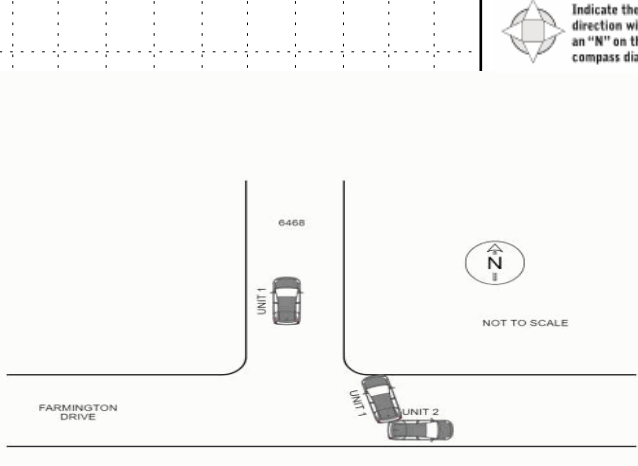


## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

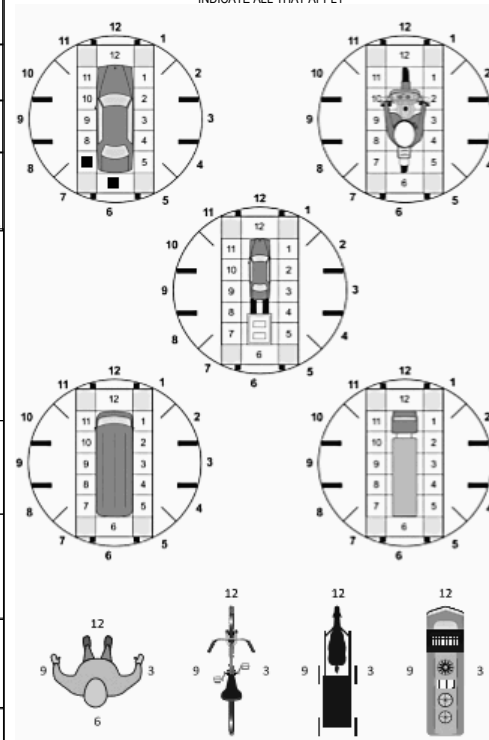
LOCAL REPORT NUMBER \*

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		2   0   2   5   2   1   6   9						
COUNTY * 1   8		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0   8   2   3   2   0   2   5   1   4   4   0		CRASH SEVERITY 5   1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME FARMINGTON		ROAD TYPE D   R		LATITUDE DECIMAL DEGREES 4   1     3   9   2   3   9   5	
ROUTE TYPE 		ROUTE NUMBER 		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6468		ROAD TYPE 		LONGITUDE DECIMAL DEGREES 8   1     5   8   6   9   4	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1		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		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES 	
DISTANCE EDPM DECEASED/MP 2   0		DISTANCE 1 UNIT PER MILE/FEET 1 - Miles 2 - Feet 3 - Yards 2								ROADWAY <input type="checkbox"/> ROADWAY DIVIDED	
LOCATION - FIRST ROAD/MEET EVENT 0   1   1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP		CROSSOVER 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 5   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 (4 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> 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 2   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/ THE DRIVER OF UNIT 1 WAS BACKING OUT OF THE DRIVEWAY AT 6468 FARMINGTON ONTO FARMINGTON ROAD. DURING THIS MANEUVER, UNIT 1 EXECUTED AN IMPROPER BACKING, RESULTING IN A COLLISION WITH UNIT 2. UNIT 2 WAS LEGALLY PARKED AND UNOCCUPIED ON THE STREET AT THE TIME OF THE INCIDENT. UNIT 1'S REAR BUMPER STRUCK THE LEFT REAR BUMPER OF UNIT 2.											
CRASH REPORTED DATE/TIME 0   8   2   3   2   0   2   5   1   4   4   0		DISPATCH DATE/TIME 0   8   2   3   2   0   2   5   1   4   4   1		ARRIVAL DATE/TIME 0   8   2   3   2   0   2   5   1   4   4   5		SCENE CLEARED DATE/TIME 0   8   2   3   2   0   2   5   1   5   3   9		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST			
TOTAL TIME ROADWAY CLOSED 5   0		OTHER INVESTIGATION TIME 1   5		TOTAL MINUTES 7   3		OFFICER'S NAME * L. Ajieng		CHECKED BY OFFICER'S NAME* M. Berdysz		<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION DO NOT WRITE IN THESE SPACES)	
				OFFICER'S BADGE NUMBER* 0   2   7		CHECKED BY OFFICER'S BADGE NUMBER* L   1   4					

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20252169	
OWNER NAME: LAST, FIRST, MIDDLE ( ) Same As Driver BARONE LANDSCAPING		OWNER PHONE: INCLUDE AREA CODE ( ) Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP ( ) Same As Driver 27362 CT OLMSTED FALLS OH 44138			
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP BARONE LANDSCAPING 27362 CT OLMSTED FALLS OH 44135		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # PJD9026	
VEHICLE IDENTIFICATION # 1GB3KYCG8FZ558699		VEHICLE YEAR 2015	
VEHICLE MAKE Chevrolet			
INSURANCE VERIFIED <input type="checkbox"/>		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR WHI	
VEHICLE MODEL Full Size Truck			
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # 0000000	
TOWED BY: COMPANY NAME		HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		CLASS #	
HIT/SKIP UNIT <input type="checkbox"/>		PLACARD ID #	
# OCCUPANTS 02			
VEHICLE WEIGHT GVWR/GCWR 1			
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			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	
1 - YES 2 - NO 9 - OTHER / UNKNOWN		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
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			
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			
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			
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			
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	
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			
CONTRIBUTING CIRCUMSTANCES			
SEQUENCE OF EVENTS			
EVENTS			
1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	
11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	
22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			
COLLISION WITH FIXED OBJECT - STRUCK			
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	

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

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> Same As Driver ) HOFFNER MICHAEL JOSEPH	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> Same As Driver ) _____					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> Same As Driver ) 7077 LONGVIEW DR SOLON OH 44139							
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP _____		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE _____						
VEHICLE	LP STATE O H	LICENSE PLATE # ECH4813	VEHICLE IDENTIFICATION # 4 T 1 F 3 1 A K 0 M U 5 6 9 7 3 8	VEHICLE YEAR 2 0 2 1	VEHICLE MAKE Toyota			
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 900677581	VEHICLE COLOR BLU	VEHICLE MODEL Camry			
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # _____	TOWED BY: COMPANY NAME _____				
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 0 0	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD				
	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		
	UNIT TYPE _____ # of TRAILING UNITS							
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION					
	SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER		11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN		
	CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING		5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL	8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP		
	VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT		7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN		
EVENT(S)	NON-MOTORIST LOCATION AT IMPACT 0 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 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		PRE-CRASH ACTION 1 0 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 0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/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						EVENTS	
	1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT		6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN		11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE		16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE	
	COLLISION WITH FIXED OBJECT - STRUCK							
	25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	
	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN							
	FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1					

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



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE SULLIVAN KELLY LYN										DATE OF BIRTH 07242000										AGE 25		GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 6468 FARMINGTON DR 124 GARFIELD HTS OH 44125															CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES 5		INJURED TAKEN BY		EMS AGENCY (NAME)					INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)					SAFETY EQUIPMENT USED 02		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1		
	OL STATE		OPERATOR LICENSE NUMBER					OFFENSE CHARGED 331.13					LOCAL CODE ■	OFFENSE DESCRIPTION STARTING AND BACKING					CITATION NUMBER G20251694								
	OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3					DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG					CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1		VALUE	STATUS 1	TYPE 1	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) 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		<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG					CONDITION	STATUS	ALCOHOL TEST TYPE		VALUE	STATUS	TYPE	DRUG TEST(S) RESULT SELECT UP TO 4				
UNIT #		NAME: LAST, FIRST, MIDDLE																									

## OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER									
						2   0   2   5   2   1   6   9									
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE MICHAEL DANIEL BARONE				DATE OF BIRTH 0   8   0   2   1   9   9   6					AGE 2   9		GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 6468 FARMINGTON DR GARFIELD HTS OH 44125					CONTACT PHONE - INCLUDE AREA CODE 									
	INJURIES 5	INJURED TAKEN BY 	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0   2		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0   3		AIR BAG USAGE 1		EJECTION 1	TRAPPED 1
OCCUPANT	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 
OCCUPANT	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 
OCCUPANT	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 
INJURIES		SAFETY EQUIPMENT USED				SEATING POSITION				AIR BAG USAGE					
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN				1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN				1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
INJURED TAKEN BY															
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN															
GENDER															
F - FEMALE M - MALE U - OTHER/UNKNOWN															
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 									