

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 4 | 3 | 0 | 8 | 7 |

- 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 | 1

INITIALS EDDOR  
98 - ANIMAL  
99 - UNKNOWN  
9 | 8

COUNTY \*  
1 | 8

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

CRASH DATE/TIME \*  
1 | 1 | 0 | 9 | 2 | 0 | 2 | 4 | 1 | 7 | 2 | 6

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  
ROCKSIDE

ROAD TYPE  
R | D

LATITUDE DECIMAL DEGREES  
4 | 1 | . | 4 | 2 | 4 | 4 | 1 | 4

ROUTE TYPE  
ROUTE NUMBER

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
6004

ROAD TYPE

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

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

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

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  
5 | 0

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards  
2

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE EVENT  
1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE  
5 - ON GORE  
6 - OUTSIDE  
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

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  
1

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

LIGHT CONDITION  
2

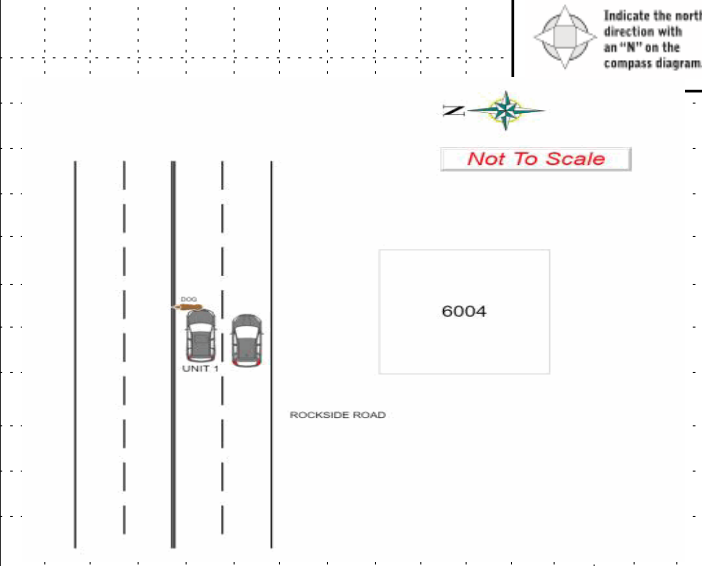
1 - DAYLIGHT  
2 - DAWN/DUSK  
3 - DARK - LIGHTED ROADWAY  
4 - DARK - ROADWAY NOT LIGHTED  
5 - DARK - UNKNOWN ROADWAY LIGHTING  
9 - OTHER / UNKNOWN

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 TRAVELING EASBOUND ON ROCKSIDE ROAD. A DOG GOT LOOSE FROM AN UNKNOWN OWNER AND RAN ACROSS TWO LANES OF TRAFFIC. UNIT 1 STRUCK THE DOG WITH HER FRONT DRIVER SIDE CAUSING MINOR DAMAGE. THE DOG CONTINUED TO RUN NORTH ACROSS ALL FOUR LANES OF ROCKSIDE ROAD. UNIT 1 CAME TO REPORT THE ACCIDENT AT THE POLICE STATION.



CRASH REPORTED DATE/TIME  
1 | 1 | 0 | 9 | 2 | 0 | 2 | 4 | 1 | 1 | 7 | 2 | 6

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

ARRIVAL DATE/TIME  
1 | 1 | 0 | 9 | 2 | 0 | 2 | 4 | 1 | 1 | 7 | 3 | 5

SCENE CLEARED DATE/TIME  
1 | 1 | 0 | 9 | 2 | 0 | 2 | 4 | 1 | 1 | 7 | 4 | 5

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

TOTAL TIME ROADWAY CLOSED  
0

OTHER INVESTIGATION TIME  
1 | 0

TOTAL MINUTES  
2 | 0

OFFICER'S NAME \*  
Se. Sabelli

OFFICER'S BADGE NUMBER\*  
0 | 2 | 6

CHECKED BY OFFICER'S NAME\*  
D. Bailey

CHECKED BY OFFICER'S BADGE NUMBER\*  
L | 0 | 7

SUPPLEMENT  
(CORRECTION = ADDITION)

OWNER # 0 1 OWNER NAME: LAST, FIRST, MIDDLE ( Same As Driver) HANSON JOANNE OWNER PHONE: INCLUDE AREA CODE ( Same As Driver)

OWNER ADDRESS: STREET, CITY, STATE, ZIP ( Same As Driver) 16215 S GLENN DR MAPLE HTS OH 44137

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

LP STATE OH LICENSE PLATE # JIB2059 VEHICLE IDENTIFICATION # 5J16R2H80L1033752 VEHICLE YEAR 2020 VEHICLE MAKE Honda

INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # VEHICLE COLOR BLK VEHICLE MODEL CR-V

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE

US DOT # TOWED BY: COMPANY NAME

HAZARDOUS MATERIAL: MATERIAL RELEASED CLASS # PLACARD ID #

DAMAGED AREA(S) INDICATE ALL THAT APPLY

1 - NO DAMAGE [0] 2 - UNDERCARRIAGE [14] 3 - TOP [13] 4 - ALL AREAS [15] 5 - UNIT NOT AT SCENE [16]

UNIT TYPE: 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - 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

INITIAL POINT OF CONTACT

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

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

TRAFFIC

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

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

SEQUENCE OF EVENTS

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

# OF THROUGH LANES ON ROAD: 4

RAIL GRADE CROSSING: 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

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

UNIT SPEED: 35

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 3 0 8 7

|                                                                          |                                            |                            |                                                 |                                                                                                                                     |                                   |                                         |                                                       |               |              |  |
|--------------------------------------------------------------------------|--------------------------------------------|----------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|-------------------------------------------------------|---------------|--------------|--|
| UNIT #<br>0 1                                                            | NAME: LAST, FIRST, MIDDLE<br>HANSON JOANNE |                            | DATE OF BIRTH<br>0 1 3 1 1 9 4 9                |                                                                                                                                     | AGE<br>7 5                        | GENDER<br>F                             |                                                       |               |              |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>16215 S GLENN DR MAPLE HTS OH 44137 |                                            |                            |                                                 |                                                                                                                                     | 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                    | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 | DRUG TEST(S)<br>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<br>ALCOHOL MARIJUANA OTHER DRUG | CONDITION                         | ALCOHOL TEST<br>STATUS TYPE VALUE | DRUG TEST(S)<br>STATUS TYPE 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                         | ALCOHOL TEST<br>STATUS TYPE VALUE | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |          |         |  |

| INJURIES                                       | SEATING POSITION                                    | AIR BAG                                                                                | OL CLASS                     | OL RESTRICTION(S)                                                                  | DRIVER DISTRACTION                                                                   | TEST STATUS                                    |
|------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)           | 1 - NOT DEPLOYED                                                                       | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE                                                       | 1 - NOT DISTRACTED                                                                   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE                                  | 2 - DEPLOYED FRONT                                                                     | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY                                                            | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE                              | 3 - DEPLOYED SIDE                                                                      | 3 - CLASS C                  | 3 - CORRECTIVE LENSES                                                              | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                            | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)       | 4 - DEPLOYED BOTH FRONT / SIDE                                                         | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER                                                                    | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE                                        | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE                                 | 5 - NOT APPLICABLE                                                                     | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS                                               | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE                                         | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| <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                           |