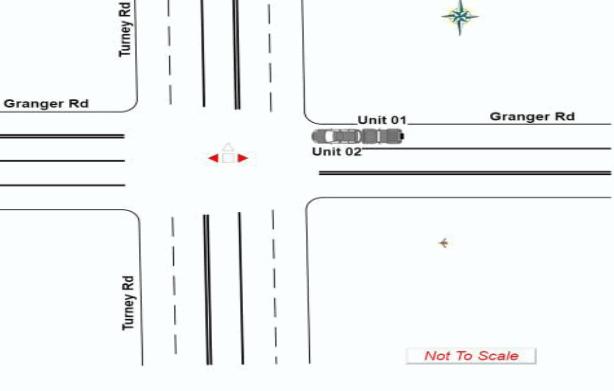




## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION				2 0 2 6 0 0 2 1				
<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		REPORTING AGENCY NAME * NCIC * <b>GARFIELD HEIGHTS</b>		HIT/SKIP 1-Solved 2-Unsolved	NUMBER OF UNITS <b>0 2</b>	NUMBER IN FDD/AD 98-ANIMAL <b>0 1</b> 99-UNKNOWN		
COUNTY * <b>1 8</b>	LOCALITY * <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>			CRASH DATE/TIME * <b>01/03/2026 06:31</b>		CRASH SEVERITY <b>5</b> 1- FATAL 2- SERIOUS INJURY SUSPECTED 3- MINOR INJURY SUSPECTED 4- INJURY POSSIBLE 5- PROPERTY DAMAGE ONLY	
LOCATION <b>REFERENCE</b>	ROUTE TYPE <b>S R</b>	ROUTE NUMBER <b>1 7</b>	PREFIX <b>1-NORTH 2-SOUTH 3-EAST 4-WEST</b>	LOCATION ROAD NAME <b>GRANGER</b>	ROAD TYPE <b>R D</b>	LONGITUDE DECIMAL DEGREES <b>41.417059</b>		
ROUTE TYPE <b> </b>	ROUTE NUMBER <b> </b>	PREFIX <b>1-NORTH 2-SOUTH 3-EAST 4-WEST</b>	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>TURNERY</b>	ROAD TYPE <b>R D</b>				
REFERENCE POINT <b>1</b>	DIRECTION <b>1-NORTH 2-SOUTH 3-EAST 4-WEST</b>	ROUTE TYPE <b>IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE</b>	ROAD TYPE <b>AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS</b>	HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <b>4</b> NUMBER OF APPROACHES <b>Roadway</b> <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE <b> </b>	DISTANCE <b>1-Miles 2-Feet 3-Yards</b>							
LOCATION ~ EFFECT UPON CRASH EVENT <b>0 1</b>			MANNER of CRASH COLLISION/IMPACT <b>2</b>			DIRECTION OF TRAVEL <b>1-NORTH 2-SOUTH 3-EAST 4-WEST</b>	MEDIAN TYPE <b>1-DIVIDED FLUSH MEDIAN (4 FEET) 2-DIVIDED FLUSH MEDIAN (6 FEET) 3-DIVIDED, DEPRESSED MEDIAN 4-DIVIDED, RAISED MEDIAN (ANY TYPE) 9-OTHER / UNKNOWN</b>	
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT  <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE <b>1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER 4-INTERMITTENT OR MOVING WORK 5-OTHER</b>	LOCATION OF CRASH IN WORK ZONE <b>1-BEFORE THE 1ST WORK ZONE 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA</b>	CONTOUR <b>1</b>	CONDITIONS <b>2</b>	SURFACE <b>2</b>		
<b>3</b> 1-DAYLIGHT 2-DAWN/DUSK 3-DARK - LIGHTED ROADWAY 4-DARK - ROADWAY NOT LIGHTED 5-DARK - UNKNOWN ROADWAY LIGHTING 9-OTHER / UNKNOWN		WEATHER <b>1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL</b>	WEATHER <b>6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-FREEZING RAIN OR FREEZING DRIZZLE 99-OTHER / UNKNOWN</b>	CONTOUR <b>1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-OTHER / UNKNOWN</b>	CONDITIONS <b>2</b>	SURFACE <b>2</b>		
NARRATIVE: <b>UNIT 02 WAS STOPPED AT A RED LIGHT AT THE INTERSECTION OF GRANGER RD/ TURNEY RD. UNIT 01 WAS TRAVELING BEHIND UNIT 02. UNIT 01 STRUCK UNIT 02.</b>							Indicate the north direction with an "N" on the compass diagram. 	
							Not To Scale	
CRASH REPORTED DATE/TIME <b>01/03/2026 06:31</b>		DISPATCH DATE/TIME <b>01/03/2026 06:42</b>		ARRIVAL DATE/TIME <b>01/03/2026 06:43</b>		SCENE CLEARED DATE/TIME <b>01/03/2026 07:18</b>		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION/ADDITION) THIS REPORTING REPORT IS DATED 01/03/2026
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME <b>3 0</b>		TOTAL MINUTES <b>6 6</b>		OFFICER'S NAME * <b>J. Pietraszkiewicz</b>		CHECKED BY OFFICER'S NAME * <b>D. Bailey</b>
OFFICER'S BADGE NUMBER * <b>007</b>						CHECKED BY OFFICER'S BADGE NUMBER * <b>L 07</b>		

					LOCAL REPORT NUMBER 2 0 2 6 0 0 2 1				
OWNER	UNIT # 0 1	OWNER NAME: LAST, FIRST, MIDDLE KINNEY KENNETH M	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> Same As Driver )	DAMAGE ( <input type="checkbox"/> Same As Driver )					
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 6215 SOMERSET DR	NORTH OLMSTED OH 44070		DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN					
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE							
LP STATE O H	LICENSE PLATE # T934948	VEHICLE IDENTIFICATION # 1C4B1WDG2H1583570	VEHICLE YEAR 2 0 1 7	VEHICLE MAKE Jeep					
■ INSURANCE VERIFIED	INSURANCE COMPANY GEICO	INSURANCE POLICY # 6150-02-60-18	VEHICLE COLOR RED	VEHICLE MODEL Wrangler					
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME						
INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD						
UNIT TYPE 0 3	1-PASSENGER CAR 2-PASSENGER VAN (MINIVAN) 3-SPORT UTILITY VEHICLE 4-PICK UP 5-CARGO VAN 6-VAN (9-16 SEATS) 11-ALL TERRAIN VEHICLE (ATV / UTV)				7-MOTORCYCLE 2-WHEELED 8-MOTORCYCLE 3-WHEELED 9-AUTOCYCLE 10-MOPED OR MOTORIZED 11-BICYCLE 12-GOLF CART 13-SNOWMOBILE 14-SINGLE UNIT TRUCK 15-SEMI-TRACTOR 16-FARM EQUIPMENT 17-MOTORHOME	18-LIMO (LIVERY VEHICLE) 19-BUS (16+ PASSENGERS) 20-OTHER VEHICLE 21-HEAVY EQUIPMENT 22-ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23-PEDESTRIAN/SKATER 24-WHEELCHAIR (ANY TYPE) 25-OTHER NON-MOTORIST 26-BICYCLE 27-TRAIN 99-UNKNOWN OR HIT/SKIP		
# OF TRAILING UNITS									
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0	0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL	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	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/RROADSIDE 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 3	1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN	0 1 PRE-CRASH ACTION	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 22-OTHER / UNKNOWN	1-NO DAMAGE [0] 2-TOP [13] 3-UNIT NOT AT SCENE [16]	1-NO DAMAGE [0] 2-UNDERCARRIAGE [14] 3-TOP [15]	
CONTRIBUTING CIRCUMSTANCES 0 8	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 9-IMPROPER LANE CHANGING 10-IMPROPER PASSING 11-DROVE OFF ROAD 12-IMPROPER BACKING	13-IMPROPER START FROM A PARKED POSITION CLOSE/ACDA 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	INITIAL POINT OF CONTACT 1 2 0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP
SEQUENCE OF EVENTS	EVENTS								
1 2 0	1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-CRASH KNIFE 5-CARGO / EQUIPMENT LOSS OR SHIFT	6-EQUIPMENT FAILURE 7-SEPARATION OF UNITS	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-STRIKED BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOBILE OBJECT	TRAFFICWAY FLOW 1-ONE WAY 2-TWO WAY	TRAFFIC CONTROL 1-ROUNDABOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL		
3	COLLISION WITH FIXED OBJECT - STRUCK								
4	25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET	31-GUARDRAIL END 32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER 34-MEDIAN GUARDRAIL 35-MEDIAN CONCRETE BARRIER	37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT/ILLUMINARIES 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	# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING		
5	29-BRIDGE RAIL 30-GUARDRAIL FACE	36-MEDIAN OTHER BARRIER				FROM 3 TO 4	UNIT / NON-MOTORIST DIRECTION 1-NORTH 2-SOUTH 3-EAST 4-WEST 5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN		
6	SEQUENCE OF EVENTS								
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	0	UNIT SPEED	3	DETECTED SPEED		
3	2	5	5	0	POSTED SPEED	3	1-STATED/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED		
PAGE 1 OF 1									

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE CONNER COZETTA	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)
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OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP 5603 SOUTH BLVD	( <input type="checkbox"/> Same As Driver)	MAPLE HEIGHTS OH 44137	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
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LP STATE O H	LICENSE PLATE # TOB4578	VEHICLE IDENTIFICATION # J T M R F R E V 1 F D 1 4 1 1 1 2	VEHICLE YEAR 2 0 1 5	VEHICLE MAKE Toyota
■ INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 975828856	VEHICLE COLOR GRY	VEHICLE MODEL RAV4
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME INTERSTATE	
INTERLOCK DEVICE EQUIPPED		# OCCUPANTS 0 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 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
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# OF TRAILING UNITS				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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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
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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
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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
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1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION	6 - BICYCLE LANE 7 - SHOULDER/RROADSIDE 8 - SIDEWALK	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS	12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN
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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 ACTION 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 22 - OTHER / UNKNOWN
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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/ACDA 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
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CONTRIBUTING CIRCUMSTANCES				
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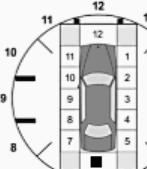
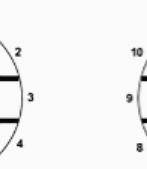
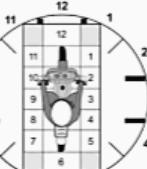
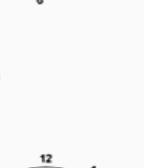
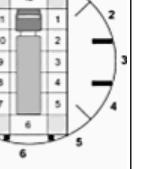
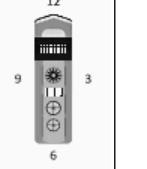
SEQUENCE OF EVENTS				
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1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - CARGO/EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - 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 MOBILE OBJECT
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3	COLLISION WITH FIXED OBJECT - STRUCK				
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4	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 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
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5	1	1	1	1	1
6	FIRST HARMFUL EVENT	MOST HARMFUL EVENT	3 5	POSTED SPEED	DETECTED SPEED

DAMAGE		
DAMAGE SCALE		
3	1 - NONE 2 - MINOR DAMAGE 9 - UNKNOWN	3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE
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		
2	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
2	# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
3	UNIT / NON-MOTORIST DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	FROM 3 TO 4
0	UNIT SPEED	DETECTED SPEED 0 - STATED/ESTIMATED SPEED 1 - CALCULATED / EDR 3 - UNDETERMINED
3	POSTED SPEED	1
4	5	6



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 0 2 1

M O T O R I S T / N O N - M O T O R I S T	UNIT # 0 1	NAME: LAST, FIRST, MIDDLE KINNEY KENNETH M					DATE OF BIRTH 0 3 1 4 1 9 8 6	AGE 3 9	GENDER M	
	ADDRESS: STREET, CITY, STATE, ZIP 6215 SOMERSET DR NORTH OLMSTED OH 44070					CONTACT PHONE - INCLUDE AREA CODE				
M O T O R I S T / N O N - M O T O R I S T	INJURIES 5	INJURED TAKEN BY [ ]	EMS AGENCY (NAME) [ ]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [ ]	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET [ ]	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
	OL STATE [ ]	OPERATOR LICENSE NUMBER [ ]		OFFENSE CHARGED 333.03	LOCAL CODE ■	OFFENSE DESCRIPTION A.C.D.A.	CITATION NUMBER G20260011			
M O T O R I S T / N O N - M O T O R I S T	OL CLASS [ ]	ENDORSEMENT SELECT UP TO 2 [ ]	RESTRICTION SELECT UP TO 3 [ ]	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [ ] [ ] [ ]	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [ ]	DRUG TEST(S) RESULT SELECT UP TO 4 [ ]		
	UNIT # 0 2	NAME: LAST, FIRST, MIDDLE CONNER COZETTA					DATE OF BIRTH 0 5 0 9 1 9 5 5	AGE 7 0	GENDER F	
M O T O R I S T / N O N - M O T O R I S T	ADDRESS: STREET, CITY, STATE, ZIP 5603 SOUTH BLVD MAPLE HEIGHTS OH 44137					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES 5	INJURED TAKEN BY [ ]	EMS AGENCY (NAME) [ ]	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) [ ]	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET [ ]	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
M O T O R I S T / N O N - M O T O R I S T	OL STATE [ ]	OPERATOR LICENSE NUMBER [ ]		OFFENSE CHARGED [ ]	LOCAL CODE [ ]	OFFENSE DESCRIPTION	CITATION NUMBER			
	OL CLASS 4	ENDORSEMENT SELECT UP TO 2 [ ]	RESTRICTION SELECT UP TO 3 [ ]	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [ ] [ ] [ ]	CONDITION 1	ALCOHOL TEST STATUS 1 TYPE 1 VALUE [ ]	DRUG TEST(S) RESULT SELECT UP TO 4 [ ]		
M O T O R I S T / N O N - M O T O R I S T	UNIT # [ ]	NAME: LAST, FIRST, MIDDLE [ ]					DATE OF BIRTH	AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP [ ]					CONTACT PHONE - INCLUDE AREA CODE				
M O T O R I S T / N O N - M O T O R I S T	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 [ ]
	OL STATE [ ]	OPERATOR LICENSE NUMBER [ ]		OFFENSE CHARGED [ ]	LOCAL CODE [ ]	OFFENSE DESCRIPTION	CITATION NUMBER			
M O T O R I S T / N O N - M O T O R I S T	OL CLASS [ ]	ENDORSEMENT SELECT UP TO 2 [ ]	RESTRICTION SELECT UP TO 3 [ ]	DRIVER DISTRACTED BY [ ]	ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG	CONDITION [ ]	ALCOHOL TEST STATUS [ ] TYPE [ ] VALUE [ ]	DRUG TEST(S) RESULT SELECT UP TO 4 [ ]		
	INJURIES [ ] SEATING POSITION [ ] AIR BAG [ ] OL CLASS [ ] OL RESTRICTION(S) [ ] DRIVER DISTRACTION [ ] TEST STATUS [ ]  INJURED TAKEN BY [ ] EJECTION [ ] OL ENDORSEMENT [ ]  SAFETY EQUIPMENT [ ] TRAPPED [ ] R - THREE-WHEEL MOTORCYCLE  CONDITION [ ] GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN  DRUG TEST TYPE [ ]  DRUG TEST RESULT(S) [ ]  DRUG TEST 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER  DRUG TEST 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER  DRUG TEST 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 7 - OTHER 8 - NEGATIVE RESULTS									
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY  INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN  SAFETY EQUIPMENT 1 - NONE USED 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  INJURIES 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 15 - NON-MOTORIST FORWARD FACING 16 - NON-MOTORIST REAR FACING 99 - OTHER / UNKNOWN  INJURIES 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 6 - SECOND - UNKNOWN 7 - THIRD - UNKNOWN 8 - THIRD - UNKNOWN 9 - DEPLOYMENT UNKNOWN 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 15 - NON-MOTORIST FORWARD FACING 16 - NON-MOTORIST REAR FACING 99 - OTHER / UNKNOWN  INJURIES 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE 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 15 - NON-MOTORIST FORWARD FACING 16 - NON-MOTORIST REAR FACING 99 - OTHER / UNKNOWN  INJURIES 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS 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 15 - NON-MOTORIST FORWARD FACING 16 - NON-MOTORIST REAR FACING 99 - OTHER / UNKNOWN  INJURIES F - FEMALE M - MALE U - OTHER/UNKNOWN  INJURIES 1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER  INJURIES 1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER  INJURIES 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 7 - OTHER 8 - NEGATIVE RESULTS										