



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

				LOCAL REPORT NUMBER *						
				2 0 2 6 0 1 7 3						
<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		LOCAL INFORMATION								
		REPORTING AGENCY NAME * GARFIELD HEIGHTS				NCIC * 0 1 8 2 0				
COUNTY * 1 8		LOCALITY * 1 - CITY * 2 - VILLAGE * 3 - TOWNSHIP * 1		LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS				HIT/SKIP 1 - Solved 2 - Unsolved		
								MINIMUM AC LIMITS 0 2		
								LIMIT IN EDGEO 98 - ANIMAL 0 1 99 - UNKNOWN		
								CRASH SEVERITY 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY		
LOCATION	ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME DARLINGTON	ROAD TYPE A V	LATITUDE DECIMAL DEGREES 4 1 4 1 2 4 4 4	
	ROUTE TYPE		ROUTE NUMBER		PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 12019	ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 1 6 0 0 0 1 6	
REFERENCE	REFERENCE POINT 3		DIRECTION 1 - NORTH 2 - SOUTH 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 LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED		
	DISTANCE 5		DISTANCE 2					NUMBER OF APPROACHES ROADWAY		
LOCATION OF FIRST HARMFUL EVENT 0 1		MANNER OF CRASH COLLISION/IMPACT 6				DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN 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 <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 WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 2	SURFACE 2		
LIGHT CONDITION 1		WEATHER 6				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 2 WAS E/B ON DARLINGTON, TURNING INTO THE DRIVEWAY AT 12019 DARLINGTON. UNIT 1 WAS DIRECTLY BEHIND UNIT 2. UNIT 1 FAILED TO YIELD, CAUSING THE ACCIDENT BY STRIKING UNIT 2'S LEFT REAR WITH UNIT 1'S FRONT RIGHT BUMPER.								 Indicate the north direction with an "N" on the compass diagram.		
CRASH REPORTED DATE/TIME 0 1 1 9 2 0 2 6 1 1 6 4 2		DISPATCH DATE/TIME 0 1 1 9 2 0 2 6 1 1 6 4 3		ARRIVAL DATE/TIME 0 1 1 9 2 0 2 6 1 1 6 4 9		SCENE CLEARED DATE/TIME 0 1 1 9 2 0 2 6 1 1 7 0 7		<input type="checkbox"/> REPORT TAKEN BY POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS)		
TOTAL TIME ROADWAY CLOSED 3 0		OTHER INVESTIGATION TIME 1 5		TOTAL MINUTES 3 9	OFFICER'S NAME * L. Ajienq	CHECKED BY OFFICER'S NAME * M. Berdysz				
					OFFICER'S BADGE NUMBER 0 2 7	CHECKED BY OFFICER'S BADGE NUMBER * L 1 4				

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			
	0   1	SHERMAN JENNIFER LASHALE				2 0 2 6 0 1 7 3				
	OWNER ADDRESS: STREET, CITY, STATE, ZIP			( <input type="checkbox"/> Same As Driver )		DAMAGE				
	3554 LYNNFIELD RD			SHAKER HTS OH 44122		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 O   H	LICENSE PLATE # KSW1117	VEHICLE IDENTIFICATION # 1G6DL1E37D0110442	VEHICLE YEAR 2 0 1 3	VEHICLE MAKE Cadillac	DAMAGED AREA(S)				
	<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR BLK	VEHICLE MODEL CTS	INDICATE ALL THAT APPLY				
	TYPE OF USE COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME						
	INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS 0   1	HAZARDOUS MATERIAL MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/>						
	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   2	0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION AUTONOMOUS MODE LEVEL	3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION	9-UNKNOWN					
SPECIAL FUNCTION 0   1		1-NONE 2-TAXI 3-ELECTRONIC RIDE SHARING 4-SCHOOL TRANSPORT 5-BUS TRANSIT/COMMUTER	6-BUS - CHARTER/TOUR 7-BUS - INTERCITY 8-BUS - SHUTTLE 9-BUS - OTHER 10-AMBULANCE	11-FIRE 12-MILITARY 13-POLICE 14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL	21-MAIL CARRIER 99-OTHER/UNKNOWN				
CARGO BODY TYPE 0   1		1-NO CARGO BODY TYPE / NOT APPLICABLE 2-BUS	3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 4-LOGGING	5-INTERMODAL CONTAINER CHASSIS 6-CARGO VAN/ENCLOSED BOX 7-GRAIN/CHIPS/GRAVEL	8-POLE 9-CARGO TANK 10-FLAT BED 11-DUMP	12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-GARBAGE/REFUSE 99-OTHER/UNKNOWN				
VEHICLE DEFECTS		1-TURN SIGNALS 2-HEAD LAMPS 3-TAIL LAMPS	4-BRAKES 5-STEERING 6-TIRE BLOWOUT	7-WORN OR SLICK TIRES 8-TRAILER EQUIPMENT DEFECTIVE	9-MOTOR TROUBLE 10-DISABLED FROM PRIOR ACCIDENT	99-OTHER/UNKNOWN				
NON-MOTORIST LOCATION AT IMPACT		1-INTERSECTION - MARKED CROSSWALK 2-INTERSECTION - UNMARKED CROSSWALK	3-INTERSECTION - OTHER 4-MIDBLOCK - MARKED CROSSWALK 5-TRAVEL LANE-OTHER LOCATION	6-BICYCLE LANE 7-SHOULDER/RROADSIDE 8-SIDEWALK	9-MEDIAN/CROSSING ISLAND 10-DRIVeway ACCESS 11-SHARED USE PATHS OR TRAILS	12-FIRST RESPONDER AT INCIDENT SCENE 99-OTHER/UNKNOWN				
ACTION 3		1-NON-CONTACT 2-NON-COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 9-OTHER / UNKNOWN	0   1 PRE-CRASH ACTION	1-STRAIGHT AHEAD 2-BACKING 3-CHANGING LANES 4-OVERTAKING/PASSING 5-MAKING RIGHT TURN 6-MAKING LEFT TURN	7-MAKING U-TURN 8-ENTERING TRAFFIC LANE 9-LEAVING TRAFFIC LANE 10-PARKED 11-SLOWING OR STOPPED IN TRAFFIC 12-DRIVERLESS	13-NEGOTIATING A CURVE 14-ENTERING OR CROSSING SPECIFIED LOCATION 15-WALKING, RUNNING, JOGGING, PLAYING 16-WORKING 17-PUSHING VEHICLE	18-APPROACHING OR LEAVING VEHICLE 19-STANDING 20-OTHER NON-MOTORIST 21-STANDING OUTSIDE DISABLED VEHICLE 99-OTHER / UNKNOWN	INITIAL POINT OF CONTACT		
CONTRIBUTING CIRCUMSTANCES 0   2		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	0   1 0-NO DAMAGE 1-12-REFER TO UNIT DIAGRAM 13-TOP	0-NO DAMAGE 14-UNDERCARRO 15-VEHICLE NOT AT SCENE 99-UNKNOWN	TRAFFIC	
SEQUENCE OF EVENTS		EVENTS						TRAFFIC WAY FLOW		
1   2   0	1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-IMMERSION 4-JACKKNIFE 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-STRIKED BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24-OTHER MOBILE OBJECT	1-ONE WAY 2-TWO WAY	6   1 1-ROUNDABOUT 2-SIGNAL 3-FLASHER	4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL		
3	COLLISION WITH FIXED OBJECT - STRUCK						2   1 # OF THROUGH LANES ON ROAD	1-NOT INVOLVED 2-INVOLVED - ACTIVE CROSSING 3-INVOLVED - PASSIVE CROSSING	RAIL GRADE CROSSING	
4	25-IMPACT ATTENUATOR / CRASH CUSHION 26-BRIDGE OVERHEAD STRUCTURE 27-BRIDGE PIER OR ABUTMENT 28-BRIDGE PARAPET	31-GUARDRAIL END 32-PORTABLE BARRIER 33-MEDIAN CABLE BARRIER 34-MEDIAN GUARDRAIL 35-MEDIAN CONCRETE BARRIER	37-TRAFFIC SIGN POST 38-OVERHEAD SIGN POST 39-LIGHT/ILLUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT 42-CULVERT	43-CURB 44-DITCH 45-EMBANKMENT 46-FENCE 47-MAILBOX 48-TREE 49-FIRE HYDRANT	50-WORKZONE MAINTENANCE EQUIPMENT 51-WALL 52-BUILDING 53-TUNNEL 54-OTHER FIXED OBJECT 99-OTHER / UNKNOWN	4   3 FROM 4 TO 3 TO 3 4-WEST	1-NORTH 2-SOUTH 3-EAST 4-WEST	5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER / UNKNOWN		
5	29-BRIDGE RAIL 30-GUARDRAIL FACE	36-MEDIAN OTHER BARRIER				UNIT SPEED 1   0	DETECTED SPEED 1	1-STATE/ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED		
6	1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT	2   5	POSTED SPEED 2   5	PAGE OF			

UNIT # 0 2	OWNER NAME: LAST, FIRST, MIDDLE FILKORN JENNIFER ANNE	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP 12019 DARLINGTON AV	( <input type="checkbox"/> Same As Driver)	GARFIELD HTS OH 44125		
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COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
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LP STATE O H	LICENSE PLATE # KKE6107	VEHICLE IDENTIFICATION # 1C4NJPBA4HD149940	VEHICLE YEAR 2 0 1 7	VEHICLE MAKE Jeep
■ INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 999710167	VEHICLE COLOR WHI	VEHICLE MODEL Patriot
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 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD <input type="checkbox"/> PLACARD	

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-16 SEATS)	7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE (ATV / UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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UNIT TYPE 0 1	# OF TRAILING UNITS			
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL AUTONOMOUS MODE LEVEL	9 - UNKNOWN 4 - HIGH AUTOMATION 5 - FULL AUTOMATION
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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
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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 4	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 6 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				
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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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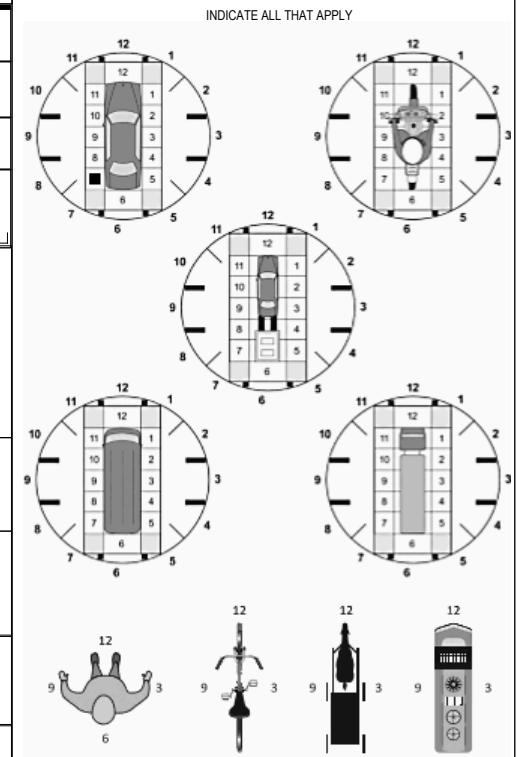
5	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN
6	1	1	1	2 5	1

DAMAGE	
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DAMAGE SCALE	
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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	
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0 7  
0 - NO DAMAGE  
1-12 - REFER TO UNIT  
DIAGRAM  
13 - TOP

TRAFFICWAY FLOW	TRAFFIC CONTROL
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1 - ONE-WAY  
2 - TWO-WAY  
6

# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
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2  
1  
1 - NOT INVOLVED  
2 - INVOLVED - ACTIVE CROSSING  
3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION	
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1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
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1 0  
1  
1 - STATED/ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED

POSTED SPEED
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## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 1 7 3

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	EDWARD SHERMAN KORRDELL BRANDON						0 3 1 7 1 9 9 7	2 8	M	
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE
13911 CRANWOOD PARK BLVD CLEVELAND OH 44125											
INJURIES 5		INJURED TAKEN BY [ ]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	DOT-COMPLIANT MC HELMET	SEATING POSITION 9 9	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE [ ]		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 335.07A	LOCAL CODE ■	OFFENSE DESCRIPTION DRIVING UNDER SUSPEN		CITATION NUMBER G2060101			
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"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST 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 FILKORN JENNIFER ANNE						DATE OF BIRTH 0 9 1 7 1 9 8 3	AGE 4 2	GENDER F
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE
12019 DARLINGTON AV GARFIELD HTS OH 44125											
INJURIES 5		INJURED TAKEN BY [ ]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 0 2	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"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	STATUS 1	ALCOHOL TEST 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 [ ]	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						
	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)			7 - EXCEPT TRACTOR-TRAILER							
1 - NOT TRANSPORTED / TREATED AT SCENE	8 - THIRD - MIDDLE			8 - INTERMEDIATE LICENSE RESTRICTIONS							
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS							
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB			10 - LIMITED TO DAYLIGHT ONLY							
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)			11 - LIMITED TO EMPLOYMENT							
	12 - PASSENGER IN UNENCLOSED CARGO AREA			12 - LIMITED - OTHER							
	13 - TRAILING UNIT			13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)							
	14 - RIDING ON VEHICLE EXTERIOR			14 - MILITARY VEHICLES ONLY							
	15 - NON-MOTORIST FORWARD FACING			15 - MOTOR VEHICLES WITHOUT AIR BRAKES							
	16 - CHILD RESTRAINT SYSTEM - REAR FACING			16 - OUTSIDE MIRROR							
	17 - BOOSTER SEAT			17 - PROSTHETIC AID							
	18 - HELMET USED			18 - OTHER							
	19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)										
	20 - REFLECTIVE CLOTHING										
	21 - LIGHTING - PEDESTRIAN / BICYCLE ONLY										
	22 - OTHER / UNKNOWN										
SAFETY EQUIPMENT											
1 - NONE USED	TRAPPED	R - THREE-WHEEL MOTORCYCLE		CONDITION		DRUG TEST TYPE					
2 - SHOULDER BELT ONLY USED		S - SCHOOL BUS		1 - APPARENTLY NORMAL		1 - NONE					
3 - LAP BELT ONLY USED		T - DOUBLE & TRIPLE TRAILERS		2 - PHYSICAL IMPAIRMENT		2 - BLOOD					
4 - SHOULDER & LAP BELT USED		X - TANKER / HAZMAT		3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		3 - URINE					
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				4 - ILLNESS		4 - OTHER					
6 - CHILD RESTRAINT SYSTEM - REAR FACING				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.							
7 - BOOSTER SEAT				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL							
8 - HELMET USED				7 - OTHER / UNKNOWN							
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)						DRUG TEST RESULT(S)					
10 - REFLECTIVE CLOTHING						1 - AMPHETAMINES					
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY						2 - BARBITURATES					
99 - OTHER / UNKNOWN						3 - BENZODIAZEPINES					
						4 - CANNABINOIDS					
						5 - COCAINE					
						6 - OPIATES / OPIOIDS					
						7 - OTHER					
						8 - NEGATIVE RESULTS					