Traffic Crash Report

Local Information

Local Report Number *	Crash Severity	Hit/Skip
2016290 6	3 (1 - Fatal, 2 - Injury, 3 - PDO)	(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 *: 08182016

Time of Crash: 1814

Day of Week: THU

Degrees / Minutes / Seconds — Latitude ___° ___ / ___.___ // Longitude - ___° ___ / ___.___ //

OR

Decimal Degrees — Latitude 41.427797 Longitude -81.586673

Roadway Division: ☐ Divided ☑ Undivided

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

Number of Thru Lanes: 04

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]: SR

Location Route Number: 14

Loc. Prefix: ☐ N,S, E,W

Location Road name: BROADWAY

Location Road Type [2]: AV

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 #): FORESTDALE

Reference Road Type [2]: AV

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

Crash Location: 03
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: 01 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: 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: 2
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)

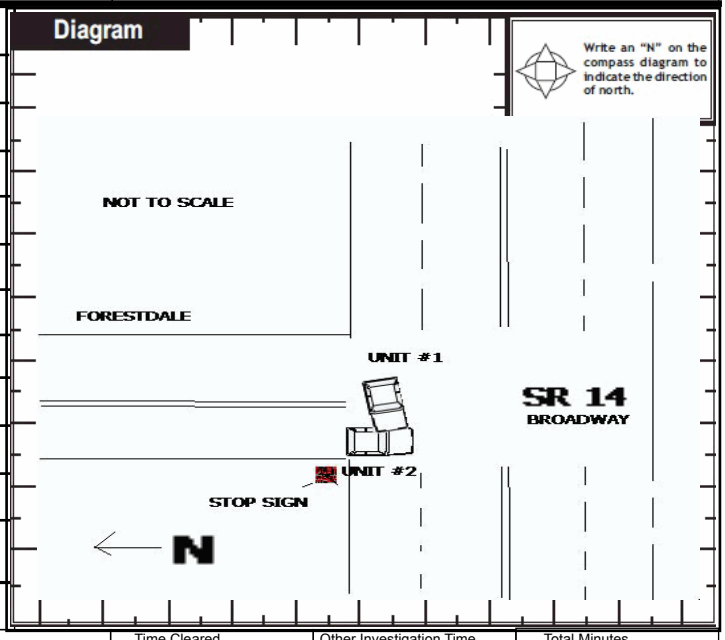
Type of Work Zone: ☐
1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median
4 - Intermittent or Moving Work
5 - Other

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

UMIT # 1 WAS TRAVELING W/B ON SR 14 WHEN UNIT # 2 PULLED INTO TRAFFIC FROM FORESTDALE . UNIT # 1 COULD NOT STOP AND STRUCK UNIT # 2 ON THE DRIVERS SIDE.

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
08182016	1814	1819	1822	1900	30	68

Officer's Name *	Officer's Badge Number	Checked By	Page of
P. Dickens	011	L08 R. Petrick	

HSY7001 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
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Unit

Local Report Number *: 2 0 1 6 2 9 0 6

Unit Number	Owner Name: Last, First, Middle	Owner Phone Number - inc. area code	Damage Scale
0 2	MOORE WAYNE A (☑ Same As Driver)	216-587-5987 (☑ Same As Driver)	2

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

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

Owner Address, City, State, Zip (☑ Same As Driver): 4730 OSBORN RD CLEVELAND OH 44128

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	FYL5033	1 F A H P 3 6 N 7 5 W 1 6 6 4 7 8	0 1

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2 0 0 5	FORD Ford	FOC Focus	GRN Green

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	STATEFARM	0395219D0635F	

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 2
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 8
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

Impact Area: 0 8

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

Pre-Crash Actions: 0 1
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 0
☐ Stated
☑ Estimated

Posted Speed: 2 5

Traffic Control: 0 2
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 1 To 2
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 9 0 6

Unit Number	Owner Name: Last, First, Middle	Owner Phone Number - inc. area code	Damage Scale
0 1	JONES RONALD L (☑ Same As Driver)	216-338-4513 (☑ Same As Driver)	2

1 - None
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3 - Functional
4 - Disabling
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Damaged Area: Front, 02, 03, 04, 05, 06, 07, 08, 09, 10, Rear

Owner Address, City, State, Zip (☑ Same As Driver)
19236 STAFFORD MAPLE HTS OH 44137

LP State	License Plate Number	Vehicle Identification Number	# Occupants
O H	ERH9669	2 F M D K 4 K C 0 E B B 4 5 5 3 5	0 2

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2 0 1 4	FORD Ford	EDG Edge	SIL Alum/Silver

☐ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	NATIONWIDE	9234P381731	

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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10 - Top and Windows
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13 - Total (All Areas)
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Impact Area: 0 9

Action: 3
1 - Non-Contact
2 - Non-Collision
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Pre-Crash Actions: 0 1
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Motorist
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Sequence of Events
1: 2 0 2: 3: 4: 5: 6:
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First Harmful Event: 1
Most Harmful Event: 1

Non-Collision Events
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Collision With Fixed Object
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40 - Utility Pole
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42 - Culvert
43 - Curb
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: 2 5
☐ Stated
☐ Estimated

Posted Speed: 2 5

Traffic Control: 1 2
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 *: 2016290 6

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	JONES RONALD L	02151950	66	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - include area code
19236 STAFFORD MAPLE HTS OH 44137	216-338-4513

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	RH016655	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	MOORE WAYNE A	02051939	77	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - include area code
4730 OSBORN RD CLEVELAND OH 44128	216-587-5987

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	RP917965	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☑ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.16	FTY AT INTERSECTION	10-81517	☐	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
01	JONES DOLORES	02261947	69	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - include area code
19236 STAFFORD MAPLE HTS OH 44137	216-338-4513

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	☐	03	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
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