

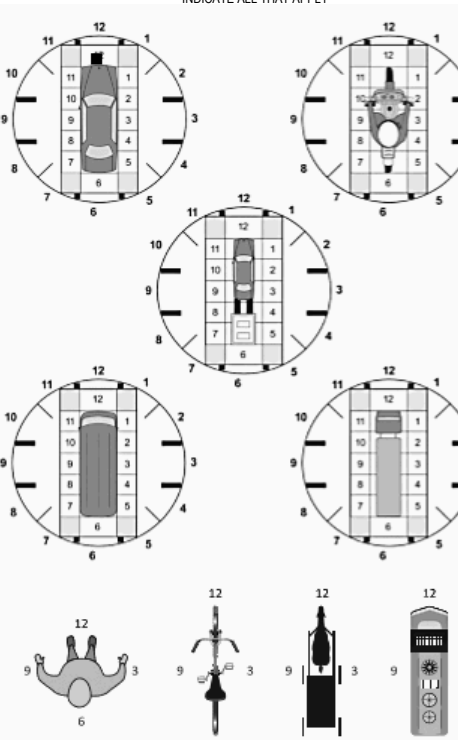
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

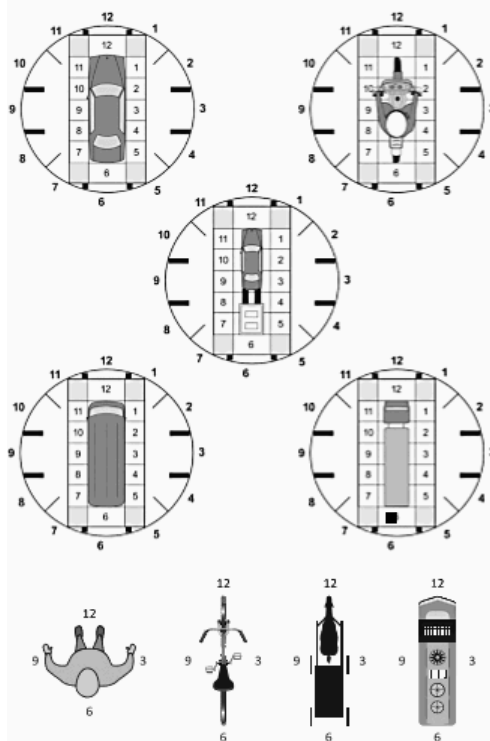
LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                            |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <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<br>1 R                                                                                                                                                                                                                                                                                                                                                                                        |  | ROUTE NUMBER<br>4 8 0                                                                                                                                                                                                                                                                      | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |
| ROUTE TYPE                                                                                                                                                                                                                                                                                                                                                                                               |  | ROUTE NUMBER                                                                                                                                                                                                                                                                               | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST |
| LOCATION ROAD NAME<br>480                                                                                                                                                                                                                                                                                                                                                                                |  | ROAD TYPE<br>H W                                                                                                                                                                                                                                                                           |                                                          |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br>GRANGER                                                                                                                                                                                                                                                                                                                                                 |  | ROAD TYPE<br>R D                                                                                                                                                                                                                                                                           |                                                          |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>1                                                                                                                                                                                                                                                                                                                                 |  | DIRECTION<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>4                                                                                                                                                                                                                           |                                                          |
| DISTANCE<br>3 0 0                                                                                                                                                                                                                                                                                                                                                                                        |  | DISTANCE<br>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                                                                                                                                                                                     |                                                          |
| HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE                                                                                                                                                                                                                                                                                                       |  | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY                                                                                                                                                                                                          |                                                          |
| INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                            |                                                          |
| ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                            |                                                          |
| LOCATION OF FIRST DAMAGE EVENT<br>0 7<br>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                                                                                                                                                                                                                              |  | MANNER OF CRASH COLLISION/IMPACT<br>2<br>1 - NOT COLLISION<br>BETWEEN<br>TWO MOTOR<br>VEHICLES IN<br>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<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                                                                                                                                                                                                                                                                                                                    |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN<br>(<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN<br>(24 FEET)<br>3 - DIVIDED, DEPRESSION MEDIAN<br>4 - DIVIDED, RAISED MEDIAN<br>(ANY TYPE)<br>9 - OTHER / UNKNOWN                                                                                         |                                                          |
| WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT<br><input type="checkbox"/> PRESENT<br><input type="checkbox"/> 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>WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                                                                                                                                                                                                                           |  | CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT<br>GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER<br>UNKNOWN                                                                                                                                                                  |                                                          |
| LIGHT CONDITION<br>1<br>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                                                                                                                                                                                                                      |  | WEATHER<br>1<br>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                                                 |                                                          |
| CONDITIONS<br>1<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT,<br>OIL, GRAVEL<br>6 - WATER (STANDING,<br>MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN                                                                                                                                                                                                                                 |  | SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP,<br>BITUMINOUS,<br>ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL,<br>STONE<br>5 - DIRT<br>9 - OTHER<br>/UNKNOWN                                                                                                                              |                                                          |
| NARRATIVE<br>UNIT 2 WAS MERGING ONTO IR-480 FROM THE<br>GRANGER ROAD W/B ON-RAMP. UNIT 1 WAS<br>TRAVELING DIRECTLY BEHIND UNIT 2. UNIT 1 FAILED<br>TO MAINTAIN AN ASSURED CLEARANCE AHEAD<br>AND STRUCK THE REAR BUMPER OF UNIT 2 WITH THE<br>FRONT BUMPER OF UNIT 1. THE DRIVER OF UNIT 1<br>BRIEFLY STOPPED AFTER THE COLLISION, THEN FLED<br>THE SCENE WITHOUT PROVIDING THE REQUIRED<br>INFORMATION. |  |                                                                                                                                                                                                                                                                                            |                                                          |
| IR 480 WEST                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                            |                                                          |
| N                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                            |                                                          |
| UNIT 2 UNIT 1                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                            |                                                          |
| GRANGER RD ON RAMP                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                            |                                                          |
| NOT TO SCALE                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                            |                                                          |
| CRASH REPORTED DATE/TIME<br>0 6 2 8 2 0 2 6 1 1 4 4 2                                                                                                                                                                                                                                                                                                                                                    |  | DISPATCH DATE/TIME<br>0 6 2 8 2 0 2 6 1 1 4 4 4                                                                                                                                                                                                                                            |                                                          |
| ARRIVAL DATE/TIME<br>0 6 2 8 2 0 2 6 1 1 4 4 6                                                                                                                                                                                                                                                                                                                                                           |  | SCENE CLEARED DATE/TIME<br>0 6 2 8 2 0 2 6 1 1 5 0 4                                                                                                                                                                                                                                       |                                                          |
| TOTAL TIME ROADWAY CLOSED<br>5 0                                                                                                                                                                                                                                                                                                                                                                         |  | OTHER INVESTIGATION TIME<br>2 5                                                                                                                                                                                                                                                            |                                                          |
| TOTAL MINUTES<br>4 5                                                                                                                                                                                                                                                                                                                                                                                     |  | OFFICER'S NAME *<br>L. Ajieng                                                                                                                                                                                                                                                              |                                                          |
| OFFICER'S BADGE NUMBER*<br>0 2 7                                                                                                                                                                                                                                                                                                                                                                         |  | CHECKED BY OFFICER'S NAME*<br>M. Berdysz                                                                                                                                                                                                                                                   |                                                          |
| CHECKED BY OFFICER'S BADGE NUMBER*<br>L 1 4                                                                                                                                                                                                                                                                                                                                                              |  | REPORT TAKEN BY<br>POLICE AGENCY<br><input type="checkbox"/> MOTORIST<br><input type="checkbox"/> SUPPLEMENT<br>(CORRECTION = ADDITION<br>TO EXISTING REPORT DATE/TIME)                                                                                                                    |                                                          |

|                                                     |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
|-----------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|
| OWNER                                               | UNIT #<br>01                                                                    | OWNER NAME: LAST, FIRST, MIDDLE<br>HODGE CONNIE ANN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ( ) Same As Driver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | OWNER PHONE: INCLUDE AREA CODE                                                                                            | ( ) Same As Driver                          |  |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>5258 E. 135 ST 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>HTB6014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE IDENTIFICATION #<br>2G1WB5EN4A1115480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | VEHICLE YEAR<br>2010                                                                                                      | VEHICLE MAKE<br>Chevrolet                   |  |
|                                                     | <input type="checkbox"/> INSURANCE VERIFIED                                     | INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INSURANCE POLICY #                                                                  | VEHICLE COLOR<br>BLK                                                                                                      | VEHICLE MODEL<br>Impala                     |  |
|                                                     | <input type="checkbox"/> COMMERCIAL                                             | <input type="checkbox"/> GOVERNMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | US DOT #                                                                            | TOWED BY: COMPANY NAME                                                                                                    |                                             |  |
|                                                     | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED                              | <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | # OCCUPANTS<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED CLASS #<br><input type="checkbox"/> PLACARD PLACARD ID # |                                             |  |
|                                                     | UNIT TYPE<br>01                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN SKATER<br>2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)<br>3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST<br>4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE<br>5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN<br>6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP |                                                                                     |                                                                                                                           |                                             |  |
|                                                     | # of TRAILING UNITS                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
|                                                     | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN<br>1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION<br>2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                           |                                             |  |
|                                                     | SPECIAL FUNCTION<br>01                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER UNKNOWN<br>3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL<br>4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING<br>5 - BUS-TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL                                                                                                                                                                                                                                                  |                                                                                     |                                                                                                                           |                                             |  |
|                                                     | CARGO BODY TYPE<br>01                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER<br>2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER<br>7 - GRAIN/CHIPS/GRAVEL 10 - FLAT BED 11 - DUMP 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                                                           |                                             |  |
|                                                     | VEHICLE DEFECTS                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                           |                                             |  |
| NON-MOTORIST LOCATION AT IMPACT                     |                                                                                 | 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE<br>2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN<br>5 - TRAVEL LANE-OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
| ACTION<br>3                                         |                                                                                 | 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE<br>2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING<br>3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE<br>4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 99 - OTHER / UNKNOWN<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
| CONTRIBUTING CIRCUMSTANCES<br>08                    |                                                                                 | 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY<br>2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE/JACDA 14 - STOPPED OR PARKED ILLEGALLY 22 - NOT DISCERNABLE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 99 - OTHER IMPROPER ACTION<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
| SEQUENCE OF EVENTS                                  |                                                                                 | EVENTS<br>1 2 0<br>1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT<br>2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 19 - ANIMAL - OTHER 25 - BUILDING<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 20 - MOTOR VEHICLE IN TRANSPORT 52 - TUNNEL<br>6 - IMPROPER TURN 12 - IMPROPER BACKING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
| COLLISION WITH FIXED OBJECT - STRUCK                |                                                                                 | 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT<br>26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |
| FIRST HARMFUL EVENT<br>1                            |                                                                                 | MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                           |                                             |  |

|                                                                                                                                                                                                                              |                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20261565                                                                                                                                                                                              |                                                                                                              |
| DAMAGE<br>DAMAGE SCALE<br>3 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 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>1 2 0 - NO DAMAGE 14 - UNDERCARRIAGE<br>1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE<br>13 - TOP 99 - UNKNOWN                                                                          |                                                                                                              |
| TRAFFIC<br>TRAFFICWAY FLOW<br>1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL                                                       |                                                                                                              |
| # OF THROUGH LANES ON ROAD<br>1                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 3 TO 4<br>1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST<br>3 - EAST 7 - SOUTHEAST<br>4 - WEST 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                                                                                                                                                                                                            |                                                                                                              |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                               |                                                                                                   |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|
| OWNER                                                                                                                                                                                                                                                   | UNIT #<br>0 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OWNER NAME: LAST, FIRST, MIDDLE<br>( ) Same As Driver<br>OHIO AUTO CONNECTION INC. | OWNER PHONE: INCLUDE AREA CODE<br>( ) Same As Driver          |                                                                                                   |                         |
|                                                                                                                                                                                                                                                         | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( ) Same As Driver<br>17081 BROADWAY AV MAPLE HTS OH 44137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                               |                                                                                                   |                         |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                        |                                                               |                                                                                                   |                         |
| VEHICLE                                                                                                                                                                                                                                                 | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LICENSE PLATE #<br>2-6168                                                          | VEHICLE IDENTIFICATION #<br>5 T F M A 5 D B X N X 0 3 9 9 4 4 | VEHICLE YEAR<br>2 0 2 2                                                                           | VEHICLE MAKE<br>Toyota  |
|                                                                                                                                                                                                                                                         | INSURANCE<br>VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INSURANCE COMPANY<br>STATE FARM                                                    | INSURANCE POLICY #<br>3717100-SFP-35                          | VEHICLE COLOR<br>BLK                                                                              | VEHICLE MODEL<br>Tundra |
|                                                                                                                                                                                                                                                         | TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | US DOT #                                                      | TOWED BY: COMPANY NAME                                                                            |                         |
|                                                                                                                                                                                                                                                         | <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | # OCCUPANTS<br>0 1                                            | HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD |                         |
|                                                                                                                                                                                                                                                         | VEHICLE WEIGHT GVWR/GCWR<br>1 - <10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                               |                                                                                                   |                         |
|                                                                                                                                                                                                                                                         | UNIT TYPE<br>1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE 4 - PICK UP<br>5 - CARGO VAN 6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART 13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT 17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN SKATER 24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST 26 - BICYCLE<br>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<br>AUTONOMOUS MODE LEVEL<br>0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                               |                                                                                                   |                         |
|                                                                                                                                                                                                                                                         | SPECIAL FUNCTION<br>0 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE<br>11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT<br>16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                              |                                                                                    |                                                               |                                                                                                   |                         |
|                                                                                                                                                                                                                                                         | CARGO BODY TYPE<br>0 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP<br>12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                               |                                                                                                   |                         |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS<br>4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                               |                                                                                                   |                         |
| EVENT(S)                                                                                                                                                                                                                                                | NON-MOTORIST LOCATION AT IMPACT<br>0 1 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION<br>6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK<br>9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS<br>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<br>PRE-CRASH ACTION<br>1 1 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN<br>7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN                             |                                                                                    |                                                               |                                                                                                   |                         |
|                                                                                                                                                                                                                                                         | CONTRIBUTING CIRCUMSTANCES<br>0 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN<br>7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/JACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY<br>17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING<br>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<br>6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE<br>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>25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE<br>31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT<br>43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT<br>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>2 0 2 6 1 5 6 5                                                                                                                                                                                       |                                                                                                        |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE<br>2 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>0 6 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>1 - ONE-WAY 2 - TWO-WAY<br>TRAFFIC CONTROL<br>1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL                                                                |                                                                                                        |
| # OF THROUGH LANES ON ROAD<br>1                                                                                                                                                                                              | 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>1 0                                                                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED                   |
| POSTED SPEED<br>0                                                                                                                                                                                                            |                                                                                                        |

MOTORIST / NON-MOTORIST

|                     |   |   |   |   |   |   |   |  |  |
|---------------------|---|---|---|---|---|---|---|--|--|
| LOCAL REPORT NUMBER |   |   |   |   |   |   |   |  |  |
| 2                   | 0 | 2 | 6 | 1 | 5 | 6 | 5 |  |  |

|                                                                          |                                                    |                            |                                                 |                      |                                                                                                                                        |                                                  |           |                                                                     |                              |               |              |
|--------------------------------------------------------------------------|----------------------------------------------------|----------------------------|-------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------|---------------------------------------------------------------------|------------------------------|---------------|--------------|
| UNIT #<br>01                                                             | NAME: LAST, FIRST, MIDDLE<br>SIMPSON JAMES MICHAEL |                            |                                                 |                      | DATE OF BIRTH<br>01041992                                                                                                              |                                                  | AGE<br>34 | GENDER<br>M                                                         |                              |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>5258 E 135 ST 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>4           | EJECTION<br>1 | TRAPPED<br>1 |
| OL STATE                                                                 | OPERATOR LICENSE NUMBER                            |                            | OFFENSE CHARGED<br>333.03                       |                      | LOCAL CODE<br>■                                                                                                                        | OFFENSE DESCRIPTION<br>ACDA                      |           |                                                                     | CITATION NUMBER<br>G20261277 |               |              |
| OL CLASS<br>4                                                            | ENDORSEMENT SELECT UP TO 2                         | RESTRICTION SELECT UP TO 3 |                                                 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                              | DRUG TEST(S)  |              |

|                                                                                    |                                            |                            |                                                 |                           |                                                                                                                                        |                                                  |                |                                                                     |                    |               |              |
|------------------------------------------------------------------------------------|--------------------------------------------|----------------------------|-------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|---------------------------------------------------------------------|--------------------|---------------|--------------|
| UNIT #<br>02                                                                       | NAME: LAST, FIRST, MIDDLE<br>KASSIS KHALID |                            |                                                 |                           | DATE OF BIRTH<br>11191970                                                                                                              |                                                  | AGE<br>55      | GENDER<br>M                                                         |                    |               |              |
| ADDRESS: STREET, CITY, STATE, ZIP<br>8015 MAJESTIC OAKS TRL BROADVIEW HTS OH 44147 |                                            |                            |                                                 |                           | 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                                                                           | 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<br><input type="checkbox"/> OTHER DRUG |                                                  | CONDITION<br>1 | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                    | DRUG TEST(S)  |              |

|                                   |                            |                            |                                                 |                      |                                                             |                                                  |           |                                                                     |                 |              |         |
|-----------------------------------|----------------------------|----------------------------|-------------------------------------------------|----------------------|-------------------------------------------------------------|--------------------------------------------------|-----------|---------------------------------------------------------------------|-----------------|--------------|---------|
| 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<br>OTHER DRUG |                                                  | CONDITION | ALCOHOL TEST<br>STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4 |                 | DRUG TEST(S) |         |

| INJURIES                                                                                                                 | SEATING POSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AIR BAG                                                                                                                                       | OL CLASS                                                                                                             | OL RESTRICTION(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVER DISTRACTION                                                                                                                                                                                                                                                                                                                                                                              | TEST STATUS                                                                                                                                              |                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 - FATAL<br>2 - SUSPECTED SERIOUS INJURY<br>3 - SUSPECTED MINOR INJURY<br>4 - POSSIBLE INJURY<br>5 - NO APPARENT INJURY | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>2 - FRONT - MIDDLE<br>3 - FRONT - RIGHT SIDE<br>4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>5 - SECOND - MIDDLE<br>6 - SECOND - RIGHT SIDE<br>7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>8 - THIRD - MIDDLE<br>9 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF TRUCK CAB<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>99 - OTHER / UNKNOWN | 1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT / SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO = D)<br>5 - M / C MOPED ONLY<br>6 - NO VALID OL | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE<br>9 - OTHER / UNKNOWN | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |                                                                                                                                                                                                                                                    |
| INJURED TAKEN BY                                                                                                         | 1 - NOT TRANSPORTED /TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>9 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EJECTION                                                                                                                                      | 1 - NOT EJECTED<br>2 - PARTIALLY EJECTED<br>3 - TOTALLY EJECTED<br>4 - NOT APPLICABLE                                | OL ENDORSEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | H - HAZMAT<br>M - MOTORCYCLE<br>P - PASSENGER<br>N - TANKER<br>Q - MOTOR SCOOTER<br>R - THREE-WHEEL MOTORCYCLE<br>S - SCHOOL BUS<br>T - DOUBLE & TRIPLE TRAILERS<br>X - TANKER / HAZMAT                                                                                                                                                                                                         | ALCOHOL TEST TYPE                                                                                                                                        | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                                                                                                                                                                      |
| SAFETY EQUIPMENT                                                                                                         | 1 - NONE USED<br>2 - SHOULDER BELT ONLY USED<br>3 - LAP BELT ONLY USED<br>4 - SHOULDER & LAP BELT USED<br>5 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>6 - CHILD RESTRAINT SYSTEM - REAR FACING<br>7 - BOOSTER SEAT<br>8 - HELMET USED<br>9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)<br>10 - REFLECTIVE CLOTHING<br>11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                     | TRAPPED                                                                                                                                       | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - FREED BY NON-MECHANICAL MEANS                           | GENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F - FEMALE<br>M - MALE<br>U - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                     | CONDITION                                                                                                                                                | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 | DRUG TEST TYPE                                                                                                                                           | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                                                    |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 | DRUG TEST RESULT(S)                                                                                                                                      | 1 - AMPHETAMINES<br>2 - BARBITURATES<br>3 - BENZODIAZEPINES<br>4 - CANNABINOIDS<br>5 - COCAINE<br>6 - OPIATES / OPIOIDS<br>7 - OTHER<br>8 - NEGATIVE RESULTS                                                                                       |