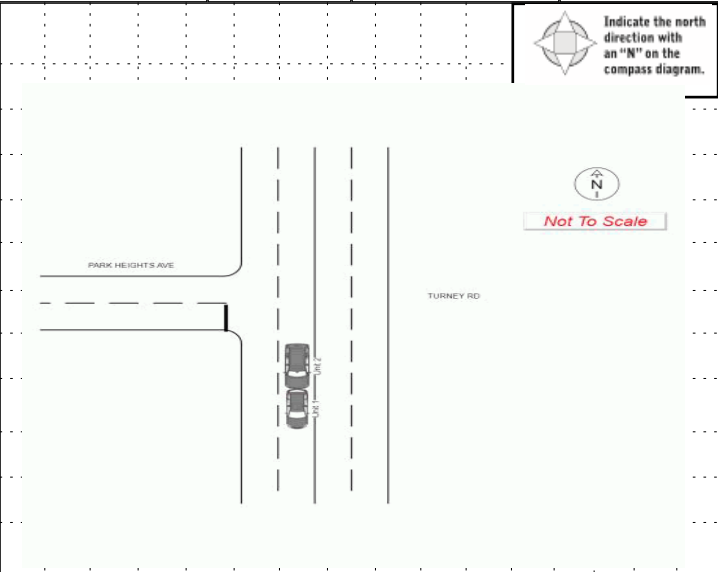


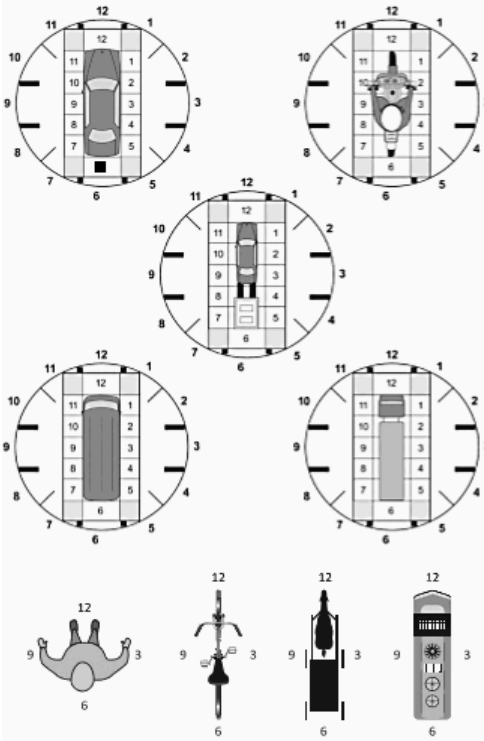
## TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

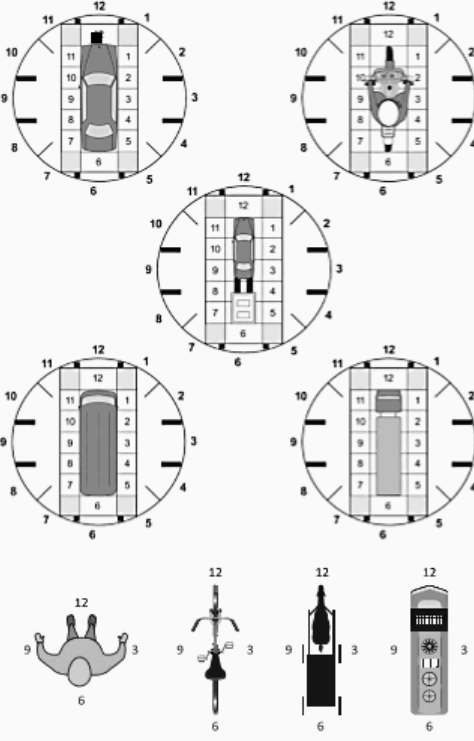
LOCAL REPORT NUMBER \*

|                                                                                                                                                                                                  |  |                                      |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------------------|
| <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                                                                                                                                                                                |  |                                      |                                |
| GMC V ESCAPE                                                                                                                                                                                     |  |                                      |                                |
| REPORTING AGENCY NAME *                                                                                                                                                                          |  |                                      |                                |
| GARFIELD HEIGHTS                                                                                                                                                                                 |  |                                      |                                |
| 01820                                                                                                                                                                                            |  |                                      |                                |
| COUNTY *                                                                                                                                                                                         |  | LOCALITY *                           |                                |
| 18                                                                                                                                                                                               |  | 1                                    |                                |
| 1-CITY *                                                                                                                                                                                         |  | 2-VILLAGE *                          |                                |
| 3-TOWNSHIP *                                                                                                                                                                                     |  |                                      |                                |
| LOCATION: CITY, VILLAGE, TOWNSHIP *                                                                                                                                                              |  |                                      |                                |
| GARFIELD HTS                                                                                                                                                                                     |  |                                      |                                |
| ROUTE TYPE                                                                                                                                                                                       |  | ROUTE NUMBER                         |                                |
|                                                                                                                                                                                                  |  |                                      |                                |
| PREFIX                                                                                                                                                                                           |  | 1-NORTH                              |                                |
| 1                                                                                                                                                                                                |  | 2-SOUTH                              |                                |
|                                                                                                                                                                                                  |  | 3-EAST                               |                                |
|                                                                                                                                                                                                  |  | 4-WEST                               |                                |
| LOCATION ROAD NAME                                                                                                                                                                               |  | ROAD TYPE                            |                                |
| TURNERY                                                                                                                                                                                          |  | RD                                   |                                |
| REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)                                                                                                                                                    |  | ROAD TYPE                            |                                |
| PARK HEIGHTS                                                                                                                                                                                     |  | AV                                   |                                |
| CRASH DATE/TIME *                                                                                                                                                                                |  | CRASH SEVERITY                       |                                |
| 070420261858                                                                                                                                                                                     |  | 4                                    |                                |
| 1- FATAL                                                                                                                                                                                         |  |                                      |                                |
| 2- SERIOUS INJURY SUSPECTED                                                                                                                                                                      |  |                                      |                                |
| 3- MINOR INJURY SUSPECTED                                                                                                                                                                        |  |                                      |                                |
| 4- INJURY POSSIBLE                                                                                                                                                                               |  |                                      |                                |
| 5- PROPERTY DAMAGE ONLY                                                                                                                                                                          |  |                                      |                                |
| REFERENCE POINT                                                                                                                                                                                  |  | DIRECTION                            |                                |
| 1- INTERSECTION                                                                                                                                                                                  |  | 1-NORTH                              |                                |
| 2- MILE POST                                                                                                                                                                                     |  | 2-SOUTH                              |                                |
| 3- HOUSE #                                                                                                                                                                                       |  | 3-EAST                               |                                |
| 1                                                                                                                                                                                                |  | 4-WEST                               |                                |
| DISTANCE                                                                                                                                                                                         |  | DISTANCE                             |                                |
| 10                                                                                                                                                                                               |  | 2                                    |                                |
| 1-Miles                                                                                                                                                                                          |  | 2-Feet                               |                                |
| 3-Yards                                                                                                                                                                                          |  |                                      |                                |
| ROUTE TYPE                                                                                                                                                                                       |  | ROAD TYPE                            |                                |
| IR - INTERSTATE ROUTE (TP)                                                                                                                                                                       |  | AL - ALLEY                           |                                |
| US - FEDERAL US ROUTE                                                                                                                                                                            |  | AV - AVENUE                          |                                |
| SR - STATE ROUTE                                                                                                                                                                                 |  | BL - BOULEVARD                       |                                |
| CR - NUMBERED COUNTY ROUTE                                                                                                                                                                       |  | CR - CIRCLE                          |                                |
| TR - NUMBERED TOWNSHIP ROUTE                                                                                                                                                                     |  | CT - COURT                           |                                |
|                                                                                                                                                                                                  |  | DR - DRIVE                           |                                |
|                                                                                                                                                                                                  |  | HE - HEIGHTS                         |                                |
|                                                                                                                                                                                                  |  | HW - HIGHWAY                         |                                |
|                                                                                                                                                                                                  |  | LA - LANE                            |                                |
|                                                                                                                                                                                                  |  | MP - MILEPOST                        |                                |
|                                                                                                                                                                                                  |  | OV - OVAL                            |                                |
|                                                                                                                                                                                                  |  | PK - PARKWAY                         |                                |
|                                                                                                                                                                                                  |  | PL - PLACE                           |                                |
|                                                                                                                                                                                                  |  | RD - ROAD                            |                                |
|                                                                                                                                                                                                  |  | SQ - SQUARE                          |                                |
|                                                                                                                                                                                                  |  | ST - STREET                          |                                |
|                                                                                                                                                                                                  |  | TE - TERRACE                         |                                |
|                                                                                                                                                                                                  |  | TL - TRAIL                           |                                |
|                                                                                                                                                                                                  |  | WA - WAY                             |                                |
| INTERSECTION RELATED                                                                                                                                                                             |  | NUMBER OF APPROACHES                 |                                |
| <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH                                                                                                                                      |  |                                      |                                |
| <input type="checkbox"/> WITHIN INTERCHANGE AREA                                                                                                                                                 |  |                                      |                                |
| ROADWAY                                                                                                                                                                                          |  |                                      |                                |
| <input type="checkbox"/> ROADWAY DIVIDED                                                                                                                                                         |  |                                      |                                |
| DIRECTION OF TRAVEL                                                                                                                                                                              |  | MEDIAN TYPE                          |                                |
| 1-NORTH                                                                                                                                                                                          |  | 1-DIVIDED FLUSH MEDIAN               |                                |
| 2-SOUTH                                                                                                                                                                                          |  | (<4 FEET)                            |                                |
| 3-EAST                                                                                                                                                                                           |  | 2-DIVIDED FLUSH MEDIAN               |                                |
| 4-WEST                                                                                                                                                                                           |  | (24 FEET)                            |                                |
|                                                                                                                                                                                                  |  | 3-DIVIDED, DEPRESSION MEDIAN         |                                |
|                                                                                                                                                                                                  |  | 4-DIVIDED, RAISED MEDIAN             |                                |
|                                                                                                                                                                                                  |  | (ANY TYPE)                           |                                |
|                                                                                                                                                                                                  |  | 9- OTHER / UNKNOWN                   |                                |
| CONTOUR                                                                                                                                                                                          |  | CONDITIONS                           |                                |
| 1                                                                                                                                                                                                |  | 1                                    |                                |
| 1-STRAIGHT LEVEL                                                                                                                                                                                 |  | 1- DRY                               |                                |
| 2-STRAIGHT GRADE                                                                                                                                                                                 |  | 2- WET                               |                                |
| 3-CURVE LEVEL                                                                                                                                                                                    |  | 3- SNOW                              |                                |
| 4-CURVE GRADE                                                                                                                                                                                    |  | 4- ICE                               |                                |
| 9- OTHER / UNKNOWN                                                                                                                                                                               |  | 5- SAND, MUD, DIRT, OIL, GRAVEL      |                                |
|                                                                                                                                                                                                  |  | 6- WATER (STANDING, MOVING)          |                                |
|                                                                                                                                                                                                  |  | 7- SLUSH                             |                                |
|                                                                                                                                                                                                  |  | 9- OTHER/UNKNOWN                     |                                |
| SURFACE                                                                                                                                                                                          |  |                                      |                                |
| 1                                                                                                                                                                                                |  |                                      |                                |
| 1- CONCRETE                                                                                                                                                                                      |  |                                      |                                |
| 2- BLACKTOP, BITUMINOUS, ASPHALT                                                                                                                                                                 |  |                                      |                                |
| 3- BRICK/BLOCK                                                                                                                                                                                   |  |                                      |                                |
| 4- SLAG, GRAVEL, STONE                                                                                                                                                                           |  |                                      |                                |
| 5- DIRT                                                                                                                                                                                          |  |                                      |                                |
| 9- OTHER / UNKNOWN                                                                                                                                                                               |  |                                      |                                |
| LIGHT CONDITION                                                                                                                                                                                  |  | WEATHER                              |                                |
| 1                                                                                                                                                                                                |  | 1                                    |                                |
| 1- DAYLIGHT                                                                                                                                                                                      |  | 1- CLEAR                             |                                |
| 2- DAWN/DUSK                                                                                                                                                                                     |  | 2- CLOUDY                            |                                |
| 3- DARK - LIGHTED ROADWAY                                                                                                                                                                        |  | 3- FOG, SMOG, SMOKE                  |                                |
| 4- DARK - ROADWAY NOT LIGHTED                                                                                                                                                                    |  | 4- RAIN                              |                                |
| 5- DARK - UNKNOWN ROADWAY LIGHTING                                                                                                                                                               |  | 5- SLEET, HAIL                       |                                |
| 9- OTHER / UNKNOWN                                                                                                                                                                               |  | 6- SNOW                              |                                |
|                                                                                                                                                                                                  |  | 7- SEVERE CROSSWINDS                 |                                |
|                                                                                                                                                                                                  |  | 8- BLOWING SAND, SOIL, DIRT, SNOW    |                                |
|                                                                                                                                                                                                  |  | 9- FREEZING RAIN OR FREEZING DRIZZLE |                                |
|                                                                                                                                                                                                  |  | 99- OTHER / UNKNOWN                  |                                |
| NARRATIVE                                                                                                                                                                                        |  |                                      |                                |
| UNIT 2 WAS TRAVELING DIRECTLY BEHIND UNIT 1 SOUTHBOUND ON TURNERY RD NEAR PARK HEIGHTS IN THE LEFT LANE. THE DRIVER OF UNIT 2 EXPERIENCED A MEDICAL EMERGENCY CAUSING UNIT 2 TO REAR END UNIT 1. |  |                                      |                                |
|                                                                                                              |  |                                      |                                |
| CRASH REPORTED DATE/TIME                                                                                                                                                                         |  | DISPATCH DATE/TIME                   |                                |
| 070420261858                                                                                                                                                                                     |  | 070420261858                         |                                |
| ARRIVAL DATE/TIME                                                                                                                                                                                |  | SCENE CLEARED DATE/TIME              |                                |
| 070420261858                                                                                                                                                                                     |  | 070420261915                         |                                |
| TOTAL TIME ROADWAY CLOSED                                                                                                                                                                        |  | OTHER INVESTIGATION TIME             |                                |
| 0                                                                                                                                                                                                |  | 10                                   |                                |
| TOTAL MINUTES                                                                                                                                                                                    |  | OFFICER'S NAME *                     |                                |
| 27                                                                                                                                                                                               |  | C. Carrington                        |                                |
| OFFICER'S BADGE NUMBER *                                                                                                                                                                         |  | CHECKED BY OFFICER'S NAME *          |                                |
| 058                                                                                                                                                                                              |  | T. Baon                              |                                |
| CHECKED BY OFFICER'S BADGE NUMBER *                                                                                                                                                              |  | SUPPLEMENT                           |                                |
| S20                                                                                                                                                                                              |  | (CORRECTION=ADDITION)                |                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| UNIT #<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>FOWLER TANESHA M | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)                                 |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>14242 SCHREIBER RD MAPLE HTS OH 44137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                     |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                         |
| LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE PLATE #<br>KSE5633                                               | VEHICLE IDENTIFICATION #<br>1FMCU0KZ4NUA26366                                       |
| VEHICLE YEAR<br>2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          | VEHICLE MAKE<br>Ford                                                                |
| INSURANCE VERIFIED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | INSURANCE COMPANY                                                                   |
| INSURANCE POLICY #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | VEHICLE COLOR<br>WHI                                                                |
| VEHICLE MODEL<br>Escape                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                                     |
| TYPE OF USE<br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | US DOT #                                                                            |
| INTERLOCK DEVICE EQUIPPED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | HIT/SKIP UNIT<br><input type="checkbox"/>                                           |
| # OCCUPANTS<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          | VEHICLE WEIGHT GVWR/GVWR<br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |
| HAZARDOUS MATERIAL<br><input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | CLASS # PLACARD ID #                                                                |
| UNIT TYPE<br>03<br>1 - PASSENGER CAR<br>2 - PASSENGER VAN (MINIVAN)<br>3 - SPORT UTILITY VEHICLE<br>4 - PICK UP<br>5 - CARGO VAN<br>6 - VAN (9-15 SEATS)<br>7 - MOTORCYCLE 2-WHEELED<br>8 - MOTORCYCLE 3-WHEELED<br>9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED BICYCLE<br>11 - ALL TERRAIN VEHICLE (ATV / UTV)<br>12 - GOLF CART<br>13 - SNOWMOBILE<br>14 - SINGLE UNIT TRUCK<br>15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT<br>17 - MOTORHOME<br>18 - LIMO (LIVERY VEHICLE)<br>19 - BUS (16+ PASSENGERS)<br>20 - OTHER VEHICLE<br>21 - HEAVY EQUIPMENT<br>22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE<br>23 - PEDESTRIAN SKATER<br>24 - WHEELCHAIR (ANY TYPE)<br>25 - OTHER NON-MOTORIST<br>26 - BICYCLE<br>27 - TRAIN<br>99 - UNKNOWN OR HIT/SKIP                                                                       |                                                                          |                                                                                     |
| # of TRAILING UNITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                     |
| WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?<br>2<br>1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0<br>0 - NO AUTOMATION<br>1 - DRIVER ASSISTANCE<br>2 - PARTIAL AUTOMATION<br>3 - CONDITIONAL AUTOMATION<br>4 - HIGH AUTOMATION<br>5 - FULL AUTOMATION<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     |
| SPECIAL FUNCTION<br>01<br>1 - NONE<br>2 - TAXI<br>3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT<br>5 - BUS-TRANSIT/COMMUTER<br>6 - BUS - CHARTER/TOUR<br>7 - BUS - INTERCITY<br>8 - BUS - SHUTTLE<br>9 - BUS - OTHER<br>10 - AMBULANCE<br>11 - FIRE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - CONSTRUCTION EQUIPMENT<br>16 - FARM<br>17 - MOWING<br>18 - SNOW REMOVAL<br>19 - TOWING<br>20 - SAFETY SERVICE PATROL<br>21 - MAIL CARRIER<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |
| CARGO BODY TYPE<br>01<br>1 - NO CARGO BODY TYPE / NOT APPLICABLE<br>2 - BUS<br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE<br>4 - LOGGING<br>5 - INTERMODAL CONTAINER CHASSIS<br>6 - CARGO VAN/ENCLOSED BOX<br>7 - GRAIN/CHIPS/GRAVEL<br>8 - POLE<br>9 - CARGO TANK<br>10 - FLAT BED<br>11 - DUMP<br>12 - CONCRETE MIXER<br>13 - AUTO TRANSPORTER<br>14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                     |
| VEHICLE DEFECTS<br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT<br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>99 - OTHER / UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     |
| NON-MOTORIST LOCATION AT IMPACT<br>4<br>1 - INTERSECTION - MARKED CROSSWALK<br>2 - INTERSECTION - UNMARKED CROSSWALK<br>3 - STRIKING<br>4 - STRUCK<br>5 - BOTH STRIKING & STRUCK<br>9 - OTHER / UNKNOWN<br>1 - STRAIGHT AHEAD<br>2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN<br>6 - MAKING LEFT TURN<br>7 - MAKING U-TURN<br>8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING<br>16 - WORKING<br>17 - PUSHING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>20 - OTHER NON-MOTORIST<br>21 - STANDING OUTSIDE DISABLED VEHICLE<br>99 - OTHER / UNKNOWN |                                                                          |                                                                                     |
| ACTION<br>01<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                                     |                                                                          |                                                                                     |
| CONTRIBUTING CIRCUMSTANCES<br>01<br>1 - NONE<br>2 - FAILURE TO YIELD<br>3 - RAN RED LIGHT<br>4 - RAN STOP SIGN<br>5 - UNSAFE SPEED<br>6 - IMPROPER TURN<br>7 - LEFT OF CENTER<br>8 - FOLLOWING TOO CLOSE/JACDA<br>9 - IMPROPER LANE CHANGING<br>10 - IMPROPER PASSING<br>11 - DROVE OFF ROAD<br>12 - IMPROPER BACKING<br>13 - IMPROPER START FROM A PARKED POSITION<br>14 - STOPPED OR PARKED ILLEGALLY<br>15 - SWERVING TO AVOID<br>16 - WRONG WAY<br>17 - VISION OBSTRUCTION<br>18 - OPERATING DEFECTIVE EQUIPMENT<br>19 - LOAD SHIFTING/ FALLING/SPILLING<br>20 - IMPROPER CROSSING<br>21 - LYING IN ROADWAY<br>22 - NOT DISCERNABLE<br>23 - OPENING DOOR INTO ROADWAY<br>99 - OTHER IMPROPER ACTION                                                                                                                 |                                                                          |                                                                                     |
| SEQUENCE OF EVENTS<br>1 2 0<br>1 - OVERTURN/ROLLOVER<br>2 - FIRE/EXPLOSION<br>3 - IMMERSION<br>4 - JACKKNIFE<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT<br>6 - EQUIPMENT FAILURE<br>7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT<br>9 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT                                                               |                                                                          |                                                                                     |
| COLLISION WITH FIXED OBJECT - STRUCK<br>25 - IMPACT ATTENUATOR / CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORKZONE MAINTENANCE EQUIPMENT<br>51 - WALL<br>52 - BUILDING<br>53 - TUNNEL<br>54 - OTHER FIXED OBJECT<br>99 - OTHER / UNKNOWN        |                                                                          |                                                                                     |
| FIRST HARMFUL EVENT<br>1<br>MOST HARMFUL EVENT<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                     |

|                                                                                                                                                                                                                                    |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| LOCAL REPORT NUMBER<br>20261609                                                                                                                                                                                                    |                                                                                          |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN<br>3                                                                                                        |                                                                                          |
| DAMAGED AREA(S)<br>INDICATE ALL THAT APPLY<br>                                                                                                 |                                                                                          |
| <input type="checkbox"/> - NO DAMAGE [0]<br><input type="checkbox"/> - TOP [13]<br><input type="checkbox"/> - UNDERCARRIAGE [14]<br><input type="checkbox"/> - ALL AREAS [15]<br><input type="checkbox"/> - UNIT NOT AT SCENE [16] |                                                                                          |
| INITIAL POINT OF CONTACT<br>06<br>0 - NO DAMAGE<br>1-12 - REFER TO UNIT DIAGRAM<br>13 - TOP<br>14 - UNDERCARRIAGE<br>15 - VEHICLE NOT AT SCENE<br>99 - UNKNOWN                                                                     |                                                                                          |
| TRAFFIC<br>TRAFFICWAY FLOW<br>2<br>1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>6<br>1 - ROUNDABOUT<br>2 - SIGNAL<br>3 - FLASHER<br>4 - STOP SIGN<br>5 - YIELD SIGN<br>6 - NO CONTROL                                          |                                                                                          |
| # OF THROUGH LANES ON ROAD<br>4<br>RAIL GRADE CROSSING<br>1<br>1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING                                                                               |                                                                                          |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 2 TO 1<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - OTHER / UNKNOWN                                          |                                                                                          |
| UNIT SPEED<br>5                                                                                                                                                                                                                    | DETECTED SPEED<br>1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED |
| POSTED SPEED<br>25                                                                                                                                                                                                                 |                                                                                          |

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| OWNER                                               | UNIT #<br>0 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OWNER NAME: LAST, FIRST, MIDDLE<br>( Same As Driver)<br>WILLIAMS MARIO GAVANN | OWNER PHONE: INCLUDE AREA CODE<br>( Same As Driver)                 |                                                                                     |                                                                                                                           |
|                                                     | OWNER ADDRESS: STREET, CITY, STATE, ZIP<br>( Same As Driver)<br>8413 VINEYARD AVE GARFIELD HTS OH 44105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE                                   |                                                                     |                                                                                     |                                                                                                                           |
| VEHICLE                                             | LP STATE<br>OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE #<br>KTX2163                                                    | VEHICLE IDENTIFICATION #<br>1GKF, K13, 0, 9, 7, R, 1, 6, 8, 4, 4, 5 | VEHICLE YEAR<br>2007                                                                | VEHICLE MAKE<br>GMC                                                                                                       |
|                                                     | <input type="checkbox"/> INSURANCE VERIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSURANCE COMPANY                                                             | INSURANCE POLICY #                                                  | VEHICLE COLOR<br>TAN                                                                | VEHICLE MODEL<br>Yukon                                                                                                    |
|                                                     | <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                                                  | 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>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 1 - YES 2 - NO 9 - OTHER / UNKNOWN<br>AUTONOMOUS MODE LEVEL<br>0 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>0 1 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER<br>2 - TAXI 12 - BUS - INTERCITY 17 - 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>0 1 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<br>1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN<br>2 - HEAD LAMPS 6 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT<br>3 - TAIL LAMPS 6 - TIRE BLOWOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
| EVENT(S)                                            | NON-MOTORIST LOCATION AT IMPACT<br>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<br>4 - STRUCK 5 - OVERTAKING/PASSING 10 - PARKED 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE<br>5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 99 - OTHER / UNKNOWN<br>9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
|                                                     | CONTRIBUTING CIRCUMSTANCES<br>0 1 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 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNABLE<br>3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGING 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/ FALLING/SPILLING 23 - OPENING DOOR INTO ROADWAY<br>4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION<br>5 - UNSAFE SPEED 11 - DROVE OFF ROAD 12 - IMPROPER BACKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
|                                                     | SEQUENCE OF EVENTS<br>EVENTS<br>1 2 0 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 17 - ANIMAL - FARM 17 - ANIMAL - DEER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 24 - OTHER MOVABLE OBJECT<br>4 - JACKKNIFE 9 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 25 - BUILDING<br>5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 52 - TUNNEL<br>26 - BRIDGE OVERHEAD STRUCTURE 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORKZONE MAINTENANCE EQUIPMENT<br>27 - BRIDGE PIER OR ABUTMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL<br>28 - BRIDGE PARAPET 33 - MEDIAN CABLE BARRIER 39 - LIGHT/LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING<br>29 - BRIDGE RAIL 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL<br>30 - GUARDRAIL FACE 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT<br>36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 99 - OTHER / UNKNOWN<br>49 - FIRE HYDRANT |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
|                                                     | COLLISION WITH FIXED OBJECT - STRUCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                     |                                                                                     |                                                                                                                           |
|                                                     | FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                     |                                                                                     |                                                                                                                           |

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| LOCAL REPORT NUMBER<br>2 0 2 6 1 6 0 9                                                                                                                                                                                       |                                                                                                                |
| DAMAGE<br>DAMAGE SCALE<br>1 - NONE 3 - FUNCTIONAL DAMAGE<br>2 - MINOR DAMAGE 4 - DISABLING DAMAGE<br>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>2 1 - ONE-WAY<br>2 - TWO-WAY<br>TRAFFIC CONTROL<br>5 1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL                                                   |                                                                                                                |
| # OF THROUGH LANES ON ROAD<br>4                                                                                                                                                                                              | RAIL GRADE CROSSING<br>1 1 - NOT INVOLVED<br>2 - INVOLVED - ACTIVE CROSSING<br>3 - INVOLVED - PASSIVE CROSSING |
| UNIT / NON-MOTORIST DIRECTION<br>FROM 1 TO 2<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>1 0                                                                                                                                                                                                            | DETECTED SPEED<br>1 1 - STATED/ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED                     |
| POSTED SPEED<br>2 5                                                                                                                                                                                                          |                                                                                                                |



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