

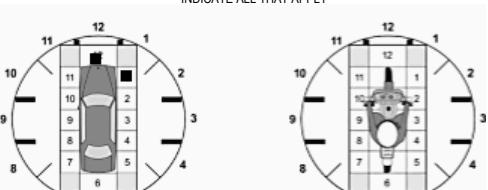
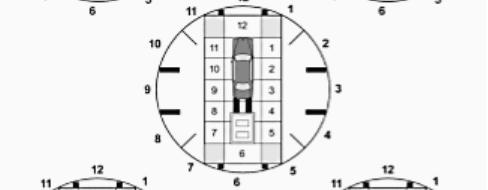
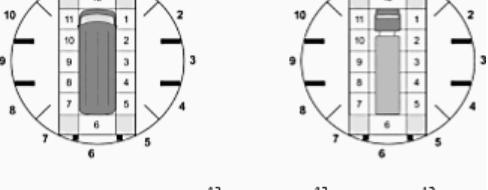
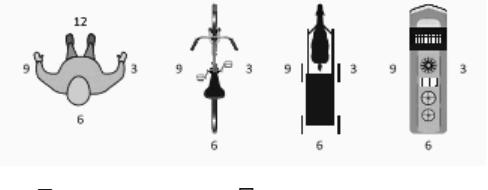
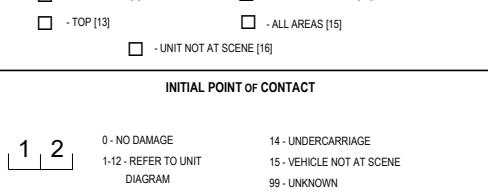


TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| | | | | LOCAL REPORT NUMBER * | | | |
| | | | | 2 0 2 6 0 3 4 8 | | | |
| <input type="checkbox"/> PHOTOS TAKEN | | <input checked="" 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 * NCIC * GARFIELD HEIGHTS 0 1 8 2 0 | | | |
| COUNTY * 1 8 | | LOCALITY * 1 - CITY * 1 | | LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS | | | |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME | ROAD TYPE |
| ROUTE TYPE | | ROUTE NUMBER | | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE |
| REFERENCE POINT | | DIRECTION | | ROUTE TYPE | | ROAD TYPE | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | | 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 | |
| DISTANCE | | DISTANCE | | ROUTE TYPE | | ROAD TYPE | |
| 1 - Miles 2 - Feet 3 - Yards | | 1 - Miles 2 - Feet 3 - Yards | | 6 | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | |
| LOCATION OF FIRST HARMFUL EVENT | | | | MANNER OF CRASH COLLISION/IMPACT | | | |
| 0 1 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 - CROSSOVER 10 - DRIVEWAY / ALLEY 11 - RAILWAY GRADE 12 - SHARED USE PATHS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN | | | |
| 1 - NOT COLLISION 2 - REAR-TO-REAR 3 - BACKING 4 - ANGLE 5 - SIDESWIPE, SAME DIRECTION 6 - SIDESWIPE, OPPOSITE DIRECTION 7 - HEAD-ON | | | | 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - 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 | | DIRECTION OF TRAVEL | MEDIAN TYPE |
| ACTIVE SCHOOL ZONE | | OR MEDIAN | | 6 | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 1 - DIVIDED FLUSH MEDIAN 2 - DIVIDED FLUSH MEDIAN 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN 9 - OTHER / UNKNOWN |
| LIGHT CONDITION | | WEATHER | | CONTOUR | | CONDITIONS | SURFACE |
| 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | | 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 | | 3 | | 1 | 2 |
| NARRATIVE UNIT#1 WAS TRAVELING NORTH ON E97TH ST AT GARFIELD BLVD. UNIT#2 WAS TRAVELING EAST ON GARFIELD BLVD AT E97TH ST. U#1 ATTEMPTED TO TURN LEFT AND TRAVEL WEST ON GARFIELD BLVD. AS A RESULT, THE RIGHT FRONT OF U#2 COLLIDED WITH THE FRONT OF U#1. BOTH UNITS LEFT THE SCENE AND CALLED FOR A REPORT. BWC NOTE: SEE OH-2 | | | | | | | |
| CRASH REPORTED DATE/TIME | | DISPATCH DATE/TIME | | ARRIVAL DATE/TIME | | SCENE CLEARED DATE/TIME | |
| 0 2 1 1 2 0 2 6 1 1 4 3 3 | | 0 2 1 1 2 0 2 6 1 1 4 4 1 | | 0 2 1 1 2 0 2 6 1 1 4 5 5 | | 0 2 1 1 2 0 2 6 1 1 5 1 4 | |
| TOTAL TIME ROADWAY CLOSED | | OTHER INVESTIGATION TIME | | TOTAL MINUTES | OFFICER'S NAME * | CHECKED BY OFFICER'S NAME * | |
| 0 | | 4 5 | | 7 8 | R. Cramer | N. Rossi | |
| OFFICER'S BADGE NUMBER * | | CHECKED BY OFFICER'S BADGE NUMBER * | | | | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODS) | |
| 0 3 7 | | S 1 3 | | | | | |
| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | | | | | | | |
| PAGE OF | | | | | | | |

| | | | | |
|--|--|---|--------------------------------|---|
| UNIT # 0 1 | OWNER NAME: LAST, FIRST, MIDDLE RUCKER TANISHA MARY | (<input type="checkbox"/> Same As Driver) | OWNER PHONE: INCLUDE AREA CODE | (<input type="checkbox"/> Same As Driver) |
| OWNER OWNER ADDRESS: STREET, CITY, STATE, ZIP 4817 E 86TH ST | (<input type="checkbox"/> Same As Driver) | | GARFIELD HTS OH 44125 | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | |

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|----------------------------|-------------------|--------------------------|----------------|----------------------------|------------------------|-----------------------------|--------------------------|-----------------|---------------------------|----------------------------|---------------------------|---------------|------------------------|--------------------|-------------------------|-------------|------------------------------------|-------------------|----------------------|--------------|---------------|---|---------------------|---|------------|----------------------|--|----------------|--|--------------------------|
| LP STATE O H | LICENSE PLATE # LILNUNU | VEHICLE IDENTIFICATION # 4 T4BF1FK2DR295379 | VEHICLE YEAR 2 0 1 3 | VEHICLE MAKE Toyota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ■ INSURANCE VERIFIED | INSURANCE COMPANY Liberty Mutual | INSURANCE POLICY # aov28101198390 | VEHICLE COLOR WHI | VEHICLE MODEL Camry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIT TYPE 0 1 | | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # OF TRAILING UNITS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 0 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT 9 - DEFECTIVE 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDLIGHT - MARKED CROSSWALK 5 - TRAILER 6 - SIDEWALK 7 - BICYCLE LANE 8 - SHOULDER/RROADSIDE 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 6 - OTHER / UNKNOWN 0 6 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 - OTHER / UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|-------|---|
| 1 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 24 - OTHER IMPROPER ACTION 25 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 26 - WORK ZONE MAINTENANCE EQUIPMENT 27 - ANIMAL - FARM 28 - ANIMAL - DEER 29 - ANIMAL - OTHER 30 - DOWNHILL RUNAWAY 31 - OTHER NON-MOTORIST 32 - OTHER NON-MOTORIST 33 - OTHER NON-MOTORIST 34 - OTHER NON-MOTORIST 35 - OTHER NON-MOTORIST 36 - OTHER NON-MOTORIST 37 - OTHER NON-MOTORIST 38 - OTHER NON-MOTORIST 39 - OTHER NON-MOTORIST 40 - OTHER NON-MOTORIST 41 - OTHER NON-MOTORIST 42 - OTHER NON-MOTORIST 43 - OTHER NON-MOTORIST 44 - OTHER NON-MOTORIST 45 - OTHER NON-MOTORIST 46 - OTHER NON-MOTORIST 47 - OTHER NON-MOTORIST 48 - OTHER NON-MOTORIST 49 - OTHER NON-MOTORIST 50 - OTHER NON-MOTORIST 51 - OTHER NON-MOTORIST 52 - OTHER NON-MOTORIST 53 - OTHER NON-MOTORIST 54 - OTHER NON-MOTORIST 55 - OTHER NON-MOTORIST 56 - OTHER NON-MOTORIST 57 - OTHER NON-MOTORIST 58 - OTHER NON-MOTORIST 59 - OTHER NON-MOTORIST 60 - OTHER NON-MOTORIST 61 - OTHER NON-MOTORIST 62 - OTHER NON-MOTORIST 63 - OTHER NON-MOTORIST 64 - OTHER NON-MOTORIST 65 - OTHER NON-MOTORIST 66 - OTHER NON-MOTORIST 67 - OTHER NON-MOTORIST 68 - OTHER NON-MOTORIST 69 - OTHER NON-MOTORIST 70 - OTHER NON-MOTORIST 71 - OTHER NON-MOTORIST 72 - OTHER NON-MOTORIST 73 - OTHER NON-MOTORIST 74 - OTHER NON-MOTORIST 75 - OTHER NON-MOTORIST 76 - OTHER NON-MOTORIST 77 - OTHER NON-MOTORIST 78 - OTHER NON-MOTORIST 79 - OTHER NON-MOTORIST 80 - OTHER NON-MOTORIST 81 - OTHER NON-MOTORIST 82 - OTHER NON-MOTORIST 83 - OTHER NON-MOTORIST 84 - OTHER NON-MOTORIST 85 - OTHER NON-MOTORIST 86 - OTHER NON-MOTORIST 87 - OTHER NON-MOTORIST 88 - OTHER NON-MOTORIST 89 - OTHER NON-MOTORIST 90 - OTHER NON-MOTORIST 91 - OTHER NON-MOTORIST 92 - OTHER NON-MOTORIST 93 - OTHER NON-MOTORIST 94 - OTHER NON-MOTORIST 95 - OTHER NON-MOTORIST 96 - OTHER NON-MOTORIST 97 - OTHER NON-MOTORIST 98 - OTHER NON-MOTORIST 99 - OTHER NON-MOTORIST |
| 3 | SEQUENCE OF EVENTS |
| 1 2 0 | EVENTS |
| 1 | 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - KNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT |
| 2 | 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS |
| 3 | 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN |
| 4 | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL |
| 5 | 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE |
| 6 | 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT |
| 7 | 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| 8 | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 9 | 24 - OTHER MOVABLE OBJECT |
| 10 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE |
| 11 | 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 |
| 12 | 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT |
| 13 | 50 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 55 - OTHER / UNKNOWN |
| 14 | 56 - OTHER / UNKNOWN |
| 15 | 57 - OTHER / UNKNOWN |
| 16 | 58 - OTHER / UNKNOWN |
| 17 | 59 - OTHER / UNKNOWN |
| 18 | 60 - OTHER / UNKNOWN |
| 19 | 61 - OTHER / UNKNOWN |
| 20 | 62 - OTHER / UNKNOWN |
| 21 | 63 - OTHER / UNKNOWN |
| 22 | 64 - OTHER / UNKNOWN |
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| 89 | 131 - OTHER / UNKNOWN |
| 90 | 132 - OTHER / UNKNOWN |
| 91 | 133 - OTHER / UNKNOWN |
| 92 | 134 - OTHER / UNKNOWN |
| 93 | 135 - OTHER / UNKNOWN |
| 94 | 136 - OTHER / UNKNOWN |
| 95 | 137 - OTHER / UNKNOWN |
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|---|---|---|---|---|-------------------------|--|---|
| OWNER UNIT # 0 2 | OWNER NAME: LAST, FIRST, MIDDLE CARTER TERI AL'LYNA | | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> Same As Driver) (<input type="checkbox"/> Same As Driver) | | DAMAGE | | |
| | OWNER ADDRESS: STREET, CITY, STATE, ZIP 8104 VISTA AVE | | GARFIELD HTS OH 44125 | | DAMAGE SCALE | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | | | |
| LP STATE O H | LICENSE PLATE # IMSOF9 | VEHICLE IDENTIFICATION # 1N4AL21E69N426721 | VEHICLE YEAR 2009 | VEHICLE MAKE Nissan | DAMAGED AREA(S) | | |
| ■ INSURANCE VERIFIED Direct Auto | | INSURANCE COMPANY Direct Auto | INSURANCE POLICY # 2032949614 | VEHICLE COLOR BLK | VEHICLE MODEL Altima | INDICATE ALL THAT APPLY | |
| TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | US DOT # | TOWED BY: COMPANY NAME | | | INDICATE ALL THAT APPLY | |
| INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT | | # OCCUPANTS 0 1 | VEHICLE WEIGHT GVWR/GCW 1 - <10K LBS 2 - 10.001 - 26K LBS. 3 - >26K LBS. | HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <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 (9-15 SEATS) | | 1 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED 11 - ALL TERRAIN VEHICLE 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? 2 1 1 - YES 2 - NO 9 - OTHER / UNKNOWN | | 0 0 AUTONOMOUS MODE LEVEL | 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION | 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION | 9 - UNKNOWN | | |
| SPECIAL FUNCTION 0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS/TRANSIT/COMMUTER | | 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE | | 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT | | 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN | |
| CARGO BODY TYPE 0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS | | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING | | 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL | | 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP | 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN |
| VEHICLE DEFECTS 0 1 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 0 1 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/ROADSIDE 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 0 1 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN | | PRE-CRASH ACTION 0 1 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 - DRIVING REVERSE 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 | 14 - FIRST RESPONDER AT INCIDENT SCENE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN |
| CONTRIBUTING CIRCUMSTANCES 0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN | | 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING | | 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY | | 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING | 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION |
| SEQUENCE OF EVENTS | | | | | | | |
| EVENTS | | | | | | | |
| 1 2 0 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - 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 MOVABLE OBJECT |
| COLLISION WITH FIXED OBJECT - STRUCK | | | | | | | |
| 4 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 BARRIER 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 |
| UNIT SPEED | | | | | | | |
| 5 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | | 2 5 | | DETECTED SPEED | | | |
| POSTED SPEED | | | | | | | |
| 6 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED | | 2 5 | | POSTED SPEED | | | |
| FIRST HARMFUL EVENT | | | | | | | |
| 1 MOST HARMFUL EVENT | | | | | | | |



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER

2 0 2 6 0 3 4 8

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| 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 | HARRIS TANIYAH MARIA | | | | | | 1 0 1 7 2 0 0 8 | 1 7 | F | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| 4817 E 86TH ST 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 | | LOCAL CODE [] | | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | | | | | | | |
| OL CLASS 4 | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | | ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG | | CONDITION 1 | | 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 | | | | | | | | | | | |
| 0 2 | | CARTER TERI AL'LYNA | | | | | | 0 7 2 8 2 0 0 6 | 1 9 | F | | | | | | | | | | | | |
| ADDRESS: STREET, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | | | | |
| 8104 VISTA AVE GARFIELD HTS OH 44125 | | | | | | | | | | | | | | | | | | | | | | |
| INJURIES 4 | | INJURED TAKEN BY 9 | | EMS AGENCY (NAME) | | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 0 4 | | DOT-COMPLIANT MC HELMET [] | | SEATING POSITION 0 1 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | | | | |
| OL STATE | | OPERATOR LICENSE NUMBER | | | OFFENSE CHARGED | | LOCAL CODE [] | | OFFENSE DESCRIPTION | | CITATION NUMBER | | | | | | | | | | | |
| OL CLASS 4 | | ENDORSEMENT SELECT UP TO 2 | | RESTRICTION SELECT UP TO 3 | | DRIVER DISTRACTED BY 1 | | ALCOHOL / DRUG SUSPECTED [] ALCOHOL [] MARIJUANA [] OTHER DRUG | | CONDITION 1 | | 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 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 | | | | | | | | |
| 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 - EXCEPT CLASS A & CLASS B BUS | | | | | | | | | | | | |
| 6 - SECOND - RIGHT SIDE | | 6 - SECOND - RIGHT SIDE | | 9 - DEPLOYMENT UNKNOWN | | 6 - NO VALID OL | | 6 - EXCEPT CLASS B BUS | | | | | | | | | | | | | | |
| INJURED TAKEN BY | | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | | 7 - THIRD - MIDDLE | | 7 - THIRD - RIGHT SIDE | | 7 - EXCEPT TRACTOR-TRAILER | | 7 - TALKING ON HAND-HELD COMMUNICATION DEVICE | | | | | | | | | | | | |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | | 8 - THIRD - MIDDLE | | 8 - THIRD - RIGHT SIDE | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - INTERMEDIATE LICENSE RESTRICTIONS | | 8 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE | | | | | | | | | | | | |
| 2 - EMS | | 9 - THIRD - RIGHT SIDE | | 10 - SLEEPER SECTION OF TRUCK CAB | | 10 - SLEEPER SECTION OF TRUCK CAB | | 9 - LEARNER'S PERMIT RESTRICTIONS | | 9 - OTHER / UNKNOWN | | | | | | | | | | | | |
| 3 - POLICE | | 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 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | | 10 - LIMITED TO DAYLIGHT ONLY | | 10 - LIMITED TO DAYLIGHT ONLY | | | | | | | | | | | | |
| 9 - OTHER / UNKNOWN | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 12 - PASSENGER IN UNENCLOSED CARGO AREA | | 11 - LIMITED TO EMPLOYMENT | | 11 - LIMITED TO EMPLOYMENT | | | | | | | | | | | | |
| SAFETY EQUIPMENT | | 13 - TRAILING UNIT | | 13 - TRAILING UNIT | | 13 - TRAILING UNIT | | 12 - LIMITED - OTHER | | 12 - LIMITED - OTHER | | | | | | | | | | | | |
| 1 - NONE USED | | 14 - RIDING ON VEHICLE EXTERIOR | | 14 - RIDING ON VEHICLE EXTERIOR | | 14 - RIDING ON VEHICLE EXTERIOR | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | | | | | | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | | 15 - NON-MOTORIST | | 15 - NON-MOTORIST | | 15 - NON-MOTORIST | | 14 - MILITARY VEHICLES ONLY | | 14 - MILITARY VEHICLES ONLY | | | | | | | | | | | | |
| 3 - LAP BELT ONLY USED | | 99 - OTHER / UNKNOWN | | 99 - OTHER / UNKNOWN | | 99 - OTHER / UNKNOWN | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES | | | | | | | | | | | | |
| 4 - SHOULDER & LAP BELT USED | | 16 - FORWARD FACING | | 16 - FORWARD FACING | | 16 - FORWARD FACING | | 16 - OUTSIDE MIRROR | | 16 - OUTSIDE MIRROR | | | | | | | | | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 17 - REAR FACING | | 17 - REAR FACING | | 17 - REAR FACING | | 17 - PROSTHETIC AID | | 17 - PROSTHETIC AID | | | | | | | | | | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 18 - HELMET USED | | 18 - HELMET USED | | 18 - HELMET USED | | 18 - OTHER | | 18 - OTHER | | | | | | | | | | | | |
| 7 - BOOSTER SEAT | | 19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | 19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | 19 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | 19 - APPARENTLY NORMAL | | 19 - APPARENTLY NORMAL | | | | | | | | | | | | |
| 8 - HELMET USED | | 20 - REFLECTIVE CLOTHING | | 20 - REFLECTIVE CLOTHING | | 20 - REFLECTIVE CLOTHING | | 20 - PHYSICAL IMPAIRMENT | | 20 - PHYSICAL IMPAIRMENT | | | | | | | | | | | | |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | | 21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | 21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | 21 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | 21 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | 21 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | | | | | | | | | | | |
| 10 - REFLECTIVE CLOTHING | | 22 - OTHER / UNKNOWN | | 22 - OTHER / UNKNOWN | | 22 - OTHER / UNKNOWN | | 22 - ILLNESS | | 22 - ILLNESS | | | | | | | | | | | | |
| 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY | | 23 - OTHER / UNKNOWN | | 23 - OTHER / UNKNOWN | | 23 - OTHER / UNKNOWN | | 23 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 23 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | | | | | | | | | | | |
| 99 - OTHER / UNKNOWN | | 24 - OTHER / UNKNOWN | | 24 - OTHER / UNKNOWN | | 24 - OTHER / UNKNOWN | | 24 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 24 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | | | | | | | | | | | |
| SAFETY EQUIPMENT | | TRAPPED | | GENDER | | GENDER | | CONDITION | | CONDITION | | | | | | | | | | | | |
| 1 - NONE USED | | 2 - SHOULDER BELT ONLY USED | | F - FEMALE | | M - MALE | | 1 - APPARENTLY NORMAL | | 3 - URINE | | | | | | | | | | | | |
| 2 - SHOULDER BELT ONLY USED | | 3 - LAP BELT ONLY USED | | M - MALE | | U - OTHER/UNKNOWN | | 2 - PHYSICAL IMPAIRMENT | | 4 - OTHER | | | | | | | | | | | | |
| 3 - LAP BELT ONLY USED | | 4 - SHOULDER & LAP BELT USED | | U - OTHER/UNKNOWN | | U - OTHER/UNKNOWN | | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) | | 5 - CANNABINOID | | | | | | | | | | | | |
| 4 - SHOULDER & LAP BELT USED | | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | U - OTHER/UNKNOWN | | U - OTHER/UNKNOWN | | 4 - ILLNESS | | 6 - COCAINE | | | | | | | | | | | | |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING | | 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | U - OTHER/UNKNOWN | | U - OTHER/UNKNOWN | | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. | | 6 - OPIATES / OPIOIDS | | | | | | | | | | | | |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING | | 7 - BOOSTER SEAT | | U - OTHER/UNKNOWN | | U - OTHER/UNKNOWN | | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL | | 7 - OTHER | | | | | | | | | | | | |
| 7 - BOOSTER SEAT | | 8 - HELMET USED | | U - OTHER/UNKNOWN | | U - OTHER/UNKNOWN | | 9 - OTHER / UNKNOWN | | 8 - NEGATIVE RESULTS | | | | | | | | | | | | |
| DRUG TEST TYPE | | | | | | | | | | | DRUG TEST TYPE | | | | | | | | | | | |
| TEST STATUS | | | | | | | | | | | TEST STATUS | | | | | | | | | | | |
| ALCOHOL TEST TYPE | | | | | | | | | | | ALCOHOL TEST TYPE | | | | | | | | | | | |
| DRUG TEST RESULT(S) | | | | | | | | | | | DRUG TEST RESULT(S) | | | | | | | | | | | |



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 0 2 6 0 3 4 8

| | | | | | | | | | | |
|--|--|---|----------------------------|--|---|---|--|------------------------|-------------------|------------------|
| OCCUPANT | UNIT # 1 | NAME: LAST, FIRST, MIDDLE BROWN JANIYA ANEICE | | | | DATE OF BIRTH 0 3 0 4 2 0 0 9 | AGE 1 6 | GENDER F | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 4673 E 85TH ST GARFIELD HEIGHT OH 44125 | | | | 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 <input type="checkbox"/> | SEATING POSITION 0 3 | AIR BAG USAGE 1 | EJECTION 4 | 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 TEPLEY STEPHANIE L | | | | DATE OF BIRTH 0 3 2 9 1 9 9 2 | AGE 3 3 | GENDER F |
| | ADDRESS: STREET, CITY, STATE, ZIP 8475 CARE DR GARFIELD HTS OH 44125 | | | | 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 _____ | | |

| | | |
|---------------------------------|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 20260348 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 02 D 11 Y 2026 |
| IN COUNTY OF 18 | CRASH LOCATION | |

The driver of Unit#2 stated, an unknown vehicle was traveling east on Garfield Blvd stopped at the corner of E 97Th St. The black car must have went around / passed on left.BWC

The independent witness did not observe any other vehicles.BWC

A additional possible witness was attempted to be contacted with negative results.

Jaleyah 1-8280775-2582. BWC

OFFICER'S SIGNATURE
X

BADGE NUMBER
037