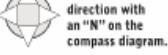
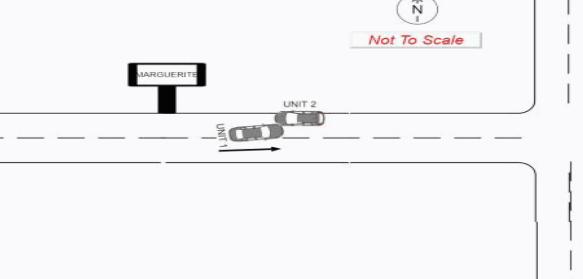




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | |
|--|--|---|---|---|---|---|---|
| LOCAL INFORMATION | | | | 2 0 2 6 0 0 5 5 | | | |
| <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 * GARFIELD HEIGHTS 0 1 8 2 0 | | HIT/SKIP 1-Solved 2-Unsolved | NUMBER OF UNITS 0 2 | NUMBER IN FDD/AD 0 1 98-ANIMAL 99-UNKNOWN | |
| COUNTY * 1 8 | LOCALITY * 1-CITY 2-VILLAGE 3-TOWNSHIP 1 | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | | CRASH DATE/TIME * 01/06/2026 18:32 | | CRASH SEVERITY 5 1-FATAL 2-SERIOUS INJURY SUSPECTED 3-MINOR INJURY SUSPECTED 4-INJURY POSSIBLE 5-PROPERTY DAMAGE ONLY |
| LOCATION REFERENCE | ROUTE TYPE ROUTE NUMBER ROUTE TYPE ROUTE NUMBER | PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST PREFIX 1-NORTH 2-SOUTH 3-EAST 4-WEST | LOCATION ROAD NAME 122115 MARGUERITE REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 122116 MARGUERITE | ROAD TYPE A V ROAD TYPE | LONGITUDE DECIMAL DEGREES 41.427062 81.599027 | | |
| REFERENCE POINT 1-INTERSECTION 2-MILE POST 3-HOUSE # 3 | 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 HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | INTERSECTION RELATED | | | |
| DISTANCE 5 | DISTANCE 2 1 Miles 2-Feet 3-Yards | | | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED | NUMBER OF APPROACHES 1 | | |
| LOCATION ~ EFFECT UPON CRASH EVENT 0 1 | | MANNER of CRASH COLLISION/IMPACT 3 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDEWIPING, SAME DIRECTION 6 - SIDEWIPING, OPPOSITE DIRECTION 7 - HEAD-ON | | | DIRECTION OF TRAVEL 1-NORTH 2-SOUTH 3-EAST 4-WEST | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN | |
| <input type="checkbox"/> WORK ZONE RELATED WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - INTERMITTENT OR MOVING WORK 5 - OTHER OR MEDIAN | LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | CONTOUR 1 | CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN | |
| LIGHT CONDITION 1 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 | | | | | |
| NARRATIVE WHILE UNIT 2 WAS STATIONARY IN THE AREA OF 12216 MARGUERITE, AS UNIT 1 ATTEMPTED TO TURN AROUND AND DRIVE BACK ONTO HENRY RD. UNIT 1 STRUCK THE FRONT DRIVER SIDE OF UNIT 2 CAUSING COSMETIC DAMAGE. | | | | | | | |
|  Not To Scale  | | | | | | | |
| CRASH REPORTED DATE/TIME 01/06/2026 18:32 | | DISPATCH DATE/TIME 01/06/2026 18:49 | | ARRIVAL DATE/TIME 01/06/2026 19:00 | | SCENE CLEARED DATE/TIME 01/06/2026 19:20 | REPORT TAKEN BY ■ POLICE AGENCY <input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 5 | TOTAL MINUTES 36 | OFFICER'S NAME * A. Rosa | CHECKED BY OFFICER'S NAME * V. Walker | REPORT TAKEN BY ■ POLICE AGENCY <input type="checkbox"/> MOTORIST | |
| OFFICER'S BADGE NUMBER * 067 | | | | CHECKED BY OFFICER'S BADGE NUMBER * L15 | | REPORT TAKEN BY <input type="checkbox"/> SUPPLEMENT (CORRECTION/ADDITION TEAM EXISTING REPORT BY DATE TO DATE) | |

| | | | | |
|--------|---|--|--|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE RUDNIK ASHLEY MARIE | (<input type="checkbox"/> Same As Driver) | OWNER PHONE: INCLUDE AREA CODE [REDACTED] | (<input type="checkbox"/> Same As Driver) |
| 0 1 | | | | |

| | | | | |
|--|--|---|--|--|
| OWNER ADDRESS: STREET, CITY, STATE, ZIP 3550 PENNINGTON RD | (<input type="checkbox"/> Same As Driver) | SHAKER HEIGHTS OH 44120 | | |
| | | COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | |
| | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED] | | |

| | | | | |
|--|--|---|--|---|
| LP STATE W V | LICENSE PLATE # 037145A | VEHICLE IDENTIFICATION # 7MMVABEM2RN182035 | VEHICLE YEAR 2024 | VEHICLE MAKE Mazda |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY STATE FARM | INSURANCE POLICY # 2801381B26-48 | VEHICLE COLOR WHI | VEHICLE MODEL CX-5 |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # [REDACTED] | TOWED BY: COMPANY NAME [REDACTED] | |
| INTERLOCK DEVICE EQUIPPED | | # OCCUPANTS 0 1 | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # 1 PLACARD ID # <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 |

| | | | | |
|-------------------------|---------------------------------|---|---|-------------|
| UNIT TYPE 0 1 | # OF TRAILING UNITS 0 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | | |
| | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTONOMOUS MODE LEVEL 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN |
| | | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER | | |

| | | | | |
|-----------------------------------|--|---|---|---|
| SPECIAL FUNCTION 0 1 | | 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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|----------------------------------|--|---|--|---|--|---|
| 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 |
|----------------------------------|--|---|--|---|--|---|

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|--------------------|--|--|--|---|---|----------------------|
| 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 |
|--------------------|--|--|--|---|---|----------------------|

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|---------------------------------------|--|--|--|--|--|---|
| NON-MOTORIST LOCATION AT IMPACT | | 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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| 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 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT |
|--------------------|--|--|----------------------------|--|---|---|--|

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|---|--|---|---|--|---|---|
| CONTRIBUTING CIRCUMSTANCES 1 9 9 | | 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 |
|---|--|---|---|--|---|---|

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|------------------------------------|--|--|---|---|--|---|
| SEQUENCE OF EVENTS 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 MOVABLE OBJECT |
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|--------------------|--|---|--|--|--|--|
| EVENTS 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/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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| POSTED SPEED 5 | | 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
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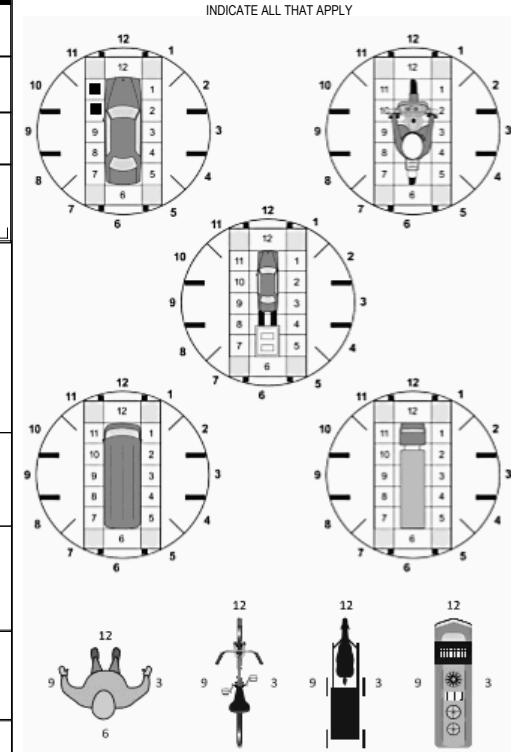
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| FIRST HARMFUL EVENT 1 | | MOST HARMFUL EVENT 1 |
|---------------------------------|--|--------------------------------|

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| LOCAL REPORT NUMBER 20260055 | |
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| DAMAGE | |
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| DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | |
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| DAMAGED AREA(S) INDICATE ALL THAT APPLY | |
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| INITIAL POINT OF CONTACT | |
|--------------------------|--|

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| 1 2 | 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
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| TRAFFIC | |
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| 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 |
|---|---|---|

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| 2 | # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
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| UNIT / NON-MOTORIST DIRECTION | |
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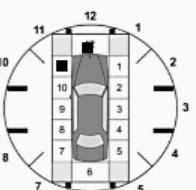
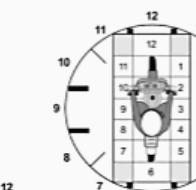
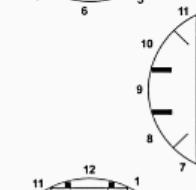
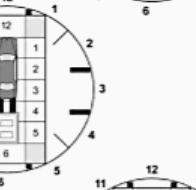
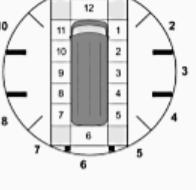
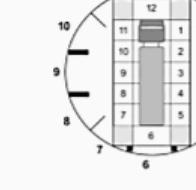
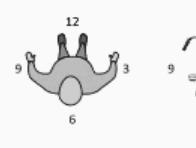
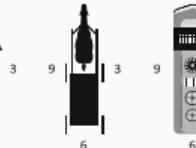
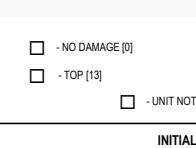
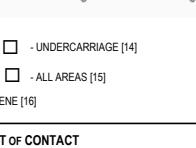
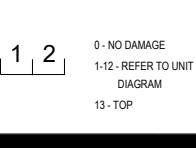
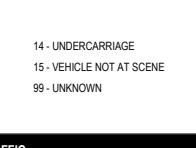
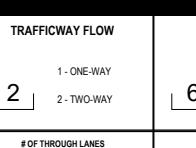
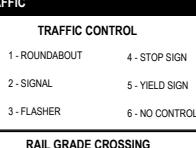
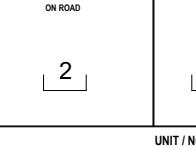
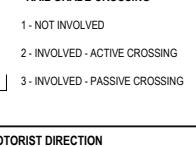
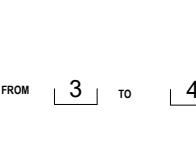
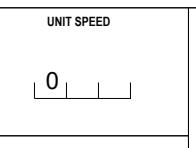
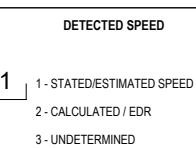
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| 4 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
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| UNIT SPEED | |
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| 5 | DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED |
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| POSTED SPEED | |
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| 2 5 | PAGE 1 OF 1 |
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|---|--|---|--|---|--------------------------------|---|---|---|--|---|---|---|---|---|---|
| OWNER | UNIT # | OWNER NAME: LAST, FIRST, MIDDLE | | (<input type="checkbox"/> Same As Driver) | OWNER PHONE: INCLUDE AREA CODE | (<input type="checkbox"/> Same As Driver) | LOCAL REPORT NUMBER 2 0 2 6 0 0 5 5 | | | | | | | | |
| | 0 2 | MCKINNEY DIONNE T | | | | | | | | | | | | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP | 115 W 13 ST 08 | | (<input type="checkbox"/> Same As Driver) | HOMESTEAD PA 15120 | | DAMAGE | DAMAGE SCALE | | | | | | | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | | | | | | |
| LP STATE P_A | LICENSE PLATE # KVP8444 | VEHICLE IDENTIFICATION # SADFP2FXXJ1Z32714 | | VEHICLE YEAR 2 0 1 8 | VEHICLE MAKE Jaguar | DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | | | | | | | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # | | VEHICLE COLOR BLK | VEHICLE MODEL E-PACE |   | | | | | | | | | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | | TOWED BY: COMPANY NAME | |   | | | | | | | | | |
| INTERLOCK EQUIPPED <input type="checkbox"/> DEVICE EQUIPPED | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS 0 1 | VEHICLE WEIGHT GVWR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD | |   | | | | | | | | | |
| UNIT TYPE 0 1 | 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 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 19 - UNKNOWN | 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP | | | | | | |
| 0 | # OF TRAILING UNITS | | | | | | | | | | | | | | |
| 2 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | | | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | | | | | | | |
| 0 1 | SPECIAL FUNCTION 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 | | | | | | |
| 0 1 | CARGO BODY TYPE 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 | | | | | | |
| 0 | 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 | | | | | | |
| 0 | NON-MOTORIST LOCATION AT IMPACT 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 | | | | | | |
| 4 | ACTION 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 22 - DISABLED VEHICLE 99 - OTHER / UNKNOWN | | | | | | |
| 0 1 | SEQUENCE OF EVENTS 1 - LEFT OF CENTER 2 - FOLLOWING TOO CLOSE/ACDA 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | | | | 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - IMPROPER START FROM A PARKED POSITION 12 - STOPPED OR PARKED ILLEGALLY 13 - SWERVING TO AVOID 14 - WRONG WAY | 15 - VISION OBSTRUCTION 16 - OPERATING DEFECTIVE EQUIPMENT 17 - LOAD SHIFTING/ FALLING/SPILLING 18 - SWERVING TO AVOID 19 - IMPROPER CROSSING | 20 - LYING IN ROADWAY 21 - NOT DISCERNABLE 22 - OPENING DOOR INTO ROADWAY 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT | | | | | | |
| 3 | CONTRIBUTING CIRCUMSTANCES | | | | | | | | | | | | | | |
| 4 | SEQUENCE OF EVENTS 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 | | | | | | |
| 5 | SEQUENCE OF EVENTS 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 | | | | | | |
| 6 | SEQUENCE OF EVENTS 1 - FIRST HARMFUL EVENT | | | | | 1 - MOST HARMFUL EVENT | 1 | 0 | 1 | 2 | 5 | 2 | 5 | 1 | 0 |
| LOCAL REPORT NUMBER 2 0 2 6 0 0 5 5 | | | | | | | | | | | | | | | |
| DAMAGE | | | | | | | | | | | | | | | |
| DAMAGE SCALE | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN | | | | | | | | | | | | | | | |
| DAMAGED AREA(S) INDICATE ALL THAT APPLY | | | | | | | | | | | | | | | |
|               | | | | | | | | | | | | | | | |
| INITIAL POINT OF CONTACT | | | | | | | | | | | | | | | |
| 1 2 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | | | | | | | | | | | | | | | |
| 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN | | | | | | | | | | | | | | | |
| TRAFFIC | | | | | | | | | | | | | | | |
| TRAFFIC WAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY | | | | | | | | | | | | | | | |
| TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL | | | | | | | | | | | | | | | |
| # OF THROUGH LANES ON ROAD 2 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING | | | | | | | | | | | | | | | |
| RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING | | | | | | | | | | | | | | | |
| UNIT / NON-MOTORIST DIRECTION 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN | | | | | | | | | | | | | | | |
| FROM 3 TO 4 | | | | | | | | | | | | | | | |
| UNIT SPEED 0 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | | | | | | | | | | | | | | | |
| DETECTED SPEED 1 | | | | | | | | | | | | | | | |
| POSTED SPEED 2 5 | | | | | | | | | | | | | | | |
| PAGE OF | | | | | | | | | | | | | | | |



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 0 5 5

| | | | | | | | | | | | | |
|--|--|--|--|--|---|-----------------------------|-----------------------------------|---------------------------------------|----------------------------------|--------------|---------------------|---|
| 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 RUDNIK ASHLEY MARIE | | | | | | DATE OF BIRTH 0 4 1 8 1 9 8 8 | AGE 3 7 | GENDER F | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 3550 PENNINGTON RD SHAKER HEIGHTS OH 44120 | | | | | | 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 | | |
| 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 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 |
| M O T O R I S T / N O N - M O T O R I S T | | UNIT # 0 2 | NAME: LAST, FIRST, MIDDLE MCKINNEY DIONNE T | | | | | | DATE OF BIRTH 0 6 0 4 1 9 7 0 | AGE 5 5 | GENDER F | |
| ADDRESS: STREET, CITY, STATE, ZIP 115 W 13 ST 08 | | HOMESTEAD PA 15120 | | | | | | 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 | | |
| 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 <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 |
| 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 | | | | |
| 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 | |
| OL CLASS | | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED ALCOHOL MARIJUANA OTHER DRUG | CONDITION | STATUS | ALCOHOL TEST TYPE | VALUE | STATUS | TYPE | DRUG TEST(S) RESULT SELECT UP TO 4 |
| INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS | | | | | | | | | | | | |
| 1 - FATAL | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 1 - NOT DEPLOYED | 1 - CLASS A | 1 - ALCOHOL INTERLOCK DEVICE | 1 - NOT DISTRACTED | 1 - NONE GIVEN | | | | | | |
| 2 - SUSPECTED SERIOUS INJURY | 2 - FRONT - MIDDLE | 2 - DEPLOYED FRONT | 2 - CLASS B | 2 - CDL INTRASTATE ONLY | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED | | | | | | |
| 3 - SUSPECTED MINOR INJURY | 3 - FRONT - RIGHT SIDE | 3 - DEPLOYED SIDE | 3 - CLASS C | 3 - CORRECTIVE LENSES | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE | | | | | | | |
| 4 - POSSIBLE INJURY | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 4 - DEPLOYED BOTH FRONT / SIDE | 4 - REGULAR CLASS (OHIO - D) | 4 - FARM WAIVER | 4 - TALKING ON HANDS-FREE COMMUNICATION DEVICE | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M / C MOPED ONLY | 5 - EXCEPT CLASS A BUS | 5 - TEST GIVEN, RESULTS KNOWN | | | | | | | |
| | 6 - SECOND - RIGHT SIDE | 6 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS A & CLASS B BUS | 5 - TEST GIVEN, RESULTS UNKNOWN | | | | | | | |
| INJURED TAKEN BY 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE EJECTION OL ENDORSEMENT | | | | | | | | | | | | |
| 1 - NOT TRANSPORTED / TREATED AT SCENE | 10 - SLEEPER SECTION OF TRUCK CAB | 1 - NOT EJECTED | H - HAZMAT | 7 - EXCEPT TRACTOR-TRAILER | 1 - NONE | | | | | | | |
| 2 - EMS | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 2 - PARTIALLY EJECTED | M - MOTORCYCLE | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 2 - BLOOD | | | | | | | |
| 3 - POLICE | 12 - PASSENGER IN UNENCLOSED CARGO AREA | 3 - TOTALLY EJECTED | P - PASSENGER | 9 - LEARNER'S PERMIT RESTRICTIONS | 3 - URINE | | | | | | | |
| 9 - OTHER / UNKNOWN | 13 - TRAILING UNIT | 4 - NOT APPLICABLE | N - TANKER | 10 - LIMITED TO DAYLIGHT ONLY | 4 - BREATH | | | | | | | |
| SAFETY EQUIPMENT TRAPPED R - THREE-WHEEL MOTORCYCLE | | | | | | | | | | | | |
| 1 - NONE USED | 1 - NOT TRAPPED | S - SCHOOL BUS | 11 - LIMITED TO EMPLOYMENT | 5 - OTHER DISTRACTIONS OUTSIDE | 5 - OTHER | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 12 - LIMITED - OTHER | 6 - PASSENGER | ALCOHOL TEST TYPE | | | | | | | |
| 3 - LAP BELT ONLY USED | 3 - FREED BY NON-MECHANICAL MEANS | X - TANKER / HAZMAT | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | |
| 4 - SHOULDER & LAP BELT USED | | | 14 - MILITARY VEHICLES ONLY | 8 - OTHER DISTRACTIONS OUTSIDE | | | | | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 9 - OTHER / UNKNOWN | | | | | | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | 16 - OUTSIDE MIRROR | 10 - OTHER | | | | | | | | |
| 7 - BOOSTER SEAT | | | 17 - PROSTHETIC AID | 11 - APPARENTLY NORMAL | | | | | | | | |
| 8 - HELMET USED | | | 18 - OTHER | 2 - PHYSICAL IMPAIRMENT | | | | | | | | |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | | | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | 4 - ILLNESS | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY | | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | |
| | | | | 7 - OTHER | | | | | | | | |
| | | | | 8 - NEGATIVE RESULTS | | | | | | | | |
| GENDER | | | | | | | | | | | | |
| F - FEMALE | | | | | | | | | | | | |
| M - MALE | | | | | | | | | | | | |
| U - OTHER/UNKNOWN | | | | | | | | | | | | |