

20241131

OWNER UNIT # 01, OWNER NAME: LAST, FIRST, MIDDLE, OWNER PHONE: INCLUDE AREA CODE, OWNER ADDRESS: STREET, CITY, STATE, ZIP

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP, COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE, LP STATE, LICENSE PLATE #, VEHICLE IDENTIFICATION #, VEHICLE YEAR, VEHICLE MAKE Other/Unknown

INSURANCE VERIFIED, INSURANCE COMPANY, INSURANCE POLICY #, VEHICLE COLOR RED, VEHICLE MODEL Other/Unknown, TYPE OF USE, US DOT #, TOWED BY: COMPANY NAME

UNIT TYPE 26, PASSENGER CAR, MOTORCYCLE 2-WHEELED, GOLF CART, LIMO (LIVERY VEHICLE), PEDESTRIAN SKATER, PASSENGER VAN (MINIVAN), MOTORCYCLE 3-WHEELED, SNOWMOBILE, BUS (16+ PASSENGERS), WHEELCHAIR (ANY TYPE), SPORT UTILITY VEHICLE, AUTOCYCLE, SINGLE UNIT TRUCK, OTHER NON-MOTORIST, PICKUP, MOPED OR MOTORIZED BICYCLE, SEMI-TRACTOR, HEAVY EQUIPMENT, CARGO VAN, ALL TERRAIN VEHICLE (ATV / UTV), FARM EQUIPMENT, ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE, VAN (9-15 SEATS), MOTORHOME

of TRAILING UNITS, WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?, AUTONOMOUS MODE LEVEL

SPECIAL FUNCTION 01, NONE, TAXI, ELECTRONIC RIDE SHARING, SCHOOL TRANSPORT, BUS-TRANSIT/COMMUTER, BUS-CHARTER/TOUR, BUS-INTERCITY, BUS-SHUTTLE, BUS-OTHER, AMBULANCE, FIRE, MILITARY, POLICE, PUBLIC UTILITY, CONSTRUCTION EQUIPMENT, FARM, MOWING, SNOW REMOVAL, TOWING, SAFETY SERVICE PATROL, MAIL CARRIER, OTHER UNKNOWN

CARGO BODY TYPE, NONE, BUS, VEHICLE TOWING ANOTHER MOTOR VEHICLE, LOGGING, INTERMODAL CONTAINER CHASSIS, CARGO VAN/ENCLOSED BOX, GRAIN/CHIPS/GRAVEL, POLE, CARGO TANK, DUMP, CONCRETE MIXER, AUTO TRANSPORTER, GARBAGE/REFUSE, OTHER UNKNOWN

VEHICLE DEFECTS, TURN SIGNALS, HEAD LAMPS, TAIL LAMPS, BRAKES, STEERING, TIRE BLOWOUT, WORN OR SLICK TIRES, TRAILER EQUIPMENT DEFECTIVE, MOTOR TROUBLE, DISABLED FROM PRIOR ACCIDENT, OTHER UNKNOWN

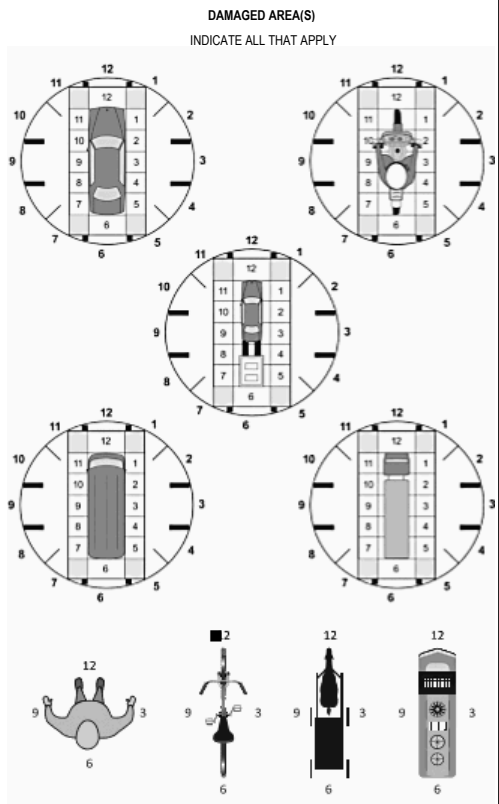
NON-MOTORIST LOCATION AT IMPACT 08, INTERSECTION-MARKED CROSSWALK, INTERSECTION-UNMARKED CROSSWALK, INTERSECTION-OTHER, MIDBLOCK-MARKED CROSSWALK, TRAVEL LANE-OTHER LOCATION, BICYCLE LANE, SHOULDER/ROADSIDE, SIDEWALK, MEDIUM CROSSING ISLAND, DRIVEWAY ACCESS, SHARED USE PATHS OR TRAILS, FIRST RESPONDER AT INCIDENT SCENE, OTHER UNKNOWN

ACTION 3, NON-COLLISION, COLLISION, STRIKING, STRUCK, BOTH STRIKING & STRUCK, OTHER UNKNOWN, STRAIGHT AHEAD, BACKING, CHANGING LANES, OVERTAKING/PASSING, MAKING RIGHT TURN, MAKING LEFT TURN, MAKING U-TURN, ENTERING TRAFFIC LANE, LEAVING TRAFFIC LANE, PARKED, SLOWING OR STOPPED IN TRAFFIC, DRIVERLESS, NEGOTIATING A CURVE, ENTERING OR CROSSING SPECIFIED LOCATION, WALKING, RUNNING, JOGGING, PLAYING, WORKING, PUSHING VEHICLE, APPROACHING OR LEAVING VEHICLE, STANDING, OTHER NON-MOTORIST, STANDING OUTSIDE DISABLED VEHICLE, OTHER UNKNOWN

CONTRIBUTING CIRCUMSTANCES 02, NONE, FAILURE TO YIELD, RAN RED LIGHT, RAN STOP SIGN, UNSAFE SPEED, IMPROPER TURN, STRAIGHT AHEAD, BACKING, CHANGING LANES, OVERTAKING/PASSING, MAKING RIGHT TURN, MAKING LEFT TURN, IMPROPER START FROM PARKED POSITION, VISION OBSTRUCTION, OPERATING DEFECTIVE EQUIPMENT, LOAD SHIFTING/FALLING/SPILLING, IMPROPER CROSSING, LYING IN ROADWAY, NOT DISCERNABLE, OPENING DOOR INTO ROADWAY, OTHER IMPROPER ACTION

EVENT(S) SEQUENCE OF EVENTS, OVERTURN/ROLLOVER, FIRE/EXPLOSION, IMMERSION, JACKKNIFE, CARGO/EQUIPMENT LOSS OR SHIFT, EQUIPMENT FAILURE, SEPARATION OF UNITS, RAN OFF ROAD RIGHT, RAN OFF ROAD LEFT, CROSS MEDIAN, CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL, DOWNHILL RUNAWAY, OTHER NON-COLLISION, PEDESTRIAN, PEDALCYCLE, RAILWAY VEHICLE, ANIMAL - FARM, ANIMAL - DEER, ANIMAL - OTHER, MOTOR VEHICLE IN TRANSPORT, PARKED MOTOR VEHICLE, WORK ZONE MAINTENANCE EQUIPMENT, OTHER MOVABLE OBJECT, COLLISION WITH FIXED OBJECT - STRUCK, IMPACT ATTENUATOR / CRASH CUSHION, BRIDGE OVERHEAD STRUCTURE, BRIDGE PIER OR ABUTMENT, BRIDGE PARAPET, BRIDGE RAIL, GUARDRAIL FACE, GUARDRAIL END, PORTABLE BARRIER, MEDIUM CABLE BARRIER, MEDIAN GUARDRAIL BARRIER, MEDIAN CONCRETE BARRIER, MEDIAN OTHER BARRIER, TRAFFIC SIGN POST, OVERHEAD SIGN POST, LIGHT/LUMINARIES SUPPORT, UTILITY POLE, OTHER POST, POLE OR SUPPORT, CULVERT, CURB, DITCH, EMBANKMENT, FENCE, MAILBOX, TREE, FIRE HYDRANT, WORKZONE MAINTENANCE EQUIPMENT, WALL, BUILDING, TUNNEL, OTHER FIXED OBJECT, OTHER UNKNOWN, FIRST HARMFUL EVENT, MOST HARMFUL EVENT

DAMAGE DAMAGE SCALE 2, NONE, MINOR DAMAGE, FUNCTIONAL DAMAGE, DISABLING DAMAGE, UNKNOWN



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

INITIAL POINT OF CONTACT 12, NONE, REFER TO UNIT DIAGRAM, TOP, UNDERCARRIAGE, VEHICLE NOT AT SCENE, UNKNOWN

TRAFFIC TRAFFICWAY FLOW 2, ONE-WAY, TWO-WAY, TRAFFIC CONTROL 2, ROUNDABOUT, SIGNAL, FLASHER, NO CONTROL, STOP SIGN, YIELD SIGN

OF THROUGH LANES ON ROAD 2, RAIL GRADE CROSSING 1, NOT INVOLVED, INVOLVED - ACTIVE CROSSING, INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION FROM 2 TO 1, NORTH, SOUTH, EAST, WEST, NORTHEAST, NORTHWEST, SOUTHEAST, SOUTHWEST, OTHER UNKNOWN

UNIT SPEED 10, POSTED SPEED 25, DETECTED SPEED 1, STATED/ESTIMATED SPEED, CALCULATED / EDR, UNDETERMINED

20241131

UNIT # 02 OWNER NAME: LAST, FIRST, MIDDLE Zmina RICH JAMES

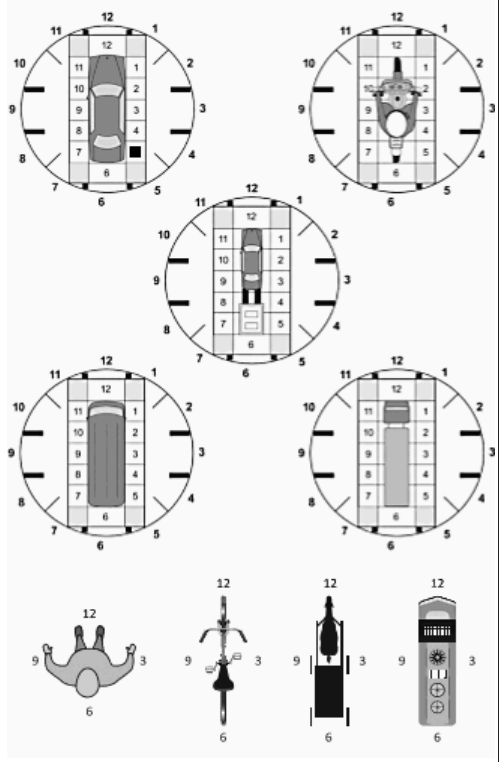
OWNER ADDRESS: STREET, CITY, STATE, ZIP 9915 SLADDEN AVE GARFIELD HTS OH 44125

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

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

LP STATE OH LICENSE PLATE # JJF5135 VEHICLE IDENTIFICATION # 3FA6P0H71DR377164

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INSURANCE VERIFIED State farm INSURANCE COMPANY INSURANCE POLICY # 3989148-SFP

TYPE OF USE COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE VEHICLE WEIGHT GVWR/GCWR

UNIT TYPE 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

SPECIAL FUNCTION 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING

CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS

VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS

NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK

ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING

CONTRIBUTING CIRCUMSTANCES 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT

INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM

SEQUENCE OF EVENTS 1 5 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION

TRAFFIC TRAFFICWAY FLOW 2 TRAFFIC CONTROL 1

COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION

RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3

UNIT SPEED 05 DETECTED SPEED 1

POSTED SPEED 25



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 4 1 1 3 1

UNIT # 01 NAME: LAST, FIRST, MIDDLE MATHIS ALEX CHRISTOPHER
DATE OF BIRTH 12202000 AGE 23 GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 3115 OMEGA DR COLUMBUS OH 43231
CONTACT PHONE - INCLUDE AREA CODE
INJURIES 5 EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 08
DOT-COMPLIANT MC HELMET SEATING POSITION 01 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 1
ALCOHOL / DRUG SUSPECTED ALCOHOL MARJUANA OTHER DRUG
CONDITION 1 STATUS 1 ALCOHOL TEST TYPE 1 VALUE STATUS 1 TYPE 1 RESULT SELECT UP TO 4

UNIT # 02 NAME: LAST, FIRST, MIDDLE ZMINA RICH JAMES
DATE OF BIRTH 11211963 AGE 60 GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 9915 SLADDEN AVE GARFIELD HTS OH 44125
CONTACT PHONE - INCLUDE AREA CODE
INJURIES 5 EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 04
DOT-COMPLIANT MC HELMET SEATING POSITION 01 AIR BAG USAGE 1 EJECTION 1 TRAPPED 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 1
ALCOHOL / DRUG SUSPECTED ALCOHOL MARJUANA OTHER DRUG
CONDITION 1 STATUS 1 ALCOHOL TEST TYPE 1 VALUE STATUS 1 TYPE 1 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 ALCOHOL MARJUANA OTHER DRUG
CONDITION STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4

Table with 7 columns: INJURIES, SEATING POSITION, AIR BAG, OL CLASS, OL RESTRICTION(S), DRIVER DISTRACTION, TEST STATUS. Lists various injury types, seating positions, air bag deployment status, license classes, restrictions, driver distractions, and test results.