



LOCAL REPORT NUMBER \*

HSY7001 OH1 1/19 [760-0820]

|                                                                                          |                                                     |                                                      |
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| UNIT #<br>01                                                                             | OWNER NAME: LAST, FIRST, MIDDLE<br>KELLEY NANCY KAY | OWNER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>23004 CHANDLERS LN 106 OLMSTED FALLS OH 44138 |                                                     |                                                      |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                      |                                                     |                                                      |

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| LP STATE<br>OH                                                                                                                        | LICENSE PLATE #<br>HHU5263       | VEHICLE IDENTIFICATION #<br>1VWC7A36C087073                                                       | VEHICLE YEAR<br>2012   | VEHICLE MAKE<br>Volkswagen                                                          |
| INSURANCE<br>VERIFIED                                                                                                                 | INSURANCE COMPANY<br>ERIE INS CO | INSURANCE POLICY #<br>Q086511213                                                                  | VEHICLE COLOR<br>SIL   | VEHICLE MODEL<br>Passat                                                             |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |                                  | US DOT #                                                                                          | TOWED BY: COMPANY NAME |                                                                                     |
| INTERLOCK<br>DEVICE<br>EQUIPPED                                                                                                       |                                  | HIT/SKIP UNIT                                                                                     | # OCCUPANTS<br>01      | VEHICLE WEIGHT GVWR/GVWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |
|                                                                                                                                       |                                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                        |                                                                                     |

|                          |                                                                                                                                       |                                                                                                                                                  |                                                                                                                           |                                                                                                                                                         |                                                                                                                                           |
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| UNIT TYPE<br>01          | 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) | 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) | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME | 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 | 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<br>0 |                                                                                                                                       |                                                                                                                                                  |                                                                                                                           |                                                                                                                                                         |                                                                                                                                           |

|                                                                    |                                                                                                         |                                                                                                         |                                                                                                 |                                                                                            |                                           |
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| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 | 1 - YES 2 - NO 9 - OTHER / UNKNOWN                                                                      | AUTONOMOUS MODE LEVEL<br>0                                                                              | 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION                            | 3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION                   | 9 - UNKNOWN                               |
| SPECIAL FUNCTION<br>01                                             | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE | 11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT | 16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL | 21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN |

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| CARGO BODY TYPE<br>01 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS   | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL | 8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP | 12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN |
| VEHICLE DEFECTS       | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS | 4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT          | 7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE                               | 9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   | 99 - OTHER / UNKNOWN                                                                        |

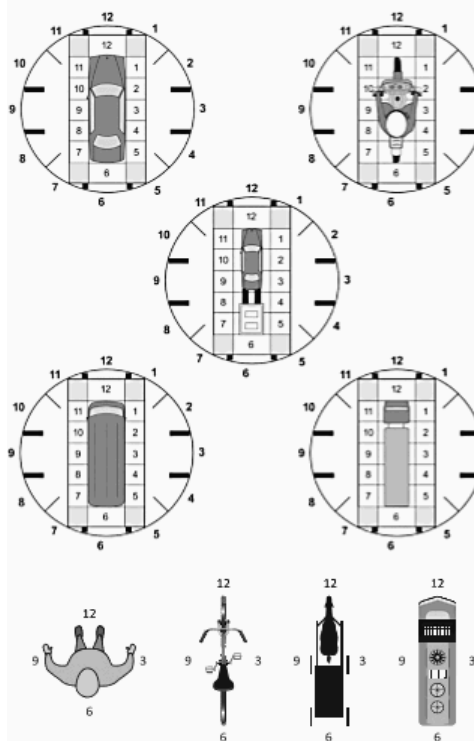
|                                      |                                                                                                                         |                                                                                               |                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                             |
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| NON-MOTORIST LOCATION AT IMPACT<br>1 | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK                                            | 3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE-OTHER LOCATION | 6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK                                                                          | 9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS                                                              | 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 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN | PRE-CRASH ACTION<br>01                                                                        | 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN | 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 | 13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE |

|                                  |                                                                                                                     |                                                                                                                                                            |                                                                                                                            |                                                                                                                                 |                                                                                                               |
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| CONTRIBUTING CIRCUMSTANCES<br>02 | 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 | 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 | 13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY | 17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION |
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|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEQUENCE OF EVENTS                         |                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                         |                                                                                                                                                          |
| EVENTS                                     |                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                         |                                                                                                                                                          |
| 1 1 5                                      | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT                                                       | 6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN                                               | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE             | 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 | 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       |                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                         |                                                                                                                                                          |
| 4                                          | 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 | 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 | 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 | 43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT                                              | 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 1 MOST HARMFUL EVENT 1 |                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                             |                                                                                                                                                         |                                                                                                                                                          |

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| LOCAL REPORT NUMBER<br>20252614                                                                                                                                                                                              |                                                                                                                          |
| DAMAGE                                                                                                                                                                                                                       |                                                                                                                          |
| DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>9 - UNKNOWN<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE                                                                                                                 |                                                                                                                          |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY                                                                                                                                                                                   |                                                                                                                          |
|                                                                                                                                                                                                                              |                                                                                                                          |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                                          |
| INITIAL POINT OF CONTACT<br>01<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                                                               |                                                                                                                          |
| TRAFFIC                                                                                                                                                                                                                      |                                                                                                                          |
| TRAFFICWAY FLOW<br>1<br>1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                           | TRAFFIC CONTROL<br>6<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>2                                                                                                                                                                                              | 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<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>10                                                                                                                                                                                                             | DETECTED SPEED<br>1<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                            |
| POSTED SPEED<br>0                                                                                                                                                                                                            |                                                                                                                          |

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| OWNER                                               | UNIT #<br>0 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>TUCKER ZAMIR | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver) |                                                                                                   |                         |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>12112 OAKPARK BLVD GARFIELD HTS OH 44125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                     |                                                                                                   |                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                          |                                                     |                                                                                                   |                         |
| VEHICLE                                             | LP STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LICENSE PLATE #                                                      | VEHICLE IDENTIFICATION #                            | VEHICLE YEAR                                                                                      | VEHICLE MAKE<br>BICYCLE |
|                                                     | <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSURANCE COMPANY                                                    | INSURANCE POLICY #                                  | VEHICLE COLOR<br>BLU                                                                              | VEHICLE MODEL           |
|                                                     | TYPE OF USE<br><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<br>0 1                                  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                         |
|                                                     | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | UNIT TYPE<br>2 6<br># of TRAILING UNITS<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>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>1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE<br>11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT<br>16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                  |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | CARGO BODY TYPE<br>0 1<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP<br>12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGEREFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | VEHICLE DEFECTS<br>1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS<br>4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                     |                                                                                                   |                         |
| EVENT(S)                                            | NON-MOTORIST LOCATION AT IMPACT<br>0 2<br>1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION<br>6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                            |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | ACTION<br>4<br>1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN<br>PRE-CRASH ACTION<br>0 1<br>1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN<br>7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                       |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | CONTRIBUTING CIRCUMSTANCES<br>0 1<br>1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN<br>7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY<br>17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION                                                                                     |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | SEQUENCE OF EVENTS<br>1 2 0<br>1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE<br>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>25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE<br>31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT<br>43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN |                                                                      |                                                     |                                                                                                   |                         |
|                                                     | FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                     |                                                                                                   |                         |

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| LOCAL REPORT NUMBER<br>2 0 2 5 2 6 1 4                                                                                                                                  |                                                                                         |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE<br>9 - UNKNOWN                                                           |                                                                                         |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>                                      |                                                                                         |
| INITIAL POINT OF CONTACT<br>0 0<br>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<br>1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br>6<br>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 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING                               |                                                                                         |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<br>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN       |                                                                                         |
| UNIT SPEED<br>5                                                                                                                                                         | DETECTED SPEED<br>1<br>1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
| POSTED SPEED<br>0                                                                                                                                                       |                                                                                         |



|                                             |                                                                                |                                                                                        |                                                  |                                    |                                                 |                                                                      |                                                             |                                                                                                                                           |                                                  |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |
|---------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|-------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------|--------------------|-----------------|---------------------------------------|---------------------------------------|--------------|--|--|
| MOTORIST / NON-MOTORIST                     | UNIT #<br>01                                                                   |                                                                                        | NAME: LAST, FIRST, MIDDLE<br>LEMMON JASON EDWARD |                                    | DATE OF BIRTH<br>08191986                       |                                                                      | AGE<br>39                                                   |                                                                                                                                           | GENDER<br>M                                      |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |
|                                             | ADDRESS: STREET, CITY, STATE, ZIP<br>9513 S HIGHLAND AVE GARFIELD HTS OH 44125 |                                                                                        |                                                  |                                    | CONTACT PHONE - INCLUDE AREA CODE               |                                                                      |                                                             |                                                                                                                                           |                                                  |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |
|                                             | INJURIES<br>5                                                                  |                                                                                        | INJURED TAKEN BY<br>1                            | 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                                                      |                                                             |                                                                                                                                           | LOCAL CODE<br><input type="checkbox"/>           | OFFENSE DESCRIPTION                                                                  |                               |                                                |                    | CITATION NUMBER |                                       |                                       |              |  |  |
|                                             | OL CLASS<br>4                                                                  |                                                                                        | ENDORSEMENT SELECT UP TO 2                       | RESTRICTION SELECT UP TO 3         |                                                 |                                                                      | DRIVER DISTRACTED BY<br>1                                   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> OTHER DRUG<br><input type="checkbox"/> MARIJUANA |                                                  | CONDITION<br>1                                                                       | STATUS<br>1                   | ALCOHOL TEST<br>TYPE<br>1<br>VALUE             |                    | STATUS<br>1     | TYPE<br>1                             | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |              |  |  |
|                                             | UNIT #<br>02                                                                   |                                                                                        | NAME: LAST, FIRST, MIDDLE<br>TUCKER ZAMIR        |                                    |                                                 |                                                                      | DATE OF BIRTH<br>04232015                                   |                                                                                                                                           |                                                  |                                                                                      | AGE<br>10                     |                                                | GENDER<br>M        |                 |                                       |                                       |              |  |  |
|                                             | ADDRESS: STREET, CITY, STATE, ZIP<br>12112 OAKPARK BLVD GARFIELD HTS OH 44125  |                                                                                        |                                                  |                                    | CONTACT PHONE - INCLUDE AREA CODE               |                                                                      |                                                             |                                                                                                                                           |                                                  |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |
|                                             | INJURIES<br>3                                                                  |                                                                                        | INJURED TAKEN BY<br>2                            | EMS AGENCY (NAME)<br>GARFIELD SQ1  |                                                 | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>MARYMOUNT HOSPITA |                                                             | SAFETY EQUIPMENT USED<br>01                                                                                                               |                                                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                     | SEATING POSITION<br>01        |                                                | AIR BAG USAGE      |                 | EJECTION                              |                                       | TRAPPED      |  |  |
|                                             | OL STATE                                                                       |                                                                                        | OPERATOR LICENSE NUMBER                          |                                    |                                                 | OFFENSE CHARGED                                                      |                                                             |                                                                                                                                           | LOCAL CODE<br><input type="checkbox"/>           | OFFENSE DESCRIPTION                                                                  |                               |                                                |                    | CITATION NUMBER |                                       |                                       |              |  |  |
|                                             | OL CLASS                                                                       |                                                                                        | ENDORSEMENT SELECT UP TO 2                       | RESTRICTION SELECT UP TO 3         |                                                 |                                                                      | DRIVER DISTRACTED BY<br>1                                   | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL<br><input type="checkbox"/> OTHER DRUG<br><input type="checkbox"/> MARIJUANA |                                                  | CONDITION<br>1                                                                       | STATUS<br>1                   | ALCOHOL TEST<br>TYPE<br>1<br>VALUE             |                    | STATUS<br>1     | TYPE<br>1                             | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |              |  |  |
| UNIT #                                      |                                                                                | NAME: LAST, FIRST, MIDDLE                                                              |                                                  |                                    |                                                 | DATE OF BIRTH                                                        |                                                             |                                                                                                                                           |                                                  | AGE                                                                                  |                               | GENDER                                         |                    |                 |                                       |                                       |              |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP           |                                                                                |                                                                                        |                                                  | CONTACT PHONE - INCLUDE AREA CODE  |                                                 |                                                                      |                                                             |                                                                                                                                           |                                                  |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |
| INJURIES                                    |                                                                                | INJURED TAKEN BY                                                                       | EMS AGENCY (NAME)                                |                                    | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                      | SAFETY EQUIPMENT USED                                       |                                                                                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                                                                     |                               | AIR BAG USAGE                                  |                    | EJECTION        |                                       | TRAPPED                               |              |  |  |
| OL STATE                                    |                                                                                | OPERATOR LICENSE NUMBER                                                                |                                                  |                                    | OFFENSE CHARGED                                 |                                                                      |                                                             | LOCAL CODE<br><input type="checkbox"/>                                                                                                    | 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                                        | STATUS                                                                               | ALCOHOL TEST<br>TYPE<br>VALUE |                                                | STATUS             | TYPE            | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |                                       |              |  |  |
| UNIT #                                      |                                                                                | NAME: LAST, FIRST, MIDDLE                                                              |                                                  |                                    |                                                 | DATE OF BIRTH                                                        |                                                             |                                                                                                                                           |                                                  | AGE                                                                                  |                               | GENDER                                         |                    |                 |                                       |                                       |              |  |  |
| ADDRESS: STREET, CITY, STATE, ZIP           |                                                                                |                                                                                        |                                                  | CONTACT PHONE - INCLUDE AREA CODE  |                                                 |                                                                      |                                                             |                                                                                                                                           |                                                  |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |
| INJURIES                                    |                                                                                | INJURED TAKEN BY                                                                       | EMS AGENCY (NAME)                                |                                    | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                                                                      | SAFETY EQUIPMENT USED                                       |                                                                                                                                           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION                                                                     |                               | AIR BAG USAGE                                  |                    | EJECTION        |                                       | TRAPPED                               |              |  |  |
| OL STATE                                    |                                                                                | OPERATOR LICENSE NUMBER                                                                |                                                  |                                    | OFFENSE CHARGED                                 |                                                                      |                                                             | LOCAL CODE<br><input type="checkbox"/>                                                                                                    | 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                                        | STATUS                                                                               | ALCOHOL TEST<br>TYPE<br>VALUE |                                                | STATUS             | TYPE            | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |                                       |              |  |  |
| INJURIES                                    |                                                                                | SEATING POSITION                                                                       |                                                  | AIR BAG                            |                                                 | OL CLASS                                                             |                                                             | OL RESTRICTION(S)                                                                                                                         |                                                  | DRIVER DISTRACTION                                                                   |                               | TEST STATUS                                    |                    |                 |                                       |                                       |              |  |  |
| 1 - FATAL                                   |                                                                                | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)                                              |                                                  | 1 - NOT DEPLOYED                   |                                                 | 1 - CLASS A                                                          |                                                             | 1 - ALCOHOL INTERLOCK DEVICE                                                                                                              |                                                  | 1 - NOT DISTRACTED                                                                   |                               | 1 - NONE GIVEN                                 |                    |                 |                                       |                                       |              |  |  |
| 2 - SUSPECTED SERIOUS INJURY                |                                                                                | 2 - FRONT - MIDDLE                                                                     |                                                  | 2 - DEPLOYED FRONT                 |                                                 | 2 - CLASS B                                                          |                                                             | 2 - CDL INTRASTATE ONLY                                                                                                                   |                                                  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) |                               | 2 - TEST REFUSED                               |                    |                 |                                       |                                       |              |  |  |
| 3 - SUSPECTED MINOR INJURY                  |                                                                                | 3 - FRONT - RIGHT SIDE                                                                 |                                                  | 3 - DEPLOYED SIDE                  |                                                 | 3 - CLASS C                                                          |                                                             | 3 - CORRECTIVE LENSES                                                                                                                     |                                                  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE & CLASS B BUS                         |                               | 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                                                      |                                                             | 7 - EXCEPT TRACTOR-TRAILER                                                                                                                |                                                  | 6 - PASSENGER                                                                        |                               | ALCOHOL TEST TYPE                              |                    |                 |                                       |                                       |              |  |  |
| 1 - NOT TRANSPORTED /TREATED AT SCENE       |                                                                                | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)                                            |                                                  | EJECTION                           |                                                 | H - HAZMAT                                                           |                                                             | 8 - INTERMEDIATE LICENSE RESTRICTIONS                                                                                                     |                                                  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE                                             |                               | 1 - NONE                                       |                    |                 |                                       |                                       |              |  |  |
| 2 - EMS                                     |                                                                                | 8 - THIRD - MIDDLE                                                                     |                                                  | 1 - NOT EJECTED                    |                                                 | M - MOTORCYCLE                                                       |                                                             | 9 - LEARNER'S PERMIT RESTRICTIONS                                                                                                         |                                                  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE                                           |                               | 2 - BLOOD                                      |                    |                 |                                       |                                       |              |  |  |
| 3 - POLICE                                  |                                                                                | 9 - THIRD - RIGHT SIDE                                                                 |                                                  | 2 - PARTIALLY EJECTED              |                                                 | P - PASSENGER                                                        |                                                             | 10 - LIMITED TO DAYLIGHT ONLY                                                                                                             |                                                  | 9 - OTHER / UNKNOWN                                                                  |                               | 3 - URINE                                      |                    |                 |                                       |                                       |              |  |  |
| 9 - OTHER / UNKNOWN                         |                                                                                | 10 - SLEEPER SECTION OF TRUCK CAB                                                      |                                                  | 3 - TOTALLY EJECTED                |                                                 | N - TANKER                                                           |                                                             | 11 - LIMITED TO EMPLOYMENT                                                                                                                |                                                  | CONDITION                                                                            |                               | 4 - BREATH                                     |                    |                 |                                       |                                       |              |  |  |
| SAFETY EQUIPMENT                            |                                                                                | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) |                                                  | 4 - NOT APPLICABLE                 |                                                 | Q - MOTOR SCOOTER                                                    |                                                             | 12 - LIMITED - OTHER                                                                                                                      |                                                  | 1 - APPARENTLY NORMAL                                                                |                               | 5 - OTHER                                      |                    |                 |                                       |                                       |              |  |  |
| 1 - NONE USED                               |                                                                                | 12 - PASSENGER IN UNCLOSED CARGO AREA                                                  |                                                  | TRAPPED                            |                                                 | R - THREE-WHEEL MOTORCYCLE                                           |                                                             | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)                                                        |                                                  | 2 - PHYSICAL IMPAIRMENT                                                              |                               | DRUG TEST TYPE                                 |                    |                 |                                       |                                       |              |  |  |
| 2 - SHOULDER BELT ONLY USED                 |                                                                                | 13 - TRAILING UNIT                                                                     |                                                  | 1 - NOT TRAPPED                    |                                                 | S - SCHOOL BUS                                                       |                                                             | 14 - MILITARY VEHICLES ONLY                                                                                                               |                                                  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     |                               | 1 - NONE                                       |                    |                 |                                       |                                       |              |  |  |
| 3 - LAP BELT ONLY USED                      |                                                                                | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    |                                                  | 2 - EXTRICATED BY MECHANICAL MEANS |                                                 | T - DOUBLE & TRIPLE TRAILERS                                         |                                                             | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES                                                                                                    |                                                  | 4 - ILLNESS                                                                          |                               | 2 - BLOOD                                      |                    |                 |                                       |                                       |              |  |  |
| 4 - SHOULDER & LAP BELT USED                |                                                                                | 15 - NON-MOTORIST                                                                      |                                                  | 3 - FREED BY NON-MECHANICAL MEANS  |                                                 | X - TANKER / HAZMAT                                                  |                                                             | 16 - OUTSIDE MIRROR                                                                                                                       |                                                  | 5 - REFLECTIVE CLOTHING                                                              |                               | 3 - URINE                                      |                    |                 |                                       |                                       |              |  |  |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING |                                                                                | 99 - OTHER / UNKNOWN                                                                   |                                                  | GENDER                             |                                                 | U - OTHER/UNKNOWN                                                    |                                                             | 17 - PROSTHETIC AID                                                                                                                       |                                                  |                                                                                      |                               |                                                |                    |                 |                                       |                                       |              |  |  |