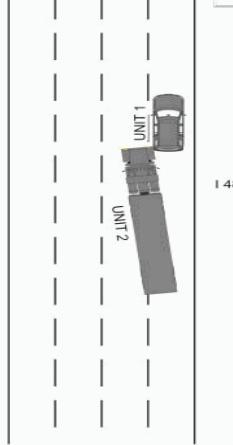




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| LOCAL INFORMATION | | | | 2 0 2 6 0 0 8 7 | | |
|--|---|--|---|--|---|--|
| <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 | |
| 1 8 | 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | CRASH DATE/TIME * 0 1 1 0 2 0 2 6 0 0 5 2 | | |
| LOCATION REFERENCE | ROUTE TYPE I R | ROUTE NUMBER 4 8 0 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME I 480 West | ROAD TYPE H W | |
| | ROUTE TYPE S R | ROUTE NUMBER 1 4 | PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) BROADWAY | ROAD TYPE A V | |
| REFERENCE POINT 1 | DIRECTION 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 | HWY - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | INTERSECTION RELATED ROADWAY ROADWAY DIVIDED | |
| DISTANCE 5 0 | DISTANCE 3 | UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards | | | NUMBER OF APPROACHES | |
| LOCATION ~ FIRST HARMFUL EVENT 0 1 | | | MANNER of CRASH COLLISION/IMPACT 7 | | DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN 5 - OTHER / UNKNOWN |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | | WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER 4 - MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 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 | SURFACE 2 |
| 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | WEATHER 1 | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL | 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | | |
| NARRATIVE <p>DRIVER OF UNIT 1 WAS SLOWING IN TRAFFIC DUE TO ANOTHER CRASH IN THE NUMBER 4 LANE OF I 480 WEST. UNIT 2 DID NOT HAVE SUFFICIENT DISTANCE TO STOP AND STRUCK UNIT 1 ATTEMPTING TO AVOID THE CRASH.. THE FRONT BUMPER OF UNIT 2 SIDE SWIPED THE REAR DRIVER SIDE OF UNIT 1.</p> | | | | | | |
|  | | | | | | |
| CRASH REPORTED DATE/TIME 0 1 1 0 2 0 2 6 0 0 5 2 | | DISPATCH DATE/TIME 0 1 1 0 2 0 2 6 0 0 5 2 | | ARRIVAL DATE/TIME 0 1 1 0 2 0 2 6 0 0 5 2 | | SCENE CLEARED DATE/TIME 0 1 1 0 2 0 2 6 0 1 0 0 |
| TOTAL TIME ROADWAY CLOSED 0 | | OTHER INVESTIGATION TIME 3 0 | TOTAL MINUTES 3 8 | OFFICER'S NAME * J. Huskey | | REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |
| | | | | CHECKED BY OFFICER'S NAME * D. Simia | | |
| | | | | OFFICER'S BADGE NUMBER * 0 0 3 | | SUPPLEMENT (CORRECTION/ADDITION TO AN EXISTING REPORT BY DATE TO DATE) |
| | | | | CHECKED BY OFFICER'S BADGE NUMBER * S 2 3 | | |

| | | | | | |
|---|--|--|---|--|--|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE LIU AUSTIN QIAN | (<input type="checkbox"/> Same As Driver) | OWNER PHONE: INCLUDE AREA CODE [REDACTED] | (<input type="checkbox"/> Same As Driver) | |
| OWNER | OWNER ADDRESS: STREET, CITY, STATE, ZIP 55 PUBLIC SQ 316 | (<input type="checkbox"/> Same As Driver) | CLEVELAND OH 44113 | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE [REDACTED] | | |

| | | | | |
|---|---|--|---|-----------------------------------|
| LP STATE O H | LICENSE PLATE # KSE8239 | VEHICLE IDENTIFICATION # JF2GUHDC0SH203532 | VEHICLE YEAR 2025 | VEHICLE MAKE Subaru |
| <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY PROGRESSIVE | INSURANCE POLICY # 998832504 | VEHICLE COLOR BLU | VEHICLE MODEL Crosstrek |
| 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 <input type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS 0 1 | VEHICLE WEIGHT OVR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | |

| | | | | |
|-------------------------|---|--|---|--|
| UNIT TYPE 0 3 | 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS) | 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL-TERRAIN VEHICLE (ATV / UTV) | 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME | 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP |
|-------------------------|---|--|---|--|

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| # OF TRAILING UNITS [REDACTED] | | | | | |
|-----------------------------------|--|--|--|--|--|

| | | | | |
|---|----------|--|--|-------------|
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 | 0 | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN |
|---|----------|--|--|-------------|

| | | | | |
|--------------------------------|---|---|---|---|
| SPECIAL FUNCTION 0 1 | 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS TRANSIT/COMMUTER | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN |
|--------------------------------|---|---|---|---|

| | | | | | |
|-------------------------------|--|---|--|--|---|
| CARGO BODY TYPE 0 1 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN |
|-------------------------------|--|---|--|--|---|

| | | | | | |
|-----------------|--|--|--|--|--------------------|
| VEHICLE DEFECTS | 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS | 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT | 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE | 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT | 99 - OTHER/UNKNOWN |
|-----------------|--|--|--|--|--------------------|

| | | | | | |
|---------------------------------|--|---|--|---|--|
| NON-MOTORIST LOCATION AT IMPACT | 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 |
|---------------------------------|--|---|--|---|--|

| | | | | | | |
|--------------------|---|-----------------------------|--|--|---|---|
| ACTION 4 | 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | 1 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 |
|--------------------|---|-----------------------------|--|--|---|---|

| | | | | | |
|--|---|---|--|--|---|
| CONTRIBUTING CIRCUMSTANCES 0 1 | 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/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 |
|--|---|---|--|--|---|

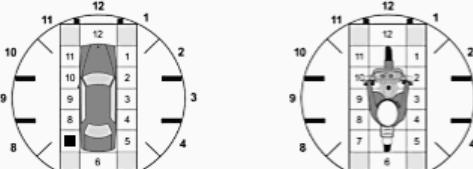
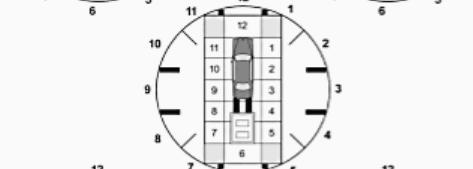
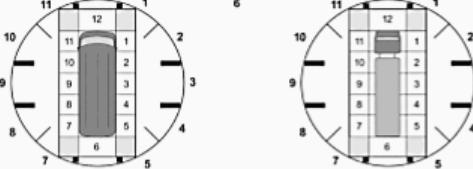
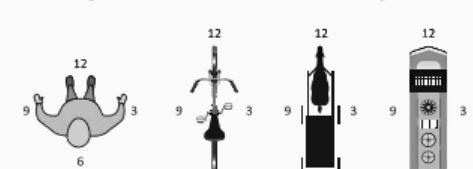
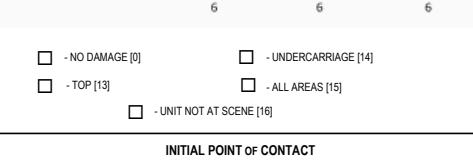
| | |
|--------------------|--------|
| SEQUENCE OF EVENTS | EVENTS |
|--------------------|--------|

| | | | | | |
|--------------|--|--|---|---|---|
| 1 2 0 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - KNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE | 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT |
|--------------|--|--|---|---|---|

| | | | | | |
|---|--------------------------------------|--|--|--|--|
| 3 | COLLISION WITH FIXED OBJECT - STRUCK | | | | |
|---|--------------------------------------|--|--|--|--|

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

| | | | |
|----------|---------------------|----------|--------------------|
| 1 | FIRST HARMFUL EVENT | 1 | MOST HARMFUL EVENT |
|----------|---------------------|----------|--------------------|

| | | |
|--|--|---|
| LOCAL REPORT NUMBER 20260087 | | DAMAGE |
| | | DAMAGE SCALE |
| 2 | 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 7 | 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP | 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
| TRAFFIC | | |
| 1 | TRAFFIC FLOW 1 - ONE-WAY 2 - TWO-WAY | TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL |
| 4 | # OF THROUGH LANES ON ROAD | RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION | | |
| FROM 3 TO 4 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN |
| UNIT SPEED | | |
| 4 0 | DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | |
| POSTED SPEED | | |
| 6 0 | PAGE 1 OF 1 | |

| | | | | | | | | | | | | | | | | |
|-----------|---|---|--|---|--|---|--|--|--|---|--|---|--|---|--|-----------------|
| 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 8 7 | | | | | | | | | |
| | UA EXPRESS DELIVERY LLC | | | | | | DAMAGE | | | | | | | | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP | | (<input type="checkbox"/> Same As Driver) | | | | DAMAGE SCALE | | | | | | | | | |
| | 6 CORPORATION CENTER | | BROADVIEW HTS OH 44147 | | | | 2 | 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 | | DAMAGED AREA(S) | | | | | | | | | |
| | CONNEX TRANSPORT 1281 TERMINAL WAY RENO NV 89502 | | | | | | INDICATE ALL THAT APPLY | | | | | | | | | |
| | LP STATE O H | LICENSE PLATE # PXD9577 | VEHICLE IDENTIFICATION # 3AKJHHD R3MSMT8968 | VEHICLE YEAR 2 0 2 1 | VEHICLE MAKE Freightliner | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY GREAT WEST CASUALTY | INSURANCE POLICY # GWP63600Q | VEHICLE COLOR MAR | VEHICLE MODEL Other/Unknown | | | | | | | | | | | |
| | TYPE OF USE COMMERCIAL | | IN EMERGENCY RESPONSE | US DOT # 1 4 9 1 6 1 4 | TOWED BY: COMPANY NAME | | | | | | | | | | | |
| | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED | | <input type="checkbox"/> HIT/SKIP UNIT | # OCCUPANTS 0 1 | VEHICLE WEIGHT OVRW/CGWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | | | | | | | | |
| 1 5 | | | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | | | | | | | | | | | |
| UNIT TYPE | | 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 | | | | | | |
| 1 | | # OF TRAILING UNITS | | | | | | | | | | | | | | |
| 2 | | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | | 0 | 0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION | 3-CONDITIONAL AUTONOMOUS MODE LEVEL 0 | 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 | | | | |
| | | 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 | | | | |
| 4 | | ACTION | | 1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN | | 0 3 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-Changing lanes 10-Parked 11-Slowing or stopped 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 | | |
| | | EVENTS | | | | | | | | | | INITIAL POINT OF CONTACT | | | | |
| 0 8 | | SEQUENCE OF EVENTS | | | | EVENTS | | | | | | 0 1 | 0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP | 14-UNDERCARRIAGE 15-VEHICLE NOT AT SCENE 99-UNKNOWN | | |
| | | CONTRIBUTING CIRCUMSTANCES | | 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 24-OTHER IMPROPER ACTION | | TRAFFICWAY FLOW | | TRAFFIC CONTROL |
| | | SEQUENCE OF EVENTS | | | | EVENTS | | | | | | 1 | 1-ONE-WAY 2-TWO-WAY | 1-ROUNDABOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL | | |
| | | COLLISION WITH FIXED OBJECT - STRUCK | | | | | | | | | | 4 | # OF THROUGH LANES ON ROAD | 1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING | | |
| | | SEQUENCE OF EVENTS | | | | EVENTS | | | | | | 1 | UNIT / NON-MOTORIST DIRECTION | 1-NORTH 2-SOUTH 3-EAST 4-WEST 5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN | | |
| | | COLLISION WITH FIXED OBJECT - STRUCK | | | | | | | | | | 3 | FROM 3 TO 4 | 1-NORTH 2-SOUTH 3-EAST 4-WEST 5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN | | |
| | | UNIT SPEED | | | | DETECTED SPEED | | | | | | 6 0 | 6 0 | 1-STATE/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED | | |
| | | POSTED SPEED | | | | | | | | | | 6 0 | | | | |
| 1 | | FIRST HARMFUL EVENT | | 1 | | MOST HARMFUL EVENT | | | | | | | | | | |



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 0 8 7

| | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|--|---|---|-------------------------|-------------------------|-------------------------------|----------------------------------|--------------|---------------------------------------|---------------------|----------|-------------------|--------------------|-------------|
| 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 | | | | | | |
| | 0 1 | LIU | AUSTIN | QIAN | 0 5 1 7 2 0 0 1 | 2 4 | M | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 55 PUBLIC SQ 316 CLEVELAND OH 44113 | | | | | | | | | | | | | | | | |
| INJURIES 5 | | INJURED TAKEN BY 1 | 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 □ ALCOHOL □ MARIJUANA □ OTHER DRUG | CONDITION 1 | STATUS 1 | ALCOHOL TEST TYPE 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 | | | | | | DATE OF BIRTH 0 5 2 4 1 9 8 7 | AGE 3 8 | GENDER M | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| 5800 LAURENT DR 508 PARMA OH 44129 | | | | | | | | | | | | | | | | |
| INJURIES 5 | | INJURED TAKEN BY 1 | 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 1 | | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED □ ALCOHOL □ MARIJUANA □ OTHER DRUG | CONDITION 1 | STATUS 1 | ALCOHOL TEST TYPE 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 - TEST GIVEN, RESULTS KNOWN | | | | | | | | | | | |
| 5 - NO APPARENT INJURY | 5 - SECOND - MIDDLE | 5 - NOT APPLICABLE | 5 - M / C MOPED ONLY | 5 - EXCEPT CLASS A BUS | 5 - EXCEPT CLASS A & CLASS B BUS | | | | | | | | | | | |
| | 6 - SECOND - RIGHT SIDE | 6 - DEPLOYMENT UNKNOWN | 6 - NO VALID OL | 6 - EXCEPT CLASS B BUS | 6 - COMMUNICATION DEVICE | | | | | | | | | | | |
| | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | | 7 - EXCEPT TRACTOR-TRAILER | 7 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 8 - THIRD - MIDDLE | | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | 8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | | | | | |
| 2 - EMS | 9 - THIRD - RIGHT SIDE | | | 9 - LEARNER'S PERMIT RESTRICTIONS | 9 - PASSENGER | ALCOHOL TEST TYPE | | | | | | | | | | |
| 3 - POLICE | 10 - SLEEPER SECTION OF TRUCK CAB | | | 10 - LIMITED TO DAYLIGHT ONLY | 7 - OTHER DISTRACTION INSIDE THE VEHICLE | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | | 11 - LIMITED TO EMPLOYMENT | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE | | | | | | | | | | | |
| | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | | 12 - LIMITED - OTHER | 9 - OTHER / UNKNOWN | | | | | | | | | | | |
| | 13 - TRAILING UNIT | | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | | | | |
| 1 - NONE USED | 14 - RIDING ON VEHICLE EXTERIOR | | | 14 - MILITARY VEHICLES ONLY | 1 - NONE | | | | | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | 15 - NON-MOTORIST | | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | 2 - BLOOD | | | | | | | | | | | |
| 3 - LAP BELT ONLY USED | 99 - OTHER / UNKNOWN | | | 16 - OUTSIDE MIRROR | 2 - BLOOD | | | | | | | | | | | |
| 4 - SHOULDER & LAP BELT USED | | | | 17 - PROSTHETIC AID | | | | | | | | | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | | 18 - OTHER | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| SAFETY EQUIPMENT | | | | | | | | | | | GENDER | DRUG TEST RESULT(S) | | | | |
| 1 - NONE USED | TRAPPED | R - THREE-WHEEL MOTORCYCLE | 1 - APPARENTLY NORMAL | 1 - AMPHETAMINES | | | | | | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | 1 - NOT TRAPPED | S - SCHOOL BUS | 2 - PHYSICAL IMPAIRMENT | 2 - BARBITURATES | | | | | | | | | | | | |
| 3 - LAP BELT ONLY USED | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | 3 - BENZODIAZEPINES | | | | | | | | | | | | |
| 4 - SHOULDER & LAP BELT USED | 3 - FREED BY NON-MECHANICAL MEANS | X - TANKER / HAZMAT | 4 - ILLNESS | 4 - CANNABINOID | | | | | | | | | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | 5 - COCAINE | | | | | | | | | | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | 6 - OPIATES / OPIOIDS | | | | | | | | | | | | |
| 7 - BOOSTER SEAT | | | 9 - OTHER / UNKNOWN | 7 - OTHER | | | | | | | | | | | | |
| 8 - HELMET USED | | | | 8 - NEGATIVE RESULTS | | | | | | | | | | | | |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | | | | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | | | | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | | | | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | |