

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 | 0 | 2 | 5 | 0 | 8 | 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

NUMBER OF UNITS  
0 | 1

INITIALS IN EDDOR  
98 - ANIMAL  
99 - UNKNOWN  
0 | 1

COUNTY \*  
1 | 8

LOCALITY \*  
1

LOCATION: CITY, VILLAGE, TOWNSHIP \*  
GARFIELD HTS

CRASH DATE/TIME \*  
04 | 20 | 20 | 25 | 19 | 07

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

LOCATION ROAD NAME  
OAKVIEW

ROAD TYPE  
LATITUDE DECIMAL DEGREES  
41 | 408607

ROUTE TYPE  
ROUTE NUMBER  
PREFIX

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
12700

ROAD TYPE  
LONGITUDE DECIMAL DEGREES  
81 | 595221

REFERENCE POINT  
3

1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #

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

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

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE  
RD - ROAD  
SQ - SQUARE  
ST - STREET  
TE - TERRACE  
TL - TRAIL  
WA - WAY

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

DISTANCE  
1 - Miles  
2 - Feet  
3 - Yards

ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST DAMAGE EVENT  
0 | 4

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

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  
4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

CONTOUR  
1

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

CONDITIONS  
1

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

SURFACE  
2

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

LIGHT CONDITION  
1

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

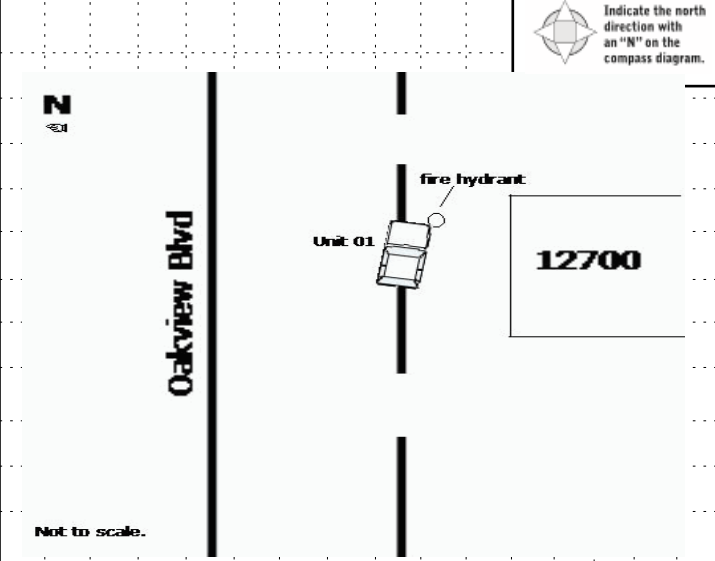
CRASH REPORTED DATE/TIME  
04 | 20 | 20 | 25 | 19 | 07

DISPATCH DATE/TIME  
04 | 20 | 20 | 25 | 19 | 09

ARRIVAL DATE/TIME  
04 | 20 | 20 | 25 | 19 | 10

SCENE CLEARED DATE/TIME  
04 | 20 | 20 | 25 | 19 | 57

NARRATIVE  
UNIT 01 WAS TRAVELING EAST ON OAKVIEW IN FRONT OF 12700, AT WHICH TIME UNIT 01 HIT THE CURB ON THE RIGHT SIDE AND DROVE OFF THE ROAD. THE FRONT RIGHT OF UNIT 01 THEN STRUCK A FIRE HYDRANT ON THE FRONT LAWN OF 12700 OAKVIEW.



TOTAL TIME ROADWAY CLOSED  
0

OTHER INVESTIGATION TIME  
30

TOTAL MINUTES  
78

OFFICER'S NAME \*  
B. Regovich

OFFICER'S BADGE NUMBER\*  
041

CHECKED BY OFFICER'S NAME\*  
D. Simia

CHECKED BY OFFICER'S BADGE NUMBER\*  
S23

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

SUPPLEMENT (CORRECTION - ADDITION)

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (  Same As Driver )  
**DOUGLAS ERIN K**  
 OWNER PHONE: INCLUDE AREA CODE (  Same As Driver )  
 OWNER ADDRESS: STREET, CITY, STATE, ZIP (  Same As Driver )  
**12500 MAPLE LEAF DR GARFIELD HTS OH 44125 4025**  
 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  
4

LP STATE OH LICENSE PLATE # KFJ5342 VEHICLE IDENTIFICATION # 1GN1D113S132350300 VEHICLE YEAR 2003 VEHICLE MAKE Chevrolet  
 INSURANCE VERIFIED INSURANCE COMPANY none INSURANCE POLICY # \_\_\_\_\_ VEHICLE COLOR GRN VEHICLE MODEL Trailblazer  
 COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME Interstate  
 INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT # OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR HAZARDOUS MATERIAL  
 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  
 PLACARD

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

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

UNIT TYPE 03 # of TRAILING UNITS \_\_\_\_\_  
 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  
 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 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

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 2 PRE-CRASH ACTION 01  
 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**  
01 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES 05  
 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

**EVENT(S)**  
 SEQUENCE OF EVENTS  
 1 43 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT  
 2 08 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN  
 3 49 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 3 MOST HARMFUL EVENT 3

**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** 40 **DETECTED SPEED** 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED  
**POSTED SPEED** 25

# MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER  
2 0 2 5 0 8 9 5

|  |   |                            |   |   |                              |                         |                           |               |              |           |                                       |
|--|---|----------------------------|---|---|------------------------------|-------------------------|---------------------------|---------------|--------------|-----------|---------------------------------------|
| UNIT #<br>0 1  | NAME: LAST, FIRST, MIDDLE<br>HAGER WILLIAM DUDLEY |                            | DATE OF BIRTH<br>0 8   1 3   1 9   7 5          |   | AGE<br>4 9                   | GENDER<br>M             |                           |               |              |           |                                       |
| ADDRESS: STREET, CITY, STATE, ZIP<br>12500 MAPLE LEAF DR GARFIELD HTS OH 44125 |   |                            |   | CONTACT PHONE - INCLUDE AREA CODE   |                              |                         |                           |               |              |           |                                       |
| INJURIES<br>5  | INJURED TAKEN BY                                  | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br>9 9  | DOT-COMPLIANT MC HELMET      | SEATING POSITION<br>0 1 | AIR BAG USAGE<br>1        | EJECTION<br>1 | TRAPPED<br>1 |           |                                       |
| OL STATE   | OPERATOR LICENSE NUMBER                           | OFFENSE CHARGED<br>331.34a | LOCAL CODE                                      | OFFENSE DESCRIPTION<br>Failure to Control   | CITATION NUMBER<br>G20250765 |                         |                           |               |              |           |                                       |
| OL CLASS<br>6  | ENDORSEMENT SELECT UP TO 2                        | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br>8                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG | CONDITION<br>1               | STATUS<br>1             | ALCOHOL TEST<br>TYPE<br>1 | VALUE         | STATUS<br>1  | TYPE<br>1 | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |

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

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

| INJURIES                                       | SEATING POSITION                                    | AIR BAG  | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|--|---|--|------------------------------|--|--|--|
| 1 - FATAL                                      | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)           | 1 - NOT DEPLOYED   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                   | 2 - FRONT - MIDDLE                                  | 2 - DEPLOYED FRONT   | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                     | 3 - FRONT - RIGHT SIDE                              | 3 - DEPLOYED SIDE  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / 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) | <b>CONDITION</b>   | 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  | 1 - APPARENTLY NORMAL  | 2 - BLOOD                                      |
| 4 - SHOULDER & LAP BELT USED                   | 15 - NON-MOTORIST                                   | 15 - NON-MOTORIST  | X - TANKER / HAZMAT          | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 2 - PHYSICAL IMPAIRMENT  | 3 - URINE                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    | 99 - OTHER / UNKNOWN                                | 99 - OTHER / UNKNOWN   |                              | 16 - OUTSIDE MIRROR  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 4 - OTHER                                      |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |   |  |                              | 17 - PROSTHETIC AID  | 4 - ILLNESS  | <b>DRUG TEST RESULT(S)</b>                     |
| 7 - BOOSTER SEAT                               |   |  |                              | 18 - OTHER   | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 1 - AMPHETAMINES                               |
| 8 - HELMET USED                                |   |  |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | 2 - BARBITURATES                               |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |   |  |                              |  | 9 - OTHER / UNKNOWN  | 3 - BENZODIAZEPINES                            |
| 10 - REFLECTIVE CLOTHING                       |   |  |                              |  |  | 4 - CANNABINOIDS                               |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |   |  |                              |  |  | 5 - COCAINE                                    |
| 99 - OTHER / UNKNOWN                           |   |  |                              |  |  | 6 - OPIATES / OPIOIDS                          |
|  |   |  |                              |  |  | 7 - OTHER                                      |
|  |   |  |                              |  |  | 8 - NEGATIVE RESULTS                           |