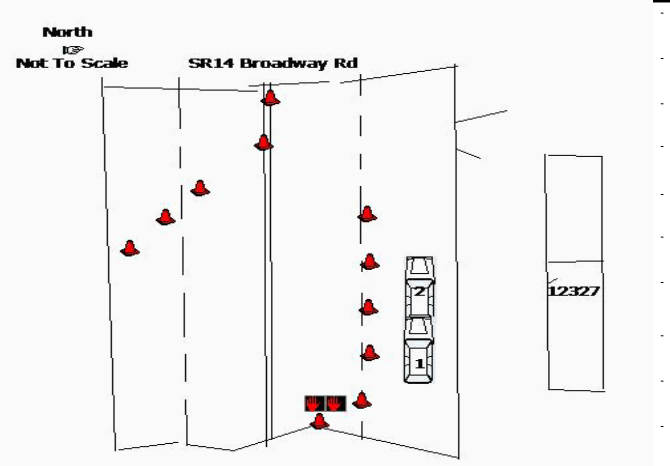


## TRAFFIC CRASH REPORT

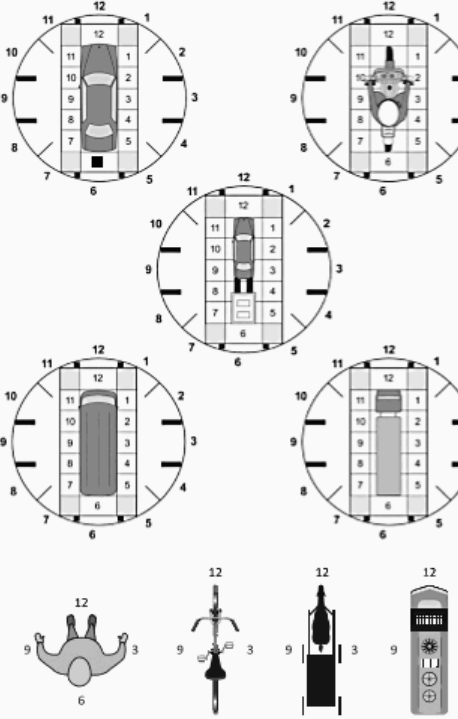
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|   |  |  |  |  |                 |  |  |  |  |   |  |   |  |
|---|--|--|--|--|-----------------|--|--|--|--|---|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property   | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS |  | 2 0 2 5 2 1 5 6 |  |  |  |  |   |  |   |  |
| COUNTY *<br>1 8   |  | LOCALITY *<br>1  |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS  |                 | CRASH DATE/TIME *<br>0 8 2 1 2 0 2 5 1 4 2 3   |  | CRASH SEVERITY<br>5<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY                  |  |   |  |   |  |
| ROUTE TYPE<br>S R   |  | ROUTE NUMBER<br>1 4  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |                 | LOCATION ROAD NAME<br>Broadway   |  | ROAD TYPE<br>R D   |  | LATITUDE DECIMAL DEGREES<br>4 1 4 3 0 4 2 1   |  |   |  |
| ROUTE TYPE  |  | ROUTE NUMBER   |  | PREFIX   |                 | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>12327   |  | ROAD TYPE  |  | LONGITUDE DECIMAL DEGREES<br>8 1 5 9 6 1 8 6  |  |   |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>3  |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |                 | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES    |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  |   |  |
| DISTANCE<br>EDM IN DECADES/FEET<br>1 - Miles<br>2 - Feet<br>3 - Yards   |  | DISTANCE<br>1 - Miles<br>2 - Feet<br>3 - Yards   |  | LOCATION OF FIRST CRASH EVENT<br>0 1<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |                 | MANNER OF CRASH COLLISION/IMPACT<br>2<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN                                 |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (24 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |   |  |
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                    |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER<br>1  |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA<br>4   |                 | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN  |  | CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN  |  |   |  |
| LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN |  | WEATHER<br>2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN |  | NARRATIVE<br>UNIT#1 WAS TRAVELING NORTH IN THE OUTSIDE LANE NEAR 12327 SR14(BROADWAY RD) DIRECTLY BEHIND UNIT#2. UNIT#2 STOPPED FOR TRAFFIC.AS A RESULT, THE FRONT OF U#1 COLLIDED WITH THE BACK OF U#2. BOTH UNITS WERE AT FINAL REST UPON ARRIVAL. BWC   |                 |    |  |  |  |   |  |   |  |
| CRASH REPORTED DATE/TIME<br>0 8 2 1 2 0 2 5 1 4 2 3   |  | DISPATCH DATE/TIME<br>0 8 2 1 2 0 2 5 1 4 2 4  |  | ARRIVAL DATE/TIME<br>0 8 2 1 2 0 2 5 1 4 2 8   |                 | SCENE CLEARED DATE/TIME<br>0 8 2 1 2 0 2 5 1 5 3 3   |  | REPORT TAKEN BY<br><input type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  | SUPPLEMENT<br>(CORRECTION = ADDITION<br>DO NOT WRITE IN THESE SPACES)   |  |   |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME   |  | TOTAL MINUTES<br>6 9   |                 | OFFICER'S NAME *<br>R. Cramer  |  | CHECKED BY OFFICER'S NAME*<br>R. Dodge   |  | OFFICER'S BADGE NUMBER*<br>0 3 7  |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>S 2 2 |  |

| OWNER  |  | LOCAL REPORT NUMBER   |  |
|--|--|---|--|
| UNIT #<br>01   |  | 20252156  |  |
| OWNER NAME: LAST, FIRST, MIDDLE<br>Baby T Trucking   |  | OWNER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver  |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>9008 Stonegate Cir NORTH Ridgeville OH 44039  |  | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>Baby T Trucking 9008 Stonegate Cir N. Ridgeville OH 4403   |  |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver  |  | DAMAGE<br>DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>4   |  |
| LP STATE<br>OH   |  | DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY  |  |
| LICENSE PLATE #<br>PNN4960   |  | VEHICLE IDENTIFICATION #<br>1M2P267C1WM038877   |  |
| VEHICLE YEAR<br>1998   |  | VEHICLE MAKE<br>Mack  |  |
| INSURANCE VERIFIED<br>Progressive  |  | INSURANCE POLICY #<br>974282796   |  |
| VEHICLE COLOR<br>RED   |  | VEHICLE MODEL<br>Other/Unknow   |  |
| TYPE OF USE<br>COMMERCIAL  |  | US DOT #<br>4140104   |  |
| TOWED BY: COMPANY NAME<br>Private  |  | HAZARDOUS MATERIAL<br>MATERIAL RELEASED<br>PLACARD  |  |
| INTERLOCK DEVICE EQUIPPED  |  | # OCCUPANTS<br>01   |  |
| VEHICLE WEIGHT GVWR/GCWR<br>3  |  | VEHICLE MAKE<br>Mack  |  |
| 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/KATER<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 OCCURED?<br>2  |  | AUTONOMOUS MODE LEVEL<br>0  |  |
| SPECIAL FUNCTION<br>01   |  | 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 |  |
| CARGO BODY TYPE<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  |  | INITIAL POINT OF CONTACT<br>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  |  |
| VEHICLE LOCATION AT IMPACT<br>3  |  | ACTION<br>01  |  |
| CONTRIBUTING CIRCUMSTANCES<br>08   |  | TRAFFIC<br>TRAFFICWAY FLOW<br>2   |  |
| SEQUENCE OF EVENTS<br>120  |  | RAIL GRADE CROSSING<br>1  |  |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25-36  |  | UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1  |  |
| FIRST HARMFUL EVENT<br>1   |  | DETECTED SPEED<br>1   |  |
| MOST HARMFUL EVENT<br>1  |  | UNIT SPEED<br>20  |  |
|  |  | POSTED SPEED<br>25  |  |

|   |  |   |   |                                    |  |  |   |
|---|--|---|---|------------------------------------|--|--|---|
| OWNER   | UNIT #<br>0 2  | OWNER NAME: LAST, FIRST, MIDDLE<br>Repubic Services | ( <input type="checkbox"/> Same As Driver )   |                                    | OWNER PHONE: INCLUDE AREA CODE<br>_____              | ( <input type="checkbox"/> Same As Driver )  |   |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>8123 Jones Rd CLEVELAND OH 44105  |   |   |                                    |  |  | ( <input type="checkbox"/> Same As Driver ) |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP<br>Repubic Services 8123 Jones CLEVELAND OH 44105 |  |   |   |                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE<br>_____ |  |   |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>PLN9073                          | VEHICLE IDENTIFICATION #<br>1M2TE1GC2MM006154 |                                    | VEHICLE YEAR<br>2021                                 | VEHICLE MAKE<br>Mack   |   |
|   | INSURANCE<br>VERIFIED  | INSURANCE COMPANY<br>Ace American                   |   | INSURANCE POLICY #<br>ISAH1137119A |  | VEHICLE COLOR<br>BLU   | VEHICLE MODEL<br>Other/Unknow               |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  | US DOT #<br>3035170                                 |   | TOWED BY: COMPANY NAME<br>_____    |  |  |   |
|   | INTERLOCK<br>DEVICE<br>EQUIPPED  | HIT/SKIP UNIT<br><input type="checkbox"/>           | # OCCUPANTS<br>01                             | VEHICLE WEIGHT GVWR/GCWR<br>3      |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # _____ PLACARD ID # _____ |   |
|   | UNIT TYPE<br>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   |   |   |                                    |  |  |   |
|   | # of TRAILING UNITS<br>_____   |   |   |                                    |  |  |   |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN   |   |   |                                    |  |  |   |
|   | SPECIAL FUNCTION<br>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<br>14 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<br>1 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  |   |   |                                    |  |  |   |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>1 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<br>4 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   |   |   |                                    |  |  |   |
|   | CONTRIBUTING CIRCUMSTANCES<br>01 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/JACDA 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  |   |   |                                    |  |  |   |
|   | SEQUENCE OF EVENTS<br>1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT  |   |   |                                    |  |  |   |
|   | COLLISION WITH FIXED OBJECT - STRUCK<br>4 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<br>1 MOST HARMFUL EVENT<br>1   |   |   |                                    |  |  |   |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>20252156  |  |
| DAMAGE<br>DAMAGE SCALE<br>2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN   |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>   |  |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>06 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br>6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br>2<br>RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING  |  |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN   |  |
| UNIT SPEED<br>0  | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED<br>25   |  |

MOTORIST / NON-MOTORIST

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 5 | 2 | 1 | 5 | 6 |  |  |

|   |   |                            |   |                           |  |  |                |  |                              |  |              |
|---|---|----------------------------|---|---------------------------|--|--|----------------|--|------------------------------|--|--------------|
| UNIT #<br>01  | NAME: LAST, FIRST, MIDDLE<br>FECKLEY ERNEST CHESTER |                            |   |                           | DATE OF BIRTH<br>10271947  |  |                | AGE<br>77                                  | GENDER<br>M                  |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5500 LAURENT DR APT 106 PARMA OH 44129 |   |                            |   |                           | 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>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  | OPERATOR LICENSE NUMBER                             |                            | OFFENSE CHARGED<br>333.03                       |                           | LOCAL CODE<br>■  | OFFENSE DESCRIPTION<br>ACDA                      |                |  | CITATION NUMBER<br>G20251679 |  |              |
| OL CLASS<br>1   | 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<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 ■ |                              | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|  |   |                            |   |                           |  |  |                |  |                    |  |              |
|--|---|----------------------------|---|---------------------------|--|--|----------------|--|--------------------|--|--------------|
| UNIT #<br>02   | NAME: LAST, FIRST, MIDDLE<br>ACORD DYLAN EDWARD |                            |   |                           | DATE OF BIRTH<br>05261992  |  |                | AGE  | GENDER<br>M        |  |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>3526 BOSTON RD BRUNSWICK OH 44212 |   |                            |   |                           | 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>99  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                | SEATING POSITION<br>99                     | AIR BAG USAGE<br>1 | EJECTION<br>1  | TRAPPED<br>1 |
| OL STATE   | OPERATOR LICENSE NUMBER                         |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                |  | CITATION NUMBER    |  |              |
| OL CLASS<br>2  | 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<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE<br>1 1 ■ |                    | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4<br>1 1 |              |

|                                   |                            |                            |   |                      |   |                         |           |                                   |                 |   |         |
|-----------------------------------|----------------------------|----------------------------|---|----------------------|---|-------------------------|-----------|-----------------------------------|-----------------|---|---------|
| 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<br>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   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
| INJURED TAKEN BY                               | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT CLASS A & CLASS B BUS   | 6 - PASSENGER  | ALCOHOL TEST TYPE                              |
|  | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           | OL ENDORSEMENT               | 7 - EXCEPT TRACTOR-TRAILER RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   |  |
|  | 8 - THIRD - MIDDLE   |                                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   |  |
|  | 9 - THIRD - RIGHT SIDE   |                                    |                              | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  |  |
| 1 - NOT TRANSPORTED /TREATED AT SCENE          | 10 - SLEEPER SECTION OF TRUCK CAB  | 1 - NOT EJECTED                    | H - HAZMAT                   | 10 - LIMITED TO DAYLIGHT ONLY  | CONDITION  | 1 - NONE                                       |
| 2 - EMS  | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 11 - LIMITED TO EMPLOYMENT   |  | 2 - BLOOD                                      |
| 3 - POLICE                                     | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 3 - TOTALLY EJECTED                | P - PASSENGER                | 12 - LIMITED - OTHER   |  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 13 - TRAILING UNIT   | 4 - NOT APPLICABLE                 | N - TANKER                   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 4 - OTHER                                      |
| SAFETY EQUIPMENT                               | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | TRAPPED                            | Q - MOTOR SCOOTER            | 14 - MILITARY VEHICLES ONLY  | DRUG TEST RESULT(S)  | DRUG TEST TYPE                                 |
|  | 15 - NON-MOTORIST  |                                    | R - THREE-WHEEL MOTORCYCLE   | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   |  |  |
|  | 99 - OTHER / UNKNOWN   |                                    | S - SCHOOL BUS               | 16 - OUTSIDE MIRROR  |  |  |
|  |  | 1 - NOT TRAPPED                    | T - DOUBLE & TRIPLE TRAILERS | 17 - PROSTHETIC AID  |  |  |
|  |  | 2 - EXTRICATED BY MECHANICAL MEANS | X - TANKER / HAZMAT          | 18 - OTHER   |  |  |
|  |  | 3 - FREED BY NON-MECHANICAL MEANS  | GENDER                       |  |  |  |
|  |  |                                    |                              |  |  |  |
|  |  |                                    |                              |  |  |  |
| 1 - NONE USED                                  |  |                                    | F - FEMALE                   |  |  | 1 - AMPHETAMINES                               |
| 2 - SHOULDER BELT ONLY USED                    |  |                                    | M - MALE                     |  |  | 2 - BARBITURATES                               |
| 3 - LAP BELT ONLY USED                         |  |                                    | U - OTHER/UNKNOWN            |  |  | 3 - BENZODIAZEPINES                            |
| 4 - SHOULDER & LAP BELT USED                   |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 7 - BOOSTER SEAT                               |  |                                    |                              |  |  | 7 - OTHER                                      |
| 8 - HELMET USED                                |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    |                              |  |  |  |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  |  |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  |  |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  |  |