



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20160790	3 - 1 - Fatal 2 - Injury 3 - PDO	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	02	02 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	03082016	1512	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 24' 46.88" N	- 81° 36' 11.33" W		

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	S - Northbound S - Southbound	05	AL - Alley AV - Avenue BL - Boulevard CR - Circle CT - Court DR - Drive HE - Heights HW - Highway LA - Lane MP - Milepost PK - Parkway PI - Pike PL - Place RD - Road SQ - Square ST - Street TE - Terrace WA - Way

Location Route Type <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
		N.S. E.W.	TURNEY	RD	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 <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
	N.S. E.W.			N.S. E.W.	ANTENUCCI	BL

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	02 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary			* Secondary Condition Only

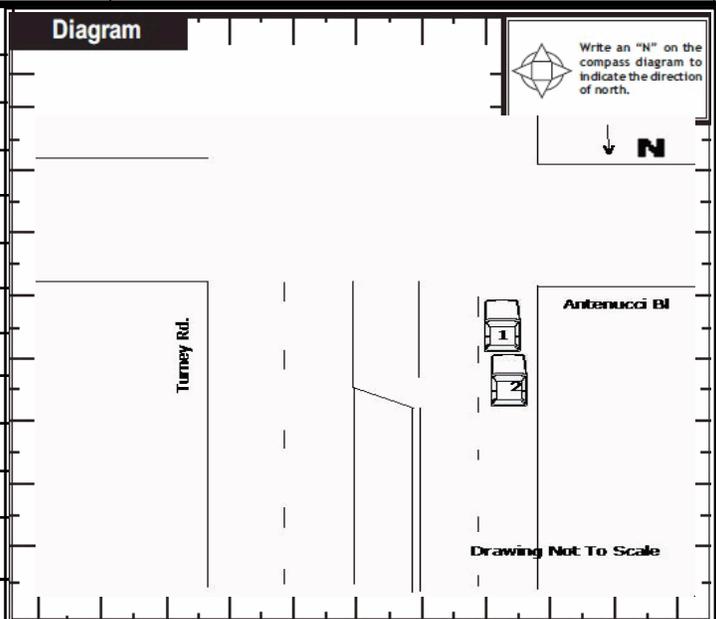
Manner of Crash Collision/Impact	Weather
2 - Not Collision Between Two Motor Vehicles In Transport 3 - Rear-End 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow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

Road Surface	Light conditions	School Bus Related
1 - 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	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<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 STOPPED IN THE RIGHT LANE SOUTHBOUND ON TURNEY RD. AT ANTENUCCI. UNIT 2 WAS TRAVELING SOUTHBOUND IN THE RIGHT LANE ON TURNEY RD. DRIVER OF UNIT 2 STATED THAT HE LOOKED AWAY FROM THE ROAD TO EXTINGUISH HIS CIGARETTE AND WHEN HE LOOKED BACK AT THE ROADWAY, HE WAS UNABLE TO STOP BEFORE STRIKING UNIT 1.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	03082016	1512	1516	1529	1622	20	73
Officer's Name *	Officer's Badge Number	Checked By	Page of					
B. Cramer	031	S11 T. Vargo						

Unit Number <b>02</b>	Owner Name: Last, First, Middle <b>EVANS LINDA C</b> <input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area 					
Owner Address, City, State, Zip <input checked="" type="checkbox"/> Same As Driver <b>20251 ARBOR AVE EUCLID OH 44123</b>									
LP State <b>OH</b>	License Plate Number <b>GRA8303</b>	Vehicle Identification Number <b>1C3CDZAG4CN309273</b>	# Occupants <b>01</b>						
Vehicle Year <b>2012</b>	Vehicle Make <b>DODG Dodge</b>	Vehicle Model <b>AVN Avenger</b>	Vehicle Color <b>RED Red</b>						
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>VICTORIA SPECIALTY</b>	Policy Number <b>10148987</b>	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>3</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 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>03</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)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist					
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	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					
Contributing Circumstances <b>28</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>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <b>Non-Collision Events</b>                      01 - Overturn/Rollover                      02 - Fire/Explosion                      03 - Immersion                      04 - Jackknife                      05 - Cargo/Equipment Loss or Shift                 </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                 </td> <td style="vertical-align: top;">                     10 - Cross Median                      11 - Cross Center Line Opposite Direction of Travel                      12 - Downhill Runaway                      13 - Other Non-Collision                 </td> </tr> </table>				<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	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		
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Unit Speed <b>25</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>04</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	Unit Direction From <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown				

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>KRUSINSKI SHARON A</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) <b>440-884-7313</b>	Damage Scale <b>2</b>	Damaged Area 	
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>2641 FLEGER DR PARMA OH 44134</b>			1 - None		
LP State <b>OH</b>	License Plate Number <b>FAZ9332</b>	Vehicle Identification Number <b>5J6RE4H51AL095176</b>	2 - Minor		
Vehicle Year <b>2010</b>	Vehicle Make <b>HOND Honda</b>	Vehicle Model <b>CRV Cr-V</b>	3 - Functional		
Vehicle Color <b>BLK Black</b>	Proof of Insurance Shown <b>state farm</b>		4 - Disabling		
Carrier Name, Address, City, State, Zip			9 - Unknown		
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>3</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		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit		
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>06</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	Med/Heavy Trucks or Combo Units>10k lbs 13 - Single Unit Truck or Van 2axle,6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle		
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Pre-Crash Actions <b>11</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
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Sequence of Events 1 <b>24</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<b>Non-Collision Events</b> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 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				
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# Motorist / Non-Motorist / Occupant

Local Report Number \*

2 | 0 | 1 | 6 | 0 | 7 | 9 | 0 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Unit Number 0   1	Name: Last, First, Middle KRUSINSKI THOMAS	Date of Birth 1   0   3   0   1   9   6   2	Age 53	Gender M F - Female M - Male							
Address, City, State, Zip 2641 FLEGER DR PARMA OH 44134			Contact Phone - include area code 440-884-7313								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RF595404	OL Class 4	No Valid OL	M/C End	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
Offense Charged ( Local Code )		Offense Description			Citation Number		Hands-Free Device Used	Driver Distracted By 1			

Unit Number 0   2	Name: Last, First, Middle EVANS MICHAEL V	Date of Birth 0   3   2   5   1   9   7   7	Age 38	Gender M F - Female M - Male							
Address, City, State, Zip 12504 REXFORD CLEVELAND OH 44105			Contact Phone - include area code 216-450-0983								
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet	Seating Position 0   1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RM749192	OL Class 4	No Valid OL	M/C End	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value	Drug Test Status 1	Drug Test Type 1
Offense Charged ( Local Code ) 331.34		Offense Description FULL TIME & ATTENTIO			Citation Number G20161009		Hands-Free Device Used	Driver Distracted By 1			

<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>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used <b>99 - Unknown Safety Equipment</b>	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 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 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) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment 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 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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Unit Number 0   1	Name: Last, First, Middle KRUSINSKI JESSICA	Date of Birth 1   0   2   5   2   0   0   0	Age 15	Gender F F - Female M - Male					
Address, City, State, Zip 2641 FLEGER DR PARMA OH 44134			Contact Phone - include area code 440-884-7313						
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4	DOT Compliant Motorcycle Helmet	Seating Position 0   3	Air Bag Usage 1	Ejection 1	Trapped 1
Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male					
Address, City, State, Zip			Contact Phone - include area code						
Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

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