Traffic Crash Report	Local Report Number *		Crash Severity Hit/Skip		
SAPETY ESSACRION - BERNACE - PROTECTION Local Information	201631	3 5	1 - Fatal 1 - Solved 2 - Unsolved 3 - PDO		
	ling Agency Name *		Number of Unit in error		
	RFIELD HEIGHTS	Lo	Units 0 2 98 - Animal 99 - Unknown		
County * ☐ City * City, Village, Township *		Crash Date *	Time of Crash Day of Week		
1 8 GARFIELD HTS		09052016	1 8 1 8 MON		
Degrees / Minutes / Seconds Latitude Longitude	O	ecimal Degrees	Longitude		
	.	1 . 4 2 2 3 9 8	- 8 1 . 5 9 5 7 7 1		
N Northbound	pad Types or Milepost 2		OT Chart IMA IMa		
Undivided N S - Southbound W - Westbound D 2	L - Alley CR - Circle V - Avenue CT - Court L - Boulevard DR - Drive	HE - Heights MP - Milepost HW - Highway PK - Parkway LA - Lane PI - Pike	PL - Place ST - Street WA - Way RD - Road TE - Terrace SQ - Square TL - Trail		
Location Route Number Loc. Prefix Location Road name		Route Types 1			
Route Type 1 E N,S, E,W 126TH	ST	Road IR - Interstate Route (inc. to US - US Route SR - State Route	urnpike) CR - Numbered County Route TR - Numbered Township Route		
Distance From Reference Dir From Ref Reference Reference Reference Route Nu N,S, F N,S, Reference Referen	I I NS	ence Name (Road, Milepost, House #) CRACKEN	R D Reference Road Type ²		
Reference Point Used Crash Location		Location of F	First Harmful Event		
1 - Intersection 01 - Not an intersection 06 - Five-point, or more 02 - Four-way Intersection 07 - On Ramp	12 - Shared-Use Paths of	r Intersection Related 1	- On Roadway 5 - On Gore - On Shoulder 6 - Outside Trafficway		
1 3 - House Number 03 - T-Intersection 08 - Off Ramp 04 - Y-Intersection 09 - Crossover 05 - Traffic Circle/Roundabout 0 - Driveway/Alley Acc	Trails 99 - Unknown cess]] 3	- In Median 9 - Unknown - On Roadside		
		ud, Dirt, Oil, gravel 09 - Rut, Holes,	Bumps, Uneven		
2 - Straight Grade 9 - Unknown	02 - Wet 06 - Water (Si 03 - Snow 07 - Slush 04 - Ice 08 - Debris*	tanding, Moving) Pavement* 10 - Other 99 - Unknown			
Manner of Crash Collision/Impact	Weather	55 - UIMIOWII	* Secondary Condition Only		
4. Net Callisian Detunes	ipe, Opposite 1	- Clear 4 - Rain - Cloudy 5 - Sleet, Hail	7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow		
In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknow	1 1 1 1	- Fog, Smog, Smoke 6 - Snow	9 - Other/Unknown		
Road Surface Light conditions Light conditions Light conditions Light conditions	5 - Dark - 1	Roadway Not Lighted 9 - Unl	School Bus Related School Bus Related Yes, School Bus		
1 2 - Blacktop, Bituminous, Stone Asphalt 5 - Dirt 7 2 - Dawn 3 - Dusk		Unknown Roadway Lighting	known Zone Directly Involved Related Yes, School Bus		
	ighted Roadway 8 - Other	* Secondary Condi	In alian add to lance to and		
Zone Law Enforcement Present 1 - Lane Closure 4 - In Related (Officer/Vehicle) 2 - Lane Shift/Crossover 5 - O	termittent or Moving Work	1 - Before the first Work Zone War 2 - Advance Warning Area	rning Sign 4 - Activity Area 5 - Termination Area		
Law Enforcement Present (Vehicle Only) 3 - Work on Shoulder or Median		3 - Transition Area	o Terrimatori vica		
UNIT 1 WAS STOPPED ON E. 126TH AT MCCRACKEN RD.	Diagra	m	Write an "N" on the compass diagram to		
UNIT 2, TRAVELING W/B ON MCCRACKEN RD. TURNED			indicate the direction of north.		
LEFT, S/B, ONTO E.126TH. UNIT 2 DRIVER STATED SHE DID		9	-		
NOT SEE UNIT 1 DUE TO SUN GLARE. UNIT 2 STRUCK UNIT		g.	-		
1 HEAD ON AFTER UNIT 2 CUT THE CORNER WHILE	_ N	Claremon	1		
TURNING.	-	-	-		
	McCrack	en Rd			
					
			3		
	Not to S	calle 126 }	<u></u>		
Report Taken By Supplement (Correction or Addition to					
Police Agency Motorist Supplement (Confection to Addition to an Existing Report Sent to ODPS)					
Date Crash Reported Time Crash Departed Dispostsh Time	Arrival Timo	Time Cleared Other Inves	stigation Time Total Minutes		
Date Crash Reported	Arrival Time	Time Cleared Other Inves 1 9 0 0 4 5	stigation Time Total Minutes 8 4		

CHICAGO SERVICE PROTECTION EUCATON SERVICE PROTECTION Unit		Local Report Numb	er * 6 3 1 3 5
Unit Number Owner Name: Last, First, Middle	☐ Same As Driver) Owner Phone Number - inc. a	rea code (🗹 Same As Driver)	Damage Scale Damaged Area
0 1 SAVCHUK MIKE	216-662-6188		4 Front 02
Owner Address, City, State, Zip (Sam 13711 MARTIN	ne As Driver) GARF HTS	OH 44125	1 - None 09 02 03
LP State License Plate Number	Vehicle Identification Number	# Occupa	nts 2 - Minor
O H ETH6674	1 B 3 H B 2 8 B 3 7 I	0 3 6 4 4 9 5 0 3	3 - Functional 08 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color	
2 0 0 7 DODG Dodge	CAL Caliber Policy Number	SIL Alum/Silver	4 - Disabling 07 06 05
Proof of Insurance Company Shown ALLSTATE	026 861 605	Towed By	9 - Unknown Rear
Carrier Name, Address, City, State, Zip	· ·	•	Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Desc	
1 - Less Than or Equal to 10k L 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.	bs. 01 - No Cargo Body Type/Not Applicabl 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver)	10 - Cargo Tank 3 2 - Two-V	/ay, Not Divided /ay, Not Divided, Continuous Left Turn Lane /ay, Divided, Unprotected (Painted or Grass>4 Ft.) Median
	04 - Vehicle Towing Another Vehicle 05 - Logging	12 - Dump 4 - Two-V	Jay, Divided, Positive Median Barrier Jay Trafficway
HM Class Number Hazardous Material Released	06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Unit
Non-Motorist Location Prior to Impact Type of		•	+10k lbs Bus/Van/Limo (9 or More Including Driver)
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other	0 4 01 - Sub-Compact 02 - Compact	13 - Single Unit Truck or Van 2axle 14 - Single Unit Truck 3+ axles	
04 - Midblock - Marked Crosswalk 05 - Trayel Lane - Other Location	or Lit/Clrin	15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail)	Non-Motorist
07 - Shoulder/Roadside 3 - Go	mmercial vernment or Hit/Skip 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup	17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples	23 - Animal with Rider
08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access	08 - Van Emergency 09 - Motorcycle	20 - Other Med/Heavy Vehicle	24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater
	sponse 10 - Motorized Bicycle 11 - Snowmobile/ATV	☐ Has HM Placard	27 - Other Non-Motorist
99 - Other/Unknown Special Function 01 - None 09 -	12 - Other Passenger Vehicle Ambulance 17 - Farm Vehicle	Most Damaged Area	Action
03 - Rental Truck (Over 10K Lbs) 11 -	Fire 18 - Farm Equipment Highway/Maintenance 19 - Motorhome	01 - None 08 - Left 02 - Center Front 09 - Left	Front 2 - Non-Collision
05 - Bus - Transit 13 -	Military 20 - Golf Cart Police 21 - Train Public Utility 22 - Other (Explain in Narrative)	03 - Right Front 10 - Top Impact Area 04 - Right Side 11 - Und	ercarriage 4 - Struck
07 - Bus - Shuttle 15 -	Other Government Construction Equip.	05 - Right Rear 12 - Load 13 - Tota 14 - Othe 14 - Othe 15 - Control 15 - Control 16 - Control 1	(All Areas) 9 - Unknown
Pre-Crash Actions Motorist		Non-Motorist	•
1 1 02 - Backing 08 -	Making U-Turn 13 - Negotiating a Curve Entering Traffic Lane 14 - Other Motorist Action		
99 - Unknown 04 - Overtaking/Passing 10 -	Leaving Traffic Lane Parked Slowing or Stopped in Traffic	17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Veh	icle
	Driverless	20 - Standing	Vehicle Defects
Primary Motorist		Non-Motorist	01 - Turn Signals 02 - Head Lamps
01 - None 02 - Failure to Yield	11 - Improper Backing12 - Improper Start From Parked Position13 - Stopped or Parked Illegally	22 - None 23 - Improper Crossing 24 - Darting	03 - Tail Lamps 04 - Brakes
03 - Ran Red Light Secondary 04 - Ran Stop Sign 05 - Exceeded Speed Limit	13 - Stopped of Parked lilegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions)	25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way	05 - Steering 06 - Tire Blowout
06 - Unsafe Speed 07 - Improper Turn	16 - Wrong Side/Wrong Way 17 - Failure to Control	27 - Not Visible (Dark Clothing) 28 - Inattentive	07 - Worn or Slick tires 08 - Trailer Equipment Defective
99 - Unknown 08 - Left of Center 09 - Followed Too Closely/ACDA	18 - Vision Obstruction 19 - Operating Defective Equipment	29 - Failure to Obey Traffic Signs /Signals/Officer	09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
10 - Improper Lane Change /Passing/Off Road	20 - Load Shifing/Falling/Spilling 21 - Other Improper Action	30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Ti Guidi Beledia
Sequence of Events 1 2 3 4 5	Non-Collision Events 01 - Overturn/Rollover		Cross Median
First Most	02 - Fire/Explosion 03 - Immersion 99 - Unknown 04 - Jackknife	07 - Separation of Units	Cross Center Line Opposite Direction of Travel
Harmful 1 Harmful 1 Event	05- Cargo/Equipment Loss or SI		Downhill Runaway Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 21 - Parked Motor Ve		shion 33 - Median Cable Barrier 4 34 - Median Guardrail Barrier	1 - Other Post, Pole 48 - Tree or Support 49 - Fire Hydrant
15 - Pedalcycle 22 - Work Zone Main 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling 17 - Animal - Farm or Anything Set i	g, Shifting Cargo 27 - Bridge Pier or Abutment	35 - Median Concrete Barrier 4	2 - Culvert 50 - Work Zone Maintenance 3 - Curb Equipment
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable C	29 - Bridge Rail Dbject 30 - Guardrail Face	37 - Traffic Sign Post 4 38 - Overhead Sign Post 4	4 - Ditch 51 - Wall, Building, Tunnel 52 - Other Fixed Object
20 - Motor Vehicle in Transport	31 - Guardrail End 32 - Portable Barrier	40 - Utility Pole 4	6 - Fence 7 Mailbox
Unit Speed Posted Speed Traffic Control	o Controls 07 - Railroad Crossbucks	Unit Directi	To 1 - North 5 - Northeast 9 - Unknown
0 2 5 02 - Str	op Sign 08 - Railroad Flashers eld Sign 09 - Railroad Gates	14 - Walk/Don't Walk 15 - Other	2 - South 6 - Northwest 7 - Southeast 4 - West 8 - Southwest
☐ Estimated 05 - Tra	affic Signal 10 - Construction Barricade affic Flashers 11 - Person (Flagger, Officer)	16 - Not Reported	Page of
06 - Sc	chool Zone 12 - Pavement Markings		

OHIO DEPARTMENT OF PUBLIC SAFETY EDUCATION - SERVICE - PROTECTION	<u>Unit</u>					L	pical Report Number *	3 1 3 5	
Unit Number Ow	vner Name: Last, First, Middle	(□ Sam	e As Driver)	Owner Phone Number - inc. ar	rea code	(□ Sam	ne As Driver)		Damaged Area
0 2 F	FLORES MAX							3	Front 02
Owner Address, City	y, State, Zip (1 BROADWAY AVE	☐ Same As Driv	ver)	MAPLE HTS		OH 441	127	1 - None	09 03
	nse Plate Number	1	Vehicle Identification	Number			# Occupants	2 - Minor	
OH G	/Y3342		J N 8 A	Z 1 8 W 4 9 V	V 1 1	7 4 0 9	0 1	. 3 - Functional	08 10 04
Vehicle Year	Vehicle Make		Vehicle Model			Vehicle Color	•	i o i unotonal	
2 0 0 9 Proof of	Insurance Company	an	MUR Policy Number	Murano	Towed By	SIL A	lum/Silver	4 - Disabling	07 06 05
☐ Insurance	PROGRESSIVE		905143535	;	10.100 29			9 - Unknown	Rear
Carrier Name, Addr	ess, City, State, Zip							Carrier Phone -	include area code
US DOT	Vehicle Weight GVWR/GCW		Cargo Body Type				Trafficway Description		
HM Placard ID No.	1 - Less Than or Equal 2 - 10,001 to 26,000 Lt 3 - More Than 26,000	os	0 1 02 - Bus	Cargo Body Type/Not Applicable s/Van(9-15 Seats, Inc.Driver) s(16+ Seats, Inc Driver)	10 - 0	roie Cargo Tank Tat Bed		lot Divided, Continuo	ous Left Turn Lane (Painted or Grass>4 Ft.) Median
	<u> </u>		04 - Veh 05 - Log	nicle Towing Another Vehicle Iging	12 - E 13 - C	Dump Concrete Mixer		ivided, Positive Med	
HM Class Number	Hazardous Material Released		07 - Car	rmodal Container Chassis go Van/Enclosed Box iin, Chips, Gravel	15 - 0	Auto Transporter Sarbage/Refuse Other/Unknown	☐ Hit / Skip Unit		
Non-Motorist Location	n Prior to Impact section - Marked Crosswalk	Type of Use	Unit Type	Passenger Vehicle (less than 9 pass			s or Combo Units>10k I	bs Bus/Van/Li	imo (9 or More Including Driver)
02 - Inters	ection - Marked Crosswalk ection - No Crosswalk ection - Other	1	0 6	01 - Sub-Compact 02 - Compact		14 - Single Unit 7			/an (9-15 Seats, Inc Driver) 16+ Seats, Inc Driver)
04 - Midble 05 - Trave	ock - Marked Crosswalk I Lane - Other Location	1 - Personal	99 - Unknown or Hit/Skip	03 - Mid Size 04 - Full Size		15 - Single Unit 1 16 - Truck/Tracto	r(Bobtail)	Non-Motor	ist
06 - Bicycl 07 - Shoul 08 - Sidew	lder/Roadside	2 - Commercial 3 - Governmen	· •	05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup		17 - Tractor/Sem 18 - Tractor/Doul 19 - Tractor/Triple	ole		al with Rider
09 - Media	vaik an/Crossing Island way Access	☐ In Emergend	су	08 - Van 09 - Motorcycle		20 - Other Med/H		25 - Bicyc	al with Buggy, Wagon, Surrey cle/Pedacyclist estrian/Skater
12 - Non-1	ed-Use Path or Trail Trafficway Area	Response		10 - Motorized Bicycle11 - Snowmobile/ATV12 - Other Passenger Vehicle		☐ Has I	HM Placard	27 - Other	r Non-Motorist
	1 - None	09 - Ambular		7 - Farm Vehicle	Most Dama	ged Area			Action
0:	2 - Taxi 3 - Rental Truck (Over 10K Lbs) 4 - Bus - School (Public or Private)	10 - Fire 11 - Highway 12 - Military	/Maintenance 1	8 - Farm Equipment 9 - Motorhome 0 - Golf Cart	0 9	01 - None 02 - Center F 03 - Right Fro			1 - Non-Contact 2 - Non-Collision 3 - Striking
00	5 - Bus - Transit 6 - Bus - Charter	13 - Police 14 - Public U	2 Itility 2	1 - Train 2 - Other (Explain in Narrative)	Impact Area		le 11 - Undercarr	iage	5 - Striking/Struck
	7 - Bus - Shuttle 8 - Bus - Other	15 - Other G 16 - Constru			0 9	06 - Rear Ce 07 - Left Rea		reas)	9 - Unknown
Pre-Crash Actions	Motorist	07 Making I	I Turn	12 Negatiating a Curve		Non-Motorist	r Crossing Specified Lo	action	21 - Other Non-Motorist Action
0 6	01 - Straight Ahead 02 - Backing 03 - Changing Lanes	07 - Making L 08 - Entering 09 - Leaving	Traffic Lane	13 - Negotiating a Curve 14 - Other Motorist Action	ı		Running, Jogging, Playir		21 - Other Non-Motorist Action
99 - Unknown	04 - Overtaking/Passing 05 - Making Right Turn	10 - Parked 11 - Slowing	or Stopped in Traffic			18 - Pushing V 19 - Approachi	ehicle ng or Leaving Vehicle		
Contributing Circumst	06 - Making Left Turn	12 - Driverles	S .			20 - Standing		Vehicle Defects	· · · · · · · · · · · · · · · · · · ·
Primary	Motorist 01 - None	11 -	Improper Backing			n-Motorist - None		02	- Turn Signals - Head Lamps
0 7	02 - Failure to Yield 03 - Ran Red Light	13 -	Improper Start From Stopped or Parked	lllegally	24	- Improper Crossing - Darting	-	04	- Tail Lamps - Brakes - Steering
Secondary	04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed	15 -	 Operating Vehicle in Swerving to Avoid (I Wrong Side/Wrong) 	Oue to External Conditions)	26	 Lying and/or Illega Failure to Yield Ri Not Visible (Dark 	ight of Way	06 07	- Tire Blowout - Worn or Slick tires
1 8 99 - Unknown	07 - Improper Turn 08 - Left of Center	17 - 18 -	Failure to Control Vision Obstruction			- Inattentive - Failure to Obey T	raffic Signs	09	Trailer Equipment Defective Motor Trouble Disabled From Prior Accident
35 - Olikilowii	09 - Followed Too Closely/ACD10 - Improper Lane Change /Passing/Off Road	20 -	 Operating Defective Load Shifing/Falling Other Improper Action 	/Spilling		/Signals/Officer - Wrong Side of the - Other Non-Motori			- Other Defects
Sequence of Events			No.	on-Collision Events					
1 2 0 2	3 4	5		01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion	(Equipment Failure Blown Tire, Brake Faild Separation of Units	ure, etc) 11 - Cros	s Median s Center Line	nvol.
First Harmful 1	Most Harmful 1	99 - Unk	nown (03 - Immersion 04 - Jackknife 05- Cargo/Equipment Loss or Sh	- 80	Ran Off Road Righ Ran Off Road Left	t 12 - Dow	osite Direction of Tra nhill Runaway r Non-Collision	
Event Collision with Perso 14 - Pedestrian	Event Long Event Not Fixed 21 - Parked	Motor Vehicle	Col	Ilision With Fixed Object 25 - Impact Attenuator/Crash Cu		3 - Median Cable B		her Post, Pole	48 - Tree
15 - Pedalcycle 16 - Railway Vehicle	22 - Work Zo e (Train,Engine) 23 - Struck b	one Maintenance by Falling, Shifting	Equipment 2 Cargo 2	26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment	3	4 - Median Guardra 5 - Median Concret	ail Barrier or te Barrier 42 - Cu	Support ulvert	49 - Fire Hydrant 50 - Work Zone Maintenance
17 - Animal - Farm 18 - Animal - Deer	Motor V		2	28 - Bridge Parapet 29 - Bridge Rail 80 - Guardrail Face	3	6 - Median Other B 7 - Traffic Sign Pos 8 - Overhead Sign	t 44 - Di		Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
19 - Animal - Other 20 - Motor Vehicle in		ovable Object	3	31 - Guardrail Face 32 - Portable Barrier	3	o - Overnead Sign 9 - Light/Luminarie: 0 - Utility Pole		ence	Sale. I nod Object
Unit Speed	Posted Speed Traffic Co					<u> </u>	Unit Direction	1 - North	5 - Northeast 9 - Unknown
10	2 5 1 2	01 - No Controls 02 - Stop Sign 03 - Yield Sign	08 - Raili	road Crossbucks road Flashers road Gates	13 - Crossw 14 - Walk/De 15 - Other		From 3	2 - South 3 - East	6 - Northwest 7 - Southeast
☐ Stated ☑ Estimated		04 - Traffic Sign 05 - Traffic Flas	al 10 - Con hers 11 - Pers	struction Barricade ion (Flagger, Officer)	16 - Not Rep	ported		4 - West	8 - Southwest Page of
HSV8304 OH1II (Re	24(40)	06 - School Zon	ie 12 - Pav	ement Markings					. 295 - 01



Motorist / Non-Motorist / Occupant

Loc	al Re	port l	Numb	er *								
-	2	0	1	6	3	1	3	5				l

	Unit Number Name: Last, First, Middle				Date of Birth	واواوليا	.1 * 1	Gender F - Female
	0 1 SAVCHUK Address, City, State, Zip	SAMANTHA	R(1 9 9 9 9 tact Phone - include a		F M - Male
10101151	13711 MARTIN DR	GAI	RFIELD HTS	OH 441		nade i none molade a		
N-IIONIASIION	Injured Taken By EMS Agency	Medical Facility	Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection Trapped
ž	OL State Operator License Number OL Cla O H UJ150200 4	No Valid No End Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Statu	s Drug Test Type
	Offense Charged (☐ Local Code)	Offense Description		Citation Number			evice	r Distracted By
	Unit Number Name: Last, First, Middle LYNCH	MELINDA	L		Date of Birth	1 9 8 8	1 ° 1	Gender F - Female M - Male
lotorist	Address, City, State, Zip 25000 ROCKSIDE RD APT	Г 606 ВЕГ	DFORD	OH 441		tact Phone - include a 216-835-1108	rea code	
otorist/Non-N	Injuries 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	Ejection Trapped
Ĭ	OL State Operator License Number OL Clar O H SY649321 4	ss No Valid N/C End Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Statu	Drug Test Type
	Offense Charged (☐ Local Code)	Offense Description		Citation Number	•	□ De	ands-Free Drive	er Distracted By
	Injuries	orted / Motorist	cle Occupant 05 - y Used 06 - ed 07 -	Unknown Safety Equipment - Child Restraint System-For - Child Restraint System-Rea Booster Seat - Helmet Used	ward Facing	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pad (Elbows, Knees, E	13 - Li s Used 14 - O	teflective Clothing ighting tther
	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 S 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Tru 11 - Passenger in Other Enclose (Non-Trailing Unit Such as a Bus Cab)	ick) ed Cargo Area	13 - Trailing Unit	Unenclosed Cargo Area	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bag Usage - Not Deployed - Deployed Front - Deployed Side - Deployed Both From - Not Applicable - Deployment Unknow	
						Al	b - l/D 0	ted
	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 Mea	Operator License Class 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is *D* ans			5 - Fell Asleep, Fair 6 - Under The Influe Medications, Dru 7 - Other	ence of 2 ugs, Alcohol 3	- None - Yes - Alcohol Sus - Yes - HBD Not Im - Yes - Drugs Suspe - Yes - Alcohol and	pected paired ected
	1 - Not Ejected 1 - Not Trapped 2 - Totally Ejected 2 - Extricated by 3 - Partially Ejected 4 - Not Applicable 3 - Extricated by	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Alcohol Test Type 1 - None 2 - Blood 2 - Test Refu 3 - Urine 3 - Urine 4 - Breath 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Drug Test Ste 1 - None Giv 2 - Test Refu 3 - Test Give 4 - Test Give 4 - Test Give	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre	Drug Test T 1 - None 2 - Blood	6 - Under The Influe Medications, Dr. 7 - Other Driver Distrac 1 - No Distra 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele	ance of 2 ggs, Alcohol 3 4 5 sted By cuton Reported	- None - Yes - Alcohol Susi - Yes - HBD Not Im - Yes - Drugs Suspe - Yes - Alcohol and 6 - Other 7 - Exteri	pected paired ected
+	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Alcohol Test Type 1 - None 2 - Blood 2 - Test Refu 3 - Urine 3 - Urine 4 - Breath 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Drug Test Ste 1 - None Giv 2 - Test Refu 3 - Test Give 4 - Test Give 4 - Test Give	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre 4 - Illness atus ven used an, Contaminated Sample/Usen, Results Known	Drug Test T 1 - None 2 - Blood 3 - Urine 4 - Other	6 - Under The Influe Medications, Dr. 7 - Other Driver Distrac 1 - No Distra 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele	ted By cited By cited By cited By cited By cited Device, Radio, DVD)	- None - Yes - Alcohol Sus; - Yes - HBD Not Im; - Yes - Drugs Susp; - Yes - Alcohol and 6 - Other 7 - Externice	pected paired ected Drugs Suspected
Occupant	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other Drug Test State 1 - None Giv 2 - Test Refu 3 - Test Give 4 - Test Give JERIMAH	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre 4 - Illness atus ven used an, Contaminated Sample/Usen, Results Known	Drug Test T 1 - None 2 - Blood 3 - Urine 4 - Other	6 - Under The Influe Medications, Dr. 7 - Other Pype Driver Distrac 1 - No Distra 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele (Navigation) te of Birth 1 2 0 4	ted By cited By cited By cited By cited By cited Device, Radio, DVD)	- None - Yes - Alcohol Susi - Yes - HBD Not Im - Yes - Drugs Suspe - Yes - Alcohol and 6 - Other 7 - Externice Age Age Ge	pected paired ected Drugs Suspected Inside the Vehicle nal Distraction
Occupant	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Unit Number Name: Last, First, Middle BONNER Address, City, State, Zip	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other 1 - Class A 2 - Class B 3 - Class (Ohio is "D" 5 - MC/Moped Only Drug Test Sta 1 - None Giv 2 - Test Refu 3 - Test Give 5 - Test Give JERIMAH GAF	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre 4 - Illness atus ven used en, Contaminated Sample/Usen, Results Known en, Results Unknown	Drug Test T 1 - None 2 - Blood 3 - Urine 4 - Other	6 - Under The Influe Medications, Dr. 7 - Other Pype Driver Distrac 1 - No Distra 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele (Navigation) te of Birth 1 2 0 4	teted By cted By ction Reported -mailing c Communication Devictronic Device n Device, Radio, DVD)	- None - Yes - Alcohol Susi - Yes - HBD Not Im - Yes - Drugs Suspe - Yes - Alcohol and 6 - Other 7 - Externice Age Age Ge	pected paired ected Drugs Suspected Inside the Vehicle nal Distraction
Occupant	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable 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 Unit Number O	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D" 5 - MC/Moped Only Alcohol Test Type 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other 1 - None Giv 2 - Test Refu 3 - Test Give JERIMAH GAF Medical Facility I	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre 4 - Illness atus ven used an, Contaminated Sample/Ur en, Results Known en, Results Unknown	Drug Test T 1 - None 2 - Blood 3 - Urine 4 - Other OH 441 Safety Equipment Used Dat	6 - Under The Influe Medications, Dr. 7 - Other 1 - No Distrac 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele (Navigation) te of Birth 1 2 0 4 DOT Compliant Motorcycle Helmet	teted By ction Reported -mailing c Communication Devetorinic Device 1 9 9 8 act Phone - include ar 16-471-0283 Seating Position 0 3	- None - Yes - Alcohol Susi - Yes - HBD Not Im - Yes - Drugs Suspe - Yes - Alcohol and 6 - Other 7 - Externice Age 17 ea code Air Bag Usage 1 Age Ge	pected paired ected Drugs Suspected Provided Transide the Vehicle nal Distraction Provided Transide Transide M - Male Ejection Trapped Trapped F - Female F - Female
upant	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Name: Last, First, Middle BONNER Address, City, State, Zip Unit Number Name: Last, First, Middle Unit Number Scott Unit Number Scott Unit Number Scott Unit Number Scott Address, City, State, Zip Unit Number Scott Address, City, State, Zip Unit Number Scott Address, City, State, Zip	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is *D* 5 - MC/Moped Only Alcohol Test Type	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depri 4 - Illness atus ven used en, Contaminated Sample/Unen, Results Known en, Results Unknown RFIELD HTS Injured Taken To	Drug Test T 1 - None 2 - Blood 3 - Urine 4 - Other OH 441 Safety Equipment Used Dat Dat Dat Dat Dat Dat Dat Da	6 - Under The Influe Medications, Dr. 7 - Other 1 - No Distrac 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele (Navigation te of Birth 1 2 0 4 Contact 2 DOT Compliant Motorcycle Helmet Contact 2 Conta	teted By ction Reported -mailing c Communication Devetorinic Device 1 9 9 8 act Phone - include ar 16-471-0283 Seating Position 0 3	- None - Yes - Alcohol Sus; - Yes - HBD Not Im - Yes - Drugs Suspe; - Yes - Alcohol and 6 - Other 7 - Extensice Age 17 aa code Air Bag Usage 1 Age Ge 17	pected paired paired paired paired paired prugs Suspected Drugs Suspected Principle paired
Occupant	1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable Alcohol Test Status 1 - None Given 2 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown Unit Number Name: Last, First, Middle Address, City, State, Zip 11910 WILLARD AV Injuries Injured Taken By EMS Agency Unit Number Name: Last, First, Middle SCOTT	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is *D* 5 - MC/Moped Only Alcohol Test Type	1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depri 4 - Illness atus ven used en, Contaminated Sample/Unen, Results Known en, Results Unknown RFIELD HTS Injured Taken To	Drug Test T 1 - None 2 - Blood 3 - Urine 4 - Other OH 441 Safety Equipment Used Dat	6 - Under The Influe Medications, Dr. 7 - Other 7 - Other 1 - No Distract 2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele (Navigation) te of Birth 1 2 0 4 Contact 2 DOT Compliant Motorcycle Helmet 1 0 2 9 1	ted By cted By ction Reported -mailing c Communication Devetronic Device n Device, Radio, DVD) 1 9 9 8 act Phone - include ar 16-471-0283 Seating Position 0 3	- None - Yes - Alcohol Sus; - Yes - HBD Not Im - Yes - Drugs Suspe; - Yes - Alcohol and 6 - Other 7 - Extensice Age 17 aa code Air Bag Usage 1 Age Ge 17	pected paired ected Drugs Suspected Provided Transide the Vehicle nal Distraction Provided Transide Transide M - Male Ejection Trapped Trapped F - Female F - Female