



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20153925	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	01820	GARFIELD HEIGHTS	01	01 98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
18		GARFIELD HTS	11232015	1217	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.423811	-81.575965

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	E N - Northbound S - Southbound	04	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1	Location Route Number	Loc. Prefix	Location Road name	Location Road Type 2	Route Types <sup>1</sup>
IR	480		BROADWAY AVE	HW	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type 1	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N,S,E,W	SR	14	N,S,E,W	BROADWAY AVE	HW

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	08 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	14 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
4 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
1 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

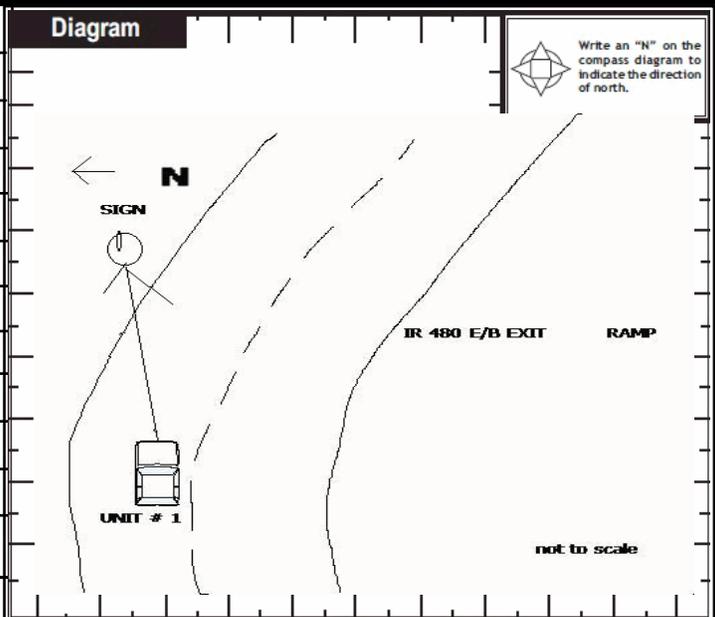
Road Surface	Light conditions	School Bus Related
1 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

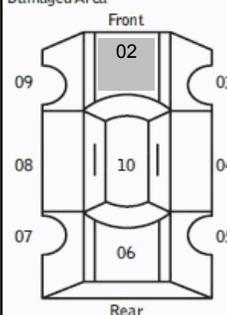
UNIT #1 WAS ATTEMPTING TO EXIT IR-480 E/B AT SR-14 AND RAN OFF THE ROAD TO THE LEFT. UNIT #1 THEN STRUCK A STREET SIGN AND CONTINUED TRAVELING EAST AND STRUCK THE CULVERT. AFTER THE VEHICLE CAME TO A REST THREE MALES FLED THE AREA ON FOOT. OFFICERS WERE UNABLE TO LOCATE THE DRIVER OF THE VEHICLE.

STREET SIGN:  
ODOT  
5500 TRANSPORTATION BLVD  
GARFIELD HTS OH 44125



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
11232015	1217	1217	1219	1300	25	66

Officer's Name *	Officer's Badge Number	Checked By	Page of
E. Cornell	024	S07 R. Petrick	

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>RENT A CAR ENTERPRISE</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>440-786-8500</b>	Damage Scale <b>3</b>	Damaged Area 				
Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>19550 ROCKSIDE RD BEDFORD OH 44146</b>			1 - None					
LP State <b>MD</b>	License Plate Number <b>3BY6431</b>	Vehicle Identification Number <b>3N1AB7AP3EY226746</b>	# Occupants <b>02</b>					
Vehicle Year <b>2014</b>	Vehicle Make <b>NISSAN Nissan</b>	Vehicle Model <b>SEN Sentra</b>	Vehicle Color <b>BLK Black</b>					
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By					
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code					
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description <b>4</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input checked="" type="checkbox"/> Hit / Skip Unit					
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released							
HM Class Number								
Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>04</b> 99 - Unknown or Hit/Skip 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist <input type="checkbox"/> Has HM Placard					
Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>02</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown			
Pre-Crash Actions <b>01</b> 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action			
Contributing Circumstances <b>17</b> 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects				
Sequence of Events 1 <b>09</b> 2 <b>41</b> 3 <b>42</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>2</b> 99 - Unknown	<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <b>Collision with Person, Vehicle or Object Not Fixed</b>                      14 - Pedestrian                      15 - Pedalcycle                      16 - Railway Vehicle (Train,Engine)                      17 - Animal - Farm                      18 - Animal - Deer                      19 - Animal - Other                      20 - Motor Vehicle in Transport                 </td> <td style="vertical-align: top;"> <b>Collision With Fixed Object</b>                      21 - Parked Motor Vehicle                      22 - Work Zone Maintenance Equipment                      23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle                      24 - Other Movable Object                      25 - Impact Attenuator/Crash Cushion                      26 - Bridge Overhead Structure                      27 - Bridge Pier or Abutment                      28 - Bridge Parapet                      29 - Bridge Rail                      30 - Guardrail Face                      31 - Guardrail End                      32 - Portable Barrier                 </td> <td style="vertical-align: top;">                     06 - Equipment Failure (Blown Tire, Brake Failure, etc)                      07 - Separation of Units                      08 - Ran Off Road Right                      09 - Ran Off Road Left                      10 - Cross Median                      11 - Cross Center Line Opposite Direction of Travel                      12 - Downhill Runaway                      13 - Other Non-Collision                 </td> <td style="vertical-align: top;">                     41 - Other Post, Pole or Support                      42 - Culvert                      43 - Curb                      44 - Ditch                      45 - Embankment                      46 - Fence                      47 - Mailbox                      48 - Tree                      49 - Fire Hydrant                      50 - Work Zone Maintenance Equipment                      51 - Wall, Building, Tunnel                      52 - Other Fixed Object                 </td> </tr> </table>				<b>Collision with Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	<b>Collision With Fixed Object</b> 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed <b>60</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>60</b>	Traffic Control <b>12</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>4</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown				



# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 5 | 3 | 9 | 2 | 5 | | | | | | | | | |

Motorist/Non-Motorist

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male							
Address, City, State, Zip			Contact Phone - include area code								
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>		
OL State 	Operator License Number	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition <input type="checkbox"/>	Alcohol/Drug Suspected <input type="checkbox"/>	Alcohol Test Status <input type="checkbox"/>	Alcohol Test Type <input type="checkbox"/>	Alcohol Test Value 	Drug Test Status <input type="checkbox"/>	Drug Test Type <input type="checkbox"/>
Offense Charged ( <input type="checkbox"/> Local Code)		Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By <input type="checkbox"/>		

Motorist/Non-Motorist

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male							
Address, City, State, Zip			Contact Phone - include area code								
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>		
OL State 	Operator License Number	OL Class <input type="checkbox"/>	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition <input type="checkbox"/>	Alcohol/Drug Suspected <input type="checkbox"/>	Alcohol Test Status <input type="checkbox"/>	Alcohol Test Type <input type="checkbox"/>	Alcohol Test Value 	Drug Test Status <input type="checkbox"/>	Drug Test Type <input type="checkbox"/>
Offense Charged ( <input type="checkbox"/> Local Code)		Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By <input type="checkbox"/>		

<b>Injuries</b> 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	<b>Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	<b>Non-Motorist</b> 09 - Unknown Safety Equipment 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc)	<b>Non-Motorist</b> 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side	<b>Seating Position</b> 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)	<b>Seating Position</b> 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	<b>Condition</b> 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	<b>Condition</b> 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	<b>Alcohol/Drug Suspected</b> 1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected
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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction
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Occupant

Unit Number   0   1	Name: Last, First, Middle <b>SHOULDERS JAMEL M</b>	Date of Birth   1   0   0   6   1   9   9   3	Age	Gender <input checked="" type="checkbox"/> M F - Female <input type="checkbox"/> M - Male
Address, City, State, Zip <b>15114 NAPLES AV CLEVELAND OH 44128</b>			Contact Phone - include area code	

Injuries <input checked="" type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input checked="" type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position   0   3	Air Bag Usage <input checked="" type="checkbox"/>	Ejection <input checked="" type="checkbox"/>	Trapped <input checked="" type="checkbox"/>
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Occupant

Unit Number   0   1	Name: Last, First, Middle <b>MILLER JARAE</b>	Date of Birth   0   3   2   1   1   9   9   5	Age <b>20</b>	Gender <input checked="" type="checkbox"/> M F - Female <input type="checkbox"/> M - Male
Address, City, State, Zip <b>24101 LAKE SHORE BLVD 1508 EUCLID OH 44123</b>			Contact Phone - include area code	

Injuries <input checked="" type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input checked="" type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position   0   6	Air Bag Usage <input checked="" type="checkbox"/>	Ejection <input checked="" type="checkbox"/>	Trapped <input checked="" type="checkbox"/>
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