

## TRAFFIC CRASH REPORT

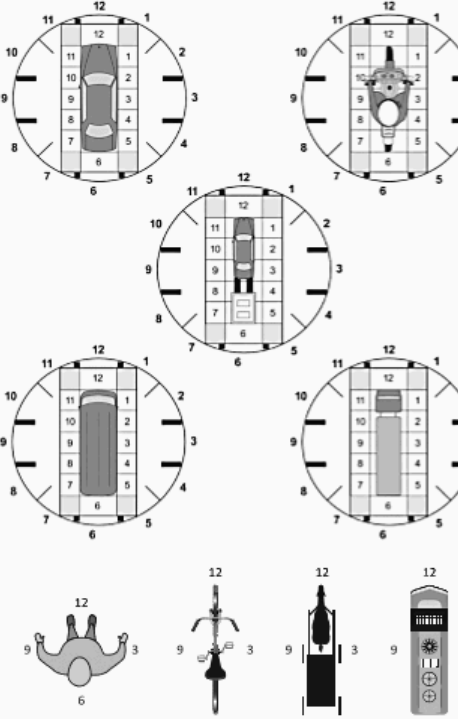
\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                   |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> PHOTOS TAKEN                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> OH-2                                                                                                                                                                                                                                                                     | <input type="checkbox"/> OH-3                            |
| <input type="checkbox"/> SECONDARY CRASH                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> OH-1P                                                                                                                                                                                                                                                                    | <input type="checkbox"/> OTHER                           |
| <input type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| LOCAL INFORMATION                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| COUNTY *<br>1 8                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| LOCALITY *<br>1                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| ROUTE TYPE<br>I R                                                                                                                                                                                                                                                                                                                                                       |  | ROUTE NUMBER<br>4 8 0                                                                                                                                                                                                                                                                             | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |
| ROUTE TYPE<br>S R                                                                                                                                                                                                                                                                                                                                                       |  | ROUTE NUMBER<br>1 7                                                                                                                                                                                                                                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |
| LOCATION ROAD NAME<br>INTERSTATE 480                                                                                                                                                                                                                                                                                                                                    |  | ROAD TYPE<br>H W                                                                                                                                                                                                                                                                                  |                                                          |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>GRANGER RD (ON-RAMP)                                                                                                                                                                                                                                                                                                   |  | ROAD TYPE<br>R D                                                                                                                                                                                                                                                                                  |                                                          |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                                |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4                                                                                                                                                                                                                                  |                                                          |
| DISTANCE<br>0 3                                                                                                                                                                                                                                                                                                                                                         |  | DISTANCE<br>1                                                                                                                                                                                                                                                                                     |                                                          |
| IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                                                                                                                                                                                                                                   |  | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                                          |
| INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA                                                                                                                                                                                                                                 |  | NUMBER OF APPROACHES                                                                                                                                                                                                                                                                              |                                                          |
| ROADWAY<br><input checked="" type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| LOCATION - FIRST AND SECOND EVENT<br>0 1<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY<br>ACCESS<br>11 - RAILWAY GRADE<br>CROSSING<br>12 - SHARED USE PATHS<br>OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |  | MANNER OF CRASH COLLISION/IMPACT<br>9<br>1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN        |                                                          |
| DIRECTION OF TRAVEL<br>4<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                              |  | MEDIAN TYPE<br>4<br>1 - DIVIDED FLUSH MEDIAN<br>(<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(24 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN<br>(ANY TYPE)<br>9 - OTHER / UNKNOWN                                                                                           |                                                          |
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT<br><input type="checkbox"/> PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE                                                                                                                                                                            |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER                                                                                                                                               |                                                          |
| LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                                                                          |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT<br>GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER<br>UNKNOWN                                                                                                                                                                         |                                                          |
| CONDITIONS<br>2<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER<br>UNKNOWN                                                                                                                                      |                                                          |
| LIGHT CONDITION<br>1<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                                                                                                                                                                     |  | WEATHER<br>2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                                                        |                                                          |
| NARRATIVE<br>UNIT 01 WAS TRAVELING WESTBOUND IN LANE<br>NUMBER THREE. UNIT 02 (HIT/SKIP UNIT) WAS<br>TRAVELING WESTBOUND IN LANE NUMBER FOUR.<br>UNIT 01 CHANGED LANES AND STRUCK UNIT 02. UNIT<br>02 THEN FLED THE SCENE.                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| Interstate 480 (Westbound)<br>Unit 02<br>Unit 01<br>Not To Scale                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                   |                                                          |
| CRASH REPORTED DATE/TIME<br>1 1 1 0 8 2 0 2 5 10 6 5 2                                                                                                                                                                                                                                                                                                                  |  | DISPATCH DATE/TIME<br>1 1 1 0 8 2 0 2 5 10 6 5 5                                                                                                                                                                                                                                                  |                                                          |
| ARRIVAL DATE/TIME<br>1 1 1 0 8 2 0 2 5 10 7 0 1                                                                                                                                                                                                                                                                                                                         |  | SCENE CLEARED DATE/TIME<br>1 1 1 0 8 2 0 2 5 10 7 1 5                                                                                                                                                                                                                                             |                                                          |
| TOTAL TIME ROADWAY<br>CLOSED<br>0                                                                                                                                                                                                                                                                                                                                       |  | OTHER INVESTIGATION<br>TIME<br>3 0                                                                                                                                                                                                                                                                |                                                          |
| TOTAL<br>MINUTES<br>5 0                                                                                                                                                                                                                                                                                                                                                 |  | OFFICER'S NAME *<br>J. Pietraszkiewicz                                                                                                                                                                                                                                                            |                                                          |
| OFFICER'S BADGE NUMBER*<br>0 0 7                                                                                                                                                                                                                                                                                                                                        |  | CHECKED BY OFFICER'S NAME*<br>D. Bailey                                                                                                                                                                                                                                                           |                                                          |
| CHECKED BY OFFICER'S BADGE NUMBER*<br>L 0 7                                                                                                                                                                                                                                                                                                                             |  | REPORT TAKEN BY<br>POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION = ADDITION<br>TO EXISTING REPORT ONLY TO CORRECT)                                                                                                                     |                                                          |

| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | LOCAL REPORT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT #<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 20252907                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>STAUFFER JULIA LAUREN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>12216 THRIVES AVE GARFIELD HTS OH 44125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | LICENSE PLATE #<br>HKL1277                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| VEHICLE IDENTIFICATION #<br>4S3GTA67K3710772                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | VEHICLE YEAR<br>2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| VEHICLE MAKE<br>Subaru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| INSURANCE VERIFIED<br>PROGRESSIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | INSURANCE POLICY #<br>960351281                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| VEHICLE COLOR<br>SIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | VEHICLE MODEL<br>Impreza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | HIT/SKIP UNIT<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| # OCCUPANTS<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| TOWED BY: COMPANY NAME<br>PRIVATE TOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 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)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                 |  |
| # of TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 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>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                               |  |
| CARGO BODY TYPE<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                           |  |
| VEHICLE DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| NON-MOTORIST LOCATION AT IMPACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER<br>4 - MIDBLOCK - MARKED CROSSWALK<br>5 - TRAVEL LANE-OTHER LOCATION<br>6 - BICYCLE LANE<br>7 - SHOULDER/ROADSIDE<br>8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED USE PATHS OR TRAILS<br>12 - FIRST RESPONDER AT INCIDENT SCENE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                          |  |
| ACTION<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>03 PRE-CRASH ACTION<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |  |
| CONTRIBUTING CIRCUMSTANCES<br>09                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                            |  |
| SEQUENCE OF EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | EVENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 1 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                     |  |
| COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| FROM 3 TO 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| UNIT SPEED<br>65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| POSTED SPEED<br>60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| FIRST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

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

|                                                                                                                                                                                                                                    |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>2 0 2 5 2 9 0 7                                                                                                                                                                                             |                                                                                                  |
| DAMAGE                                                                                                                                                                                                                             |                                                                                                  |
| DAMAGE SCALE                                                                                                                                                                                                                       |                                                                                                  |
| 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]<br><input type="checkbox"/> - TOP [13]<br><input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                                  |
| INITIAL POINT OF CONTACT                                                                                                                                                                                                           |                                                                                                  |
| 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                                                                                                                                                                                                                    | TRAFFIC CONTROL                                                                                  |
| 1 - ONE-WAY<br>2 - TWO-WAY                                                                                                                                                                                                         | 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                                                                                                                                                                                                         | RAIL GRADE CROSSING                                                                              |
| 4                                                                                                                                                                                                                                  | 1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING            |
| UNIT / NON-MOTORIST DIRECTION                                                                                                                                                                                                      |                                                                                                  |
| 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                                                                                                                                                                                                                         | DETECTED SPEED                                                                                   |
| 0                                                                                                                                                                                                                                  | 3<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                      |
| POSTED SPEED                                                                                                                                                                                                                       |                                                                                                  |
| 6 0                                                                                                                                                                                                                                |                                                                                                  |



|                                                                                                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          |                                       |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                         |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|---------------------------------------|--|
| UNIT #<br>01                                                                                                                         | NAME: LAST, FIRST, MIDDLE<br>STAUFFER JULIA LAUREN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          | DATE OF BIRTH<br>04141994             |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AGE<br>31 |                                                                                                                                                                                                                                                                                                                                                                                                                       | GENDER<br>F |                                                                                                                                                                         |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>12216 THRAVES AVE GARFIELD HTS OH 44125                                                         |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          | CONTACT PHONE - INCLUDE AREA CODE<br> |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                         |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
| INJURIES<br>5                                                                                                                        |                                                    | INJURED TAKEN BY<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | EMS AGENCY (NAME)<br>                                                                                                                                    |                                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                      |             | SEATING POSITION<br>01                                                                                                                                                  |  | AIR BAG USAGE<br>4                                                |                     | EJECTION<br>1                                                                                                                                                                       |  | TRAPPED<br>1 |  |                                       |  |
| OL STATE<br>                                                                                                                         |                                                    | OPERATOR LICENSE NUMBER<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                          | OFFENSE CHARGED<br>                   |                                                                                                                                                                                                           |  | LOCAL CODE<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | OFFENSE DESCRIPTION<br>                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                         |  |                                                                   | CITATION NUMBER<br> |                                                                                                                                                                                     |  |              |  |                                       |  |
| OL CLASS<br>4                                                                                                                        |                                                    | ENDORSEMENT SELECT UP TO 2<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | RESTRICTION SELECT UP TO 3<br>                                                                                                                           |                                       | DRIVER DISTRACTED BY<br>1                                                                                                                                                                                 |  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | CONDITION<br>1                                                                                                                                                                                                                                                                                                                                                                                                        |             | STATUS<br>1                                                                                                                                                             |  | ALCOHOL TEST<br>TYPE 1 VALUE                                      |                     | STATUS<br>1                                                                                                                                                                         |  | TYPE 1       |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |  |
| UNIT #<br>02                                                                                                                         |                                                    | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                          |                                       |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | DATE OF BIRTH<br>                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                                                         |  | AGE<br>125                                                        |                     | GENDER<br>U                                                                                                                                                                         |  |              |  |                                       |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>UNKNOWN UNKNOWN OH                                                                              |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          | CONTACT PHONE - INCLUDE AREA CODE<br> |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                         |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
| INJURIES<br>                                                                                                                         |                                                    | INJURED TAKEN BY<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | EMS AGENCY (NAME)<br>                                                                                                                                    |                                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                      |             | SEATING POSITION<br>01                                                                                                                                                  |  | AIR BAG USAGE<br>9                                                |                     | EJECTION<br>1                                                                                                                                                                       |  | TRAPPED<br>1 |  |                                       |  |
| OL STATE<br>                                                                                                                         |                                                    | OPERATOR LICENSE NUMBER<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                          | OFFENSE CHARGED<br>                   |                                                                                                                                                                                                           |  | LOCAL CODE<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | OFFENSE DESCRIPTION<br>                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                         |  |                                                                   | CITATION NUMBER<br> |                                                                                                                                                                                     |  |              |  |                                       |  |
| OL CLASS<br>                                                                                                                         |                                                    | ENDORSEMENT SELECT UP TO 2<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | RESTRICTION SELECT UP TO 3<br>                                                                                                                           |                                       | DRIVER DISTRACTED BY<br>1                                                                                                                                                                                 |  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | CONDITION<br>1                                                                                                                                                                                                                                                                                                                                                                                                        |             | STATUS<br>1                                                                                                                                                             |  | ALCOHOL TEST<br>TYPE 1 VALUE                                      |                     | STATUS<br>1                                                                                                                                                                         |  | TYPE 1       |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |  |
| UNIT #<br>                                                                                                                           |                                                    | NAME: LAST, FIRST, MIDDLE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                          |                                       |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | DATE OF BIRTH<br>                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                                                         |  | AGE<br>                                                           |                     | GENDER<br>                                                                                                                                                                          |  |              |  |                                       |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          | CONTACT PHONE - INCLUDE AREA CODE<br> |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                         |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
| INJURIES<br>                                                                                                                         |                                                    | INJURED TAKEN BY<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | EMS AGENCY (NAME)<br>                                                                                                                                    |                                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                      |             | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>                                                 |                     | EJECTION<br>                                                                                                                                                                        |  | TRAPPED<br>  |  |                                       |  |
| OL STATE<br>                                                                                                                         |                                                    | OPERATOR LICENSE NUMBER<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                          | OFFENSE CHARGED<br>                   |                                                                                                                                                                                                           |  | LOCAL CODE<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | OFFENSE DESCRIPTION<br>                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                         |  |                                                                   | CITATION NUMBER<br> |                                                                                                                                                                                     |  |              |  |                                       |  |
| OL CLASS<br>                                                                                                                         |                                                    | ENDORSEMENT SELECT UP TO 2<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | RESTRICTION SELECT UP TO 3<br>                                                                                                                           |                                       | DRIVER DISTRACTED BY<br>                                                                                                                                                                                  |  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | CONDITION<br>                                                                                                                                                                                                                                                                                                                                                                                                         |             | STATUS<br>                                                                                                                                                              |  | ALCOHOL TEST<br>TYPE  VALUE                                       |                     | STATUS<br>                                                                                                                                                                          |  | TYPE         |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |  |
| UNIT #<br>                                                                                                                           |                                                    | NAME: LAST, FIRST, MIDDLE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                          |                                       |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | DATE OF BIRTH<br>                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                                                         |  | AGE<br>                                                           |                     | GENDER<br>                                                                                                                                                                          |  |              |  |                                       |  |
| ADDRESS: STREET, CITY, STATE, ZIP<br>                                                                                                |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                          | CONTACT PHONE - INCLUDE AREA CODE<br> |                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                                         |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
| INJURIES<br>                                                                                                                         |                                                    | INJURED TAKEN BY<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | EMS AGENCY (NAME)<br>                                                                                                                                    |                                       | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)<br>                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                                                                                                                                                                                                                                                                                                                                                                      |             | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>                                                 |                     | EJECTION<br>                                                                                                                                                                        |  | TRAPPED<br>  |  |                                       |  |
| OL STATE<br>                                                                                                                         |                                                    | OPERATOR LICENSE NUMBER<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                          | OFFENSE CHARGED<br>                   |                                                                                                                                                                                                           |  | LOCAL CODE<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | OFFENSE DESCRIPTION<br>                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                                                                         |  |                                                                   | CITATION NUMBER<br> |                                                                                                                                                                                     |  |              |  |                                       |  |
| OL CLASS<br>                                                                                                                         |                                                    | ENDORSEMENT SELECT UP TO 2<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | RESTRICTION SELECT UP TO 3<br>                                                                                                                           |                                       | DRIVER DISTRACTED BY<br>                                                                                                                                                                                  |  | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | CONDITION<br>                                                                                                                                                                                                                                                                                                                                                                                                         |             | STATUS<br>                                                                                                                                                              |  | ALCOHOL TEST<br>TYPE  VALUE                                       |                     | STATUS<br>                                                                                                                                                                          |  | TYPE         |  | DRUG TEST(S)<br>RESULT SELECT UP TO 4 |  |
| INJURIES<br>1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY |                                                    | SEATING POSITION<br>1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN |  | AIR BAG<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |                                       | OL CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M / C MOPED ONLY<br>6 - NO VALID OL                                                                          |  | OL RESTRICTION(S)<br>1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER |           | DRIVER DISTRACTION<br>1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN |             | TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  |                                                                   |                     |                                                                                                                                                                                     |  |              |  |                                       |  |
| INJURED TAKEN BY<br>1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                            |                                                    | SAFETY EQUIPMENT<br>1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                     |  | EJECTION<br>1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                                        |                                       | OL ENDORSEMENT<br>H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT |  | GENDER<br>F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN                                                                                                                                                       |             | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                      |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER |                     | DRUG TEST RESULT(S)<br>1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS |  |              |  |                                       |  |