


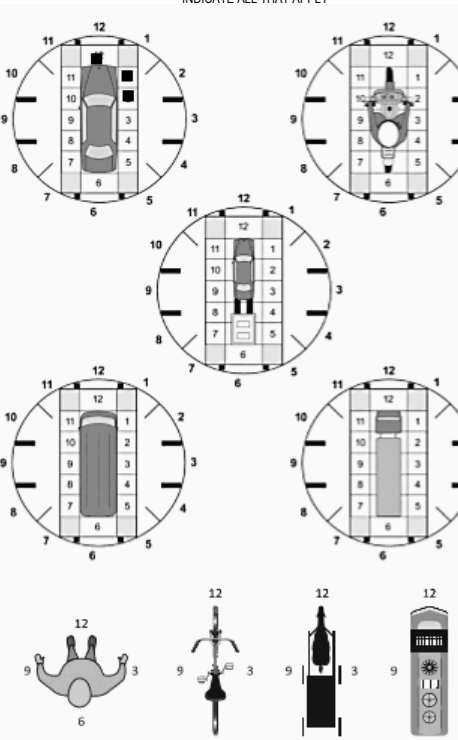
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

|  |  |   |                                |
|--|--|---|--------------------------------|
| <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  |  |   |                                |
| REPORTING AGENCY NAME *<br>GARFIELD HEIGHTS  |  |   |                                |
| COUNTY *<br>1 8  |  |   |                                |
| LOCALITY *<br>1  |  |   |                                |
| LOCATION: CITY, VILLAGE, TOWNSHIP *<br>GARFIELD HTS  |  |   |                                |
| ROUTE TYPE   |  | ROUTE NUMBER  | PREFIX                         |
| 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | GRANGER   |                                |
| ROAD TYPE  |  | R D   |                                |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  |  | 11250   |                                |
| ROAD TYPE  |  | S T   |                                |
| CRASH DATE/TIME *  |  | 0 2 1 3 2 0 2 6 1 1 1 0 9   |                                |
| CRASH SEVERITY   |  | 5   |                                |
| 1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY   |  |   |                                |
| REFERENCE POINT  |  | DIRECTION   |                                |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #   |  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |                                |
| DISTANCE   |  | DISTANCE  |                                |
| 5 0  |  | 2   |                                |
| IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE  |  | AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY |                                |
| INTERSECTION RELATED   |  | NUMBER OF APPROACHES  |                                |
| <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA  |  |   |                                |
| ROADWAY  |  |   |                                |
| <input type="checkbox"/> ROADWAY DIVIDED   |  |   |                                |
| LOCATION OF FIRST DAMAGE EVENT   |  | MANNER OF CRASH COLLISION/IMPACT  |                                |
| 0 1  |  | 3   |                                |
| 1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE<br>7 - ON RAMP<br>8 - OFF RAMP<br>9 - CROSSOVER<br>10 - DRIVEWAY / ALLEY ACCESS<br>11 - RAILWAY GRADE CROSSING<br>12 - SHARED USE PATHS OR TRAILS<br>13 - BIKE LANE<br>14 - TOLL BOOTH<br>99 - OTHER / UNKNOWN |  | 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN   |                                |
| DIRECTION OF TRAVEL  |  | MEDIAN TYPE   |                                |
| 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | 1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (24 FEET)<br>3 - DIVIDED, DEPRESSIONED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN  |                                |
| WORK ZONE RELATED<br>WORKERS PRESENT<br>LAW ENFORCEMENT PRESENT<br>ACTIVE SCHOOL ZONE  |  | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER<br>OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |                                |
| LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA   |  | CONTOUR   |                                |
| 1  |  | 1   |                                |
| 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER / UNKNOWN  |  | CONDITIONS  |                                |
| 1  |  | 1   |                                |
| 1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN  |  | SURFACE   |                                |
| 2  |  | 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN  |                                |
| LIGHT CONDITION  |  | WEATHER   |                                |
| 1  |  | 1   |                                |
| 1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN  |  | 1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN  |                                |
| NARRATIVE  |  |   |                                |
| UNIT 1 WAS STOPPED AT THE RED LIGHT AT TURNEY/G<br>RANGER ROAD. UNIT 2 WAS MAKING A E/B TURN<br>FROM TURNEY TO GRANGER. UNIT 2 STRUCK UNIT 1<br>HEAD ON. UNIT 2 WAS CITED  |  |   |                                |
|    |  |   |                                |
| CRASH REPORTED DATE/TIME   |  | DISPATCH DATE/TIME  |                                |
| 0 2 1 3 2 0 2 6 1 1 1 0 9  |  | 0 2 1 3 2 0 2 6 1 1 1 1 1   |                                |
| ARRIVAL DATE/TIME  |  | SCENE CLEARED DATE/TIME   |                                |
| 0 2 1 3 2 0 2 6 1 1 1 1 5  |  | 0 2 1 3 2 0 2 6 1 1 1 4 0   |                                |
| TOTAL TIME ROADWAY CLOSED  |  | OTHER INVESTIGATION TIME  |                                |
| 0  |  |   |                                |
| TOTAL MINUTES  |  | OFFICER'S NAME *  |                                |
| 2 9  |  | Y. Ihiri  |                                |
| OFFICER'S BADGE NUMBER *   |  | CHECKED BY OFFICER'S NAME *   |                                |
| 0 3 8  |  | D. Bailey   |                                |
| CHECKED BY OFFICER'S BADGE NUMBER *  |  | REPORT TAKEN BY   |                                |
| L 0 7  |  | POLICE AGENCY<br>MOTORIST   |                                |
|  |  | SUPPLEMENT<br>(CORRECTION = ADDITION<br>TO PREVIOUS REPORT ONLY)  |                                |

|   |  |   |  |   |                               |
|---|--|---|--|---|-------------------------------|
| OWNER   | UNIT #<br>01   | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>MERIE BOYD KAMRYN RAE | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)          |   |                               |
|   | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>11411 MCCracken RD GARFIELD HTS OH 44125   |   |  |   |                               |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |  | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                   |  |   |                               |
| VEHICLE   | LP STATE<br>OH   | LICENSE PLATE #<br>KMY3782  | VEHICLE IDENTIFICATION #<br>JT H B F 5 C 2 3 A 5 1 2 3 9 0 9 | VEHICLE YEAR<br>2010  | VEHICLE MAKE<br>Lexus         |
|   | INSURANCE VERIFIED   | INSURANCE COMPANY<br>PROGRESSIVE  | INSURANCE POLICY #<br>86492140                               | VEHICLE COLOR<br>BLU  | VEHICLE MODEL<br>Other/Unknow |
|   | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE  |   | US DOT #   | TOWED BY: COMPANY NAME<br>INTERSTATE (PRIVATE)  |                               |
|   | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT  |   | # OCCUPANTS<br>01  | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                               |
|   | UNIT TYPE<br>1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 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  |   |  |   |                               |
|   | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN  |   |  |   |                               |
|   | SPECIAL FUNCTION<br>01 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<br>01 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<br>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  |   |  |   |                               |
| EVENT(S)  | NON-MOTORIST LOCATION AT IMPACT<br>01 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<br>4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN   |   |  |   |                               |
|   | CONTRIBUTING CIRCUMSTANCES<br>01 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/JACDA 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<br>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<br>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 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 |   |  |   |                               |
|   | FIRST HARMFUL EVENT<br>1 MOST HARMFUL EVENT<br>1   |   |  |   |                               |

|  |  |
|--|--|
| LOCAL REPORT NUMBER<br>20260363  |  |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE<br>3 9 - UNKNOWN  |  |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>   |  |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |  |
| INITIAL POINT OF CONTACT<br>01 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN   |  |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2 1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br>2 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL  |  |
| # OF THROUGH LANES ON ROAD<br>02   | RAIL GRADE CROSSING<br>1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN  |  |
| UNIT SPEED<br>0  | DETECTED SPEED<br>1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                     |
| POSTED SPEED<br>0  |  |

|  |   |  |  |   |                          |
|--|---|--|--|---|--------------------------|
| OWNER  | UNIT #<br>0 2   | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>COLLINS JOSHUA JAMAL   | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)  |   |                          |
|  | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>11016 GAY AVE CLEVELAND OH 44105      |  |  |   |                          |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  |   | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE  |  |   |                          |
| VEHICLE  | LP STATE<br>OH  | LICENSE PLATE #<br>KTJ5098   | VEHICLE IDENTIFICATION #<br>7MUBAAAG9NV013542  | VEHICLE YEAR<br>2022  | VEHICLE MAKE<br>Toyota   |
|  | INSURANCE VERIFIED  | INSURANCE COMPANY<br>PROGRESSIVE   | INSURANCE POLICY #<br>932586408  | VEHICLE COLOR<br>DGR  | VEHICLE MODEL<br>Corolla |
|  | <input type="checkbox"/> COMMERCIAL   | <input type="checkbox"/> GOVERNMENT  | <input type="checkbox"/> IN EMERGENCY RESPONSE   | US DOT #  |                          |
|  | <input checked="" type="checkbox"/> INTERLOCK DEVICE EQUIPPED   | <input type="checkbox"/> HIT/SKIP UNIT   | # OCCUPANTS<br>0 1   | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |                          |
|  | TYPE OF USE   |  | TOWED BY: COMPANY NAME<br>INTERSTATE   |   |                          |
|  | <input type="checkbox"/> MATERIAL RELEASED  |  | HAZARDOUS MATERIAL<br>CLASS # PLACARD ID #   |   |                          |
|  | <input type="checkbox"/> PLACARD  |  |  |   |                          |
|  | UNIT TYPE   |  | 1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN/SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP |   |                          |
|  | # of TRAILING UNITS   |  |  |   |                          |
|  | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2 1 - YES 2 - NO 9 - OTHER / UNKNOWN |  | AUTONOMOUS MODE LEVEL<br>0 0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN   |   |                          |
| SPECIAL FUNCTION<br>0 1 1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN   |   |  |  |   |                          |
| CARGO BODY TYPE<br>0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN  |   |  |  |   |                          |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN  |   |  |  |   |                          |
| NON-MOTORIST LOCATION AT IMPACT<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |   |  |  |   |                          |
| ACTION<br>3 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>PRE-CRASH ACTION<br>0 6 1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN  |   |  |  |   |                          |
| CONTRIBUTING CIRCUMSTANCES<br>0 6 1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION  |   |  |  |   |                          |
| SEQUENCE OF EVENTS   |   | EVENTS   |  |   |                          |
| 1 2 0 1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT   |   |  |  |   |                          |
| COLLISION WITH FIXED OBJECT - STRUCK   |   | 25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN |  |   |                          |
| FIRST HARMFUL EVENT<br>1   |   | MOST HARMFUL EVENT<br>1  |  |   |                          |

|  |   |
|--|---|
| LOCAL REPORT NUMBER<br>2 0 2 6 0 3 6 3   |   |
| DAMAGE   |   |
| DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>3  |   |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY   |   |
|  |   |
| <input type="checkbox"/> - NO DAMAGE [0] <input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - TOP [13] <input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |   |
| INITIAL POINT OF CONTACT<br>0 2 0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN   |   |
| TRAFFIC  |   |
| TRAFFICWAY FLOW<br>2 1 - ONE-WAY<br>2 - TWO-WAY  | TRAFFIC CONTROL<br>2 1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL |
| # OF THROUGH LANES ON ROAD<br>0 2  | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING          |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                    |   |
| UNIT SPEED<br>0  | DETECTED SPEED<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                              |
| POSTED SPEED<br>0  |   |

MOTORIST / NON-MOTORIST

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 6 | 0 | 3 | 6 | 3 |  |  |

|                         |   |  |                            |   |                           |   |  |                |   |                    |   |              |
|-------------------------|---|--|----------------------------|---|---------------------------|---|--|----------------|---|--------------------|---|--------------|
| MOTORIST / NON-MOTORIST | UNIT #<br>01  | NAME: LAST, FIRST, MIDDLE<br>MERIE BOYD KAMRYN RAE |                            |   |                           | DATE OF BIRTH<br>08232005   |  |                |   | AGE<br>20          | GENDER<br>F   |              |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>11411 MCCracken RD GARFIELD HTS OH 44125 |  |                            |   |                           | CONTACT PHONE - INCLUDE AREA CODE   |  |                |   |                    |   |              |
|                         | INJURIES<br>5   | INJURED TAKEN BY                                   | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                           | SAFETY EQUIPMENT USED<br>02   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                | SEATING POSITION<br>01                  | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1 |
|                         | OL STATE  | OPERATOR LICENSE NUMBER                            |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>  | OFFENSE DESCRIPTION                              |                |   |                    | CITATION NUMBER                                       |              |
|                         | OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                         | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1 | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 |                    | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT SELECT UP TO 4 |              |
|                         | UNIT #<br>02  | NAME: LAST, FIRST, MIDDLE<br>COLLINS JOSHUA JAMAL  |                            |   |                           | DATE OF BIRTH<br>12051991   |  |                |   | AGE                | GENDER<br>M   |              |
|                         | ADDRESS: STREET, CITY, STATE, ZIP<br>11016 GAY AVE CLEVELAND OH 44105         |  |                            |   |                           | CONTACT PHONE - INCLUDE AREA CODE   |  |                |   |                    |   |              |
|                         | INJURIES<br>5   | INJURED TAKEN BY                                   | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) |                           | SAFETY EQUIPMENT USED<br>02   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                | SEATING POSITION<br>01                  | AIR BAG USAGE<br>1 | EJECTION<br>1   | TRAPPED<br>1 |
|                         | OL STATE  | OPERATOR LICENSE NUMBER                            |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE<br><input type="checkbox"/>  | OFFENSE DESCRIPTION                              |                |   |                    | CITATION NUMBER                                       |              |
|                         | OL CLASS<br>4   | ENDORSEMENT SELECT UP TO 2                         | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY<br>1 | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG |  | CONDITION<br>1 | ALCOHOL TEST<br>STATUS 1 TYPE 1 VALUE 1 |                    | DRUG TEST(S)<br>STATUS 1 TYPE 1 RESULT SELECT UP TO 4 |              |
| MOTORIST / NON-MOTORIST | 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   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET |                | SEATING POSITION                        | AIR BAG USAGE      | EJECTION  | TRAPPED      |
|                         | OL STATE  | OPERATOR LICENSE NUMBER                            |                            | OFFENSE CHARGED                                 |                           | LOCAL CODE  | OFFENSE DESCRIPTION                              |                |   |                    | CITATION NUMBER                                       |              |
|                         | OL CLASS  | ENDORSEMENT SELECT UP TO 2                         | RESTRICTION SELECT UP TO 3 |   | DRIVER DISTRACTED BY      | ALCOHOL / DRUG SUSPECTED<br>ALCOHOL MARIJUANA OTHER DRUG  |  | CONDITION      | ALCOHOL TEST<br>STATUS TYPE VALUE       |                    | DRUG TEST(S)<br>STATUS TYPE 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 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 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 HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                         | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M / C MOPED ONLY         | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
|  | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 7 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  |  |
| INJURED TAKEN BY                               | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 8 - INTERMEDIATE LICENSE RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | ALCOHOL TEST TYPE                              |
| 1 - NOT TRANSPORTED /TREATED AT SCENE          | 8 - THIRD - MIDDLE   | EJECTION                           | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE   | 1 - NONE                                       |
| 2 - EMS  | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | M - MOTORCYCLE               | 10 - LIMITED TO DAYLIGHT ONLY  | 9 - OTHER / UNKNOWN  | 2 - BLOOD                                      |
| 3 - POLICE                                     | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | P - PASSENGER                | 11 - LIMITED TO EMPLOYMENT   |  | 3 - URINE                                      |
| 9 - OTHER / UNKNOWN                            | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | N - TANKER                   | 12 - LIMITED - OTHER   |  | 4 - BREATH                                     |
|  | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | Q - MOTOR SCOOTER            | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) |  | 5 - OTHER                                      |
| SAFETY EQUIPMENT                               | 13 - TRAILING UNIT   | TRAPPED                            | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | CONDITION  | DRUG TEST TYPE                                 |
| 1 - NONE USED                                  | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 1 - NOT TRAPPED                    | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 1 - APPARENTLY NORMAL  | 1 - NONE                                       |
| 2 - SHOULDER BELT ONLY USED                    | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 2 - PHYSICAL IMPAIRMENT  | 2 - BLOOD                                      |
| 3 - LAP BELT ONLY USED                         | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)                                     | 3 - URINE                                      |
| 4 - SHOULDER & LAP BELT USED                   |  |                                    |                              | 18 - OTHER   | 4 - ILLNESS  | 4 - OTHER                                      |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING    |  |                                    |                              |  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | DRUG TEST RESULT(S)                            |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING       |  |                                    |                              |  | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 7 - BOOSTER SEAT                               |  |                                    |                              |  |  | 2 - BARBITURATES                               |
| 8 - HELMET USED                                |  |                                    |                              |  |  | 3 - BENZODIAZEPINES                            |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) |  |                                    |                              |  |  | 4 - CANNABINOIDS                               |
| 10 - REFLECTIVE CLOTHING                       |  |                                    |                              |  |  | 5 - COCAINE                                    |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY      |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 99 - OTHER / UNKNOWN                           |  |                                    |                              |  |  | 7 - OTHER                                      |
|  |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |