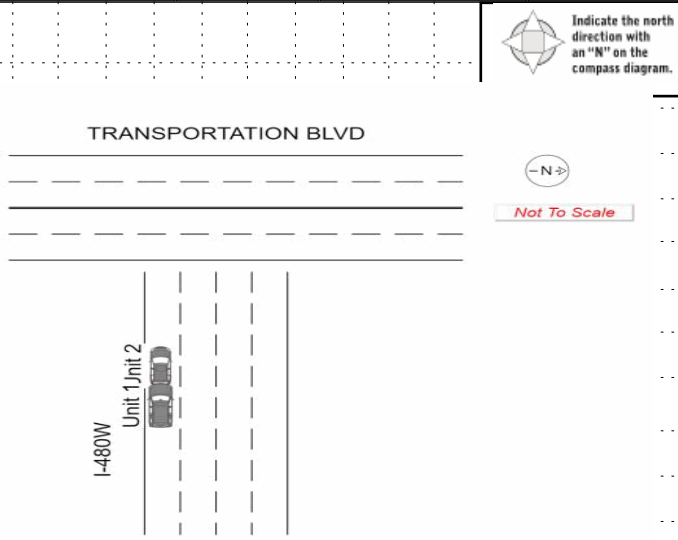


TRAFFIC CRASH REPORT

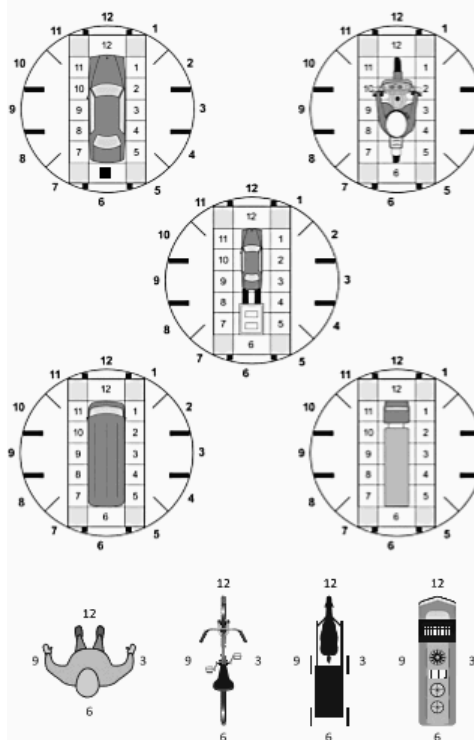
*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS		20253053		HITSKIP 1 - Solved 2 - Unsolved		NUMBER OF UNITS 02		UNIT IN EDDP 98 - ANIMAL 99 - UNKNOWN				
COUNTY * 18		LOCALITY * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 11/12/25 2025 1726				CRASH SEVERITY 5					
ROUTE TYPE IR		ROUTE NUMBER 480		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		LOCATION ROAD NAME		ROAD TYPE		LATITUDE DECIMAL DEGREES 41.413142		1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY			
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) TRANSPORTATION		ROAD TYPE BL		LONGITUDE DECIMAL DEGREES 81.615859					
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE		INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA		NUMBER OF APPROACHES			
DISTANCE EDPM DECEASED/PC 100		DISTANCE 1 UNIT PER MILE/1000 FT 2 1 - Miles 2 - Feet 3 - Yards								ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED					
LOCATION - FIRST UADM III EVENT 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY / ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN				MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN				DIRECTION OF TRAVEL 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (24 FEET) 3 - DIVIDED, DEPRESSIONED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER or MEDIAN 4 - INTERMITTENT or MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 2 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN		SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN					
LIGHT CONDITION 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN				WEATHER 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN or FREEZING DRIZZLE 99 - OTHER / UNKNOWN											
NARRATIVE BOTH UNITS WERE TRAVELING WESTBOUND ON I-480 NEAR TRANSPORTATION BLVD IN THE LEFT LANE. AS TRAFFIC SLOWED ABRUPTLY, UNIT 1 COLLIDED WITH THE REAR OF UNIT 2 CAUSING MINOR DAMAGE TO THE REAR OF UNIT 2. THERE WERE NO INJURIES AND MINIMAL DAMAGE TO UNIT 1. BOTH PARTIES WERE PROVIDED A COPY OF THE REPORT NUMBER AND ADVISED TO FOLLOW UP WITH POLICE IF THEY NEED ANYTHING FURTHER.															
CRASH REPORTED DATE/TIME 11/12/25 2025 1726		DISPATCH DATE/TIME 11/12/25 2025 1735		ARRIVAL DATE/TIME 11/12/25 2025 1742		SCENE CLEARED DATE/TIME 11/12/25 2025 1800		REPORT TAKEN BY POLICE AGENCY <input checked="" type="checkbox"/> MOTORIST							
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 30		TOTAL MINUTES 55		OFFICER'S NAME * M. Taylor		CHECKED BY OFFICER'S NAME* V. Walker		SUPPLEMENT (CORRECTION = ADDITION DO NOT EXCEED NUMBER 999999999)					
				OFFICER'S BADGE NUMBER* 017		CHECKED BY OFFICER'S BADGE NUMBER* L15									

OWNER		LOCAL REPORT NUMBER	
UNIT # 01		20253053	
OWNER NAME: LAST, FIRST, MIDDLE KUNUPAZ IVAN CARLOS		OWNER PHONE: INCLUDE AREA CODE () Same As Driver	
OWNER ADDRESS: STREET, CITY, STATE, ZIP 8406 DENISON AVE CLEVELAND OH 44102		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE	
LP STATE OH		LICENSE PLATE # KSV6163	
VEHICLE IDENTIFICATION # 2CNFL1E2W0A6336263		VEHICLE YEAR 2010	
VEHICLE MAKE Chevrolet		VEHICLE MODEL Equinox	
INSURANCE VERIFIED <input type="checkbox"/>		INSURANCE COMPANY	
INSURANCE POLICY #		VEHICLE COLOR MAR	
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/>		HIT/SKIP UNIT <input type="checkbox"/>	
# OCCUPANTS 03		VEHICLE WEIGHT GVWR/GVWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS #	
PLACARD ID #			
UNIT TYPE 03		# of TRAILING UNITS 0	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2		AUTONOMOUS MODE LEVEL 0	
1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	
11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT		16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS		3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING	
5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL		8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP	
12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN			
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	
7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE		9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	
99 - OTHER / UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT 3		ACTION 3	
1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK		3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION	
6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK		9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	
12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN			
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	
7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	
1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN		7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	
13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY		17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING	
21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION			
CONTRIBUTING CIRCUMSTANCES 08		INITIAL POINT OF CONTACT 12	
SEQUENCE OF EVENTS 120		TRAFFICWAY FLOW 1	
EVENTS 120		TRAFFIC CONTROL 6	
COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE		RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER		UNIT / NON-MOTORIST DIRECTION FROM 3 TO 4	
37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT		UNIT SPEED 40	
43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT		DETECTED SPEED 1	
50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN		POSTED SPEED 60	
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1	

OWNER	UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE (Same As Driver) QUABO SEPTCHIE CAPALAC	OWNER PHONE: INCLUDE AREA CODE (Same As Driver)			
	OWNER ADDRESS: STREET, CITY, STATE, ZIP (Same As Driver) 1324 HADCOCK RD APT 204 BRUNSWICK OH 44212					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE				
VEHICLE	LP STATE OH	LICENSE PLATE # KCY7620	VEHICLE IDENTIFICATION # KNDPYDAH3P7090295	VEHICLE YEAR 2023	VEHICLE MAKE Kia	
	INSURANCE VERIFIED	INSURANCE COMPANY STATE FARM	INSURANCE POLICY # 436936SFP35	VEHICLE COLOR GRN	VEHICLE MODEL Sportage	
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME		
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		
	VEHICLE WEIGHT GVWR/GVWR		VEHICLE WEIGHT GVWR/GVWR			
	1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.		1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.			
	UNIT TYPE 0 3		1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP			
	# of TRAILING UNITS 0					
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN		AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION		3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN	
	SPECIAL FUNCTION 0 1		1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN			
CARGO BODY TYPE 0 1		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN						
NON-MOTORIST LOCATION AT IMPACT 0 1		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
ACTION 4		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
CONTRIBUTING CIRCUMSTANCES 0 1		1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
SEQUENCE OF EVENTS		EVENTS				
1 2 0		1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
COLLISION WITH FIXED OBJECT - STRUCK						
25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN						
FIRST HARMFUL EVENT 1		MOST HARMFUL EVENT 1				

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



MOTORIST / NON-MOTORIST	UNIT # 01		NAME: LAST, FIRST, MIDDLE KUNUPAZ IVAN CARLOS		DATE OF BIRTH 08261982		AGE 43		GENDER M										
	ADDRESS: STREET, CITY, STATE, ZIP 8406 DENISON AVE CLEVELAND OH 44102					CONTACT PHONE - INCLUDE AREA CODE													
	INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1		
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION				CITATION NUMBER					
	OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1 VALUE		STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4			
	UNIT # 02		NAME: LAST, FIRST, MIDDLE QUABO SEPTCHIE CAPALAC					DATE OF BIRTH 09251987			AGE		GENDER F						
	ADDRESS: STREET, CITY, STATE, ZIP 1324 HADCOCK RD APT 204 BRUNSWICK OH 44212					CONTACT PHONE - INCLUDE AREA CODE													
	INJURIES 5		INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1		
	OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION				CITATION NUMBER					
	OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER DRUG <input type="checkbox"/> MARIJUANA		CONDITION 1	STATUS 1	ALCOHOL TEST TYPE 1 VALUE		STATUS 1	TYPE 1	DRUG TEST(S) RESULT SELECT UP TO 4			
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	ALCOHOL TEST		STATUS	TYPE	DRUG TEST(S)				
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	ALCOHOL TEST		STATUS	TYPE	DRUG TEST(S)				
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	ALCOHOL TEST		STATUS	TYPE	DRUG TEST(S)				
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	ALCOHOL TEST		STATUS	TYPE	DRUG TEST(S)				
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	ALCOHOL TEST		STATUS	TYPE	DRUG TEST(S)				
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION				CITATION NUMBER						
OL CLASS		ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3			DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	STATUS	ALCOHOL TEST		STATUS	TYPE	DRUG TEST(S)				
UNIT #		NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE		GENDER							
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE														
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED												

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER											
						2 0 2 5 3 0 5 3											
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE CARRILLO PATRICIA YAZMI				DATE OF BIRTH 0 4 0 5 1 9 7 5				AGE 5 0		GENDER F					
	ADDRESS: STREET, CITY, STATE, ZIP 7700 DENISON AVE CLEVELAND OH 44102					CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 3		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1
OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE MENDOZA TIMOTHY RAY				DATE OF BIRTH 1 0 0 2 2 0 0 6				AGE 1 9		GENDER M					
	ADDRESS: STREET, CITY, STATE, ZIP 7700 DENISON AVE CLEVELAND OH 44102					CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		<input type="checkbox"/> DOT-COMPLIANT MC HELMET		SEATING POSITION 0 4		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED
INJURIES		SAFETY EQUIPMENT USED				SEATING POSITION				AIR BAG USAGE							
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN				1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN				1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN							
INJURED TAKEN BY																	
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN																	
EJECTION																	
1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE																	
GENDER																	
F - FEMALE M - MALE U - OTHER/UNKNOWN																	
TRAPPED																	
1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS																	
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH				AGE		GENDER					
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE											