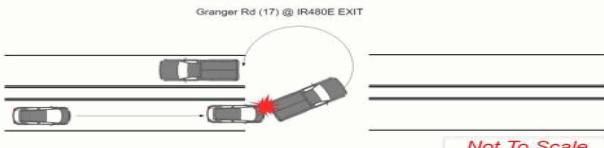
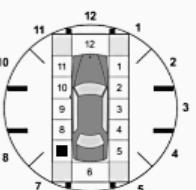
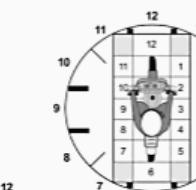
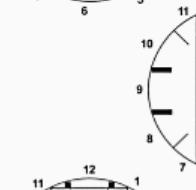
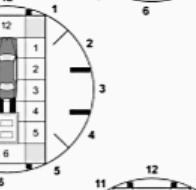
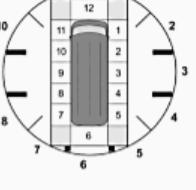
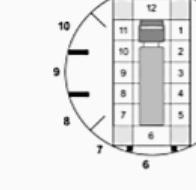
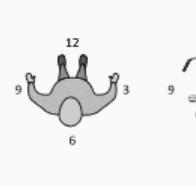
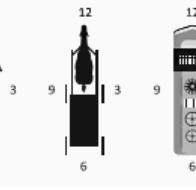
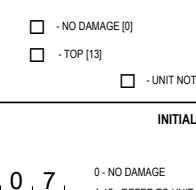
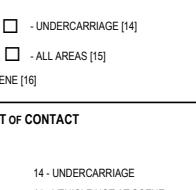




TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER *			
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Secondary Crash <input type="checkbox"/> Private Property		IR480			2 0 2 6 0 1 2 9			
REPORTING AGENCY NAME * GARFIELD HEIGHTS					HIT/SKIP 1 - Solved 2 - Unsolved	MIN/MED AC UNITS 0 2		
COUNTY * 1 8	LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP *	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS			CRASH DATE/TIME * 0 1 1 4 2 0 2 6 1 1 2 4 7	CRASH SEVERITY 3		
ROUTE TYPE C R	ROUTE NUMBER 1 7	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME GRANGER	ROAD TYPE R D	LATITUDE DECIMAL DEGREES 4 1 . 4 1 5 0 4 5			
ROUTE TYPE I R	ROUTE NUMBER 4 8 0	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) IR480	ROAD TYPE H W	LONGITUDE DECIMAL DEGREES 8 1 . 6 5 7 2 2 0			
REFERENCE POINT 1	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 3 - EAST 4 - WEST	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 MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED				
DISTANCE COM/DECIMAL	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards			NUMBER OF APPROACHES				
0 1	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - ON RAMP 8 - OFF RAMP 9 - OTHER / UNKNOWN	2	MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN	3	DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE 4		
<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 - 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	1	CONDITIONS 2	SURFACE 2		
1	LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	2	WEATHER 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	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
NARRATIVE UNIT #1 WAS TRAVELING EAST ON GRANGER RD. UNIT #1 BEGAN TO MAKE A U-TURN NEAR THE IR480EB EXIT (PROHIBITED) WHILE DOING SO, UNIT #2 STRUCK UNIT #1 IN THE LEFT REAR. UNIT #2 WAS TRAVELING EAST ON GRANGER RD. UNIT #1 WAS OBSERVED MAKING THE PROHIBITED U TURN, DUE TO THE SUDDEN NATURE OF THE TURN, UNIT 2 WAS UNABLE TO SLOW IN TIME, STRIKING UNIT #1.					 <p>Indicate the north direction with an "N" on the compass diagram.</p> <p>Granger Rd (17) @ IR480E EXIT</p>  <p>Not To Scale</p>			
CRASH REPORTED DATE/TIME 0 1 1 4 2 0 2 6 1 1 2 4 7		DISPATCH DATE/TIME 0 1 1 4 2 0 2 6 1 1 2 5 0		ARRIVAL DATE/TIME 0 1 1 4 2 0 2 6 1 1 2 5 5		SCENE CLEARED DATE/TIME 0 1 1 4 2 0 2 6 1 1 3 2 5		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT <small>(CORRECTION TO AN EXISTING REPORT SENT TO COPS)</small>
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME		TOTAL MINUTES 3 5		OFFICER'S NAME * R. Pitts		
						CHECKED BY OFFICER'S NAME * N. Rossi		
				OFFICER'S BADGE NUMBER 0 2 3		CHECKED BY OFFICER'S BADGE NUMBER * S 1 3		

OWNER	UNIT #	OWNER NAME: LAST, FIRST, MIDDLE SCOTT KELLY MARTIN		<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 1 2 9												
	OWNER ADDRESS: STREET, CITY, STATE, ZIP 4903 CLEARVIEW AV		(<input type="checkbox"/> Same As Driver)		COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		DAMAGE												
					GARFIELD HTS OH 44125		DAMAGE SCALE												
							3	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN											
							DAMAGED AREA(S)												
							INDICATE ALL THAT APPLY												
							         												
	VEHICLE	LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #		VEHICLE YEAR	VEHICLE MAKE												
O H		HJQ8362	5 F P Y K 1 F 7 0 D B 0 1 7 5 0 2		2 0 1 3	Honda													
<input checked="" type="checkbox"/> INSURANCE VERIFIED		INSURANCE COMPANY	INSURANCE POLICY #		VEHICLE COLOR	VEHICLE MODEL													
PROGRESSIVE		987839523		BLK	Ridgeline														
TYPE OF USE		IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME															
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> GOVERNMENT																	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED		<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS	VEHICLE WEIGHT OVR/GCWR	HAZARDOUS MATERIAL														
0 4			0 1	1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	<input type="checkbox"/> MATERIAL RELEASED	CLASS #	PLACARD ID #												
UNIT TYPE		# OF TRAILING UNITS																	
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN														
2	1 - YES 2 - NO 9 - OTHER / UNKNOWN																		
0 1	SPECIAL FUNCTION	AUTONOMOUS MODE LEVEL																	
CARGO BODY TYPE		1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS																	
VEHICLE DEFECTS		1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS																	
NON-MOTORIST LOCATION AT IMPACT		1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK																	
4	ACTION	0 7	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED 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 23 - OTHER / UNKNOWN												
SEQUENCE OF EVENTS		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 MOBILE OBJECT	INITIAL POINT OF CONTACT													
3																			
4	COLLISION WITH FIXED OBJECT - STRUCK																		
5	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	TRAFFIC														
6																			
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	TRAFFIC WAY FLOW		TRAFFIC CONTROL													
		<table border="1"> <tr> <td>2</td> <td>1 - ONE-WAY 2 - TWO-WAY</td> <td>2</td> <td>1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER</td> </tr> <tr> <td colspan="2"># OF THROUGH LANES ON ROAD</td> <td colspan="2">4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL</td> </tr> <tr> <td colspan="2">2</td> <td colspan="2">1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING</td> </tr> </table>						2	1 - ONE-WAY 2 - TWO-WAY	2	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	# OF THROUGH LANES ON ROAD		4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL		2		1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING	
2	1 - ONE-WAY 2 - TWO-WAY	2	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER																
# OF THROUGH LANES ON ROAD		4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL																	
2		1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING																	
		UNIT / NON-MOTORIST DIRECTION																	
		<table border="1"> <tr> <td>4</td> <td>1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST</td> <td>4</td> <td>5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN</td> </tr> </table>						4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN								
4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	4	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN																
		UNIT SPEED																	
		<table border="1"> <tr> <td>5</td> <td>1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED</td> </tr> </table>						5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED										
5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED																		
		DETECTED SPEED																	
		<table border="1"> <tr> <td>1</td> <td>1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED</td> </tr> </table>						1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED										
1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED																		
		POSTED SPEED																	
		<table border="1"> <tr> <td>3 5</td> <td></td> </tr> </table>						3 5											
3 5																			

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE	(<input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	(<input type="checkbox"/> Same As Driver)
0 2	MOORE SHANYA MONA			

OWNER ADDRESS: STREET, CITY, STATE, ZIP	(<input type="checkbox"/> Same As Driver)
5205 CATHERINE ST 4	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 # U099385	VEHICLE IDENTIFICATION # 3 KP FW 4 DC 4 SE 1 5 8 6 1 5	VEHICLE YEAR 2 0 2 5	VEHICLE MAKE Kia		
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY AWAITING INFO	INSURANCE POLICY # UNKNOWN	VEHICLE COLOR WHI	VEHICLE MODEL Other/Unknown		
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		# OCCUPANTS 0 2	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)	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

# OF TRAILING UNITS						
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?		0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	
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
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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 - WORKING 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT
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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
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SEQUENCE OF EVENTS		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 MOVABLE OBJECT
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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	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	1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER
2 | 0 | 2 | 6 | 0 | 1 | 2 | 9

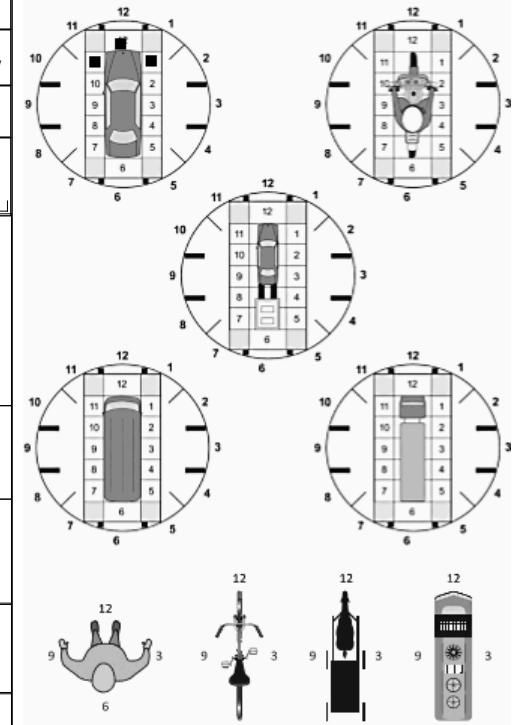
DAMAGE

DAMAGE SCALE

4 | 1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

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

TRAFFICWAY FLOW
2 | 1 - ONE-WAY
2 - TWO-WAY
2 | 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 - NOT INVOLVED
2 - INVOLVED - ACTIVE CROSSING
3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

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

DETECTED SPEED
3 | 5 | 1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED
3 | 5 |

PAGE OF



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 2 9

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	SCOTT KELLY MARTIN						0 3 2 7 1 9 6 8	5 7	M								
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE							
4903 CLEARVIEW AV GARFIELD HTS OH 44125																		
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 331.12		LOCAL CODE ■		OFFENSE DESCRIPTION UTURN PROHIBITED			CITATION NUMBER G20260089						
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		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		DRUG TEST(S) STATUS 1 TYPE 1 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 MOORE SHANYA MONA						DATE OF BIRTH 0 4 1 3 2 0 0 6	AGE 1 9	GENDER F							
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE							
5205 CATHERINE ST 4 MAPLE HEIGHTS OH 44137																		
INJURIES 3		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 2	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 [] ALCOHOL [] MARIJUANA [] OTHER DRUG		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							
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 []		ALCOHOL TEST STATUS 1 TYPE 1 VALUE []		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	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	5 - TEST GIVEN, RESULTS UNKNOWN										
	6 - SECOND - RIGHT SIDE		6 - DEPLOYMENT UNKNOWN		6 - NO VALID OL	6 - EXCEPT CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE											
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER	7 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE											
1 - NOT TRANSPORTED /TREATED AT SCENE	8 - THIRD - MIDDLE		8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	1 - NONE										
2 - EMS	9 - THIRD - RIGHT SIDE		9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	2 - BLOOD										
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB		10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY	10 - OTHER DISTRACTION INSIDE THE VEHICLE	3 - URINE										
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	4 - BREATH										
	12 - PASSENGER IN UNENCLOSED CARGO AREA		12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER	12 - LIMITED - OTHER	5 - OTHER										
	13 - TRAILING UNIT		13 - NOT TRAPPED			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)											
	14 - RIDING ON VEHICLE EXTERIOR		14 - EXTRICATED BY MECHANICAL MEANS			14 - MILITARY VEHICLES ONLY	14 - MILITARY VEHICLES ONLY											
	15 - NON-MOTORIST FORWARD FACING		15 - FREED BY NON-MECHANICAL MEANS			15 - MOTOR VEHICLES WITHOUT AIR BRAKES	15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
	16 - CHILD RESTRAINT SYSTEM - REAR FACING		16 - PROSTHETIC AID			16 - OUTSIDE MIRROR	16 - OUTSIDE MIRROR											
	17 - BOOSTER SEAT		17 - OTHER			17 - PROSTHETIC AID	17 - PROSTHETIC AID											
	18 - HELMET USED		18 - OTHER			18 - OTHER	18 - OTHER											
	19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)		19 - APPARENTLY NORMAL			19 - APPARENTLY NORMAL	19 - APPARENTLY NORMAL											
	20 - REFLECTIVE CLOTHING		20 - PHYSICAL IMPAIRMENT			20 - PHYSICAL IMPAIRMENT	20 - PHYSICAL IMPAIRMENT											
	21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY		21 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)			21 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	21 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)											
	22 - OTHER / UNKNOWN		22 - ILLNESS			22 - ILLNESS	22 - ILLNESS											
	23 - OTHER / UNKNOWN		23 - FELL ASLEEP, FAINTED, FATIGUED, ETC.			23 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	23 - FELL ASLEEP, FAINTED, FATIGUED, ETC.											
	24 - OTHER / UNKNOWN		24 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL			24 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL	24 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS /ALCOHOL											
	25 - OTHER / UNKNOWN		25 - OTHER / UNKNOWN			25 - OTHER / UNKNOWN	25 - OTHER / UNKNOWN											
	26 - OTHER / UNKNOWN		26 - NEGATIVE RESULTS			26 - NEGATIVE RESULTS	26 - NEGATIVE RESULTS											
INJURIES											EJECTION		OL ENDORSEMENT		CONDITION		DRUG TEST TYPE	
INJURIES											F - FEMALE		M - MALE		U - OTHER/UNKNOWN		DRUG TEST RESULT(S)	



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 1 2 9

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE LANE JAVIAN DANAHE				DATE OF BIRTH 0 4 2 3 2 0 0 5	AGE 2 0	GENDER M			
	ADDRESS: STREET, CITY, STATE, ZIP 3441 ALTAMONT AVE CLEVELAND HTS OH 44118				CONTACT PHONE - INCLUDE AREA CODE _____						
INJURIES 3		INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD SQ2	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MARYMOUNT ER	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION 0 3	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OCCUPANT	UNIT # _____	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____				AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE _____				_____		
INJURIES _____		INJURED TAKEN BY _____	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED _____	DOT-COMPLIANT MC HELMET <input type="checkbox"/>	SEATING POSITION _____	AIR BAG USAGE _____	EJECTION _____	TRAPPED _____	
OCCUPANT	UNIT # _____	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH _____				AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP				CONTACT PHONE - INCLUDE AREA CODE _____				_____		
INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		SAFETY EQUIPMENT USED 1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN			SEATING POSITION 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN							EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE				
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN							TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH _____				AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				_____	
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH _____				AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				_____	
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH _____				AGE _____	GENDER _____
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE _____				_____	