



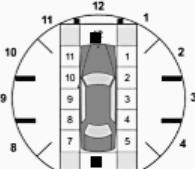
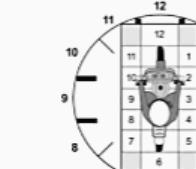
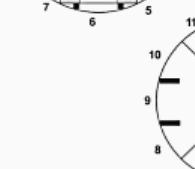
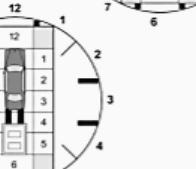
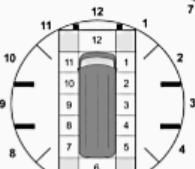
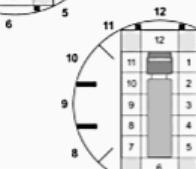
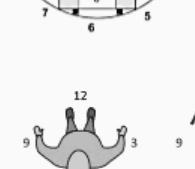
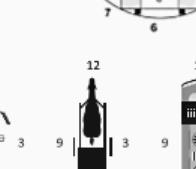
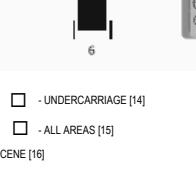
## TRAFFIC CRASH REPORT

\*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		REPORTING AGENCY NAME * <b>GARFIELD HEIGHTS</b>			2 0 2 6 0 2 6 2			
REPORTING AGENCY NAME *	NCIC *			HIT/SKIP 1 - Solved 2 - Unsolved	MINIMIZED AC LIMITS 0 3	UNIT IN CD/DO 98 - ANIMAL 99 - UNKNOWN 0 3		
COUNTY * <b>1 8</b>	LOCALITY * <b>1</b>	LOCATION: CITY, VILLAGE, TOWNSHIP * <b>GARFIELD HTS</b>			CRASH DATE/TIME * <b>02 02 2026 08 18</b>	CRASH SEVERITY 5		
ROUTE TYPE <b> </b>	ROUTE NUMBER <b> </b>	PREFIX <b> </b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME <b>480</b>	ROAD TYPE <b>H W</b>	LATITUDE DECIMAL DEGREES <b>41.410909</b>		
ROUTE TYPE <b> </b>	ROUTE NUMBER <b> </b>	PREFIX <b> </b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) <b>22</b>	ROAD TYPE <b>M P</b>	LONGITUDE DECIMAL DEGREES <b>81.615571</b>		
REFERENCE POINT <b>2</b>	DIRECTION 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # <b>3</b>	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROUTE TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA <input type="checkbox"/> ROADWAY DIVIDED		
DISTANCE COM/SEC/DEC/DEC <b>5 0 0</b>	DISTANCE UNIT OF MEASURE 1 - Miles 2 - Feet 3 - Yards <b>2</b>					NUMBER OF APPROACHES ROADWAY 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		
LOCATION OF FIRST HARMFUL EVENT <b>0 1</b>		MANNER OF CRASH COLLISION/IMPACT <b>2</b>		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		
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	CONTOUR <b>2</b>	CONDITIONS <b>1</b>	SURFACE <b>2</b>			
LIGHT CONDITION <b>1</b>	WEATHER <b>1</b>	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	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	CONTOUR <b>2</b>	CONDITIONS <b>1</b>	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		
NARRATIVE UNIT 1 WAS TRAVELING E/B ON 480, WHILE UNIT 2 WAS TRAVELING DIRECTLY BEHIND UNIT 1 AND UNIT 3 WAS ALSO TRAVELING DIRECTLY BEHIND UNIT 2. UNIT 1 AND 2 BEGAN TO SLOW TO STOPPED TRAFFIC, CAUSING UNIT 3 THAT WAS FOLLOWING TO CLOSE TO STRIKE UNIT 2. UNIT 2 WAS THEN HIT HARD ENOUGH BY UNIT 3 TO BE PUSHED INTO THE REAR OF UNIT 1.						Indicate the north direction with an "N" on the compass diagram. 		
						Not To Scale		
CRASH REPORTED DATE/TIME <b>02 02 2026 08 18</b>		DISPATCH DATE/TIME <b>02 02 2026 08 19</b>		ARRIVAL DATE/TIME <b>02 02 2026 08 23</b>		SCENE CLEARED DATE/TIME <b>02 02 2026 08 50</b>		REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)
TOTAL TIME ROADWAY CLOSED <b>0</b>		OTHER INVESTIGATION TIME <b> </b>		TOTAL MINUTES <b>3 1</b>		OFFICER'S NAME * <b>M. Lee</b>		
OFFICER'S BADGE NUMBER <b>002</b>		OFFICER'S BADGE NUMBER <b>002</b>		CHECKED BY OFFICER'S NAME * <b>N. Rossi</b>		CHECKED BY OFFICER'S BADGE NUMBER * <b>S 1 3</b>		



UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <b>DAVIS JOSEPH HENRY</b>		OWNER PHONE: INCLUDE AREA CODE <input type="text"/>	( <input type="checkbox"/> Same As Driver )
OWNER	OWNER ADDRESS: STREET, CITY, STATE, ZIP <b>1717 E 9 ST 302</b>		( <input type="checkbox"/> Same As Driver )	
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE <input type="text"/>	
LP STATE <b>O H</b>	LICENSE PLATE # <b>KUC1271</b>	VEHICLE IDENTIFICATION # <b>J M1 BM1 N3 2 G1 3 5 5 1 7 8</b>	VEHICLE YEAR <b>2 0 1 6</b>	VEHICLE MAKE <b>Mazda</b>
■ INSURANCE VERIFIED	INSURANCE COMPANY <b>PROGRESSIVE</b>	INSURANCE POLICY # <b>982692385</b>	VEHICLE COLOR <b>BLU</b>	VEHICLE MODEL <b>Mazda3</b>
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT # <input type="text"/>	TOWED BY: COMPANY NAME <input type="text"/>	
INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS <b>0 1</b>	VEHICLE WEIGHT OVR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	
UNIT TYPE <b>2 0</b>	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				
# OF TRAILING UNITS <input type="text"/>				
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? <b>2</b> 1 - YES    2 - NO    9 - OTHER / UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION				
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				
1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE 4 - HEAD LAMPS 5 - TAIL LAMPS 1 - TURN SIGNALS 2 - BRAKES 3 - STEERING 4 - LOGGING 5 - TIRE BLOWOUT 6 - WORN OR SLICK TIRES 7 - TRAILER EQUIPMENT 8 - DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN				
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/RROADE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 13 - APPROACHING OR LEAVING VEHICLE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT				
1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - 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 IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 24 - OTHER MOVABLE OBJECT				
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 24 - OTHER IMPROPER ACTION				
CONTRIBUTING CIRCUMSTANCES SEQUENCE OF EVENTS EVENTS 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 MOVABLE OBJECT				
COLLISION WITH FIXED OBJECT - STRUCK 1 - IMPACT ATTENUATOR / CRASH CUSHION 2 - 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 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 2 - MOST HARMFUL EVENT				

DAMAGE	
DAMAGE SCALE	
3	1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
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 6	0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN
TRAFFIC	
1	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY
6	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
4	# OF THROUGH LANES ON ROAD 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
RAIL GRADE CROSSING	
4	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	
5	DETECTED SPEED 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
6 0	PAGE <input type="text"/> OF <input type="text"/>

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE <b>WILSON JORDAN</b>	( <input type="checkbox"/> Same As Driver)	OWNER PHONE: INCLUDE AREA CODE	( <input type="checkbox"/> Same As Driver)
0 3				

OWNER ADDRESS: STREET, CITY, STATE, ZIP <b>6503 MARSOL RD 642</b>	( <input type="checkbox"/> Same As Driver)	MAYFIELD HTS OH 44124		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		

LP STATE <b>O H</b>	LICENSE PLATE # <b>KOU8564</b>	VEHICLE IDENTIFICATION # <b>1HGCM56495A141077</b>	VEHICLE YEAR <b>2 0 0 5</b>	VEHICLE MAKE <b>Honda</b>																														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE COLOR <b>SIL</b>	VEHICLE MODEL <b>Accord</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 <b>0 1</b>	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED CLASS # <b>PLACARD ID #</b> <input type="checkbox"/> PLACARD																															
<table border="1"> <tr> <td>1 - PASSENGER CAR</td> <td>7 - MOTORCYCLE 2-WHEELED</td> <td>12 - GOLF CART</td> <td>18 - LIMO (LIVERY VEHICLE)</td> <td>23 - PEDESTRIAN/SKATER</td> </tr> <tr> <td>2 - PASSENGER VAN (MINIVAN)</td> <td>8 - MOTORCYCLE 3-WHEELED</td> <td>13 - SNOWMOBILE</td> <td>19 - BUS (16+ PASSENGERS)</td> <td>24 - WHEELCHAIR (ANY TYPE)</td> </tr> <tr> <td>3 - SPORT UTILITY VEHICLE</td> <td>9 - AUTOCYCLE</td> <td>14 - SINGLE UNIT TRUCK</td> <td>20 - OTHER VEHICLE</td> <td>25 - OTHER NON-MOTORIST</td> </tr> <tr> <td>4 - PICK UP</td> <td>10 - MOPED OR MOTORIZED BICYCLE</td> <td>15 - SEMI-TRACTOR</td> <td>21 - HEAVY EQUIPMENT</td> <td>26 - BICYCLE</td> </tr> <tr> <td>5 - CARGO VAN</td> <td>11 - ALL-TERRAIN VEHICLE (ATV / UTV)</td> <td>16 - FARM EQUIPMENT</td> <td>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE</td> <td>27 - TRAIN</td> </tr> <tr> <td>6 - VAN (9-16 SEATS)</td> <td></td> <td>17 - MOTORHOME</td> <td></td> <td>99 - UNKNOWN OR HIT/SKIP</td> </tr> </table>					1 - PASSENGER CAR	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER	2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)	3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	4 - PICK UP	10 - MOPED OR MOTORIZED BICYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE	5 - CARGO VAN	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN	6 - VAN (9-16 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP
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	6 - VAN (9-16 SEATS)		17 - MOTORHOME		99 - UNKNOWN OR HIT/SKIP

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

SPECIAL FUNCTION <b>0 1</b>	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 <b>0 1</b>	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 <b>3</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	0 1 PRE-CRASH ACTION	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN	7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE	18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE 22 - DISABLED VEHICLE 99 - OTHER / UNKNOWN
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CONTRIBUTING CIRCUMSTANCES <b>0 8</b>	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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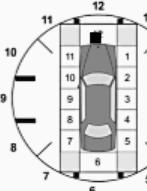
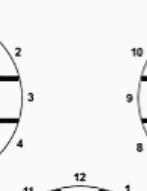
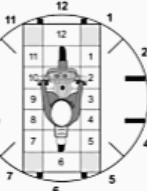
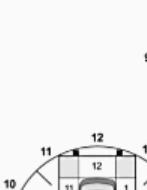
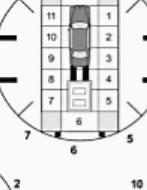
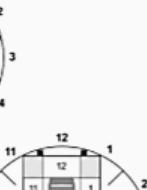
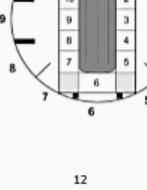
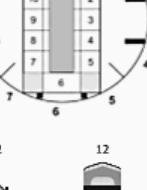
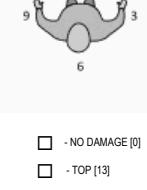
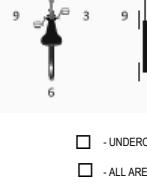
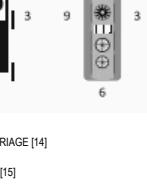
SEQUENCE OF EVENTS	EVENTS				
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 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

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

5	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
6	1 - STATEMENT 2 - CALCULATED / EDR 3 - UNDETERMINED

1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT
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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		
1	TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
4	# OF THROUGH LANES ON ROAD	1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

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

UNIT SPEED	
3 5	DETECTED SPEED
1	1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
6 0	POSTED SPEED



## MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 2 6 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	RUDEI IVAN							0 6 2 9 1 9 8 5	40	M				
ADDRESS: STREET, CITY, STATE, ZIP															
6100 LAURENT DR 811 PARMA OH 44129															
INJURIES 5		INJURED TAKEN BY 		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE 		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE 		OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH	AGE	GENDER			
0 2		DAVIS JOSEPH HENRY							0 4 1 4 1 9 9 6	29	M				
ADDRESS: STREET, CITY, STATE, ZIP															
1717 E 9 ST 302 CLEVELAND OH 44114															
INJURIES 5		INJURED TAKEN BY 		EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 0 4		DOT-COMPLIANT MC HELMET		SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE 		OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE 		OFFENSE DESCRIPTION		CITATION NUMBER				
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> 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 #	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH	AGE	GENDER			
0 3		WILSON JORDAN							0 5 2 6 2 0 0 2	23	M				
ADDRESS: STREET, CITY, STATE, ZIP															
6503 MARSOL RD 642 MAYFIELD HTS OH 44124															
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 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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE		DRUG TEST(S) STATUS 1 TYPE 1 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 & CLASS B BUS	6 - TALKING ON HAND-HELD COMMUNICATION DEVICE										
	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 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE										
2 - EMS	9 - THIRD - RIGHT SIDE			9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN										
3 - POLICE	10 - SLEEPER SECTION OF TRUCK CAB	1 - NOT EJECTED	H - HAZMAT	10 - LIMITED TO DAYLIGHT ONLY	10 - NONE										
9 - OTHER / UNKNOWN	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2 - PARTIALLY EJECTED	M - MOTORCYCLE	11 - LIMITED TO EMPLOYMENT	11 - BLOOD										
	12 - PASSENGER IN UNENCLOSED CARGO AREA	3 - TOTALLY EJECTED	P - PASSENGER	12 - LIMITED - OTHER	12 - URINE										
	13 - TRAILING UNIT	4 - NOT APPLICABLE	N - TANKER	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)	13 - BREATH										
	14 - RIDING ON VEHICLE EXTERIOR		Q - MOTOR SCOOTER	14 - MILITARY VEHICLES ONLY	14 - OTHER										
	15 - NON-MOTORIST	3 - FREED BY NON-MECHANICAL MEANS	R - THREE-WHEEL MOTORCYCLE	15 - MOTOR VEHICLES WITHOUT AIR BRAKES											
	99 - OTHER / UNKNOWN		S - SCHOOL BUS	16 - OUTSIDE MIRROR											
			T - DOUBLE & TRIPLE TRAILERS	17 - PROSTHETIC AID											
			X - TANKER / HAZMAT	18 - OTHER											
TRAPPED CONDITION DRUG TEST TYPE															
	1 - NOT TRAPPED			1 - APPARENTLY NORMAL	1 - URINE										
	2 - EXTRICATED BY MECHANICAL MEANS			2 - PHYSICAL IMPAIRMENT	2 - OTHER										
	3 - FREED BY NON-MECHANICAL MEANS			3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)											
				4 - ILLNESS											
				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.											
				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL											
				7 - OTHER											
				8 - NEGATIVE RESULTS											
GENDER DRUG TEST RESULT(S)															
	F - FEMALE			1 - AMPHETAMINES											
	M - MALE			2 - BARBITURATES											
	U - OTHER/UNKNOWN			3 - BENZODIAZEPINES											
				4 - CANNABINOIDS											
				5 - COCAINE											
				6 - OPIATES / OPIOIDS											
				7 - OTHER											
				8 - NEGATIVE RESULTS											