Traffic Crash Report	Local Repo	oort Number * Crash Severity Hit/Skip						
SAFETY  EXECUTION - SERVICE - PROTECTION  Local Information	2 0	1 - Solved 2 - Unsolv 3 - PDO						
State Proporty	eporting Agency Nar	ame * Number of Unit in error Units						
	ARFIELD H	00 Animal						
County * City * City, Village, Township *		Crash Date * Time of Crash Day of Week						
1 8   □ Village * Township *   GARFIELD HTS								
Degrees / Minutes / Seconds Latitude Longitude		Decimal Degrees						
	<u> </u>	R 411.412372 - 811.615788						
Roadway Division  ☑ Divided ☐ Undivided ☐ Undivided ☐ Undivided ☐ Divided S - Southbound ☐ Undivided ☐ Divided S - Southbound ☐ N - Northbound ☐ N - Northbound ☐ N - Westbound ☐ Undivided ☐ N - Westbound	Road Types or M AL - Alley AV - Avenue BL - Boulevard	Milepost <sup>2</sup> CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way  CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace  DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail						
Location Route Number Location Route Number Type 1 Location Route Number E,W TRANSPORTATION		Route Types 1  IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route Route Route Route						
Distance From Reference    Miles   Feet   Yards   N,S, E,W   F   I   R   Reference Route   Reference Route   Route   Type   1   4   8   0	te Number Ref	f Prefix Reference Name (Road, Milepost, House #)  Reference Road, Milepost, House #)  Reference Road Type 2						
Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number  Crash Location 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or n 07 - On Ramp 08 - Off Ramp 09 - Crossover 05 - Traffic Circle/Roundabout 10 - Driveway/Alley	12 - Si T 99 - U	Railway Grade Crossing Shared-Use Paths or Trails Unknown  Intersection Related  Intersection Related  Intersection Related  1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside  5 - On Gore 6 - Outside Trafficway 9 - Unknown						
Road Contour Road Conditions  4 Straight Louis 4 Curve Grade Primary Secondary	01 - Dry 02 - Wet	05 - Sand, Mud, Dirt, Oil, gravel 09 - Rut, Holes, Bumps, Uneven 06 - Water (Standing, Moving) Pavement*						
1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 0 2 - Curve Level 0 4	03 - Snow 04 - Ice	07 - Slush 10 - Other 08 - Debris* 99 - Unknown * Secondary Condition						
Manner of Crash Collision/Impact  1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Side Two Motor Vehicles 3 - Head-On 6 - Angle Dire	deswipe, Opposite	Weather         1 - Clear         4 - Rain         7 - Severe Crosswinds           6         2 - Cloudy         5 - Sleet, Hail         8 - Blowing Sand, Soil, Dirt, Snow						
Two Motor Vehicles 3 - Head-On 6 - Angle Direction 9 - Unk 1 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unk	ection known	6 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown						
Road Surface  1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 6 - Other  Light conditions  Light conditions  Light conditions  Light conditions  1 - Dayl 2 - Daw 3 - Dusl 4 - Dayl	vn	5 - Dark - Roadway Not Lighted 9 - Unknown 6 - Dark - Unknown Roadway Lighting 7 - Glare*  8 - Other * Secondary Condition Only  School Bus Related Pss, School Bus Directly Involved Related Pss, School Bus Vers, School Bus Vers						
	4 - Intermittent or Mo 5 - Other	Location of Crash in Work Zone						
UNITS 1 AND 2 WERE TRAVELING N/B ON		Diagram A Write an "N" on						
TRANSPORTATION BLVD. APPROACHING THE I480 WEST	-	compass diagram indicate the direct of north.						
ON RAMP. UNIT 2 SLOWED FOR STOPPED TRAFFIC. UNIT	T 1	[						
ATTEMPTED TO STOP BUT SLID DUE TO WET, ICY ROAD		_ N						
CONDITIONS. UNIT 1 STRUCK UNIT 2 AT THE REAR		<u></u>						
CAUSING MINOR DAMAGE TO BOTH UNITS.		TRANSPORTATION BLVD.						
1								
		NOT TO SCALE						
		NOT TO SCALE						
Report Taken By  ☑ Police Agency ☐ Motorist ☐ Supplement (Correction or Addition an Existing Report Sent to ODPS)	ı to	NOT TO SCALE						
☑ Police Agency         ☐ Motorist         ☐ Supplier in Correction Administration Conference on Administration Correction (an Existing Reported Time           Date Crash Reported         Time Crash Reported         Dispatch Time	Arrival Time	Time Cleared Other Investigation Time Total Minutes						
✓ Police Agency	Arrival Time	Time Cleared   Other Investigation Time   Total Minutes						

2   0   1   7   0   8   7   7	ī		
Unit Number Owner Name: Last, First, Middle ( Same As Driver) Owner Phone Number - inc. area code ( Same As Driver) Damage Scale Damaged Area	<del>-</del>		
0 1 JACKSON CASSAUNDRA R 216-563-2200			
Owner Address, City, State, Zip (17 Same As Driver)	2		
4960 E 110TH ST GARFIELD HTS OH 44125 2278	03		
LP State License Plate Number Vehicle Identification Number # Occupants 2 - Minor			
OH FYK8748 1 C 3 C D Z A B 3 C N 1 5 4 2 1 8 0 1 3 - Functional 08 1 10 10	04		
Vehicle Year Vehicle Make Vehicle Model Vehicle Color			
2 0 1 2   DODG   Dodge   AVN Avenger   SIL Alum/Silver   4 - Disabling   07   06	05		
Proof of Insurance Company Policy Number Towed By  □ Insurance OFFICE			
Shown GEICO 4479552129 Rear  Carrier Name, Address, City, State, Zip  Carrier Phone - include area code			
Cultion rating, reaction, only, state, Ep			
US DOT Vehicle Weight GVWR/GCWR Cargo Body Type Trafficway Description  1 - Less Than or Equal to 10k Lbs. 101 - No Cargo Body Type/Not Applicable 09 - Pole 1 - Two-Way, Not Divided			
HM Placard ID No.  2 - 10,001 to 26,000 Lbs  3 - More Than 26,000 Lbs.  2 - 10,001 to 26,000 Lbs.  2 - 10,001 to 26,000 Lbs.  10 - Cargo Tank 11 - Flat Bed  3 - Two-Way, Not Divided, Unprotected (Painted or Grass>4 Ft.) Media	an		
04 - Vehicle Towing Another Vehicle 12 - Dump 4 - Two-Way, Divided, Positive Median Barrier			
Hazardous Material Released			
Number 08 - Grain, Chips, Gravel 99 - Other/Unknown			
Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs Bus/Van/Limo (9 or More Including Driver)	)		
02 - Intersection - No Crosswalk 03 - Intersection - Other  13 - Single Unit Truck or Van 2axle,6 tires 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)			
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 1 - Personal 1 - Personal 99 - Unknown 04 - Full Size 15 - Single Unit Truck/Trailer 16 - Truck/Tractor(Bobtail) Non Metasist			
06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Bicycle Lane 08 - Bicycle Lane 09 - Shoulder/Roadside			
08 - Sidewalk         07 - Pickup         19 - Tractor/Triples         24 - Animal with Buggy, Wagon, Sur           09 - Median/Crossing Island         08 - Van         20 - Other Med/Heavy Vehicle         25 - Bicycle/Pedacyclist	теу		
10 - Driveway Access			
12 - Non-Trafficway Area 11 - Snowmobile/ATV 99 - Other/Unknown 12 - Other Passenger Vehicle			
Special Function 01 - None 09 - Ambulance 17 - Farm Vehicle Most Damaged Area Action			
02 - Taxi 10 - Fire 18 - Farm Equipment 01 - None 08 - Left Side 99 - Unknown 03 - Rental Truck (Over 10K Lbs) 11 - Highway/Maintenance 19 - Motorhome 02 - Center Front 09 - Left Front 09 -			
04 - Bus - School (Public or Private) 12 - Military 20 - Golf Cart 03 - Right Front 10 - Top and Windows 05 - Bus - Transit 13 - Police 21 - Train Impact Area 04 - Right Side 11 - Undercarriage 4 - Struck			
06 - Bus - Charter 14 - Public Utility 22 - Other (Explain in Narrative) 05 - Right Rear 12 - Load/Trailer 5 - Strikin			
08 - Bus - Other 16 - Construction Equip.			
Pre-Crash Actions Motorist Non-Motorist			
01 - Straight Ahead 07 - Making U-Turn 13 - Negotiating a Curve 15 - Entering or Crossing Specified Location 21 - Other Non-Motorist Action 16 - Walking, Running, Jogging, Playing, Cycling	ACTION		
99 - Unknown 04 - Overtaking/Passing 10 - Parked 17 - Working 18 - Pushing Vehicle			
05 - Making Right Turn11 - Slowing or Stopped in Traffic19 - Approaching or Leaving Vehicle06 - Making Left Turn12 - Driverless20 - Standing			
Contributing Circumstances  Primary Motorist  Non-Motorist  Vehicle Defects  101 - Turn Signals			
01 - None 11 - Improper Backing 22 - None 02 - Head Lamps			
0 9 02 - Failure to Yield 12 - Improper Start From Parked Position 23 - Improper Crossing 03 - Tail Lamps 04 - Brakes			
Secondary 04 - Ran Stop Sign 14 - Operating Vehicle in Negligent Manner 25 - Lying and/or Illegally in Roadway 05 - Steering 05 - Exceeded Speed Limit 15 - Swerving to Avoid (Due to External Conditions) 26 - Failure to Yield Right of Way 05 - Tire Blowout			
06 - Unsafe Speed 16 - Wrong Side/Wrong Way 27 - Not Visible (Dark Clothing) 07 - Worn or Slick tires 07 - Improper Turn 17 - Failure to Control 28 - Inattentive 08 - Trailer Equipment Defect	07 - Worn or Slick tires 08 - Trailer Equipment Defective		
99 - Unknown 09 - Followed Too Closely/ACDA 19 - Operating Defective Equipment /Signals/Officer 09 - Motor Trouble 10 - Disabled From Prior Accident	10 - Disabled From Prior Accident		
10 - Improper Lane Change 20 - Load Shifing/Falling/Spilling 30 - Wrong Side of the Road 11 - Other Defects  /Passing/Off Road 21 - Other Improper Action 31 - Other Non-Motorist Action			
Sequence of Events Non-Collision Events			
1 2 0 2 3 4 5 6 01 - Overturn/Rollover 06 - Equipment Failure 10 - Cross Median 02 - Fire/Explosion (Blown Tire, Brake Failure, etc) 11 - Cross Center Line			
O3 - Immersion 07 - Separation of Units Opposite Direction of Travel  First Most 99 - Unknown 04 - Jackknife 08 - Ran Off Road Right 12 - Downbill Rungway			
Harmful 1 Harmful 1 O5- Cargo/Equipment Loss or Shift 09 - Ran Off Road Left 13 - Other Non-Collision			
Collision with Person, Vehicle or Object Not Fixed  14 - Pedestrian  21 - Parked Motor Vehicle  25 - Impact Attenuator/Crash Cushion  33 - Median Cable Barrier  41 - Other Post, Pole  48 - Tree			
15 - Pedalcycle 22 - Work Zone Maintenance Equipment 26 - Bridge Overhead Structure 34 - Median Guardrail Barrier or Support 49 - Fire Hydrant 16 - Railway Vehicle (Train, Engine) 23 - Struck by Falling, Shifting Cargo 27 - Bridge Pier or Abutment 35 - Median Concrete Barrier 42 - Culvert 50 - Work Zone Mainten	ance		
17 - Animal - Farm or Anything Set in Motion by a 28 - Bridge Parapet 36 - Median Other Barrier 43 - Curb Equipment 18 - Animal - Deer Motor Vehicle 29 - Bridge Rail 37 - Traffic Sign Post 44 - Ditch 51 - Wall, Building, Tunn	nel		
19 - Animal - Other 24 - Other Movable Object 30 - Guardrail Face 38 - Overhead Sign Post 45 - Enbankment 52 - Other Fixed Object			
20 - Motor Vehicle in Transport 31 - Guardrail End 39 - Light/Luminaries Support 46 - Fence			
20 - Motor Vehicle in Transport  31 - Guardrail End 32 - Portable Barrier  39 - Light/Luminaries Support 46 - Fence 47 Mailbox			
20 - Motor Vehicle in Transport  31 - Guardrail End 32 - Portable Barrier  32 - Portable Barrier  33 - Light/Luminaries Support 46 - Fence 47 Mailbox  Unit Speed  Posted Speed  Traffic Control  Unit Direction From To	Unknown		
20 - Motor Vehicle in Transport  31 - Guardrail End 32 - Portable Barrier  33 - Light/Luminaries Support 46 - Fence 47 Mailbox  46 - Fence 47 Mailbox  Unit Speed  Posted Speed  13 - Speed  13 - Speed  13 - Crosswalk Lines 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other  15 - South as 15 - Southeast 7 - Southeast 8 - Southeast 8 - Southeast 9 - S	Unknown		
20 - Motor Vehicle in Transport  31 - Guardrail End 32 - Portable Barrier  33 - Light/Luminaries Support 46 - Fence 47 Mailbox  46 - Fence 47 Mailbox  Unit Speed  Posted Speed  2 0 1 3 5 0 4 01 - No Controls 02 - Stop Sign 03 - Yield Sign 03 - Railroad Crossbucks 03 - Railroad Crossbucks 13 - Crosswallk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported  17 - West 18 - Southwest 19 - Construction Barricade 16 - Not Reported	Unknown		

CONTROL SERVICE MERCETY EXCHANGE - RESIDENCE  EXCHANGE - RESIDENCE			Report Number *	8 7 7
Unit Number Owner Name: Last, First, Middle	c. area code ( ☑ Same As	Driver) Da	mage Scale Damaged Area	
0 2 GRAY ANTOINETTE C	216-970-4301			2 Front
Owner Address, City, State, Zip ( Same As 10313 SUMMERDALE AVE	GARFIELD HT	S OH 44125	2220	None 09 02 03
LP State License Plate Number  FOT5812	Vehicle Identification Number	 	# Occupants 2 -	Minor 08 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color		Functional 06 110 104
2 0 1 3 CHRY Chrysler	200 200	WHI White	· 4 -	Disabling 07 05
Proof of Insurance Company Insurance Shown NATIONWIDE	Policy Number 9234P486260	Towed By	9 -	Unknown Rear
Carrier Name, Address, City, State, Zip			<u> </u>	Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Tra	fficway Description	
1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.	01 - No Cargo Body Type/Not Applic 02 - Bus/Van(9-15 Seats, Inc. Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle	able 09 - Pole	1 - Two-Way, Not E 2 - Two-Way, Not E 3 - Two-Way, Divide	Divided Divided, Continuous Left Turn Lane ed, Unprotected (Painted or Grass>4 Ft.) Median ed, Positive Median Barrier
Hazardous Material	05 - Logging 06 - Intermodal Container Chassis	13 - Concrete Mixer 14 - Auto Transporter	5 - One-Way Traffic	
HM Class Released Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		Hit / Skip Unit	
Non-Motorist Location Prior to Impact  Type of Us	e Unit Type Passenger Vehicle (less than 9	passengers) Med/Heavy Trucks or C	Combo Units>10k lbs	Bus/Van/Limo (9 or More Including Driver)
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other	0 3 01 - Sub-Compact 02 - Compact	13 - Single Unit Truck 14 - Single Unit Truck		21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 1 - Person	03 - Mid Size 99 - Unknown 04 - Full Size	15 - Single Unit Truck/ 16 - Truck/Tractor(Bob	Trailer	, ,
06 - Bicycle Lane 2 - Comme 07 - Shoulder/Roadside 3 - Govern		17 - Tractor/Semi-Trail 18 - Tractor/Double		Non-Motorist  23 - Animal with Rider
08 - Sidewalk 09 - Median/Crossing Island	07 - Pickup 08 - Van	19 - Tractor/Triples 20 - Other Med/Heavy	Vehicle	24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist
10 - Driveway Access ☐ In Emer 11 - Shared-Use Path or Trail Respon	se 10 - Motorized Bicycle	□ Hee HM	Discoud	26 - Pedestrian/Skater 27 - Other Non-Motorist
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Veh	icle Has HM	Placard	
04 - Bus - School (Public or Private) 12 - Milit 05 - Bus - Transit 13 - Poli 06 - Bus - Charter 14 - Pub 07 - Bus - Shuttle 15 - Oth	18 - Farm Equipment nway/Maintenance 19 - Motorhome ary 20 - Golf Cart	Most Damaged Area  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 Wind 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	4 - Struck 5 - Striking/Struck
02 - Backing 08 - Ente 03 - Changing Lanes 09 - Leav 99 - Unknown 04 - Overtaking/Passing 10 - Park	ing or Stopped in Traffic			
Contributing Circumstances  Primary  0 1 - 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 26 - Failure to Yield Right of 27 - Not Visible (Dark Cloth) 28 - Inattentive 29 - Failure to Obey Traffic: /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Act	Roadway f Way ing) Signs d	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 99 - Harmful 1 Harmful 1 99 - Event Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 21 - Parked Motor Vehicle 15 - Pedalcycle 22 - Work Zone Maintena		Cushion 33 - Median Cable Barrier	Opposite 12 - Downhill 13 - Other No	enter Line  Direction of Travel  Runaway  on-Collision  Post, Pole 48 - Tree
16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport  23 - Struck by Falling, Sh or Anything Set in Me Motor Vehicle 24 - Other Movable Object	ifting Cargo 27 - Bridge Pier or Abutment stion by a 28 - Bridge Parapet 29 - Bridge Rail		rier 42 - Culver 43 - Curb 44 - Ditch 45 - Enbar port 46 - Fence 47 Mailbox	rt 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel skment 52 - Other Fixed Object
Unit Speed	gn 08 - Railroad Flashers ign 09 - Railroad Gates Signal 10 - Construction Barricade	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast 4 - West 8 - Southwest
☑ Estimated 05 - Traffic 06 - School				Page of
HSY8304 OH1U (Rev 01/12)				



## Motorist / Non-Motorist / Occupant

Loca	al Re	port N	lumb	er *								
.	2	0	1	7	0	8	7	7				

Ī	10141	Last, First, Middle	CAS	SAUNDRA	R		Date of Birth	3 1 9 6	Age 52	Gender F - Female M - Male			
1	Address, City, State, Zip	10TH ST	0/10				<u> </u>	Contact Phone - include	de area code				
	Injuries Injured Taken B			Medical Facility Injure		OH Safety Equipment	DOT COM		_	Ejection Trapped			
	1					0 4	Motorcycle Helmet	[0]1	1				
	OL State Operator Lic		Valid OL	M/C 1 Alc	ohol/Drug Suspected	Alcohol Test Stat	Alcohol Test Type	Alcohol Test Value		1			
	Offense Charged (  L	ocal Code )	Offense Description			Citation Number			Dovice	er Distracted By			
I		Last, First, Middle	ANT	OINETTE	С		Date of Birth	Date of Birth  1   0   2   8   1   9   8   7   Age  F - Female M - Male					
OTOLISE	Address, City, State, Zip 10313 SU	MMERDALE AV	E	GARFI	ELD HTS	ОН	44125 2220	Contact Phone - include area code 216-970-4301					
OTOTISU IN UTILITY	Injuries Injured Taken B	y EMS Agency		Medical Facility Injure	d Taken To	Safety Equipment Used DOT C			n Air Bag Usage	Ejection Trapped			
NA.	OL State Operator Lin	oense Number OL Cla		Condition Ald	cohol/Drug Suspected	Alcohol Test Stat	Alcohol Test Type	Alcohol Test Value	Drug Test Sta	tus Drug Test Type			
İ	Offense Charged ( L	ocal Code )	Offense Description			Citation Number				ver Distracted By			
Ì	Injuries	Injured Taken B	y Safety I	Equipment Used	99 -	Unknown Safety Equ	ipment		-				
	1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal  1 - Not Transported / Treated at Scene 2 - EMS 3 - Non-Incapacitating 4 - Other 9 - Unknown  1 - Not Transported / Treated at Scene 01 - None Used - Vehicle Occupant 05 - Child Restraint System-Forward Facing 09 - None Used 12 - Reflective Cloth 06 - Child Restraint System-Rear Facing 10 - Helmet Used 13 - Lighting 11 - Protective Pads Used 14 - Other 04 - Shoulder Belt Only Used 08 - Helmet Used (Elbows, Knees, Etc)									Lighting			
	Seating Position  01 - Front - Left Side (Mr 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side 05 - Second - Middle 06 - Second - Right Side	Motorcycle Passenger)	08 - Third - Mi 09 - Third - Rig 10 - Sleeper S 11 - Passenge		rgo Area	13 - Trailing	on Vehicle Exterior (Non- otorist		Air Bag Usage  1 - Not Deployed  2 - Deployed Front  3 - Deployed Side  4 - Deployed Both F  5 - Not Applicable  9 - Deployment Unk				
	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 Me	1 - Class / 2 - Class / 3 - Class / 4 - Regula	B C ar Class (Ohio is "D")	Condition  1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Depre		6 - Under The	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					
	Alcohol Test Status  1 - None Given  2 - Test Refused  3 - Test Given, Contamina  4 - Test Given, Results Kr  5 - Test Given, Results Ur	own	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, Co 4 - Test Given, Re 5 - Test Given, Re		1 - 2 - nusable 3 -	est Type  Driver Distracted By  1 - No Distraction Reported 6 - Other Inside the Vehicle 2 - Phone 7 - External Distraction  irine 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD)						
_	Unit Number Name:	ast, First, Middle					Date of Birth		Age (	Gender F - Female M - Male			
Occupan	Address, City, State, Zip						•	Contact Phone - include	e area code				
	Injuries Injured Taken By	EMS Agency		Medical Facility Injure	d Taken To	Safety Equipment	Used DOT Comp Motorcycle Helmet		Air Bag Usage	Ejection Trapped			
Unit Number Name: Last, First, Middle Date of Birth									Age	Gender F - Female M - Male			
ccupaiit	Address, City, State, Zip						1	Contact Phone - include area code					
	Injuries Injured Taken By	EMS Agency		Medical Facility Injured	d Taken To	Safety Equipment	Used DOT Comp Motorcycle Helmet		Air Bag Usage	Ejection Trapped			