

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 GARFIELD HEIGHTS HIGH SCHOOL REPORTING AGENCY NAME * GARFIELD HEIGHTS PD | NCIC * 01820 | LOCAL REPORT NUMBER * 20241471 | HITSKIP <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved | NUMBER OF UNITS 02 | UNIT IN EDDP <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN |
|---|--|---|---|------------------------|--|---|------------------------------|---|

| | | | | |
|-----------|------------|-------------------------------------|----------------------|----------------|
| COUNTY * | LOCALITY * | LOCATION: CITY, VILLAGE, TOWNSHIP * | CRASH DATE/TIME * | CRASH SEVERITY |
| 18 | 1 | GARFIELD HTS | 06032024 1601 | 4 |

| | | | | | |
|------------|--------------|--------|---|------------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
| | | | TURNEY | R D | 41.427325 |
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| | | | 4900 | | 81.614956 |

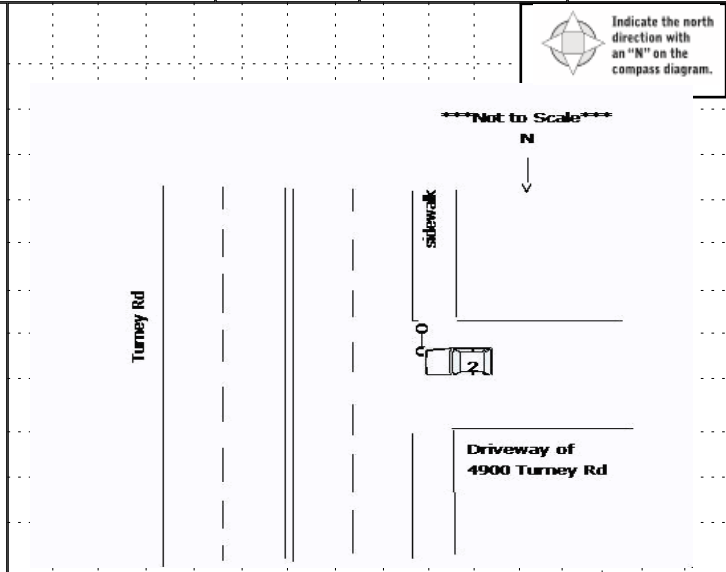
| | | | | |
|-----------------|-----------|---|--|---|
| REFERENCE POINT | DIRECTION | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED |
| 3 | | IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED |

| | | |
|-------------------------------|----------------------------------|---------------------|
| LOCATION - FIRST DAMAGE EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL |
| 01 | 1 | 1 |

| | | | | | |
|--------------------------|----------------|--------------------------------|----------|------------|----------|
| WORK ZONE RELATED | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| <input type="checkbox"/> | 1 | 1 | 1 | 1 | 1 |

| | | |
|-----------------|----------|---------|
| LIGHT CONDITION | WEATHER | ROADWAY |
| 1 | 2 | |

DRIVER OF UNIT #1 WAS TRAVELLING N/B ON THE SIDEWALK ON A BICYCLE IN FRONT OF 4900 TURNEY ROAD. AS HE CROSSED OVER THE APRON, UNIT #2 PULLED FORWARD INTO THE APRON AND STRUCK UNIT #1.



| | | | | |
|---------------------------|--------------------------|----------------------|-------------------------|--|
| CRASH REPORTED DATE/TIME | DISPATCH DATE/TIME | ARRIVAL DATE/TIME | SCENE CLEARED DATE/TIME | REPORT TAKEN BY |
| 06032024 1601 | 06032024 1603 | 06032024 1610 | 06032024 1645 | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME * | CHECKED BY OFFICER'S NAME* |
| 0 | 45 | 80 | Z. Kovedi | T. Baon |
| | | | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER* |
| | | | 055 | S20 |

OWNER

UNIT # 0 1 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver

OWNER PHONE: INCLUDE AREA CODE () Same As Driver

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver

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

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

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

2

VEHICLE

LP STATE OH LICENSE PLATE # XXX VEHICLE IDENTIFICATION # _____ VEHICLE YEAR _____ VEHICLE MAKE _____

INSURANCE VERIFIED INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR _____ VEHICLE MODEL _____

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # _____ TOWED BY: COMPANY NAME _____

INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1

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] - UNDERCARRIAGE [14]

2 - TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

UNIT TYPE: 2 6

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?

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

SPECIAL FUNCTION

0 1

1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER

6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE

11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT

16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL

21 - MAIL CARRIER 99 - OTHER UNKNOWN

CARGO BODY TYPE

0 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL

8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP

12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

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

NON-MOTORIST LOCATION AT IMPACT

0 8

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

ACTION

4

1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN

PRE-CRASH ACTION

0 1

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

1 2

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

CONTRIBUTING CIRCUMSTANCES

0 1

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

TRAFFIC

TRAFFICWAY FLOW

2

1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL

6

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

SEQUENCE OF EVENTS

EVENTS

1 2 0

1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT

6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN

11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE

16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE

22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

OF THROUGH LANES ON ROAD

2

RAIL GRADE CROSSING

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

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE

31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER

37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT

43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT

50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 **MOST HARMFUL EVENT** 1

UNIT / NON-MOTORIST DIRECTION

FROM 2 TO 1

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

UNIT SPEED

5

POSTED SPEED

1 5

DETECTED SPEED

1

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

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
ANDERSON WAYNE M
 OWNER PHONE: INCLUDE AREA CODE () Same As Driver
 OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
12405 WILLARD AVE GARFIELD HTS OH 44125
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE OH LICENSE PLATE # KAX7487 VEHICLE IDENTIFICATION # 1L1NHM914R919G601009Z VEHICLE YEAR 2009 VEHICLE MAKE Lincoln
 INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 4587-68-16-95 VEHICLE COLOR MAR VEHICLE MODEL MKS
 TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT # OCCUPANTS 0 1
 US DOT # _____ TOWED BY: COMPANY NAME _____
 HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # _____ PLACARD ID # _____
 PLACARD

UNIT TYPE: 0 1
 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER
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 6 - VAN (9-15 SEATS) 17 - MOTORHOME 16 - FARM EQUIPMENT 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
 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

SPECIAL FUNCTION: 0 1
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NON-MOTORIST LOCATION AT IMPACT: 0 1
 ACTION: 3
 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN
 PRE-CRASH ACTION: 0 1
 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT 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 - MAKING U-TURN 14 - ENTERING TRAFFIC LANE 15 - LEAVING TRAFFIC LANE 16 - PARKED 17 - 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: 0 2
 SEQUENCE OF EVENTS: 1 5
 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - 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

EVENT(S): 1 5
 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
20241471

DAMAGE
 DAMAGE SCALE
 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
2 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
0 1
 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: 6 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 4 TO 3
 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

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

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 4 1 4 7 1

| | | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|-------------------------|--|--------------|---------|--|
| UNIT # 0 1 | NAME: LAST, FIRST, MIDDLE SHAW KYAIRE | | DATE OF BIRTH 0 9 0 8 2 0 1 3 | | AGE 1 0 | GENDER M | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 4841 TURNEY ROAD GARFIELD HTS OH 44125 | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | |
| INJURIES 4 | INJURED TAKEN BY 2 | EMS AGENCY (NAME) GHFD SQUAD 2 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT HOSPITA | SAFETY EQUIPMENT USED 0 1 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 0 1 | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 1 | STATUS 1 | ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S) | | |

| | | | | | | | | | | |
|--|--|----------------------------|---|---|--|-------------------------|--|---------------|--------------|--|
| UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE ANDERSON SHALONDA M | | DATE OF BIRTH 0 4 2 0 1 9 7 2 | | AGE 5 2 | GENDER F | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP 12405 WILLARD AVE GARFIELD 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 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE | OPERATOR LICENSE NUMBER | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | CITATION NUMBER | | | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | CONDITION 1 | STATUS 1 | ALCOHOL TEST TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 | DRUG TEST(S) | | |

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

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