4 | 5

TOTAL MINUTES  
1 | 0 | 1

OFFICER'S NAME \*  
B. Cwiklinski

OFFICER'S BADGE NUMBER \*  
0 | 0 | 9

CHECKED BY OFFICER'S NAME \*  
N. Rossi

CHECKED BY OFFICER'S BADGE NUMBER \*  
S | 1 | 3

SUPPLEMENT  
(CORRECTION - ADDITION)

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver  
**AVIS** OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver  
**2AD BATON ROUGE METRO AIRPORT BATON ROUGE LA 70805**

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

LP STATE LA LICENSE PLATE # N625026 VEHICLE IDENTIFICATION # 5N1BT3BA1PC896420 VEHICLE YEAR 2023 VEHICLE MAKE Nissan

INSURANCE VERIFIED ( ) INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR BLK VEHICLE MODEL Rogue

TYPE OF USE: ( ) COMMERCIAL ( ) GOVERNMENT ( ) IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME

INTERLOCK DEVICE EQUIPPED ( ) HIT/SKIP UNIT ( ) # OCCUPANTS 03 VEHICLE WEIGHT GVWR/GVWR HAZARDOUS MATERIAL

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-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

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

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

LOCAL REPORT NUMBER 20240630

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

DAMAGED AREA(S): INDICATE ALL THAT APPLY. Includes diagrams of vehicle damage locations (front, rear, side, top) and checkboxes for damage types: NO DAMAGE [0], TOP [13], UNDERCARRIAGE [14], ALL AREAS [15], UNIT NOT AT SCENE [16].

INITIAL POINT OF CONTACT: 0-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 99-UNKNOWN. 04

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

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

UNIT SPEED: 35 POSTED SPEED: 35 DETECTED SPEED: 1 1- STATED/ESTIMATED SPEED, 2-CALCULATED / EDR, 3-UNDETERMINED.

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**MCCLAIN DUSTIN EDWARD**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**4431 SEXTON RD CLEVELAND OH 44105**  
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JIB6017 VEHICLE IDENTIFICATION # 2GCEK13T741389158 VEHICLE YEAR 2004 VEHICLE MAKE Chevrolet  
 INSURANCE VERIFIED INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234J399551 VEHICLE COLOR RED VEHICLE MODEL Silverado  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 02 VEHICLE WEIGHT GVWR/GVWR 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

UNIT TYPE 04 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 19- UNKNOWN OR HIT/SKIP 99- UNKNOWN OR HIT/SKIP  
 # of TRAILING UNITS \_\_\_\_\_

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1- YES 2- NO 9- OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0- NO AUTOMATION 1- DRIVER ASSISTANCE 3- CONDITIONAL AUTOMATION 9- UNKNOWN  
 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  
 14- GARBAGE/REFUSE 99- OTHER / UNKNOWN

VEHICLE DEFECTS 01 1- TURN SIGNALS 4- BRAKES 7- WORN OR SLICK TIRES 9- MOTOR TROUBLE 99- OTHER / UNKNOWN  
 2- HEAD LAMPS 5- STEERING 8- TRAILER EQUIPMENT DEFECTIVE 10- DISABLED FROM PRIOR ACCIDENT  
 3- TAIL LAMPS 6- TIRE BLOWOUT

NON-MOTORIST LOCATION AT IMPACT 01 1- INTERSECTION - MARKED CROSSWALK 3- INTERSECTION - OTHER 6- BICYCLE LANE 9- MEDIAN/CROSSING ISLAND 12- FIRST RESPONDER AT INCIDENT SCENE  
 2- INTERSECTION - UNMARKED CROSSWALK 4- MIDBLOCK - MARKED CROSSWALK 7- SHOULDER/ROADSIDE 10- DRIVEWAY ACCESS 99- OTHER / UNKNOWN  
 5- TRAVEL LANE-OTHER LOCATION 8- SIDEWALK 11- SHARED USE PATHS OR TRAILS

ACTION 3 1- NON-CONTACT 1- STRAIGHT AHEAD 7- MAKING U-TURN 13- NEGOTIATING A CURVE 18- APPROACHING OR LEAVING VEHICLE  
 2- NON-COLLISION 2- BACKING 8- ENTERING TRAFFIC LANE 14- ENTERING OR CROSSING SPECIFIED LOCATION 19- STANDING  
 3- STRIKING 3- CHANGING LANES 9- LEAVING TRAFFIC LANE 15- WALKING, RUNNING, JOGGING, PLAYING 20- OTHER NON-MOTORIST  
 4- STRUCK 4- OVERTAKING/PASSING 10- PARKED 16- WORKING 21- STANDING OUTSIDE DISABLED VEHICLE  
 5- BOTH STRIKING & STRUCK 5- MAKING RIGHT TURN 11- SLOWING OR STOPPED IN TRAFFIC 99- OTHER / UNKNOWN  
 9- OTHER / UNKNOWN 6- MAKING LEFT TURN 12- DRIVERLESS 17- PUSHING VEHICLE

CONTRIBUTING CIRCUMSTANCES 04 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 11- DROVE OFF ROAD 16- WRONG WAY 20- IMPROPER CROSSING 99- OTHER IMPROPER ACTION  
 5- UNSAFE SPEED 12- IMPROPER BACKING

SEQUENCE OF EVENTS  
 1 20 1- OVERTURN/ROLLOVER 6- EQUIPMENT FAILURE 11- CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16- RAILWAY VEHICLE 22- WORK ZONE MAINTENANCE EQUIPMENT  
 2 01 2- FIRE/EXPLOSION 7- SEPARATION OF UNITS 17- ANIMAL - FARM 18- ANIMAL - DEER 19- ANIMAL - OTHER 23- STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 3- IMMERSION 8- RAN OFF ROAD RIGHT 12- DOWNHILL RUNAWAY 20- MOTOR VEHICLE IN TRANSPORT 24- OTHER MOVABLE OBJECT  
 4- JACKKNIFE 9- RAN OFF ROAD LEFT 14- PEDESTRIAN 15- PEDALCYCLE 21- PARKED MOTOR VEHICLE  
 5- CARGO / EQUIPMENT LOSS OR SHIFT 10- CROSS MEDIAN 15- PEDALCYCLE  
 COLLISION WITH FIXED OBJECT - STRUCK  
 25- IMPACT ATTENUATOR / CRASH CUSHION 31- GUARDRAIL END 37- TRAFFIC SIGN POST 43- CURB 50- WORKZONE MAINTENANCE EQUIPMENT  
 26- BRIDGE OVERHEAD STRUCTURE 32- PORTABLE BARRIER 38- OVERHEAD SIGN POST 44- DITCH 51- WALL  
 27- BRIDGE PIER OR ABUTMENT 33- MEDIAN CABLE BARRIER 39- LIGHT/LUMINARIES SUPPORT 45- EMBANKMENT 52- BUILDING  
 28- BRIDGE PARAPET 34- MEDIAN GUARDRAIL BARRIER 40- UTILITY POLE 46- FENCE 53- TUNNEL  
 29- BRIDGE RAIL 35- MEDIAN CONCRETE BARRIER 41- OTHER POST, POLE OR SUPPORT 47- MAILBOX 54- OTHER FIXED OBJECT  
 30- GUARDRAIL FACE 36- MEDIAN OTHER BARRIER 42- CULVERT 48- TREE 99- OTHER / UNKNOWN  
 49- FIRE HYDRANT  
 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT NUMBER 20240630  
 DAMAGE  
 DAMAGE SCALE  
 1- NONE 2- MINOR DAMAGE 3- FUNCTIONAL DAMAGE 4- DISABLING DAMAGE  
3 9- UNKNOWN  
 DAMAGED AREA(S)  
 INDICATE ALL THAT APPLY  
  
 - NO DAMAGE [0]  - UNDERCARRIAGE [14]  
 - TOP [13]  - ALL AREAS [15]  
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT  
11 0- NO DAMAGE 14- UNDERCARRIAGE  
 1-12- REFER TO UNIT DIAGRAM 15- VEHICLE NOT AT SCENE  
 99- UNKNOWN  
 13- TOP

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

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

UNIT SPEED 5  
 POSTED SPEED 35  
 DETECTED SPEED  
1 1- STATED/ESTIMATED SPEED  
 2- CALCULATED / EDR  
 3- UNDETERMINED

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 4 0 6 3 0

|   |  |                            |   |   |                                   |                         |                           |               |              |           |                                       |
|---|--|----------------------------|---|---|-----------------------------------|-------------------------|---------------------------|---------------|--------------|-----------|---------------------------------------|
| UNIT #<br>0 1   | NAME: LAST, FIRST, MIDDLE<br>CROSBY JENNIFER M |                            | DATE OF BIRTH<br>0 7 2 0 1 9 8 6                |   | AGE<br>3 7                        | GENDER<br>F             |                           |               |              |           |                                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5287 EAST 117TH STREET GARFIELD HTS OH 44125 |  |                            |   |   | CONTACT PHONE - INCLUDE AREA CODE |                         |                           |               |              |           |                                       |
| INJURIES<br>5   | INJURED TAKEN BY                               | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | DOT-COMPLIANT MC HELMET           | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1        | EJECTION<br>1 | TRAPPED<br>1 |           |                                       |
| OL STATE  | OPERATOR LICENSE NUMBER                        | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION   | CITATION NUMBER                   |                         |                           |               |              |           |                                       |
| OL CLASS  | ENDORSEMENT SELECT UP TO 2                     | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                    | STATUS<br>1             | ALCOHOL TEST<br>TYPE<br>1 | VALUE         | STATUS<br>1  | TYPE<br>1 | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |

|  |  |                             |   |   |                                   |                         |                           |               |              |           |                                       |
|--|--|-----------------------------|---|---|-----------------------------------|-------------------------|---------------------------|---------------|--------------|-----------|---------------------------------------|
| UNIT #<br>0 2  | NAME: LAST, FIRST, MIDDLE<br>MCCLAIN DUSTIN EDWARD |                             | DATE OF BIRTH<br>0 2 0 8 1 9 8 7                |   | AGE<br>3 7                        | GENDER<br>M             |                           |               |              |           |                                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>4431 SEXTON RD CLEVELAND OH 44105 |  |                             |   |   | CONTACT PHONE - INCLUDE AREA CODE |                         |                           |               |              |           |                                       |
| INJURIES<br>5  | INJURED TAKEN BY                                   | EMS AGENCY (NAME)           | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>0 4  | DOT-COMPLIANT MC HELMET           | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1        | EJECTION<br>1 | TRAPPED<br>1 |           |                                       |
| OL STATE   | OPERATOR LICENSE NUMBER                            | OFFENSE CHARGED<br>4511.43A | LOCAL CODE                                      | OFFENSE DESCRIPTION<br>Stop Signs   | CITATION NUMBER<br>G20240319      |                         |                           |               |              |           |                                       |
| 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 <input type="checkbox"/> OTHER DRUG | CONDITION<br>1                    | STATUS<br>1             | ALCOHOL TEST<br>TYPE<br>1 | VALUE         | STATUS<br>1  | TYPE<br>1 | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |

|                                   |                            |                            |   |  |                                   |                  |                      |          |         |      |                                       |
|-----------------------------------|----------------------------|----------------------------|---|--|-----------------------------------|------------------|----------------------|----------|---------|------|---------------------------------------|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            | DATE OF BIRTH                                   |  | AGE                               | GENDER           |                      |          |         |      |                                       |
| ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE |                  |                      |          |         |      |                                       |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED                                    | DOT-COMPLIANT MC HELMET           | SEATING POSITION | AIR BAG USAGE        | EJECTION | TRAPPED |      |                                       |
| OL STATE                          | OPERATOR LICENSE NUMBER    | OFFENSE CHARGED            | LOCAL CODE                                      | OFFENSE DESCRIPTION                                      | CITATION NUMBER                   |                  |                      |          |         |      |                                       |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG | CONDITION                         | STATUS           | ALCOHOL TEST<br>TYPE | VALUE    | STATUS  | TYPE | DRUG TEST(S)<br>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 / UNSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)       | 4 - DEPLOYED BOTH FRONT / SIDE   | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                 |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE                                 | 5 - NOT APPLICABLE   | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN               |
| <b>INJURED TAKEN BY</b>                        |   | 6 - SECOND - RIGHT SIDE  | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                      |
| 1 - NOT TRANSPORTED / TREATED AT SCENE         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)         | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | H - HAZMAT                   | 7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS  | 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                                    |
| <b>SAFETY EQUIPMENT</b>                        |   | 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   |  | <b>DRUG TEST TYPE</b>                         |
| 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  | <b>CONDITION</b>   | 4 - OTHER                                     |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |   |  |                              | 17 - PROSTHETIC AID  | 1 - APPARENTLY NORMAL  | <b>DRUG TEST RESULT(S)</b>                    |
| 7 - BOOSTER SEAT                               |   |  |                              | 18 - OTHER   | 2 - PHYSICAL IMPAIRMENT  | 1 - AMPHETAMINES                              |
| 8 - HELMET USED                                |   |  |                              |  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 2 - BARBITURATES                              |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |   |  |                              |  | 4 - ILLNESS  | 3 - BENZODIAZEPINES                           |
| 10 - REFLECTIVE CLOTHING                       |   |  |                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - CANNABINOIDS                              |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |   |  |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 5 - COCAINE                                   |
| 99 - OTHER / UNKNOWN                           |   |  |                              |  | 9 - OTHER / UNKNOWN  | 6 - OPIATES / OPIOIDS                         |
|  |   |  |                              |  |  | 7 - OTHER                                     |
|  |   |  |                              |  |  | 8 - NEGATIVE RESULTS                          |

|                               |
|-------------------------------|
| LOCAL REPORT NUMBER           |
| 2   0   2   4   0   6   3   0 |

|          |   |   |                   |   |                                       |  |                                  |                           |                      |
|----------|---|---|-------------------|---|---------------------------------------|--|----------------------------------|---------------------------|----------------------|
| OCCUPANT | UNIT #<br><b>1</b>  | NAME: LAST, FIRST, MIDDLE<br><b>CROSBY MILLIE</b> |                   | DATE OF BIRTH<br><b>1   1   1   4   2   0   1   3</b> |                                       |  | AGE<br><b>10</b>                 | GENDER<br><b>F</b>        |                      |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br><b>5287 E 117TH ST GARFIELD HTS OH 44125</b> |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE     |  |                                  |                           |                      |
|          | INJURIES<br><b>5</b>  | INJURED TAKEN BY                                  | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)       | SAFETY EQUIPMENT USED<br><b>0   4</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>0   3</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> |

|          |   |  |                   |   |                                       |  |                                  |                           |                      |
|----------|---|--|-------------------|---|---------------------------------------|--|----------------------------------|---------------------------|----------------------|
| OCCUPANT | UNIT #<br><b>1</b>  | NAME: LAST, FIRST, MIDDLE<br><b>SIMS SIKOI</b> |                   | DATE OF BIRTH<br><b>1   1   0   8   2   0   0   4</b> |                                       |  | AGE<br><b>19</b>                 | GENDER<br><b>M</b>        |                      |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br><b>5287 E117 GARFIELD HTS OH 44125</b> |  |                   |   | CONTACT PHONE - INCLUDE AREA CODE     |  |                                  |                           |                      |
|          | INJURIES<br><b>5</b>  | INJURED TAKEN BY                               | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)       | SAFETY EQUIPMENT USED<br><b>0   4</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>0   6</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> |

|          |   |   |                   |   |                                       |  |                                  |                           |                      |
|----------|---|---|-------------------|---|---------------------------------------|--|----------------------------------|---------------------------|----------------------|
| OCCUPANT | UNIT #<br><b>2</b>  | NAME: LAST, FIRST, MIDDLE<br><b>MCCLAIN DUSTIN EDWARD</b> |                   | DATE OF BIRTH<br><b>0   8   2   0   2   0   0   9</b> |                                       |  | AGE<br><b>14</b>                 | GENDER<br><b>M</b>        |                      |
|          | ADDRESS: STREET, CITY, STATE, ZIP<br><b>4431 SEXTON RD CLEVELAND OH 44105</b> |   |                   |   | CONTACT PHONE - INCLUDE AREA CODE     |  |                                  |                           |                      |
|          | INJURIES<br><b>5</b>  | INJURED TAKEN BY  | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)       | SAFETY EQUIPMENT USED<br><b>0   4</b> | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>0   3</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> |

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

|   |  |  |   |
|---|--|--|---|
| <b>INJURIES</b><br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | <b>SAFETY EQUIPMENT USED</b><br>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 | <b>SEATING POSITION</b><br>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 | <b>AIR BAG USAGE</b><br>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><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                           |  | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |   |
| <b>GENDER</b><br>F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS   |   |

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

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

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