

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH<br><input type="checkbox"/> PRIVATE PROPERTY | <input type="checkbox"/> OH-2<br><input checked="" type="checkbox"/> OH-1P<br><input type="checkbox"/> OTHER | LOCAL INFORMATION<br>REPORTING AGENCY NAME*<br><b>City of Kent Police</b> | LOCAL REPORT NUMBER*<br><b>2020-00019408</b>               |
|  |  | NCIC*<br><b>06703</b>   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED<br><b>0 2</b>       |
|  |  | NUMBER OF UNITS<br><b>0 2</b>   | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br><b>0 1</b> |

|                       |  |   |  |  |
|-----------------------|--|---|--|--|
| COUNTY*<br><b>6 7</b> | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br><b>1</b> | LOCATION: CITY, VILLAGE, TOWNSHIP*<br><b>Kent</b> | CRASH DATE / TIME*<br><b>11232020/1925</b> | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY<br><b>5</b> |
|-----------------------|--|---|--|--|

|                          |                           |                    |  |                         |  |
|--------------------------|---------------------------|--------------------|--|-------------------------|--|
| ROUTE TYPE<br><b>S R</b> | ROUTE NUMBER<br><b>43</b> | PREFIX<br><b>2</b> | LOCATION ROAD NAME<br><b>WATER</b>                               | ROAD TYPE<br><b>S T</b> | LATITUDE DECIMAL DEGREES<br><b>41.150982</b>   |
| ROUTE TYPE<br><b>S R</b> | ROUTE NUMBER<br><b>59</b> | PREFIX<br><b>2</b> | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)<br><b>HAYMAKER</b> | ROAD TYPE<br><b>P K</b> | LONGITUDE DECIMAL DEGREES<br><b>-81.358303</b> |

|   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br><b>1</b> | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br><b>2</b> | ROUTE TYPE<br>IR - INTERSTATE ROUTE(TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE | RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>TL - TRAIL<br>WA - WAY | INTERSECTION RELATED<br><input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA<br>NUMBER OF APPROACHES<br><b>4</b> |
| ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED                             |  |  |   |   |   |  |

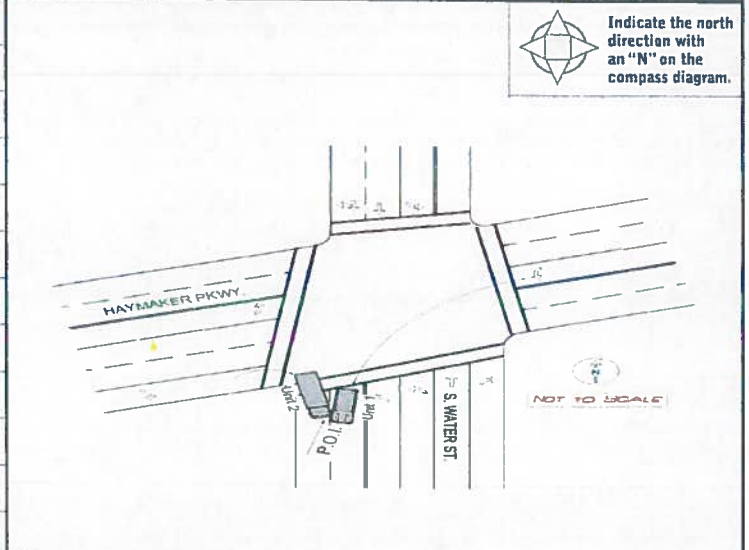
|   |   |   |  |
|---|---|---|--|
| LOCATION OF FIRST HARMFUL EVENT<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP<br><b>0 1</b> | MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - OTHER / UNKNOWN<br><b>7</b> | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (<4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER/UNKNOWN |
|---|---|---|--|

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA | CONTOUR<br><b>1</b><br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER/UNKNOWN | CONDITIONS<br><b>1</b><br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER/UNKNOWN | SURFACE<br><b>2</b><br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER/UNKNOWN |
|---|--|---|--|---|---|

|  |   |
|--|---|
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN<br><b>3</b> | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN<br><b>0 2</b> |
|--|---|

NARRATIVE

**Unit 2 was turning right from the right turn only lane of Haymaker Pkwy. (E/B) into the curb lane of S. Water St. (S/B). Unit 1 was turning left from the left turn only lane of Haymaker Pkwy. (W/B) into the inside lane of S. Water St. (S/B). Unit 1 failed to yield to Unit 2 and struck Unit 2.**



|  |  |   |   |   |
|--|--|---|---|---|
| CRASH REPORTED DATE / TIME<br><b>11232020/1927</b> | DISPATCH DATE / TIME<br><b>11232020/1929</b> | ARRIVAL DATE / TIME<br><b>11232020/1936</b> | SCENE CLEARED DATE / TIME<br><b>11232020/2014</b> | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST |
| TOTAL TIME ROADWAY CLOSED<br><b>0 0 0</b>          | OTHER INVESTIGATION TIME<br><b>0 3 0</b>     | TOTAL MINUTES<br><b>0 7 5</b>               | OFFICER'S NAME*<br><b>Schmitt, Benjamin</b>       | CHECKED BY OFFICER'S NAME*<br><b>Nelson, Josh</b>   |
|  |  |   | OFFICER'S BADGE NUMBER*<br><b>2 3 3</b>           | CHECKED BY OFFICER'S BADGE NUMBER*<br><b>2 3 2</b>  |



**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
**BURKE, MICHELLE, Y**

OWNED PHONE - IND. OR BUS. COFF. (SAME AS DRIVER)

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)  
**45491 SUMNER ST, OBERLIN, OH 44074**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**VEHICLE**

LP STATE OH LICENSE PLATE # HYJ7332 VEHICLE IDENTIFICATION # 2CKDL33F886300861 VEHICLE YEAR 2008 VEHICLE MAKE Pontiac

INSURANCE VERIFIED INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 94129517 COLOR BLK VEHICLE MODEL PHOENIX

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE US DOT #

INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 03 VEHICLE WEIGHT GVWR/GCWR  
 1 - <10K LBS.  
 2 - 10,001 - 26K LBS.  
 3 - >26K LBS.

HAZARDOUS MATERIAL CLASS # PLACARD ID #

**UNIT TYPE**

03

|                             |                                      |                        |  |                            |
|-----------------------------|--------------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR           | 7 - MOTORCYCLE 2-WHEELED             | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN / SKATER   |
| 2 - PASSENGER VAN (MINIVAN) | 8 - MOTORCYCLE 3-WHEELED             | 13 - SNOWMOBILE        | 19 - BUS (16+ PASSENGERS)                      | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE                        | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE                             | 25 - OTHER NON-MOTORIST    |
| 4 - PICK UP                 | 10 - MOPED OR MOTORIZED BICYCLE      | 15 - SEMI-TRACTOR      | 21 - HEAVY EQUIPMENT                           | 26 - BICYCLE               |
| 5 - CARGO VAN               | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 |
| 6 - VAN (9-15 SEATS)        |                                      | 17 - MOTORHOME         |  | 99 - UNKNOWN OR HIT/SKIP   |

# of TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION  
 1 - DRIVER ASSISTANCE  
 2 - PARTIAL AUTOMATION  
 3 - CONDITIONAL AUTOMATION  
 4 - HIGH AUTOMATION  
 5 - FULL AUTOMATION  
 9 - UNKNOWN

**SPECIAL FUNCTION**

01

|                             |                        |                             |                            |                      |
|-----------------------------|------------------------|-----------------------------|----------------------------|----------------------|
| 1 - NONE                    | 6 - BUS - CHARTER/TOUR | 11 - FIRE                   | 16 - FARM                  | 21 - MAIL CARRIER    |
| 2 - TAXI                    | 7 - BUS - INTERCITY    | 12 - MILITARY               | 17 - MOWING                | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE      | 13 - POLICE                 | 18 - SNOW REMOVAL          |                      |
| 4 - SCHOOL TRANSPORT        | 9 - BUS - OTHER        | 14 - PUBLIC UTILITY         | 19 - TOWING                |                      |
| 5 - BUS - TRANSIT/COMMUTER  | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIPMENT | 20 - SAFETY SERVICE PATROL |                      |

**CARGO BODY TYPE**

01

|   |  |                                  |                |                       |
|---|--|----------------------------------|----------------|-----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE       | 12 - CONCRETE MIXER   |
| 2 - BUS                                 | 4 - LOGGING                              | 6 - CARGO VAN/ENCLOSED BOX       | 9 - CARGO TANK | 13 - AUTO TRANSPORTER |
|   |  | 7 - GRAIN/CHIPS/GRAVEL           | 10 - FLAT BED  | 14 - GARBAGE/REFUSE   |
|   |  |                                  | 11 - DUMP      | 99 - OTHER / UNKNOWN  |

**VEHICLE DEFECTS**

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 1 - TURN SIGNALS | 4 - BRAKES       | 7 - WORN OR SLICK TIRES         | 9 - MOTOR TROUBLE                 | 99 - OTHER / UNKNOWN |
| 2 - HEAD LAMPS   | 5 - STEERING     | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT |                      |
| 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT |                                 |                                   |                      |

**NON-MOTORIST LOCATION AT IMPACT**

|                                       |                                    |                         |                                 |  |
|---------------------------------------|------------------------------------|-------------------------|---------------------------------|--|
| 1 - INTERSECTION - MARKED CROSSWALK   | 3 - INTERSECTION - OTHER           | 6 - BICYCLE LANE        | 9 - MEDIUM CROSSING ISLAND      | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 4 - MIDDLEBLOCK - MARKED CROSSWALK | 7 - SHOULDER / ROADSIDE | 10 - DRIVEWAY ACCESS            | 99 - OTHER / UNKNOWN                   |
|                                       | 5 - TRAVEL LANE - OTHER LOCATION   | 8 - SIDEWALK            | 11 - SHARED USE PATHS OR TRAILS |  |

**ACTION**

3

**PRE-CRASH ACTIONS**

06

|                            |                        |                                    |  |  |
|----------------------------|------------------------|------------------------------------|--|--|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD     | 7 - MAKING U-TURN                  | 13 - NEGOTIATING A CURVE                     | 18 - APPROACHING OR LEAVING VEHICLE    |
| 2 - NON-COLLISION          | 2 - BACKING            | 8 - ENTERING TRAFFIC LANE          | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 19 - STANDING                          |
| 3 - STRIKING               | 3 - CHANGING LANES     | 9 - LEAVING TRAFFIC LANE           | 15 - WALKING, RUNNING, JOGGING, PLAYING      | 20 - OTHER NON-MOTORIST                |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING | 10 - PARKED                        | 16 - WORKING                                 | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN  | 11 - SLOWING OR STOPPED IN TRAFFIC | 17 - PUSHING VEHICLE                         | 99 - OTHER / UNKNOWN                   |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN   | 12 - DRIVERLESS                    |  |  |

**CONTRIBUTING CIRCUMSTANCES**

02

|                      |                                |  |                                      |                                |
|----------------------|--------------------------------|--|--------------------------------------|--------------------------------|
| 1 - NONE             | 7 - LEFT OF CENTER             | 13 - IMPROPER START FROM A PARKED POSITION | 17 - VISION OBSTRUCTION              | 21 - LYING IN ROADWAY          |
| 2 - FAILURE TO YIELD | 8 - FOLLOWING TOO CLOSE / ACDA | 14 - STOPPED OR PARKED ILLEGALLY           | 18 - OPERATING DEFECTIVE EQUIPMENT   | 22 - NOT DISCERNIBLE           |
| 3 - RAN RED LIGHT    | 9 - IMPROPER LANE CHANGE       | 15 - SWERVING TO AVOID                     | 19 - LOAD SHIFTING/FALLING/ SPILLING | 23 - OPENING DOOR INTO ROADWAY |
| 4 - RAN STOP SIGN    | 10 - IMPROPER PASSING          | 16 - WRONG WAY                             | 20 - IMPROPER CROSSING               | 99 - OTHER IMPROPER ACTION     |
| 5 - UNSAFE SPEED     | 11 - DROVE OFF ROAD            |  |                                      |                                |
| 6 - IMPROPER TURN    | 12 - IMPROPER BACKING          |  |                                      |                                |

**SEQUENCE OF EVENTS**

20

**EVENTS**

|                                     |                         |  |                                 |   |
|-------------------------------------|-------------------------|--|---------------------------------|---|
| 1 - OVERTURN/ROLLOVER               | 6 - EQUIPMENT FAILURE   | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE            | 22 - WORK ZONE MAINTENANCE EQUIPMENT  |
| 2 - FIRE/EXP. OSION                 | 7 - SEPARATION OF UNITS | 12 - DOWNHILL RUNAWAY                                | 17 - ANIMAL - "ARM"             | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 3 - IMMERSION                       | 8 - RAN OFF ROAD RIGHT  | 13 - OTHER NON-COLLISION                             | 18 - ANIMAL - DEER              | 24 - OTHER MOVABLE OBJECT   |
| 4 - JACKKNIFE                       | 9 - RAN OFF ROAD LEFT   | 14 - PEDESTRIAN                                      | 19 - ANIMAL - OTHER             |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 10 - CROSS MEDIAN       | 15 - PEDALCYCLE                                      | 20 - MOTOR VEHICLE IN TRANSPORT |   |
|                                     |                         |  | 21 - PARKED MOTOR VEHICLE       |   |

**COLLISION WITH FIXED OBJECT - STRUCK**

|  |                               |                                  |                   |                                      |
|--|-------------------------------|----------------------------------|-------------------|--------------------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 37 - TRAFFIC SIGN POST           | 43 - CURB         | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 38 - OVERHEAD SIGN POST          | 44 - DITCH        | 51 - WALL                            |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIUM CABLE BARRIER     | 39 - LIGHT / LUMINARIES SUPPORT  | 45 - EMBANKMENT   | 52 - BUILDING                        |
| 28 - BRIDGE PARAPET                    | 34 - MEDIUM GUARDRAIL BARRIER | 40 - UTILITY POLE                | 46 - FENCE        | 53 - TUNNEL                          |
| 29 - BRIDGE RAIL                       | 35 - MEDIUM CONCRETE BARRIER  | 41 - OTHER POST, POLE OR SUPPORT | 47 - MAILBOX      | 54 - OTHER FIXED OBJECT              |
| 30 - GUARDRAIL FACE                    | 36 - MEDIUM OTHER BARRIER     | 42 - CULVERT                     | 48 - TREE         | 99 - OTHER / UNKNOWN                 |
|  |                               |                                  | 49 - FIRE HYDRANT |                                      |

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT** 1

LOCAL REPORT NUMBER  
2020-00019408

**DAMAGE**

**DAMAGE SCALE**

3

1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY

NO DAMAGE [ 0 ]  UNDERCARRIAGE [ 14 ]  
 TOP [ 13 ]  ALL AREAS [ 15 ]  
 UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

02

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

**TRAFFIC**

**TRAFFICWAY FLOW**

2

1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL**

6

1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# of THROUGH LANES ON ROAD**

4

**RAIL GRADE CROSSING**

1

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 2

1 - NORTH 5 - NORTH-EAST  
 2 - SOUTH 6 - NORTH-WEST  
 3 - EAST 7 - SOUTH-EAST  
 4 - WEST 8 - SOUTH-WEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED**

015

**POSTED SPEED**

25

**DETECTED SPEED**

1

1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED



|  |  |   |
|--|--|---|
| <b>UNIT #</b><br>02  | <b>OWNER NAME: LAST, FIRST, MIDDLE</b> (SAME AS DRIVER)<br>XPO LOGISTICS   | <b>OWNER PHONE: (INCLUDE AREA CODE)</b> (SAME AS DRIVER)<br>4407792200  |
| <b>OWNER ADDRESS: STREET, CITY, STATE, ZIP</b> (SAME AS DRIVER)<br>18751 SHELDON RD, MIDDLEBURG HEIGHTS, OH 44130                                      |  |   |
| <b>COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP</b> XPO LOGISTICS<br>18751 SHELDON RD, MIDDLEBURG HEIGHTS, OH 44130                             |  |   |
| <b>COMMERCIAL CARRIER PHONE: (INCLUDE AREA CODE)</b><br>4407792200   |  |   |
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>PKE9325  | <b>VEHICLE IDENTIFICATION #</b><br>3ALACWF0KDKK6442   |
| <b>VEHICLE YEAR</b><br>2019  | <b>VEHICLE MAKE</b><br>Freightliner  | <b>VEHICLE MODEL</b><br>M2  |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>CINCINNATI INDEMNITY   | <b>INSURANCE POLICY #</b><br>BY   |
| <input checked="" type="checkbox"/> <b>COMMERCIAL</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b> | <b>TYPE OF USE</b>   | <b>US DOT #</b><br>2135745  |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b> <input type="checkbox"/> <b>HIT/SKIP UNIT</b>  | <b>#OCCUPANTS</b><br>02  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>2 - 10,001 - 26K Lbs   |
| <b>UNIT TYPE</b><br>14   | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> <b>MATERIAL RELEASED</b> <input type="checkbox"/> <b>PLACARD</b>   | <b>TOWED BY: COMPANY NAME</b>   |
| <b># OF TRAILING UNITS</b><br>00   | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b><br>2 - YES 2-NO 9-OTHER/UNKNOWN   | <b>AUTONOMOUS MODE LEVEL</b><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 |
| <b>SPECIAL FUNCTION</b><br>99  | <b>VEHICLE TOWING ANOTHER MOTOR VEHICLE</b><br>3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE  | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>CARGO BODY TYPE</b><br>06   | <b>VEHICLE DEFECTS</b><br>1 - TURN SIGNALS<br>2 - HEAD LAMPS<br>3 - TAIL LAMPS<br>4 - BRAKES<br>5 - STEERING<br>6 - TIRE BLOWOUT   | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>NON-MOTORIST LOCATION AT IMPACT</b><br>4  | <b>VEHICLE DEFECTS</b><br>7 - WORN OR SLICK TIRES<br>8 - TRAILER EQUIPMENT DEFECTIVE<br>9 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT   | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>ACTION</b><br>4   | <b>VEHICLE DEFECTS</b><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 - 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   | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>01  | <b>VEHICLE DEFECTS</b><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>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 - 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 | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>SEQUENCE OF EVENTS</b><br>120   | <b>VEHICLE DEFECTS</b><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>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 - 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 | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>FIRST HARMFUL EVENT</b><br>1  | <b>VEHICLE DEFECTS</b><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>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 - 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 | <b>VEHICLE MAKE</b><br>Freightliner   |
| <b>MOST HARMFUL EVENT</b><br>1   | <b>VEHICLE DEFECTS</b><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>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 - 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 | <b>VEHICLE MAKE</b><br>Freightliner   |

|   |   |
|---|---|
| <b>LOCAL REPORT NUMBER</b><br>2020-00019408   |   |
| <b>DAMAGE</b>   |   |
| <b>DAMAGE SCALE</b>   |   |
| 2   | 1 - NONE<br>2 - MINOR DAMAGE<br>3 - FUNCTIONAL DAMAGE<br>4 - DISABLING DAMAGE<br>9 - UNKNOWN  |
| <b>DAMAGED AREA(S)</b><br>INDICATE ALL THAT APPLY   |   |
|   |   |
| <input type="checkbox"/> <b>NO DAMAGE</b> [0] <input type="checkbox"/> <b>UNDERCARRIAGE</b> [14]<br><input type="checkbox"/> <b>TOP</b> [13] <input type="checkbox"/> <b>ALL AREAS</b> [15]<br><input type="checkbox"/> <b>UNIT NOT AT SCENE</b> [16] |   |
| <b>INITIAL POINT OF CONTACT</b>   |   |
| 11  | 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              |
| <b>TRAFFIC</b>  |   |
| <b>TRAFFICWAY FLOW</b><br>2   | <b>TRAFFIC CONTROL</b><br>2   |
| <b># OF THROUGH LANES ON ROAD</b><br>4  | <b>RAIL GRADE CROSSING</b><br>1   |
| <b>UNIT / NON-MOTORIST DIRECTION</b>  |   |
| FROM 4 TO 2   | 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 |
| <b>UNIT SPEED</b><br>010  | <b>DETECTED SPEED</b><br>1  |
| <b>POSTED SPEED</b><br>25   | 1 - STATED / ESTIMATED SPEED<br>2 - CALCULATED / EDR<br>3 - UNDETERMINED  |



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
2020-00019408

|  |  |                            |   |  |  |                               |   |                                 |   |
|--|--|----------------------------|---|--|--|-------------------------------|---|---------------------------------|---|
| UNIT #<br><b>01</b>  | NAME: LAST, FIRST, MIDDLE<br><b>BURKE, TIFFANI, MICHELLE</b> |                            |   |  | DATE OF BIRTH<br><b>08122001</b>                   |                               | AGE<br><b>19</b>                                    | GENDER<br><b>F</b>              |   |
| ADDRESS: STREET, CITY, STATE, ZIP<br><b>1835 ASHTON LN 134, Franklin Twp, OH 44240</b> |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                  |                               |   |                                 |   |
| INJURIES<br><b>5</b>   | INJURED TAKEN BY   | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br><b>04</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET   | SEATING POSITION<br><b>01</b> | AIR BAG USAGE<br><b>1</b>                           | EJECTION<br><b>1</b>            | TRAPPED<br><b>1</b>   |
| OL STATE<br><b>OH</b>  | OPERATOR LICENSE NUMBER                                      |                            | OFFENSE CHARGED<br><b>331.17</b>                | LOCAL CODE<br><input checked="" type="checkbox"/>  | OFFENSE DESCRIPTION<br><b>Right of Way when Tu</b> |                               |   | CITATION NUMBER<br><b>60776</b> |   |
| OL CLASS<br><b>4</b>   | ENDORSEMENT SELECT UP TO 2                                   | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br><b>1</b>                | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br><b>1</b>         | ALCOHOL TEST<br>STATUS <b>1</b> TYPE <b>1</b> VALUE |                                 | DRUG TEST(S)<br>STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 |

|  |  |                            |   |  |  |                               |   |                      |   |
|--|--|----------------------------|---|--|--|-------------------------------|---|----------------------|---|
| UNIT #<br><b>02</b>  | NAME: LAST, FIRST, MIDDLE<br><b>TERRY, ROLANDO, LONELL</b> |                            |   |  | DATE OF BIRTH<br><b>08091998</b>                 |                               | AGE<br><b>22</b>                                    | GENDER<br><b>M</b>   |   |
| ADDRESS: STREET, CITY, STATE, ZIP<br><b>5130 113TH ST, CLEVELAND, OH 44125</b> |  |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                               |   |                      |   |
| INJURIES<br><b>5</b>   | INJURED TAKEN BY   | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED<br><b>04</b>   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION<br><b>01</b> | AIR BAG USAGE<br><b>1</b>                           | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b>   |
| OL STATE<br><b>OH</b>  | OPERATOR LICENSE NUMBER                                    |                            | OFFENSE CHARGED                                 | LOCAL CODE<br><input type="checkbox"/>   | OFFENSE DESCRIPTION                              |                               |   | CITATION NUMBER      |   |
| OL CLASS<br><b>4</b>   | ENDORSEMENT SELECT UP TO 2                                 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY<br><b>1</b>                | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION<br><b>1</b>         | ALCOHOL TEST<br>STATUS <b>1</b> TYPE <b>1</b> VALUE |                      | DRUG TEST(S)<br>STATUS <b>1</b> TYPE <b>1</b> RESULT SELECT UP TO 4 |

|                                   |                            |                            |   |  |  |                  |                                   |                 |   |
|-----------------------------------|----------------------------|----------------------------|---|--|--|------------------|-----------------------------------|-----------------|---|
| UNIT #                            | NAME: LAST, FIRST, MIDDLE  |                            |   |  | DATE OF BIRTH                                    |                  | AGE                               | GENDER          |   |
| ADDRESS: STREET, CITY, STATE, ZIP |                            |                            |   |  | CONTACT PHONE - INCLUDE AREA CODE                |                  |                                   |                 |   |
| INJURIES                          | INJURED TAKEN BY           | EMS AGENCY (NAME)          | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | SAFETY EQUIPMENT USED  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE                     | EJECTION        | TRAPPED   |
| OL STATE                          | OPERATOR LICENSE NUMBER    |                            | OFFENSE CHARGED                                 | LOCAL CODE   | OFFENSE DESCRIPTION                              |                  |                                   | CITATION NUMBER |   |
| OL CLASS                          | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY                            | ALCOHOL / DRUG SUSPECTED<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | CONDITION        | ALCOHOL TEST<br>STATUS TYPE VALUE |                 | DRUG TEST(S)<br>STATUS TYPE RESULT SELECT UP TO 4 |

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





# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
 2 0 2 0 - 0 0 0 1 9 4 0 8

**OCCUPANT**

UNIT # 01 NAME: LAST, FIRST, MIDDLE  
**SMITH, CHERRON**

DATE OF BIRTH: 0 5 1 7 2 0 0 1 AGE: 1 9 GENDER: F

ADDRESS: STREET, CITY, STATE, ZIP  
**1835 ASHTON LN 134 ,Franklin Twp ,OH 44240**

CONTACT PHONE - INCLUDE AREA CODE

INJURIES: 5 INJURED TAKEN BY:      EMS AGENCY (NAME):      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY):      SAFETY EQUIPMENT USED: 0,4

DOT-COMPLIANT MC HELMET SEATING POSITION: 0 3 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

**OCCUPANT**

UNIT # 01 NAME: LAST, FIRST, MIDDLE  
**ALI, NINA, RACHELLE**

DATE OF BIRTH: 1 2 1 8 2 0 0 0 AGE: 1 9 GENDER: F

ADDRESS: STREET, CITY, STATE, ZIP  
**1835 ASHTON LN 134 ,Franklin Twp ,OH 44240**

CONTACT PHONE - INCLUDE AREA CODE

INJURIES: 5 INJURED TAKEN BY:      EMS AGENCY (NAME):      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY):      SAFETY EQUIPMENT USED: 0,4

DOT-COMPLIANT MC HELMET SEATING POSITION: 0 6 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

**OCCUPANT**

UNIT # 02 NAME: LAST, FIRST, MIDDLE  
**SMITH, OLORI, IRE**

DATE OF BIRTH: 1 2 2 3 1 9 9 3 AGE: 2 6 GENDER: M

ADDRESS: STREET, CITY, STATE, ZIP  
**1670 E 71ST ST ,CLEVELAND ,OH 44103**

CONTACT PHONE - INCLUDE AREA CODE

INJURIES: 5 INJURED TAKEN BY:      EMS AGENCY (NAME):      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY):      SAFETY EQUIPMENT USED: 0,4

DOT-COMPLIANT MC HELMET SEATING POSITION: 0 3 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

**OCCUPANT**

UNIT #      NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH:      AGE:      GENDER:     

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

INJURIES:      INJURED TAKEN BY:      EMS AGENCY (NAME):      INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY):      SAFETY EQUIPMENT USED:     

DOT-COMPLIANT MC HELMET SEATING POSITION:      AIR BAG USAGE:      EJECTION:      TRAPPED:     

| INJURIES                              | SAFETY EQUIPMENT USED                         | SEATING POSITION   | AIR BAG USAGE                      |
|---------------------------------------|---|--|------------------------------------|
| 1 - FATAL                             | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY          | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY            | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY                   | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY                | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 |
| INJURED TAKEN BY                      |   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             |
| 1 - NOT TRANSPORTED /TREATED AT SCENE | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  | EJECTION                           |
| 2 - EMS                               | 7 - BOOSTER SEAT                              | 8 - THIRD - MIDDLE   | 1 - NOT EJECTED                    |
| 3 - POLICE                            | 8 - HELMET USED                               | 9 - THIRD - RIGHT SIDE   | 2 - PARTIALLY EJECTED              |
| 9 - OTHER / UNKNOWN                   | 9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) | 10 - SLEEPER SECTION OF TRUCK CAB  | 3 - TOTALLY EJECTED                |
| GENDER                                |   | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK UP WITH CAP) | 4 - NOT APPLICABLE                 |
| F - FEMALE                            | 10 - REFLECTIVE CLOTHING                      | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | TRAPPED                            |
| M - MALE                              | 11 - LIGHTING - PEDESTRIAN /BICYCLE ONLY      | 13 - TRAILING UNIT   | 1 - NOT TRAPPED                    |
| U - OTHER / UNKNOWN                   | 99 - OTHER / UNKNOWN                          | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                                    | 2 - EXTRICATED BY MECHANICAL MEANS |
|                                       |   | 15 - NON-MOTORIST  | 3 - FREED BY NON-MECHANICAL MEANS  |
|                                       |   | 99 - OTHER / UNKNOWN   |                                    |

**WITNESS**

NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH:      AGE:      GENDER:     

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

**WITNESS**

NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH:      AGE:      GENDER:     

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE

**WITNESS**

NAME: LAST, FIRST, MIDDLE

DATE OF BIRTH:      AGE:      GENDER:     

ADDRESS: STREET, CITY, STATE, ZIP

CONTACT PHONE - INCLUDE AREA CODE