

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 4 | 1 | 0 | 9 | 5 |

- 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
2

NUMBER OF UNITS
0 | 2

UNIT IN ERROR
98 - ANIMAL
99 - UNKNOWN
0 | 2

COUNTY *
1 | 8

LOCALITY *
1

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME *
04 | 29 | 20 | 24 | 13 | 59

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
GRANGER

ROAD TYPE
R | D

LATITUDE DECIMAL DEGREES
4 | 1 | 4 | 1 | 7 | 1 | 8 | 1

ROUTE TYPE
ROUTE NUMBER

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
5347

ROAD TYPE

LONGITUDE DECIMAL DEGREES
8 | 1 | 6 | 1 | 9 | 1 | 0 | 6

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
LP - PLACE
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 - FIRST URBAN 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

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

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

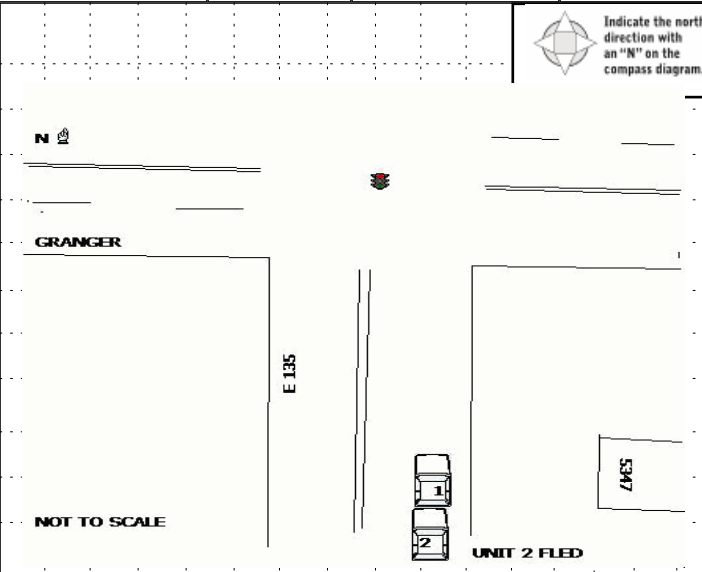
- SURFACE
- 1 - CONCRETE
 - 2 - BLACKTOP, BITUMINOUS, ASPHALT
 - 3 - BRICK/BLOCK
 - 4 - SLAG, GRAVEL, STONE
 - 5 - DIRT
 - 9 - OTHER / UNKNOWN

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

- WEATHER
- 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

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

UNIT 1 WAS N/B ON E 135 SOUTH OF GRANGER. UNIT 2 WAS BEHIND UNIT 1. UNIT 1 STOPPED IN TRAFFIC WHEN UNIT 2 WAS UNABLE TO STOP IN TIME AND STRUCK UNIT 1 IN THE REAR. UNIT 2 DRIVER DENIED STRIKING UNIT 1 AND DROVE OFF. UNIT 1 MESSAGE LEFT WITH UNIT 2 OWNER. NO RETURN CALL AS OF 05/01/24.



CRASH REPORTED DATE/TIME
04 | 29 | 20 | 24 | 13 | 59

DISPATCH DATE/TIME
04 | 29 | 20 | 24 | 14 | 02

ARRIVAL DATE/TIME
04 | 29 | 20 | 24 | 14 | 08

SCENE CLEARED DATE/TIME
04 | 29 | 20 | 24 | 14 | 36

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
0

OTHER INVESTIGATION TIME
3 | 5

TOTAL MINUTES
6 | 3

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)

OWNER INFORMATION

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver)
DIKOWICZ SANDRA L

OWNER PHONE: INCLUDE AREA CODE (Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver)
4852 E 85TH ST 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

2

VEHICLE IDENTIFICATION

LP STATE OH LICENSE PLATE # GLT4452 VEHICLE IDENTIFICATION # 1FMCUJ9E6G5AKB08420 VEHICLE YEAR 2010 VEHICLE MAKE Ford

INSURANCE VERIFIED INSURANCE COMPANY ALLSTATE INSURANCE POLICY # UNK VEHICLE COLOR BLK VEHICLE MODEL Escape

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 02

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

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
22 - OTHER UNKNOWN

CARGO BODY TYPE: 01

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: 01

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: 01

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: 04

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: 06

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

TRAFFIC

TRAFFICWAY FLOW: 2

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL: 2

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

OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 2

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

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

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

VEHICLE 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 _____

SPECIAL FUNCTION: 01

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

VEHICLE DEFECTS: 01

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: 01

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: 04

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: 01

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

EVENTS

1 20

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

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
MCGHEE SHARDA
 OWNER PHONE: INCLUDE AREA CODE () Same As Driver
 OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
5384 E 135 ST GARFIELD HTS OH 44125
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # JNR3058 VEHICLE IDENTIFICATION # 1C4PJLD91GW352493 VEHICLE YEAR 2016 VEHICLE MAKE Jeep
 INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR BGE VEHICLE MODEL SW
 COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE US DOT # TOWED BY: COMPANY NAME
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GVWR HAZARDOUS MATERIAL
 1- <10K LBS. 2- 10,001 - 26K LBS. 3- >26K LBS. MATERIAL RELEASED CLASS # PLACARD ID #
 PLACARD

UNIT TYPE 03 # 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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 AUTONOMOUS MODE LEVEL
 1 - YES 2 - NO 9 - OTHER / UNKNOWN
 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN
 1 - PARTIAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION 01
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER UNKNOWN
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING
 5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE 01
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
 11 - DUMP

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

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 IN TRAFFIC 17 - PUSHING VEHICLE
 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE

CONTRIBUTING CIRCUMSTANCES 08
 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 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 16 - WRONG WAY

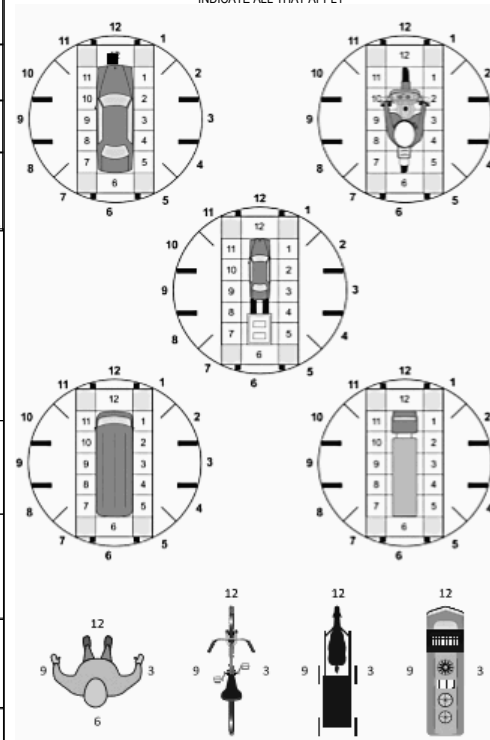
SEQUENCE OF EVENTS
 1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT
 2 01 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 3 01 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT
 4 01 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - OTHER FIXED OBJECT
 5 01 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 99 - OTHER / UNKNOWN
 6 01 6 - IMPROPER TURN 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 16 - WRONG WAY

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
20241095

DAMAGE
 DAMAGE SCALE
 1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 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
 1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 13 - TOP 99 - UNKNOWN

TRAFFIC
 TRAFFICWAY FLOW 2 TRAFFIC CONTROL 2
 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN
 2 - TWO-WAY 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 2 TO 1
 1 - NORTH 5 - NORTHEAST
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST
 9 - OTHER / UNKNOWN

UNIT SPEED 05 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 1 0 9 5

M O T O R I S T / N O N - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE DIKOWICZ SANDRA L	DATE OF BIRTH 0 3 2 6 1 9 5 5	AGE 6 9	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP 4852 E 85TH ST GARFIELD HTS OH 44125			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	
OL CLASS 4		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	
ENDORSEMENT SELECT UP TO 2		ALCOHOL / DRUG SUSPECTED		CONDITION 1	
ALCOHOL TEST		DRUG TEST(S)		STATUS	
TYPE 1		VALUE		STATUS 1	
TYPE 1		TYPE 1		RESULT SELECT UP TO 4	
UNIT # 0 2		NAME: LAST, FIRST, MIDDLE UNK		DATE OF BIRTH	
ADDRESS: STREET, CITY, STATE, ZIP OH			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES 5		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 9 9	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	
OL CLASS		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	
ENDORSEMENT SELECT UP TO 2		ALCOHOL / DRUG SUSPECTED		CONDITION 1	
ALCOHOL TEST		DRUG TEST(S)		STATUS 1	
TYPE 1		VALUE		STATUS 1	
TYPE 1		TYPE 1		RESULT SELECT UP TO 4	
UNIT #		NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	
ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE		
INJURIES		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED	
OL CLASS		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	
ENDORSEMENT SELECT UP TO 2		ALCOHOL / DRUG SUSPECTED		CONDITION	
ALCOHOL TEST		DRUG TEST(S)		STATUS	
TYPE		VALUE		STATUS	
TYPE		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		EJECTION		ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE		1 - NOT EJECTED		1 - NONE		
2 - EMS		2 - PARTIALLY EJECTED		2 - BLOOD		
3 - POLICE		3 - TOTALLY EJECTED		3 - URINE		
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE		4 - BREATH		
SAFETY EQUIPMENT		TRAPPED		5 - OTHER		
1 - NONE USED		1 - NOT TRAPPED		DRUG TEST TYPE		
2 - SHOULDER BELT ONLY USED		2 - EXTRICATED BY MECHANICAL MEANS		1 - NONE		
3 - LAP BELT ONLY USED		3 - FREED BY NON-MECHANICAL MEANS		2 - BLOOD		
4 - SHOULDER & LAP BELT USED				3 - URINE		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				4 - OTHER		
6 - CHILD RESTRAINT SYSTEM - REAR FACING				CONDITION		
7 - BOOSTER SEAT				1 - APPARENTLY NORMAL		
8 - HELMET USED				2 - PHYSICAL IMPAIRMENT		
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		
10 - REFLECTIVE CLOTHING				4 - ILLNESS		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		
99 - OTHER / UNKNOWN				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		
				9 - OTHER / UNKNOWN		
				DRUG TEST RESULT(S)		
				1 - AMPHETAMINES		
				2 - BARBITURATES		
				3 - BENZODIAZEPINES		
				4 - CANNABINOIDS		
				5 - COCAINE		
				6 - OPIATES / OPIOIDS		
				7 - OTHER		
				8 - NEGATIVE RESULTS		

LOCAL REPORT NUMBER									
2	0	2	4	1	0	9	5		

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE DIKOWICZ BETH				DATE OF BIRTH 0 7 2 8 1 9 8 1			AGE 4 2	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 4852 E 85 GARF HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

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	TRAPPED

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	TRAPPED

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	TRAPPED

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