



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

<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				LOCAL INFORMATION				LOCAL REPORT NUMBER *							
				TURNNEY/RYBAK				2 0 2 6 0 2 3 2							
				REPORTING AGENCY NAME *				HIT/SKIP							
GARFIELD HEIGHTS				0 1 8 2 0				1 - Solved 2 - Unsolved		MINIMUM AC. LIMITS					
COUNTY *		LOCALITY *		LOCATION: CITY, VILLAGE, TOWNSHIP *				0 2		LIMIT IN EDGEO					
1 8		1		GARFIELD HTS				0 2		98-ANIMAL 99-UNKNOWN					
LOCATION	ROUTE TYPE		ROUTE NUMBER		PREFIX	1- NORTH 2- SOUTH 3- EAST 4- WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES						
	TURN		NEY		R	D	4 1 3 9 6 5 2 1								
REFERENCE	ROUTE TYPE		ROUTE NUMBER		PREFIX	1- NORTH 2- SOUTH 3- EAST 4- WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	LONGITUDE DECIMAL DEGREES						
	RYBAK				A	V	8 1 5 8 7 6 1 7								
REFERENCE POINT		DIRECTION		ROUTE TYPE		ROAD TYPE		INTERSECTION RELATED							
1		1- NORTH 2- SOUTH 3- EAST 4- WEST		IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		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		<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
DISTANCE COM/DECIMAL		DISTANCE UNIT OF MEASURE								NUMBER OF APPROACHES					
5 0		1 Miles 2- Feet 3- Yards								ROADWAY					
										ROADWAY DIVIDED					
LOCATION OF FIRST HARMFUL EVENT				MANNER OF CRASH COLLISION/IMPACT				DIRECTION OF TRAVEL		MEDIAN TYPE					
0 1				4				1 - NOT COLLISION 2 - REAR-TO-REAR 3 - SIDEWEEP, SAME DIRECTION 4 - SIDEWEEP, OPPOSITE DIRECTION 5 - BACKING 6 - ANGLE 7 - HEAD-ON		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN 5 - OTHER / UNKNOWN			
WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT		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		CONTOUR		CONDITIONS		SURFACE					
ACTIVE SCHOOL ZONE						1		4		2					
LIGHT CONDITION		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		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 NORTH ON TURNNEY RD, UNIT 1 BEGAN TO SLOW.															
UNIT 2 WAS TRAVELING NORTH ON TURNNEY RD, UNIT 1 BEGAN TO SLOW. AHREAD, UNIT 2 WAS UNABLE TO SLOW. IN TIME DUE TO ICY ROAD CONDITIONS AND STRUCK UNIT 1 IN THE RIGHT/CENTER REAR.															
TURNNEY RD				RYBAK AVE				Indicate the north direction with an "N" on the compass diagram.							
CRASH REPORTED DATE/TIME		DISPATCH DATE/TIME		ARRIVAL DATE/TIME		SCENE CLEARED DATE/TIME		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST							
0 1 2 8 2 0 2 6 0 9 0 3		0 1 2 8 2 0 2 6 0 9 0 4		0 1 2 8 2 0 2 6 0 9 1 9		0 1 2 8 2 0 2 6 1 1 0 0 0									
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES	OFFICER'S NAME *		CHECKED BY OFFICER'S NAME *		SUPPLEMENT (CORRECTION TO AN EXISTING REPORT SENT TO CPS)						
0				5 6	R. Pitts		N. Rossi								
					OFFICER'S BADGE NUMBER *		CHECKED BY OFFICER'S BADGE NUMBER *								
					0 2 3		S 1 3								

UNIT # <u>0 1</u>	OWNER NAME: LAST, FIRST, MIDDLE <b>HEMPHILL GABRIELLE MARIE</b>	<input type="checkbox"/> Same As Driver	OWNER PHONE: INCLUDE AREA CODE	<input type="checkbox"/> Same As Driver
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OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP  
**15313 CORKHILL RD**

MAPLE HEIGHTS OH 44137

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # <b>KSE5455</b>	VEHICLE IDENTIFICATION # <b>3GNAXHEVXMS112264</b>	VEHICLE YEAR <b>2021</b>	VEHICLE MAKE <b>Chevrolet</b>				
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <b>SFARM</b>	INSURANCE POLICY # <b>4403389SFP35</b>	VEHICLE COLOR <b>DBL</b>	VEHICLE MODEL <b>Equinox</b>				
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME					
INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		# OCCUPANTS <u>0 1</u>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD					
UNIT TYPE <u>0 3</u>		VEHICLE WEIGHT OVR/GCWR 1 - 10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	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 <u>0</u>		WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <u>2</u>				
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 1 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 1 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

0 1 ACTION		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING ACTION 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE 22 - DISABLED VEHICLE 99 - OTHER / UNKNOWN
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0 1 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 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

0 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 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOBILE OBJECT
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#### COLLISION WITH FIXED OBJECT - STRUCK

0 1 4 1 5 1 6 1		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER	37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT	50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT      1 MOST HARMFUL EVENT

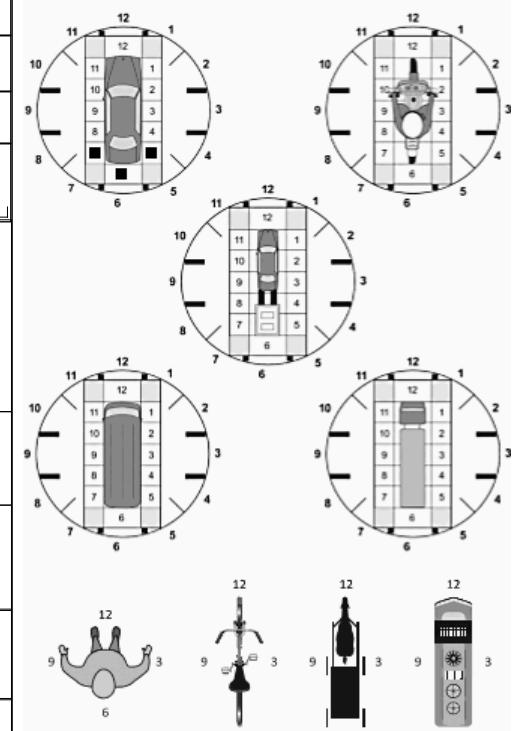
LOCAL REPORT NUMBER  
**20260232**

#### DAMAGE

DAMAGE SCALE  
3  
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]

0 8 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP		INITIAL POINT OF CONTACT
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2 1 - ONE-WAY 2 - TWO-WAY	TRAFFICWAY FLOW	TRAFFIC CONTROL
6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER	4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

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

2 FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	UNIT / NON-MOTORIST DIRECTION
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5 UNIT SPEED	DETECTED SPEED
1 5 - 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

3 5 POSTED SPEED	PAGE OF
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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	BRANCH WAYMAN L			

OWNER ADDRESS: STREET, CITY, STATE, ZIP	( <input type="checkbox"/> Same As Driver )
2338 ROCKSIDE RD	SEVEN HILLS OH 44131

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP	COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE O H	LICENSE PLATE # KHT3172	VEHICLE IDENTIFICATION # 1 FM SK 8 DH 6 MGA 28802	VEHICLE YEAR 2 0 2 1	VEHICLE MAKE Ford
■ INSURANCE VERIFIED	INSURANCE COMPANY SFARM	INSURANCE POLICY # 4321188SFP35	VEHICLE COLOR LBL	VEHICLE MODEL Explorer
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 <input type="checkbox"/> 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
0 3				

# OF TRAILING UNITS				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTONOMOUS MODE LEVEL 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
2	1 - YES    2 - NO    9 - OTHER / UNKNOWN		

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 - 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	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
3						

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 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 8					

SEQUENCE OF EVENTS	EVENTS
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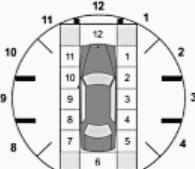
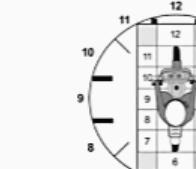
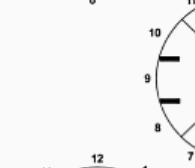
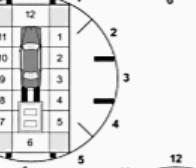
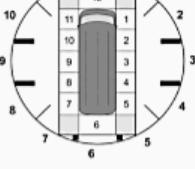
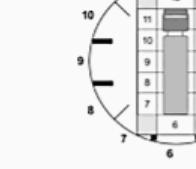
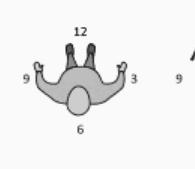
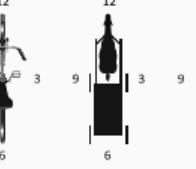
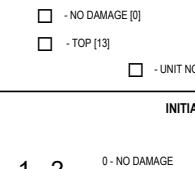
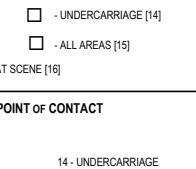
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - CARGO/EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 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
2					
3					

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
5	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER			
6					

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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LOCAL REPORT NUMBER	
2 0 2 6 0 2 3 2	

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

DAMAGED AREA(S)	
INDICATE ALL THAT APPLY	
         	
<input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14] <input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15] <input type="checkbox"/> - UNIT NOT AT SCENE [16]	

INITIAL POINT OF CONTACT		
1 2	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP	14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

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

UNIT / NON-MOTORIST DIRECTION		
2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 9 - OTHER / UNKNOWN	

UNIT SPEED	
0	DETECTED SPEED
3	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
3 5	



## **MOTORIST / NON-MOTORIST**

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 2 3 2

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	HEMPHILL GABRIELLE MARIE			ADDRESS: STREET, CITY, STATE, ZIP		0 3 2 9 2 0 0 6	1 9	F						
15313 CORKHILL RD MAPLE HEIGHTS OH 44137											CONTACT PHONE - INCLUDE AREA CODE				
INJURIES 5		INJURED TAKEN BY [ ]		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE [ ]		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE [ ]	OFFENSE DESCRIPTION				CITATION NUMBER			
OL CLASS 4		ENDORSEMENT SELECT UP TO 2 [ ]		RESTRICTION SELECT UP TO 3 [ ]		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED [ ] [ ] [ ]		CONDITION 1	STATUS 1	TYPE 1	ALCOHOL TEST [ ]	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				
0 2		BLACK DIAMOND MARIE			ADDRESS: STREET, CITY, STATE, ZIP		0 1 2 4 1 9 9 7	2 9	F						
18605 KEWANEE AVE CLEVELAND OH 44119											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 [ ] [ ] [ ]		CONDITION 1	STATUS 1	TYPE 1	ALCOHOL TEST [ ]	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 #	NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH	AGE	GENDER				
ADDRESS: STREET, CITY, STATE, ZIP											CONTACT PHONE - INCLUDE AREA CODE				
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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 [ ]	TYPE [ ]	ALCOHOL TEST [ ]	STATUS [ ]	TYPE [ ]	DRUG TEST(S) RESULT SELECT UP TO 4 [ ]
INJURIES SEATING POSITION AIR BAG OL CLASS OL RESTRICTION(S) DRIVER DISTRACTION TEST STATUS											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 - NOT DISTRACTED 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 - TEST GIVEN, RESULTS UNKNOWN										
INJURED TAKEN BY		6 - SECOND - RIGHT SIDE	6 - DEPLOYMENT UNKNOWN	6 - EXCEPT CLASS A & CLASS B BUS											
1 - NOT TRANSPORTED /TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	7 - NOT VALID OL	7 - EXCEPT TRACTOR-TRAILER												
2 - EMS	8 - THIRD - MIDDLE	8 - LEARNER'S PERMIT RESTRICTIONS	8 - INTERMEDIATE LICENSE RESTRICTIONS												
3 - POLICE	9 - THIRD - RIGHT SIDE	9 - SLEEPER SECTION OF TRUCK CAB	9 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE												
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	1 - NOT EJECTED	10 - PASSENGER	10 - LIMITED TO DAYLIGHT ONLY											
SAFETY EQUIPMENT		2 - PARTIALLY EJECTED	11 - LIMITED TO EMPLOYMENT	11 - OTHER DISTRACTION INSIDE THE VEHICLE											
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - TOTALLY EJECTED	12 - LIMITED - OTHER	12 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE											
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	4 - NOT APPLICABLE	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)												
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE	1 - NOT TRAPPED	14 - MILITARY VEHICLES ONLY												
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	15 - MOTOR VEHICLES WITHOUT AIR BRAKES												
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS	16 - OUTSIDE MIRROR												
6 - CHILD RESTRAINT SYSTEM - REAR FACING			17 - PROSTHETIC AID												
7 - BOOSTER SEAT			18 - OTHER												
8 - HELMET USED															
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)															
10 - REFLECTIVE CLOTHING															
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY															
99 - OTHER / UNKNOWN															
GENDER											DRUG TEST TYPE				
F - FEMALE											1 - NONE				
M - MALE											2 - BLOOD				
U - OTHER/UNKNOWN											3 - URINE				
											4 - BREATH				
											5 - OTHER				
CONDITION											DRUG TEST RESULT(S)				
1 - APPARENTLY NORMAL											1 - AMPHETAMINES				
2 - PHYSICAL IMPAIRMENT											2 - BARBITURATES				
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)											3 - BENZODIAZEPINES				
4 - ILLNESS											4 - CANNABINOID				
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.											5 - COCAINE				
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											6 - OPIATES / OPIOIDS				
9 - OTHER / UNKNOWN											7 - OTHER				
											8 - NEGATIVE RESULTS				



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 2 3 2

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE STUBBS MONTRAE				DATE OF BIRTH	AGE	GENDER														
	2	5	0 5 2 5 2 0 0 9	1 6	M																	
ADDRESS: STREET, CITY, STATE, ZIP 1924 SENECA EUCLID OH 44117					CONTACT PHONE - INCLUDE AREA CODE																	
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