Traffic Crash Report

Local Information

Local Report Number *: 2016231 4

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 1 - Solved, 2 - Unsolved

☐ Photos Taken ☐ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other

☐ PDO Under State Reportable Dollar Amount

☐ Private Property

Reporting Agency NCIC *: 01820

Reporting Agency Name *: GARFIELD HEIGHTS

Number of Units: 02

Unit in error: 02 (98 - Animal, 99 - Unknown)

County *: 18

☑ City * ☐ Village * ☐ Township *

City, Village, Township *: GARFIELD HTS

Crash Date *: 07/06/2016

Time of Crash: 2031

Day of Week: WED

Degrees / Minutes / Seconds — Latitude: ___° ___' ___.___" Longitude: -___° ___' ___.___"

OR

Decimal Degrees — Latitude: 41.430286 Longitude: -81.616190

Roadway Division: ☐ Divided ☑ Undivided

Divided Lane Direction of Travel: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

Number of Thru Lanes: 02

Road Types or Milepost [2]: 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, TL - Trail, WA - Way

Location Route Type [1]

Location Route Number

Loc. Prefix: N,S, E,W

Location Road name: GARFIELD PARK

Location Road Type [2]: DR

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: ☐ Miles ☐ Feet ☐ Yards

Dir From Ref: N,S, E,W

OF

Reference Route Type [1]

Reference Route Number

Ref Prefix: N,S, E,W

Reference Name (Road, Milepost, House #): TURNEY

Reference Road Type [2]: RD

Reference Point Used: 1 (1 - Intersection, 2 - Mile Post, 3 - House Number)

Crash Location: 02 (01 - Not an intersection, 02 - Four-way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-point, or more, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown)

☑ Intersection Related

Location of First Harmful Event: 1 (1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown)

Road Contour: 1 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

Road Conditions — Primary: 02 Secondary:

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

* Secondary Condition Only

Manner of Crash Collision/Impact: 6 (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)

Weather: 4 (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: 1 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)

Light conditions — Primary: 1 Secondary:

1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown

* Secondary Condition Only

☐ School Zone Related

School Bus Related: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ Law Enforcement Present (Vehicle Only)

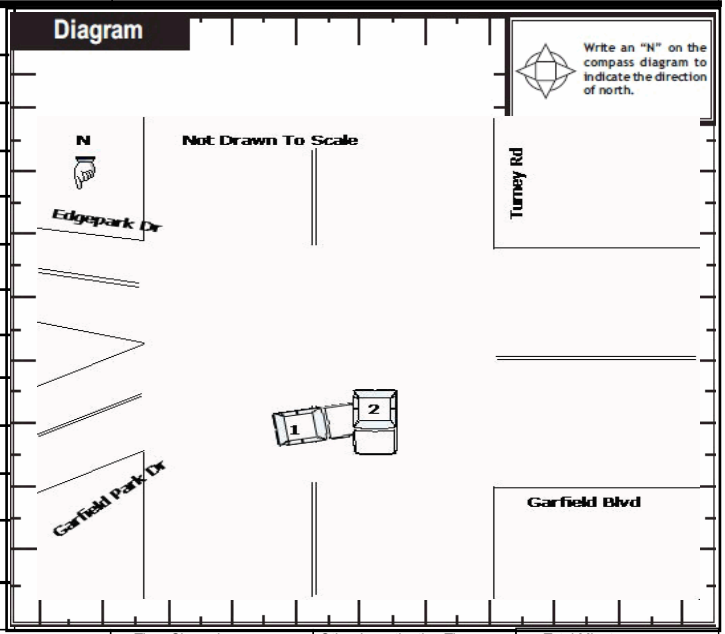
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

Location of Crash in Work Zone: 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 TRAVELLING W/B ON GARFIELD PARK DR APPROACHING TURNEY RD WHEN UNIT 2 TURNED LEFT (N/B) ONTO TURNEY RD FROM GARFIELD BLVD AND WAS STRUCK BY UNIT 1.

Diagram



Report Taken By: ☑ Police Agency ☐ Motorist ☐ 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
07/06/2016	2031	2033	2035	2042	65	72

Officer's Name *: W. Gall

Officer's Badge Number: 027

Checked By: L08 R. Petrick

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HSY7001 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
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Unit

Local Report Number *: 2 0 1 6 2 3 1 4

Unit Number	Owner Name: Last, First, Middle	Owner Phone Number - inc. area code	Damage Scale
0 2	DEMAURO NICHOLAS C (☑ Same As Driver)	440-715-5089 (☑ Same As Driver)	3

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 02; 09; 03; 08; 10; 04; 07; 06; 05; Rear

Owner Address, City, State, Zip (☑ Same As Driver): 107 ALDERWOOD DR CHAGRIN FALLS OH 44022 4500

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	GKE5659	W A U H E 5 4 4 2 M N 0 1 8 7 9 4	0 1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1 9 9 1	AUDI Audi	OTH Other	PLE Purple

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	ACUITY	Y78092	

Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
- 1 - Less Than or Equal to 10k Lbs.
- 2 - 10,001 to 26,000 Lbs
- 3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 0 1
- 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
- 09 - Pole
- 10 - Cargo Tank
- 11 - Flat Bed
- 12 - Dump
- 13 - Concrete Mixer
- 14 - Auto Transporter
- 15 - Garbage/Refuse
- 99 - Other/Unknown

Trafficway Description: 1
- 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

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact
- 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: 1
- 1 - Personal
- 2 - Commercial
- 3 - Government

☐ In Emergency Response

Unit Type: 0 3
- 99 - Unknown or Hit/Skip

Passenger Vehicle (less than 9 passengers)
- 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

☐ Has HM Placard

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

Special Function: 0 1
- 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: 0 4

Impact Area: 0 4
- 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
- 99 - Unknown

Action: 4
- 1 - Non-Contact
- 2 - Non-Collision
- 3 - Striking
- 4 - Struck
- 5 - Striking/Struck
- 9 - Unknown

Pre-Crash Actions: 0 6
- 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

Primary: 0 2

Secondary: ☐☐

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 Shifing/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: ☐☐
- 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: 2 0 2: ☐☐ 3: ☐☐ 4: ☐☐ 5: ☐☐ 6: ☐☐

First Harmful Event: 1 Most Harmful Event: 1

99 - Unknown

Non-Collision Events
- 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

Collision with Person, Vehicle or Object Not Fixed
- 14 - Pedestrian
- 15 - Pedalcycle
- 16 - Railway Vehicle (Train,Engine)
- 17 - Animal - Farm
- 18 - Animal - Deer
- 19 - Animal - Other
- 20 - Motor Vehicle in Transport
- 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

Collision With Fixed 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
- 33 - Median Cable Barrier
- 34 - Median Guardrail Barrier
- 35 - Median Concrete Barrier
- 36 - Median Other Barrier
- 37 - Traffic Sign Post
- 38 - Overhead Sign Post
- 39 - Light/Luminaries Support
- 40 - Utility Pole
- 41 - Other Post, Pole or Support
- 42 - Culvert
- 43 - Curb
- 44 - Ditch
- 45 - Enbankment
- 46 - Fence
- 47 Mailbox
- 48 - Tree
- 49 - Fire Hydrant
- 50 - Work Zone Maintenance Equipment
- 51 - Wall, Building, Tunnel
- 52 - Other Fixed Object

Unit Speed: 1 5
- ☑ Stated
- ☐ Estimated

Posted Speed: 2 5

Traffic Control: 0 4
- 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 4 To 1
- 1 - North
- 2 - South
- 3 - East
- 4 - West
- 5 - Northeast
- 6 - Northwest
- 7 - Southeast
- 8 - Southwest
- 9 - Unknown

HSY8304 OH1U (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
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Unit

Local Report Number *: 2 0 1 6 2 3 1 4

Unit Number	Owner Name: Last, First, Middle	Owner Phone Number - inc. area code	Damage Scale
0 1	PERDUE DERRICK V (☑ Same As Driver)	216-571-2509 (☑ Same As Driver)	2

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damaged Area: Front 02; 09; 03; 08; 10; 04; 07; 05; 06; Rear

Owner Address, City, State, Zip (☑ Same As Driver): 12708 SPEEDWAY OVERLOOK CLEVELAND OH 44112

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	GOQ6161	1 G K D M 1 9 W 2 V B 5 3 1 1 0 6	0 1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1 9 9 7	GMC GMC	OTH Other	DGR Green, Dark

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	GEICO	1390450706	

Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
1 - Less Than or Equal to 10k Lbs.
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Impact Area: 0 2

Action: 3
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2 - Non-Collision
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Pre-Crash Actions: 0 1
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Motorist
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Contributing Circumstances

Primary: 0 1
Secondary:
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Vehicle Defects
01 - Turn Signals
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Sequence of Events
1: 2 0 2: 3: 4: 5: 6:
First Harmful Event: 1 Most Harmful Event: 1
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Non-Collision Events
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44 - Ditch
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46 - Fence
47 Mailbox
48 - Tree
49 - Fire Hydrant
50 - Work Zone Maintenance Equipment
51 - Wall, Building, Tunnel
52 - Other Fixed Object

Unit Speed: 1 5
☑ Stated
☐ Estimated

Posted Speed: 2 5

Traffic Control: 0 4
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 3 To 4
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

Motorist / Non-Motorist / Occupant

Local Report Number *: 2016231 4

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	PERDUE DERRICK V	03061990	26	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - include area code
12708 SPEEDWAY OVERLOOK CLEVELAND OH 44112	216-571-2509

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
1				04	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	TE341171	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	1

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	DEMAURO NICHOLAS C	01201996	20	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - include area code
107 ALDERWOOD DR CHAGRIN FALLS OH 44022 4500	440-715-5089

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
1				04	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	TU088778	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	1

Injuries
1 - No Injury/None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used
99 - Unknown Safety Equipment

Motorist
01 - None Used - Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder Belt and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System-Rear Facing
07 - Booster Seat
08 - Helmet Used

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
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

Air Bag Usage
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio is "D")
5 - MC/Moped Only

Condition
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

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Alcohol Test Type
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

Drug Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Other

Driver Distracted By
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

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
	WESOLOWSKI PAUL T	01131981	35	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - include area code
10800 PARK HTS AVE GARFIELD HTS OH 44125	216-644-0556

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
					☐		1	1	1

Occupant

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
					☐				

HSY8306 (Rev 01/12)