



# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

|  |  |                               |                   |                   |
|--|--|-------------------------------|-------------------|-------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input checked="" type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | 2 1 - 0 7 7 1 9 4 |
|--|--|-------------------------------|-------------------|-------------------|

|   |                                |                                |                        |            |          |                 |                             |
|---|--------------------------------|--------------------------------|------------------------|------------|----------|-----------------|-----------------------------|
| <input type="checkbox"/> SECONDARY CRASH  | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER | REPORTING AGENCY NAME* | NCIC*      | HIT/SKIP | NUMBER OF UNITS | UNIT IN ERROR               |
| <input type="checkbox"/> PRIVATE PROPERTY | Englewood Police               |                                | 0 5 7 1 8              | 1 - SOLVED | 2        | 1               | 98 - ANIMAL<br>99 - UNKNOWN |

|         |           |                                    |                         |                |
|---------|-----------|------------------------------------|-------------------------|----------------|
| COUNTY* | LOCALITY* | LOCATION: CITY, VILLAGE, TOWNSHIP* | CRASH DATE / TIME*      | CRASH SEVERITY |
| 5 7     | 1         | Englewood                          | 1 0 1 3 2 0 2 1 1 2 5 3 | 5              |

|            |              |        |                    |           |                          |
|------------|--------------|--------|--------------------|-----------|--------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | LOCATION ROAD NAME | ROAD TYPE | LATITUDE DECIMAL DEGREES |
|            |              |        | ROCKRIDGE          | R D       | 3 9 . 8 5 9 5 7 4        |

|            |              |        |   |           |                           |
|------------|--------------|--------|---|-----------|---------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) | ROAD TYPE | LONGITUDE DECIMAL DEGREES |
| S R        | 4 8          |        |   |           | - 8 4 . 2 8 1 4 4         |

|                         |                          |                              |              |  |
|-------------------------|--------------------------|------------------------------|--------------|--|
| REFERENCE POINT         | DIRECTION FROM REFERENCE | ROUTE TYPE                   | ROAD TYPE    | INTERSECTION RELATED   |
| 1 - INTERSECTION        | 1 - NORTH                | IR - INTERSTATE ROUTE(TP)    | AL - ALLEY   | <input checked="" type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH |
| 2 - MILE POST           | 2 - SOUTH                | US - FEDERAL US ROUTE        | AV - AVENUE  | <input type="checkbox"/> WITHIN INTERCHANGE AREA                       |
| 3 - HOUSE #             | 3 - EAST                 | SR - STATE ROUTE             | CR - CIRCLE  | NUMBER OF APPROACHES   |
|                         | 4 - WEST                 | CR - NUMBERED COUNTY ROUTE   | CT - COURT   | 4  |
| DISTANCE FROM REFERENCE | DISTANCE UNIT OF MEASURE | TR - NUMBERED TOWNSHIP ROUTE | DR - DRIVE   | ROADWAY  |
| 0 . 0 0                 | 2                        |                              | HE - HEIGHTS | <input type="checkbox"/> ROADWAY DIVIDED                               |

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

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

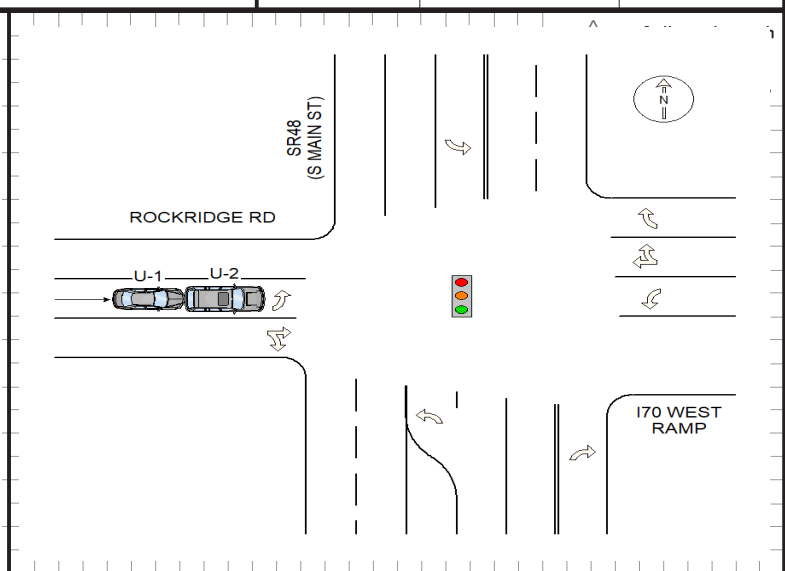
|                                     |                                       |
|-------------------------------------|---------------------------------------|
| LIGHT CONDITION                     | WEATHER                               |
| 1 - DAYLIGHT                        | 1 - CLEAR                             |
| 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 EASTBOUND ON ROCKRIDGE RD AT SR48 (S MAIN ST) STOPPED AT A RED TRAFFIC LIGHT.

UNIT #1 WAS EASTBOUND ON ROCKRIDGE RD APPROACHING SR48 (S MAIN ST).

UNIT #1 FAILED TO MAINTAIN AN ASSURED CLEAR DISTANCE AHEAD AND STRUCK UNIT #2



|                            |                          |                         |                           |   |
|----------------------------|--------------------------|-------------------------|---------------------------|---|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME     | ARRIVAL DATE / TIME     | SCENE CLEARED DATE / TIME | REPORT TAKEN BY                                   |
| 1 0 1 3 2 0 2 1 1 2 5 3    | 1 0 1 3 2 0 2 1 1 2 5 4  | 1 0 1 3 2 0 2 1 1 2 5 6 | 1 0 1 3 2 0 2 1 1 3 2 5   | <input checked="" type="checkbox"/> POLICE AGENCY |
| TOTAL TIME ROADWAY CLOSED  | OTHER INVESTIGATION TIME | TOTAL MINUTES           | OFFICER'S NAME*           | CHECKED BY OFFICER'S NAME*                        |
| 0                          | 0                        | 3 1                     | Ofc. S.E. Tharp           | Sgt. E.W. Totel                                   |
|                            |                          |                         | OFFICER'S BADGE NUMBER*   | CHECKED BY OFFICER'S BADGE NUMBER*                |
|                            |                          |                         | 2 1 4                     | 1 0 3   |

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
**21-077194**

|   |  |                                  |  |   |   |   |   |                           |  |                     |
|---|--|----------------------------------|--|---|---|---|---|---------------------------|--|---------------------|
| <b>UNIT #</b><br>1  | <b>NAME: LAST, FIRST, MIDDLE</b><br>JENKINS, ALYSSA LEEANN   |                                  |  | <b>DATE OF BIRTH</b><br>04/24/2001  |   | <b>AGE</b><br>20  | <b>GENDER</b><br>F                              |                           |  |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>4441 SEVILLE DR, ENGLEWOOD, OH, 45322 |  |                                  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>redacted per ORC 149.43(A)(1)(mm) |   |   |                           |  |                     |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                                      | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>01                   | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>redacted per ORC 4501:1-12 |                                  | <b>OFFENSE CHARGED</b><br>434.03A                      |   | <b>LOCAL CODE</b><br><input checked="" type="checkbox"/>                      | <b>OFFENSE DESCRIPTION</b><br>Assured Clear Distance Ahead                              |   |                           | <b>CITATION NUMBER</b><br>209014                               |                     |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UPTO 2                          | <b>RESTRICTION</b> SELECT UPTO 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE<br>1 1 |                           | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UPTO 4<br>1 1 |                     |

|   |  |                                  |  |   |   |   |   |                           |  |                     |
|---|--|----------------------------------|--|---|---|---|---|---------------------------|--|---------------------|
| <b>UNIT #</b><br>2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>GORGONE, PHILLIP A       |                                  |  | <b>DATE OF BIRTH</b><br>09/06/1963  |   | <b>AGE</b><br>58  | <b>GENDER</b><br>M                              |                           |  |                     |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>507 S MAIN ST APT 101, ENGLEWOOD, OH, 45322 |  |                                  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>redacted per ORC 149.43(A)(1)(mm) |   |   |                           |  |                     |
| <b>INJURIES</b><br>5  | <b>INJURED TAKEN BY</b>                                      | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>04  | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>01                   | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1   | <b>TRAPPED</b><br>1 |
| <b>OL STATE</b><br>OH   | <b>OPERATOR LICENSE NUMBER</b><br>redacted per ORC 4501:1-12 |                                  | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>                                 | <b>OFFENSE DESCRIPTION</b>  |   |                           | <b>CITATION NUMBER</b>   |                     |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UPTO 2                          | <b>RESTRICTION</b> SELECT UPTO 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE<br>1 1 |                           | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UPTO 4<br>1 1 |                     |

|  |                                     |                                  |  |   |   |  |  |                      |   |                |
|--|-------------------------------------|----------------------------------|--|---|---|--|--|----------------------|---|----------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>    |                                  |  | <b>DATE OF BIRTH</b>  |   | <b>AGE</b>   | <b>GENDER</b>                            |                      |   |                |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                     |                                  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |  |  |                      |   |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>             | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b>                  | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b>                  | <b>AIR BAG USAGE</b> | <b>EJECTION</b>   | <b>TRAPPED</b> |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>      |                                  | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>   |  |                      | <b>CITATION NUMBER</b>                                  |                |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UPTO 2 | <b>RESTRICTION</b> SELECT UPTO 3 | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b>   | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UPTO 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 - M/C MOPED ONLY<br>6 - NO VALID OL  | 1 - ALCOHOL INTERLOCK DEVICE<br>2 - CDL INTRASTATE ONLY<br>3 - CORRECTIVE LENSES<br>4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS<br>6 - EXCEPT CLASS A & CLASS B BUS<br>7 - EXCEPT TRACTOR-TRAILER<br>8 - INTERMEDIATE LICENSE RESTRICTIONS<br>9 - LEARNER'S PERMIT RESTRICTIONS<br>10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT<br>12 - LIMITED - OTHER<br>13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)<br>14 - MILITARY VEHICLES ONLY<br>15 - MOTOR VEHICLES WITHOUT AIR BRAKES<br>16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID<br>18 - OTHER | 1 - NOT DISTRACTED<br>2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)<br>3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE<br>4 - TALKING ON HAND-HELD COMMUNICATION DEVICE<br>5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE<br>6 - PASSENGER<br>7 - OTHER DISTRACTION INSIDE THE VEHICLE<br>8 - OTHER 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     |
| <b>INJURED TAKEN BY</b>  |   | <b>EJECTION</b>   | <b>OL ENDORSEMENT</b>   |   |  | <b>ALCOHOL TEST TYPE</b>   |
| 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 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  |
| <b>SAFETY EQUIPMENT</b>  |   | <b>TRAPPED</b>  |   |   | <b>CONDITION</b>   | <b>DRUG TEST TYPE</b>  |
| 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  |   |   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.<br>6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL<br>9 - OTHER / UNKNOWN  | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |
|  |   |   |   |   |  | <b>DRUG TEST RESULT(S)</b>   |
|  |   |   |   |   |  | 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 |

**OWNER**

UNIT # 1 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**JENKINS, ALYSSA LEEANN**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**4441 SEVILLE DR, ENGLEWOOD, OH, 45322**

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

OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**redacted per ORC**

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE OH LICENSE PLATE # HZG3118 VEHICLE IDENTIFICATION # 2G1WB58K979247002 VEHICLE YEAR 2007 VEHICLE MAKE Chevrolet

INSURANCE VERIFIED  INSURANCE COMPANY PROGRESSIVE INSURANCE POLICY # 939271550 COLOR GRY VEHICLE MODEL Impala

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE

US DOT # \_\_\_\_\_ TOWED BY: COMPANY NAME \_\_\_\_\_

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

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # \_\_\_\_\_ PLACARD ID # \_\_\_\_\_  PLACARD

UNIT TYPE: 1 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 (6+ 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

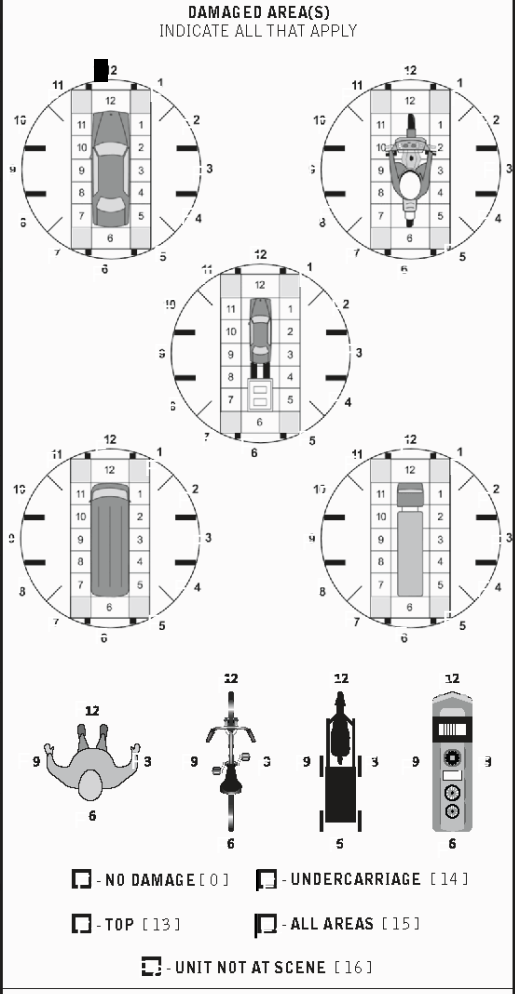
# of TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

SPECIAL FUNCTION: 1 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: 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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 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 - MIDBLOCK - 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 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 1 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON-MOTORIST  
 4 - STRUCK PRE-CRASH ACTIONS 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 12 - DRIVERLESS 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN  
 9 - OTHER / UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**: 8 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 / ACD/A 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 12 - IMPROPER BACKING

**INITIAL POINT OF CONTACT**

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

**SEQUENCE OF EVENTS**

1 20 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 17 - ANIMAL - FARM 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 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 20 - MOTOR VEHICLE IN TRANSPORT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE

**COLLISION WITH FIXED OBJECT - STRUCK**

4 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 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN  
 49 - FIRE HYDRANT

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

**TRAFFIC**

**TRAFFICWAY FLOW**: 2 1 - ONE-WAY 2 - TWO-WAY

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

**# OF THROUGH LANES ON ROAD**: 2

**RAIL GRADE CROSSING**: 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

**FROM** 4 **TO** 3

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

**UNIT SPEED**: 10

**POSTED SPEED**: 30

**DETECTED SPEED**: 1 1 - STATED / ESTIMATED SPEED  
 2 - CALCULATED / EDR  
 3 - UNDETERMINED

**OWNER**

UNIT # **2** OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)  
**GORGONE, PHILLIP A** OWNER PHONE: INCLUDE AREA CODE (☐ SAME AS DRIVER)  
**redacted per ORC**

OWNER ADDRESS: STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)  
**507 S MAIN ST APT 101, ENGLEWOOD, OH, 45322**

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP  
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

**DAMAGE**

**DAMAGE SCALE**

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

**VEHICLE**

LP STATE **OH** LICENSE PLATE # **HRA7044** VEHICLE IDENTIFICATION # **5N1AT2MV2HC789285** VEHICLE YEAR **2017** VEHICLE MAKE **Nissan**

INSURANCE VERIFIED  INSURANCE COMPANY **PROGRESSIVE** INSURANCE POLICY # **942051768** COLOR **WHI** VEHICLE MODEL **Rogue**

TYPE OF USE:  COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE  
 US DOT # **1** TOWED BY: COMPANY NAME

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

HAZARDOUS MATERIAL:  MATERIAL RELEASED CLASS # **PLACARD ID #**  
 PLACARD

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

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

UNIT TYPE **3**

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 (6+ 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 **0**

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? **0**

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL

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

SPECIAL FUNCTION **1**

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 **1**

1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTORVEHICLE 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 - GRAINCHIPS/GRAVEL 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN  
 11 - DUMP

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 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE  
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - 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 **4** PRE-CRASH ACTIONS **1 1**

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

INITIAL POINT OF CONTACT

**6** 0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 13 - TOP 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES **1**

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 / ACD/A 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE  
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - ILLEGALLY 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY  
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - SWERVING TO AVOID 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION  
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD 17 - WRONG WAY  
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW **2** TRAFFIC CONTROL **2**

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

SEQUENCE OF EVENTS

**1** **20** **1** **2** **3**

1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
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 5 - CARGO / EQUIPMENT LOSS OR SHIFT 10 - CROSS MEDIAN 15 - PEDALCYCLE 21 - PARKED MOTORVEHICLE

# OF THROUGH LANES ON ROAD **2** RAIL GRADE CROSSING **1**

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

COLLISION WITH FIXED OBJECT - STRUCK

**4** **5** **6** **1**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
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 49 - FIRE HYDRANT

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

UNIT / NON-MOTORIST DIRECTION

FROM **3** TO **4**

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

UNIT SPEED **0** DETECTED SPEED **1**

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

POSTED SPEED **30**

