

## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

2 0 2 5 1 6 1 3

- ☐
- PHOTOS TAKEN
- 
- ☐
- SECONDARY CRASH

- ☐
- OH-2
- 
- ☐
- OH-1P
- 
- ☐
- OTHER
- 
- ☐
- Private Property

## LOCAL INFORMATION

REPORTING AGENCY NAME \*

GARFIELD HEIGHTS

0 1 8 2 0

HITSKIP  
1 - Solved  
2 - UnsolvedNUMBER OF LISTS  
0 2UNIT IN EDDP  
98 - ANIMAL  
99 - UNKNOWN  
0 1

COUNTY \*

LOCALITY \*

- 1 - CITY \*
- 
- 2 - VILLAGE \*
- 
- 3 - TOWNSHIP \*

LOCATION: CITY, VILLAGE, TOWNSHIP \*

GARFIELD HTS

CRASH DATE/TIME \*

0 6 2 6 2 0 2 5 1 0 3 7

CRASH SEVERITY

- 1 - FATAL
- 
- 2 - SERIOUS INJURY
- 
- SUSPECTED
- 
- 3 - MINOR INJURY
- 
- SUSPECTED
- 
- 4 - INJURY POSSIBLE
- 
- 5 - PROPERTY DAMAGE
- 
- ONLY
- 
- 5

LOCATION  
REFERENCEROUTE TYPE  
I RROUTE NUMBER  
4 8 0PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

LOCATION ROAD NAME

ROAD TYPE  
H WLATITUDE DECIMAL DEGREES  
4 1 4 1 0 9 0 9

ROUTE TYPE

ROUTE NUMBER

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

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

21.6

ROAD TYPE  
M PLONGITUDE DECIMAL DEGREES  
8 1 6 1 5 5 7 1REFERENCE POINT  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE #  
2DIRECTION  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WESTROUTE TYPE  
IR - INTERSTATE ROUTE (TP)  
US - FEDERAL US ROUTE  
SR - STATE ROUTE  
CR - NUMBERED COUNTY ROUTE  
TR - NUMBERED TOWNSHIP  
ROUTEROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTSROAD TYPE  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACEROAD TYPE  
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

ROADWAY

ROADWAY DIVIDED

DIRECTION OF TRAVEL

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

MEDIAN TYPE

- 9 1 - DIVIDED FLUSH MEDIAN
- 
- (<4 FEET)
- 
- 2 - DIVIDED FLUSH MEDIAN
- 
- (4 FEET)
- 
- 3 - DIVIDED, DEPRESSION MEDIAN
- 
- 4 - DIVIDED, RAISED MEDIAN
- 
- (ANY TYPE)
- 
- 9 - OTHER / UNKNOWN

LOCATION - FIRST UADMEII 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 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

- ☐
- 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  
2

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

LIGHT CONDITION

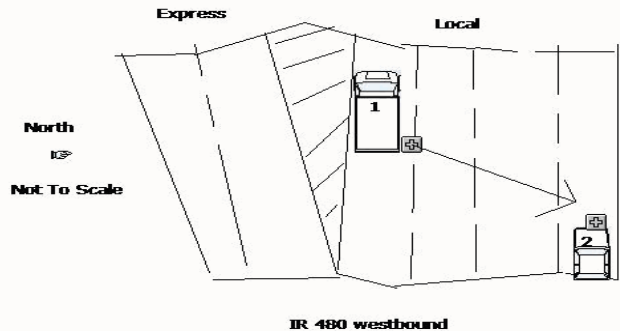
- 1 1 - DAYLIGHT
- 
- 2 - DAWN/DUSK
- 
- 3 - DARK - LIGHTED ROADWAY
- 
- 4 - DARK - ROADWAY NOT LIGHTED
- 
- 5 - DARK - UNKNOWN ROADWAY LIGHTING
- 
- 9 - OTHER / UNKNOWN

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

## NARRATIVE

UNIT#1(NON-CONTACT)WAS TRAVELING WEST ON THE  
IR480 LOCAL INSIDE LANE NEAR MILEPOST 21.6.UNIT#  
2 WAS TRAVELING WEST ON THE IR480 LOCAL  
OUTSIDE LANE NEAR MILEPOST 21.6. A PIECE OF THE  
VEHICLE FELL FROM UNIT#1.AS A RESULT,UNIT#2  
COLLIDED WITH THE PIECE OF VEHICLE.BOTH UNITS  
WERE AT FINAL REST APPROXIMATELY 1 MILE WEST  
OF MILEPOST 21.6 ON THE SHOULDER.  
NOTE:DRIVER UNIT#1 STATED,LOST MY DRIVE SHAFT  
AND COASTED HERE.BWC

Indicate the north  
direction with  
an "N" on the  
compass diagram.

CRASH REPORTED DATE/TIME

0 6 2 6 2 0 2 5 1 0 3 7

DISPATCH DATE/TIME

0 6 2 6 2 0 2 5 1 0 3 7

ARRIVAL DATE/TIME

0 6 2 6 2 0 2 5 1 0 4 3

SCENE CLEARED DATE/TIME

0 6 2 6 2 0 2 5 1 1 1 7

REPORT TAKEN BY

- ☒
- POLICE AGENCY
- 
- ☐
- MOTORIST

TOTAL TIME ROADWAY  
CLOSED

0

OTHER INVESTIGATION  
TIME

3 5

TOTAL  
MINUTES

7 5

OFFICER'S NAME \*

R. Cramer

OFFICER'S BADGE NUMBER\*

0 3 7

CHECKED BY OFFICER'S NAME\*

R. Dodge

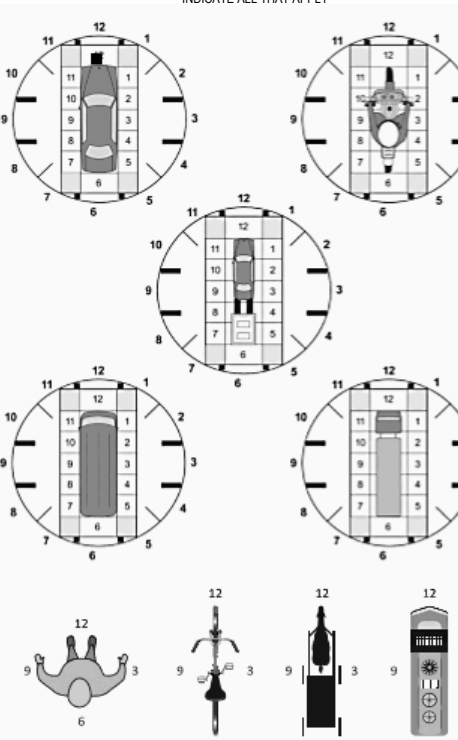
CHECKED BY OFFICER'S BADGE NUMBER\*

S 2 2

☐ SUPPLEMENT  
(CORRECTION=ADDITION  
to the original report)

| OWNER   |  | LOCAL REPORT NUMBER  |  |
|---|--|--|--|
| UNIT #<br>01  |  | 20251613   |  |
| OWNER NAME: LAST, FIRST, MIDDLE<br>FERGUSON   |  | OWNER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver   |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>11406 W ROGERS WEST ALLIS WI 53227   |  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>FERGUSON 11406 W Rogers WEST Allis WI 53227   |  |
| LP STATE<br>WI  |  | LICENSE PLATE #<br>29576Z  |  |
| VEHICLE IDENTIFICATION #<br>1FVH1CYD23MHMW0561  |  | VEHICLE YEAR<br>2021   |  |
| VEHICLE MAKE<br>Freightliner  |  | VEHICLE COLOR<br>WHI   |  |
| INSURANCE VERIFIED<br>AMERICAN  |  | INSURANCE POLICY #<br>ISAH11377361   |  |
| TYPE OF USE<br>COMMERCIAL   |  | US DOT #<br>282018   |  |
| HAZARDOUS MATERIAL<br>MATERIAL RELEASED<br>PLACARD  |  | CLASS #<br>PLACARD ID #  |  |
| INTERLOCK DEVICE EQUIPPED<br>HIT/SKIP UNIT  |  | # OCCUPANTS<br>01  |  |
| VEHICLE WEIGHT GVWR/GCWR<br>1- <10K LBS.<br>2- 10,001 - 26K LBS.<br>3- >26K LBS.  |  | TOWED BY: COMPANY NAME   |  |
| UNIT TYPE<br>1-PASSENGER CAR<br>2-PASSENGER VAN (MINIVAN)<br>3-SPORT UTILITY VEHICLE<br>4-PICK UP<br>5-CARGO VAN<br>6-VAN (9-15 SEATS)<br>7-MOTORCYCLE 2-WHEELED<br>8-MOTORCYCLE 3-WHEELED<br>9-AUTOCYCLE<br>10-MOPED OR MOTORIZED BICYCLE<br>11-ALL TERRAIN VEHICLE (ATV / UTV)<br>12-GOLF CART<br>13-SNOWMOBILE<br>14-SINGLE UNIT TRUCK<br>15-SEMI-TRACTOR<br>16-FARM EQUIPMENT<br>17-MOTORHOME<br>18-LIMO (LIVERY VEHICLE)<br>19-BUS (16+ PASSENGERS)<br>20-OTHER VEHICLE<br>21-HEAVY EQUIPMENT<br>22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23-PEDESTRIAN/SKATER<br>24-WHEELCHAIR (ANY TYPE)<br>25-OTHER NON-MOTORIST<br>26-BICYCLE<br>27-TRAIN<br>99-UNKNOWN OR HIT/SKIP |  | # of TRAILING UNITS  |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2  |  | AUTONOMOUS MODE LEVEL<br>0   |  |
| SPECIAL FUNCTION<br>01  |  | 1-NONE<br>2-TAXI<br>3-ELECTRONIC RIDE SHARING<br>4-SCHOOL TRANSPORT<br>5-BUS-TRANSIT/COMMUTER<br>6-BUS-CHARTER/TOUR<br>7-BUS-INTERCITY<br>8-BUS-SHUTTLE<br>9-BUS-OTHER<br>10-AMBULANCE<br>11-FIRE<br>12-MILITARY<br>13-POLICE<br>14-PUBLIC UTILITY<br>15-CONSTRUCTION EQUIPMENT<br>16-FARM<br>17-MOWING<br>18-SNOW REMOVAL<br>19-TOWING<br>20-SAFETY SERVICE PATROL<br>21-MAIL CARRIER<br>99-OTHER/UNKNOWN   |  |
| CARGO BODY TYPE<br>10   |  | 1-NO CARGO BODY TYPE / NOT APPLICABLE<br>2-BUS<br>3-VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4-LOGGING<br>5-INTERMODAL CONTAINER CHASSIS<br>6-CARGO VAN/ENCLOSED BOX<br>7-GRAIN/CHIPS/GRAVEL<br>8-POLE<br>9-CARGO TANK<br>10-FLAT BED<br>11-DUMP<br>12-CONCRETE MIXER<br>13-AUTO TRANSPORTER<br>14-GARBAGE/REFUSE<br>99-OTHER / UNKNOWN   |  |
| VEHICLE DEFECTS<br>99   |  | 1-TURN SIGNALS<br>2-HEAD LAMPS<br>3-TAIL LAMPS<br>4-BRAKES<br>5-STEERING<br>6-TIRE BLOWOUT<br>7-WORN OR SLICK TIRES<br>8-TRAILER EQUIPMENT DEFECTIVE<br>9-MOTOR TROUBLE<br>10-DISABLED FROM PRIOR ACCIDENT<br>99-OTHER / UNKNOWN   |  |
| NON-MOTORIST LOCATION AT IMPACT<br>1  |  | 1-INTERSECTION - MARKED CROSSWALK<br>2-INTERSECTION - UNMARKED CROSSWALK<br>3-INTERSECTION - OTHER<br>4-MIDBLOCK - MARKED CROSSWALK<br>5-TRAVEL LANE-OTHER LOCATION<br>6-BICYCLE LANE<br>7-SHOULDER/ROADSIDE<br>8-SIDEWALK<br>9-MEDIAN/CROSSING ISLAND<br>10-DRIVEWAY ACCESS<br>11-SHARED USE PATHS OR TRAILS<br>12-FIRST RESPONDER AT INCIDENT SCENE<br>99-OTHER / UNKNOWN  |  |
| ACTION<br>1   |  | 1-NON-CONTACT<br>2-NON-COLLISION<br>3-STRIKING<br>4-STUCK<br>5-BOTH STRIKING & STRUCK<br>9-OTHER / UNKNOWN<br>1-STRAIGHT AHEAD<br>2-BACKING<br>3-CHANGING LANES<br>4-OVERTAKING/PASSING<br>5-MAKING RIGHT TURN<br>6-MAKING LEFT TURN<br>7-MAKING U-TURN<br>8-ENTERING TRAFFIC LANE<br>9-LEAVING TRAFFIC LANE<br>10-PARKED<br>11-SLOWING OR STOPPED IN TRAFFIC<br>12-DRIVERLESS<br>13-NEGOTIATING A CURVE<br>14-ENTERING OR CROSSING SPECIFIED LOCATION<br>15-WALKING, RUNNING, JOGGING, PLAYING<br>16-WORKING<br>17-PUSHING VEHICLE<br>18-APPROACHING OR LEAVING VEHICLE<br>19-STANDING<br>20-OTHER NON-MOTORIST<br>21-STANDING OUTSIDE DISABLED VEHICLE<br>99-OTHER / UNKNOWN                             |  |
| CONTRIBUTING CIRCUMSTANCES<br>18  |  | 1-NONE<br>2-FAILURE TO YIELD<br>3-RAN RED LIGHT<br>4-RAN STOP SIGN<br>5-UNSAFE SPEED<br>6-IMPROPER TURN<br>7-LEFT OF CENTER<br>8-FOLLOWING TOO CLOSE/JACDA<br>9-IMPROPER LANE CHANGING<br>10-IMPROPER PASSING<br>11-DROVE OFF ROAD<br>12-IMPROPER BACKING<br>13-IMPROPER START FROM A PARKED POSITION<br>14-STOPPED OR PARKED ILLEGALLY<br>15-SWERVING TO AVOID<br>16-WRONG WAY<br>17-VISION OBSTRUCTION<br>18-OPERATING DEFECTIVE EQUIPMENT<br>19-LOAD SHIFTING/ FALLING/SPILLING<br>20-IMPROPER CROSSING<br>21-LYING IN ROADWAY<br>22-NOT DISCERNABLE<br>23-OPENING DOOR INTO ROADWAY<br>99-OTHER IMPROPER ACTION  |  |
| SEQUENCE OF EVENTS  |  | EVENTS   |  |
| 1 2 0   |  | 1-OVERTURN/ROLLOVER<br>2-FIRE/EXPLOSION<br>3-IMMERSION<br>4-JACKKNIFE<br>5-CARGO / EQUIPMENT LOSS OR SHIFT<br>6-EQUIPMENT FAILURE<br>7-SEPARATION OF UNITS<br>8-RAN OFF ROAD RIGHT<br>9-RAN OFF ROAD LEFT<br>10-CROSS MEDIAN<br>11-CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12-DOWNHILL RUNAWAY<br>13-OTHER NON-COLLISION<br>14-PEDESTRIAN<br>15-PEDALCYCLE<br>16-RAILWAY VEHICLE<br>17-ANIMAL - FARM<br>18-ANIMAL - DEER<br>19-ANIMAL - OTHER<br>20-MOTOR VEHICLE IN TRANSPORT<br>21-PARKED MOTOR VEHICLE<br>22-WORK ZONE MAINTENANCE EQUIPMENT<br>23-STUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24-OTHER MOVABLE OBJECT                                  |  |
| COLLISION WITH FIXED OBJECT - STRUCK  |  | 25-IMPACT ATTENUATOR / CRASH CUSHION<br>26-BRIDGE OVERHEAD STRUCTURE<br>27-BRIDGE PIER OR ABUTMENT<br>28-BRIDGE PARAPET<br>29-BRIDGE RAIL<br>30-GUARDRAIL FACE<br>31-GUARDRAIL END<br>32-PORTABLE BARRIER<br>33-MEDIAN CABLE BARRIER<br>34-MEDIAN GUARDRAIL BARRIER<br>35-MEDIAN CONCRETE BARRIER<br>36-MEDIAN OTHER BARRIER<br>37-TRAFFIC SIGN POST<br>38-OVERHEAD SIGN POST<br>39-LIGHT/LUMINARIES SUPPORT<br>40-UTILITY POLE<br>41-OTHER POST, POLE OR SUPPORT<br>42-CULVERT<br>43-CURB<br>44-DITCH<br>45-EMBANKMENT<br>46-FENCE<br>47-MAILBOX<br>48-TREE<br>49-FIRE HYDRANT<br>50-WORKZONE MAINTENANCE EQUIPMENT<br>51-WALL<br>52-BUILDING<br>53-TUNNEL<br>54-OTHER FIXED OBJECT<br>99-OTHER / UNKNOWN |  |
| UNIT SPEED<br>50  |  | DETECTED SPEED<br>1  |  |
| POSTED SPEED<br>60  |  | 1- STATED/ESTIMATED SPEED<br>2- CALCULATED / EDR<br>3- UNDETERMINED  |  |
| INITIAL POINT OF CONTACT<br>00  |  | 0- NO DAMAGE<br>1-12- REFER TO UNIT DIAGRAM<br>13- TOP<br>14- UNDERCARRIAGE<br>15- VEHICLE NOT AT SCENE<br>99- UNKNOWN   |  |
| TRAFFICWAY FLOW<br>1  |  | TRAFFIC CONTROL<br>1- ROUNDABOUT<br>2- SIGNAL<br>3- FLASHER<br>4- STOP SIGN<br>5- YIELD SIGN<br>6- NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br>6   |  | RAIL GRADE CROSSING<br>1- NOT INVOLVED<br>2- INVOLVED - ACTIVE CROSSING<br>3- INVOLVED - PASSIVE CROSSING  |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4  |  | 1- NORTH<br>2- SOUTH<br>3- EAST<br>4- WEST<br>5- NORTHEAST<br>6- NORTHWEST<br>7- SOUTHEAST<br>8- SOUTHWEST<br>9- OTHER / UNKNOWN   |  |
| HARMFUL EVENT<br>1  |  | MOST HARMFUL EVENT<br>1  |  |

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| OWNER   | UNIT #<br>0 2  | OWNER NAME: LAST, FIRST, MIDDLE<br>JAMES CHANSE<br>( Same As Driver)   | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)           |   |   |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>14106 SYLVIA AVE EUCLID OH 44110<br>( Same As Driver)   |  |   |   |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |   |   |   |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>KQF4400   | VEHICLE IDENTIFICATION #<br>J M 3 T B 2 8 A 5 8 0 1 5 5 1 2 8 | VEHICLE YEAR<br>2 0 0 8   | VEHICLE MAKE<br>Mazda   |
|   | <input type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #  | VEHICLE COLOR<br>BLK  | VEHICLE MODEL<br>Other/Unknow   |
|   | <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> IN EMERGENCY RESPONSE                | US DOT #  | TOWED BY: COMPANY NAME<br>PRIVATE   |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT   | # OCCUPANTS<br>0 2  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED CLASS #<br><input type="checkbox"/> PLACARD PLACARD ID # |
|   | UNIT TYPE<br>0 1   | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |   |   |   |
|   | # of TRAILING UNITS  |  |   |   |   |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN  |  |   |   |   |
|   | SPECIAL FUNCTION<br>0 1<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN  |  |   |   |   |
|   | CARGO BODY TYPE<br>0 1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN   |  |   |   |   |
|   | VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |  |   |   |   |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE-OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN   |  |   |   |   |
|   | ACTION<br>4 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>PRE-CRASH ACTION<br>0 1<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN                                   |  |   |   |   |
|   | CONTRIBUTING CIRCUMSTANCES<br>0 1<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION   |  |   |   |   |
|   | SEQUENCE OF EVENTS<br>1 0 5<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  |  |   |   |   |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |   |   |   |
|   | FIRST HARMFUL EVENT<br>1 MOST HARMFUL EVENT<br>1   |  |   |   |   |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>2 0 2 5 1 6 1 3   |  |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>3  |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>   |  |
| <input type="checkbox"/> - NO DAMAGE [0]<br><input type="checkbox"/> - TOP [13]<br><input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>1 2 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>1 1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>6 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br>6<br>RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING  |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>6 0  | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| POSTED SPEED<br>6 0  |  |



LOCAL REPORT NUMBER

2 0 2 5 1 6 1 3

|                         |   |  |   |  |                                |                     |   |  |  |  |  |  |                        |  |                        |  |               |  |              |  |           |  |   |
|-------------------------|---|--|---|--|--------------------------------|---------------------|---|--|--|--|--|--|------------------------|--|------------------------|--|---------------|--|--------------|--|-----------|--|---|
| MOTORIST / NON-MOTORIST | UNIT #<br>01  |  | NAME: LAST, FIRST, MIDDLE<br>CRUMB MARSHALL LAMAR |  |                                |                     | DATE OF BIRTH<br>07081979                           |  |  |  | AGE<br>  |  | GENDER<br>M            |  |                        |  |               |  |              |  |           |  |   |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>2543 E 127TH ST CLEVELAND OH 44120 |  |   |  |                                |                     | CONTACT PHONE - INCLUDE AREA CODE<br>               |  |  |  |  |  |                        |  |                        |  |               |  |              |  |           |  |   |
|                         | INJURIES<br>5   |  | INJURED TAKEN BY<br>                              |  | EMS AGENCY (NAME)<br>          |                     | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |  | SAFETY EQUIPMENT USED<br>04  |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>01 |  | AIR BAG USAGE<br>1     |  | EJECTION<br>1 |  | TRAPPED<br>1 |  |           |  |   |
|                         | OL STATE<br>  |  | OPERATOR LICENSE NUMBER<br>                       |  |                                | OFFENSE CHARGED<br> |   |  | LOCAL CODE<br><input type="checkbox"/>   |  | OFFENSE DESCRIPTION<br>                          |  |                        |  | CITATION NUMBER<br>    |  |               |  |              |  |           |  |   |
|                         | OL CLASS<br>1   |  | ENDORSEMENT SELECT UP TO 2<br>                    |  | RESTRICTION SELECT UP TO 3<br> |                     | DRIVER DISTRACTED BY<br>1                           |  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1                                   |  | STATUS<br>1            |  | ALCOHOL TEST<br>TYPE 1 |  | VALUE<br>     |  | STATUS<br>1  |  | TYPE<br>1 |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4<br> |

|                         |   |  |   |  |                                |                     |   |                                       |  |  |  |  |                         |  |                     |  |               |  |              |  |           |  |                           |
|-------------------------|---|--|---|--|--------------------------------|---------------------|---|---------------------------------------|--|--|--|--|-------------------------|--|---------------------|--|---------------|--|--------------|--|-----------|--|---------------------------|
| MOTORIST / NON-MOTORIST | UNIT #<br>0 2   |  | NAME: LAST, FIRST, MIDDLE<br>JAMES CHANSE |  |                                |                     | DATE OF BIRTH<br>0 5 1 1 1 9 9 6                    |                                       |  |  | AGE<br>  |  | GENDER<br>F             |  |                     |  |               |  |              |  |           |  |                           |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>14106 SYLVIA AVE EUCLID OH 44110 |  |   |  |                                |                     |   | CONTACT PHONE - INCLUDE AREA CODE<br> |  |  |  |  |                         |  |                     |  |               |  |              |  |           |  |                           |
|                         | INJURIES<br>5   |  | INJURED TAKEN BY<br>                      |  | EMS AGENCY (NAME)<br>          |                     | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br> |                                       | SAFETY EQUIPMENT USED<br>0 4   |  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |  | SEATING POSITION<br>0 1 |  | AIR BAG USAGE<br>1  |  | EJECTION<br>1 |  | TRAPPED<br>1 |  |           |  |                           |
|                         | OL STATE<br>  |  | OPERATOR LICENSE NUMBER<br>               |  |                                | OFFENSE CHARGED<br> |   |                                       | LOCAL CODE<br><input type="checkbox"/>   |  | OFFENSE DESCRIPTION<br>                          |  |                         |  | CITATION NUMBER<br> |  |               |  |              |  |           |  |                           |
|                         | OL CLASS<br>4   |  | ENDORSEMENT SELECT UP TO 2<br>            |  | RESTRICTION SELECT UP TO 3<br> |                     | DRIVER DISTRACTED BY<br>1                           |                                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1                                   |  | STATUS<br>1             |  | TYPE<br>1           |  | VALUE<br>     |  | STATUS<br>1  |  | TYPE<br>1 |  | RESULT SELECT UP TO 4<br> |

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

[illegible]

## OCCUPANT / WITNESS ADDENDUM

|  |  |   |                   |   |   | LOCAL REPORT NUMBER                                 |                         |  |   |               |              |  |             |  |  |
|--|--|---|-------------------|---|---|---|-------------------------|--|---|---------------|--------------|--|-------------|--|--|
|  |  |   |                   |   |   | 2 0 2 5 1 6 1 3                                     |                         |  |   |               |              |  |             |  |  |
| OCCUPANT   | UNIT #<br>2  | NAME: LAST, FIRST, MIDDLE<br>STAFFORD GLEN DANIEL   |                   |   |   | DATE OF BIRTH<br>0 6 1 2 1 9 8 9                    |                         |  |   |               | AGE          |  | GENDER<br>M |  |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP<br>16904 WALDEN AVE CLEVELAND OH 44128 |   |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE                   |                         |  |   |               |              |  |             |  |  |
|  | INJURIES<br>5  | INJURED<br>TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>USED<br>0 4   | <input type="checkbox"/> DOT-COMPLIANT<br>MC HELMET | SEATING POSITION<br>0 3 |  | AIR BAG USAGE<br>1  | EJECTION<br>1 | TRAPPED<br>1 |  |             |  |  |
| OCCUPANT   | UNIT #   | NAME: LAST, FIRST, MIDDLE   |                   |   |   | DATE OF BIRTH                                       |                         |  |   |               | AGE          |  | GENDER      |  |  |
|  | ADDRESS: STREET, CITY, STATE, ZIP  |   |                   |   |   | CONTACT PHONE - INCLUDE AREA CODE                   |                         |  |   |               |              |  |             |  |  |
|  | INJURIES   | INJURED<br>TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>USED  | DOT-COMPLIANT<br>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<br>TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>USED  | DOT-COMPLIANT<br>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<br>TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>USED  | DOT-COMPLIANT<br>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<br>TAKEN BY   | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT<br>USED  | DOT-COMPLIANT<br>MC HELMET                          | SEATING POSITION        |  | AIR BAG USAGE   | EJECTION      | TRAPPED      |  |             |  |  |
| INJURIES   |  | SAFETY EQUIPMENT USED   |                   |   | SEATING POSITION  |   |                         |  | AIR BAG USAGE   |               |              |  |             |  |  |
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |  | 1 - NONE USED -<br>VEHICLE OCCUPANT<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM -<br>FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM -<br>REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN<br>/ BICYCLE ONLY<br>99 - OTHER / UNKNOWN |                   |   | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR<br>(NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |   |                         |  | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |               |              |  |             |  |  |
| INJURED TAKEN BY   |  | EJECTION  |                   |   |   |   |                         |  |   |               |              |  |             |  |  |
| 1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                |  | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   |                   |   |   |   |                         |  |   |               |              |  |             |  |  |
| GENDER   |  | TRAPPED   |                   |   |   |   |                         |  |   |               |              |  |             |  |  |
| F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN  |  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>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                   |                         |  |   |               |              |  |             |  |  |