

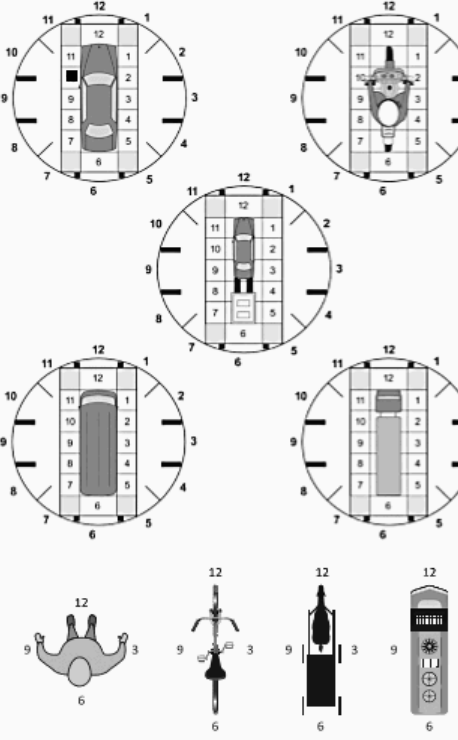
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

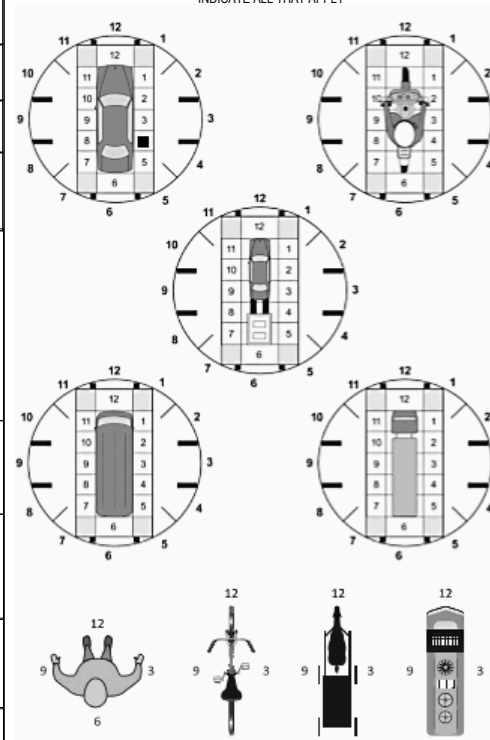
LOCAL REPORT NUMBER \*

|   |  |   |  |   |          |   |  |   |                      |   |   |  |  |
|---|--|---|--|---|----------|---|--|---|----------------------|---|---|--|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH   |  | <input type="checkbox"/> OH-2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> Private Property  | LOCAL INFORMATION<br>REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS |   | 20253062 |   | HITSKIP<br>1 - Solved<br>2 - Unsolved<br>2 |   | NUMBER OF LANE<br>02 |   | UNIT IN EDDP<br>98 - ANIMAL<br>99 - UNKNOWN<br>01 |  |  |
| COUNTY *<br>18  |  | LOCALITY *<br>1   |  | LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS   |          | CRASH DATE/TIME *<br>11272025 0848  |  |   |                      | CRASH SEVERITY<br>5   |   |  |  |
| ROUTE TYPE<br>1   |  | ROUTE NUMBER<br>1   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |          | LOCATION ROAD NAME<br>BROADWAY  |  | ROAD TYPE<br>A V  |                      | LATITUDE DECIMAL DEGREES<br>41.434789   |   | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |
| ROUTE TYPE<br>1   |  | ROUTE NUMBER<br>1   |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |          | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>HENRY  |  | ROAD TYPE<br>S T  |                      | LONGITUDE DECIMAL DEGREES<br>81.606289  |   |  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1  |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - WEST<br>3  |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |          | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |                      | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY   |   | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br>ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED |  |
| DISTANCE<br>500   |  | DISTANCE<br>2   |  | MANNER OF CRASH COLLISION/IMPACT<br>7   |          | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (24 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |                      |   |   |  |  |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE   |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>or MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER |  | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |          | CONTOUR<br>1  |  | CONDITIONS<br>1   |                      | SURFACE<br>1  |   |  |  |
| LIGHT CONDITION<br>1  |  | WEATHER<br>2  |  | WEATHER<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                         |          | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN    |  | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                             |                      | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |   |  |  |
| NARRATIVE<br>UNIT 2 WAS TRAVELING E/B ON BROADWAY AVE.<br>NEAR HENRY ST. IN THE LEFT HAND LANE.<br>UNIT 1 WAS IN FRONT OF UNIT 2. UNIT 1 PULLED OVER TO THE RIGHT OF UNIT 2 AND STRUCK UNIT 2 ON THE RIGHT SIDE.<br>UNIT 1 DID A U-TURN AND FLED W/B ON BROADWAY AVE. |  |   |  |   |          |   |  |   |                      |   |   |  |  |
| CRASH REPORTED DATE/TIME<br>11272025 0848   |  | DISPATCH DATE/TIME<br>11272025 0850   |  | ARRIVAL DATE/TIME<br>11272025 0855  |          | SCENE CLEARED DATE/TIME<br>11272025 0915  |  | REPORT TAKEN BY<br>POLICE AGENCY<br>MOTORIST  |                      |   |   |  |  |
| TOTAL TIME ROADWAY CLOSED<br>0  |  | OTHER INVESTIGATION TIME<br>30  |  | TOTAL MINUTES<br>55   |          | OFFICER'S NAME *<br>P. Stockhausen  |  | CHECKED BY OFFICER'S NAME *<br>D. Bailey  |                      | SUPPLEMENT<br>(CORRECTION = ADDITION)   |   |  |  |
| OFFICER'S BADGE NUMBER *<br>025   |  | CHECKED BY OFFICER'S BADGE NUMBER *<br>L07  |  |   |          |   |  |   |                      |   |   |  |  |

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| OWNER   | UNIT #<br>01   | OWNER NAME: LAST, FIRST, MIDDLE<br>( ) Same As Driver  | OWNER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver |   |   |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( ) Same As Driver  |  |  |   |   |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |   |
| VEHICLE   | LP STATE   | LICENSE PLATE #  | VEHICLE IDENTIFICATION #                             | VEHICLE YEAR  | VEHICLE MAKE  |
|   | <input type="checkbox"/> INSURANCE VERIFIED  | INSURANCE COMPANY  | INSURANCE POLICY #                                   | VEHICLE COLOR<br>ONG  | VEHICLE MODEL   |
|   | <input type="checkbox"/> COMMERCIAL  | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> IN EMERGENCY RESPONSE       | US DOT #  | TOWED BY: COMPANY NAME  |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT   | # OCCUPANTS<br>01                                    | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED CLASS #<br><input type="checkbox"/> PLACARD PLACARD ID # |
|   | 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<br>0   |  |  |   |   |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2   | AUTONOMOUS MODE LEVEL<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |  |   |   |
|   | SPECIAL FUNCTION<br>0  | 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>0   | 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<br>0   | 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<br>0                | 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>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  |  |  |   |   |
| EVENT(S)  | 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<br>1   |  |  |   |   |
|   | MOST HARMFUL EVENT<br>1  |  |  |   |   |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br>20253062  |   |
| DAMAGE   |   |
| DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>2  |   |
| 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<br>10 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN  |   |
| TRAFFIC  |   |
| TRAFFICWAY FLOW<br>2 - ONE-WAY<br>2 - TWO-WAY  | TRAFFIC CONTROL<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>2  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING        |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 4 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN  |   |
| UNIT SPEED<br>35   | DETECTED SPEED<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                            |
| POSTED SPEED<br>25   |   |

|   |   |  |  |   |                        |
|---|---|--|--|---|------------------------|
| OWNER   | UNIT #<br>0 2   | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>JACKSON DWANDA R   | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)  |   |                        |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>13101 EASTWOOD BLVD UP GARFIELD HTS OH 44125  |  |  |   |                        |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |                        |
| VEHICLE   | LP STATE<br>OH  | LICENSE PLATE #<br>KIY8129   | VEHICLE IDENTIFICATION #<br>JT D K N 3 D U 4 A 0 0 7 9 1 2 0   | VEHICLE YEAR<br>2 0 1 0   | VEHICLE MAKE<br>Toyota |
|   | <input type="checkbox"/> INSURANCE VERIFIED   | INSURANCE COMPANY  | INSURANCE POLICY #   | VEHICLE COLOR<br>WHI  | VEHICLE MODEL<br>PRIUS |
|   | <input type="checkbox"/> COMMERCIAL   | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> IN EMERGENCY RESPONSE   | US DOT #  |                        |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED  | <input type="checkbox"/> HIT/SKIP UNIT   | # OCCUPANTS<br>0 1   | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |                        |
|   | TYPE OF USE   |  | TOWED BY: COMPANY NAME   |   |                        |
|   | <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)  |   |                        |
|   | 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)   |  | 12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME  |   |                        |
|   | UNIT TYPE<br>0  |  | # of TRAILING UNITS  |   |                        |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2  |  | AUTONOMOUS MODE LEVEL<br>0   |   |                        |
|   | SPECIAL FUNCTION<br>0 1   |  | 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>0 1                              |   | 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  |   | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>0 1 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                          |   | 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 |  |   |                        |
| FIRST HARMFUL EVENT                                 |   | MOST HARMFUL EVENT   |  |   |                        |

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

# MOTORIST / NON-MOTORIST

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 5 | 3 | 0 | 6 | 2 |  |  |

|                         |                                   |                                      |                   |   |  |  |                     |   |                        |                    |               |              |
|-------------------------|-----------------------------------|--------------------------------------|-------------------|---|--|--|---------------------|---|------------------------|--------------------|---------------|--------------|
| MOTORIST / NON-MOTORIST | UNIT #<br>01                      | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN |                   |   |  | DATE OF BIRTH                          |                     |   | AGE                    | GENDER<br>U        |               |              |
|                         | ADDRESS: STREET, CITY, STATE, ZIP |                                      |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE      |                     |   |                        |                    |               |              |
|                         | INJURIES<br>5                     | INJURED TAKEN BY<br>1                | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>99            |                     | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                    | SEATING POSITION<br>99 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|                         | OL STATE                          | OPERATOR LICENSE NUMBER              |                   | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION |   |                        | CITATION NUMBER    |               |              |
| OL CLASS                | ENDORSEMENT SELECT UP TO 2        | RESTRICTION SELECT UP TO 3           |                   | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION           | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                        | DRUG TEST(S)       |               |              |

|                         |   |   |                   |   |  |  |                     |   |                        |                    |               |              |
|-------------------------|---|---|-------------------|---|--|--|---------------------|---|------------------------|--------------------|---------------|--------------|
| MOTORIST / NON-MOTORIST | UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>JACKSON DWANDA R |                   |   |  | DATE OF BIRTH<br>11211970              |                     |   | AGE<br>55              | GENDER<br>F        |               |              |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>13101 EASTWOOD BLVD UP GARFIELD HTS OH 44125 |   |                   |   |  | CONTACT PHONE - INCLUDE AREA CODE      |                     |   |                        |                    |               |              |
|                         | INJURIES<br>5   | INJURED TAKEN BY<br>1                         | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |  | SAFETY EQUIPMENT USED<br>04            |                     | <input type="checkbox"/> DOT-COMPLIANT MC HELMET                    | SEATING POSITION<br>01 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|                         | OL STATE  | OPERATOR LICENSE NUMBER                       |                   | OFFENSE CHARGED                                 |  | LOCAL CODE<br><input type="checkbox"/> | OFFENSE DESCRIPTION |   |                        | CITATION NUMBER    |               |              |
| OL CLASS                | ENDORSEMENT SELECT UP TO 2  | RESTRICTION SELECT UP TO 3                    |                   | DRIVER DISTRACTED BY<br>1                       | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1      | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                        | DRUG TEST(S)       |               |              |

|                         |                                   |                            |                   |   |   |                                   |                     |   |                  |                 |          |         |
|-------------------------|-----------------------------------|----------------------------|-------------------|---|---|-----------------------------------|---------------------|---|------------------|-----------------|----------|---------|
| MOTORIST / NON-MOTORIST | 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<br>ALCOHOL MARIJUANA<br>OTHER DRUG |                                   | CONDITION           | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                  | DRUG TEST(S)    |          |         |

| INJURIES   | SEATING POSITION  | AIR BAG   | OL CLASS  | OL RESTRICTION(S)   | DRIVER DISTRACTION  | TEST STATUS  |
|--|---|---|---|---|---|--|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 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 | 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 | 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  | 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 | 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 | 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   | 1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN   |   |   |   |   |  |
| SAFETY EQUIPMENT   | 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   |   | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE   | 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 |   |   |  |
| TRAPPED  |   | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS  |   |   |   |  |
| ALCOHOL TEST TYPE  |   |   |   |   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| DRUG TEST TYPE   |   |   |   |   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
| CONDITION  |   |   |   |   | 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  |  |
| DRUG TEST RESULT(S)  |   |   |   |   |   | 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 |
| GENDER   |   |   | F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN   |   |   |  |