OHIO DUPARTMENT OF PUBLIC	Traffic Crash	Report			Local Rep	ort Number *				Crash Severi	ty Hit/Skip
EDUCATION - SERVICE - PROTECTION	Local Information	<u>'</u>			20	1 7 1 3	3 3 1		Ш	1 - Fatal 2 - Injury 3 - PDO	y 2 - Unsolved
☐ Photos Taken	PDO Under State		orting Agency NCIC *	Reporti	ng Agency Na	ame *				Number of Units	Unit in error
☐ OH-2 ☐ OH-1 ☐ OH-3 ☐ Othei	P Reportable	Property 0	1 8 2 0	GAR	FIELD H	HEIGHTS			lo	2	0 2 98 - Animal 99 - Unknown
0	City * City, Village, To	ownship *		<u> </u>			Crash Date *	•		Time of Crash	<u> </u>
	Village * Township * GARFIE	LD HTS					0 4 0	0 7 2 0	1 7	0 7 0	0   F R I
Degrees / Minutes / Se Latitude	econds	Longitude				O	Decimal Degree	es		Lamateude	
L L ° L L			°	Щ.		" R 4	Latitude	2 2 3	8 9	Longitude - 8 1 .	6 0 4 5 3 8
Roadway Division  Divided Undivided	Divided Lane Direction of Tr  N - Northbound S - Southbound	ravel E - Eastbound W - Westbound	Number of Thru Lar	AL AV	ad Types or I Alley / - Avenue	CR - Circle CT- Court	HE - Heig HW - High	way PK - F	Parkway	RD - Road TI	T - Street WA - Way E - Terrace
	Lacation Double Number	Loc. Prefix	Location Road name	BL	- Boulevard	DR - Drive	LA - Lane	Route Type		SQ - Square TI	L - Trail
Location Route Type <sup>1</sup>	Location Route Number	N,S, E,W MC	CRACKEN			ВЦ	Location Road Type <sup>2</sup>		Route (inc. tu		Numbered County Route Numbered Township Route
Distance From Refere	nce	O Re Ro Typ		Route Nu	. l 🗀	Prefix Ref	,	Road, Milepost	, House #)		S T Reference Road Type <sup>2</sup>
Reference Point Used	Crash Location	- Not an intersection	06 - Five-point		<u> </u>			Intersection	Location of Fi	rst Harmful Event	
1 - Intersection 2 - Mile Post 3 - House Num	0 2 02 03 04	- Four-way Intersection - T-Intersection - Y-Intersection - Traffic Circle/Rounda	07 - On Ramp 08 - Off Ramp 09 - Crossove	r	12 - S 99 - I	Railway Grade Cr Shared-Use Path Trails Jnknown		Related	1 2-	On Roadway On Shoulder In Median On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
Road Contour		Road Conditions		, (	01 - Dry		Mud, Dirt, Oil, g		- Rut, Holes, E	Bumps, Uneven	
1 - Straight Lev 2 - Straight Gra 3 - Curve Leve	ade 9 - Unknown	Primary 0 3	Seconda 0 4	ĺ	02 - Wet 03 - Snow 04 - Ice	06 - Water 07 - Slush 08 - Debris	(Standing, Mov	10	Pavement* - Other - Unknown		* Secondary Condition Only
Manner of Crash Collis	•	F. Dooking	0	Cidoousi	no Onnosito	Weather	1 - Clear		1 - Rain	7 - Severe (	Propositional
6 Two Motor on In Transpo	Vehicles 3 - Head-On	5 - Backing 6 - Angle ar 7 - Sideswipe, S		Direction - Unknow		6	2 - Cloudy 3 - Fog, Smog,		5 - Sleet, Hail 6 - Snow		Sand, Soil, Dirt, Snow
Road Surface	4. 01-2. 0-2-1	Light conditions	Secondary 1 -	Daylight		5 Dork	- Roadway Not	Lightod	9 - Unk		hool School Bus Related  Yes, School Bus
1 - Concrete 2 - Blacktop, B Asphalt	5 - Dirt	1	2 - 3 -	Dawn Dusk	ahtad Daaduu	6 - Dark 7 - Glare	- Unknown Roa *	adway Lighting		Re	lated Directly Involved  Yes, School Bus Indirectly Involved
3 - Brick/Block	6 - Other Vorkers Present	Type of Work Zone	4 -	Dark - Lig	ghted Roadwa	ay 8 - Othe		* Sec Crash in Work Z	condary Condit one	ion Only	indirectly involved
Related	aw Enforcement Present (Officer/Vehicle) aw Enforcement Present	1 - Lane Close 2 - Lane Shift 3 - Work on S		4 - Int 5 - Ot	ermittent or M her	loving Work	2 - A	efore the first V dvance Warning ransition Area		ning Sign	4 - Activity Area 5 - Termination Area
Narrative UNIT #1 ST	ATED SHE WAS TR					Diagr		I I	·   '	'	. W. b (UI) H.
MCCRACK	EN BLVD E. 114TH.	. UNIT #2 WA	S TRAVELING	G							compass diagram to indicate the direction of north.
NORTH ON	I E. 114TH AND BE	GAN TO SLID	E ON THE SN	10M							cale**
COVERED	ROADS. UNIT #2	THEN STRUC	K UNIT #1. T	HIS		<b>!</b> —		i e		← N	_
OFFICER V	VAS UNABLE TO M	IAKE CONTAC	CT FOR THE								_
DRIVER OF	UNIT #2.					<b>}</b>			-	. 114th	4
						<u></u>				11401	
								1	127		J
						<b>∦</b>					
						<b> </b>		Ĭ,			
						<del>L</del>	n Blvd				
						#	McCracken Blvd				_
							₩ O				
Report Taken By Police Ager	ncy Motorist		oplement (Correction or Ad Existing Report Sent to ODF					 			
Date Crash Reported	-	_ an	Existing Report Sent to ODF	,							
-	Time Cra	ash Reported	Dispatch Time		Arrival Time	5101	Time Cleare			tigation Time	Total Minutes
-	Time Cr			_		5 0 ge Number	Time Cleare	1 5	Other Invest		Total Minutes 4 5 1

OHIO OFFICIAL SPECIAL		Local Report Number *	1
	ne As Driver) Owner Phone Number - inc. area code	( 🗹 Same As Driver) Damage Scale Damaged Area	
0 1 JACKSON TEIONA M	216-255-4645	2 Front	
Owner Address, City, State, Zip (☑ Same As Dri 12017 JESSE AVE	ver)  CLEVELAND	OH 44105	03
LP State License Plate Number	Vehicle Identification Number	# Occupants 2 - Minor	
<u> О Н </u> НВЈ7370		08   10   10   10   10   10   10   10	04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color 3 - Functional	
2 0 1 0 HYUN Hyundai	ELN Elantra	RED Red 4 - Disabling 07 06	05
Proof of Insurance Company Insurance Shown  Proof of Insurance Company  ESURANCE	Policy Number Towed By PAOH-006421051	9 - Unknown Rear	
Carrier Name, Address, City, State, Zip		Carrier Phone - include area code	
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Description	
HM Placard ID No. 1- Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.		Pole Zargo Tank 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane lat Bed 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Mediar	_
	04 - Vehicle Towing Another Vehicle 12 - D		11
Hazardous Material Released	06 - Intermodal Container Chassis 14 - A 07 - Cargo Van/Enclosed Box 15 - G	Auto Transporter Garbage/Refuse	
Number  Non-Motorist Location Prior to Impact  Type of Use	Unit Type	ther/Unknown	
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk	Passenger Vehicle (less than 9 passengers)  0 3 01 - Sub-Compact 02 - Compact	Med/Heavy Trucks or Combo Units>10k lbs Bus/Van/Limo (9 or More Including Driver)  13 - Single Unit Truck or Van 2axle,6 tires 21 - Bus/Van (9-15 Seats, Inc Driver)	
04 - Midblock - Marked Crosswalk	02 - Compact 03 - Mid Size 99 - Unknown 04 - Full Size	14 - Single Unit Truck 3+ axles 22 - Bus(16+ Seats, Inc Driver) 15 - Single Unit Truck/Trailer	
05 - Travel Lane - Other Location 1 - Personal 2 - Commercia 07 - Shoulder/Roadside 3 - Governmer	or Hit/Skip 05 - Minivan	16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 23 - Animal with Rider	
08 - Sidewalk 09 - Median/Crossing Island	07 - Pickup 08 - Van	19 - Tractor/Triples 24 - Animal with Buggy, Wagon, Surre 20 - Other Med/Heavy Vehicle 25 - Bicycle/Pedacyclist	rey
10 - Driveway Access ☐ In Emergen 11 - Shared-Use Path or Trail Response	10 - Motorized Bicycle	26 - Pedestrian/Skater 27 - Other Non-Motorist	
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle		
Special Function	18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 221 - Other (Explain in Narrative)	01 - None	ollision g g/Struck
Pre-Crash Actions         Motorist           0 1         01 - Straight Ahead         07 - Making           02 - Backing         08 - Entering           03 - Changing Lanes         09 - Leaving           04 - Overtaking/Passing         10 - Parked           05 - Making Right Turn         11 - Slowing           06 - Making Left Turn         12 - Driverter	Traffic Lane 14 - Other Motorist Action Traffic Lane or Stopped in Traffic	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	action
0	Improper Backing	Vehicle Defects  None Improper Crossing Darting Lying and/or Illegally in Roadway Failure to Yield Right of Way Not Visible (Dark Clothing) Inattentive Failure to Obey Traffic Signs Signals/Officer Worng Side of the Road Other Non-Motorist Action  Vehicle Defects  01 - Turm Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defectiv 09 - Motor Trouble 10 - Disabled From Prior Accid	
Sequence of Events  1	02 - Fire/Explosion (03 - Immersion 07 - 5 - 5 - 5 - 5 - 5 - 6 - 5 - 6 - 6 - 6	Equipment Failure  (Blown Tire, Brake Failure, etc)  Separation of Units  Separation of Units  An Off Road Right  12 - Downhill Runaway  13 - Other Non-Collision  3 - Median Cable Barrier  4 - Median Guardrail Barrier  5 - Median Concrete Barrier  6 - Median Other Barrier  6 - Median Other Barrier  7 - Traffic Sign Post  8 - Overhead Sign Post  9 - Light/Luminaries Support  0 - Utility Pole  10 - Cross Median  11 - Cross Center Line  Opposite Direction of Travel  41 - Other Post, Pole  48 - Tree  or Support  49 - Fire Hydrant  50 - Work Zone Maintena  Equipment  51 - Wall, Building, Tunne  46 - Fence  47 Mailbox	
Unit Speed	08 - Railroad Flashers 14 - Walk/Dc 09 - Railroad Gates 15 - Other nal 10 - Construction Barricade 16 - Not Rep	alk Lines on't Walk 4 10 3 2 - South 6 - Northwest 7 - Southeast 4 - West 8 - Southwest 8 - Southwest	Inknown
Estimated 06 - Iralii Fras		Page of	of

CHICAGO PRINCE P		1	Report Number * 2 0 1 7 7	1 3 3 1	
	e As Driver) Owner Phone Number - inc. a	rea code ( 🗹 Same A	s Driver)	Damage Scale Damaged Area	
0 2 REILLO ANGELO	216-246-8316			2 Front	
Owner Address, City, State, Zip ( Same As Driv	GARFIELD HTS	OH 44125		1 - None 09 02 03	
	Vehicle Identification Number	011 44120		2 - Minor	
			0 1	3 - Functional 08 1 10 04	
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color			
Proof of Insurance Company	Policy Number	Towed By		4 - Disabling 07 06 05	
Proof of Insurance Company ☐ Insurance Shown	Policy Number	Towed Бу		9 - Unknown Rear	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code	
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Tr	rafficway Description		
1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs	01 - No Cargo Body Type/Not Applicabl 02 - Bus/Van(9-15 Seats, Inc.Driver)	10 - Cargo Tank	1 - Two-Way, No 2 - Two-Way, No	ot Divided ot Divided, Continuous Left Turn Lane	
HM Placard ID No. 3 - More Than 26,000 Lbs.	03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle	11 - Flat Bed 12 - Dump	3 - Two-Way, Div 4 - Two-Way, Div	vided, Unprotected (Painted or Grass>4 Ft.) Median vided, Positive Median Barrier	
Hazardous Material Released	05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box	13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse	5 - One-Way Tra  Hit / Skip Unit	afficway	
Number  Non-Motorist Location Prior to Impact  Type of Use	08 - Grain, Chips, Gravel Unit Type	99 - Other/Unknown			
01 - Intersection - Marked Crosswalk	Passenger Vehicle (less than 9 pas	- ·	Combo Units>10k lb k or Van 2axle,6 tires		
03 - Intersection - Other 04 - Midblock - Marked Crosswalk	02 - Compact 03 - Mid Size	14 - Single Unit Truc 15 - Single Unit Truc	k 3+ axles k/Trailer	22 - Bus(16+ Seats, Inc Driver)	
05 - Travel Lane - Other Location 06 - Bicycle Lane 2 - Commercial 2 - Commercial 3 - Government 3 - Government	or Hit/Skip 05 - Minivan	16 - Truck/Tractor(Bo 17 - Tractor/Semi-Tra		Non-Motorist	
07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island	06 - Sports Utility Vehicle 07 - Pickup 08 - Van	18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heav	v Vehicle	<ul><li>23 - Animal with Rider</li><li>24 - Animal with Buggy, Wagon, Surrey</li><li>25 - Bicycle/Pedacyclist</li></ul>	
10 - Driveway Access In Emergence 11 - Shared-Use Path or Trail Response	cy 09 - Motorcycle 10 - Motorized Bicycle		·	26 - Pedestrian/Skater 27 - Other Non-Motorist	
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle	I —	l Placard		
Special Function	/Maintenance 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) overnment	Most Damaged Area  0 5 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	10 - Top and Wi 11 - Undercarria 12 - Load/Traile	age 4 - Struck er 5 - Striking/Struck	
Pre-Crash Actions         Motorist           0 1         01 - Straight Ahead         07 - Making U           02 - Backing         08 - Entering           03 - Changing Lanes         09 - Leaving	Traffic Lane 14 - Other Motorist Action		ossing Specified Localing, Jogging, Playing		
99 - Unknown 04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing c 06 - Making Left Turn 12 - Driverles:	or Stopped in Traffic	18 - Pushing Vehic 19 - Approaching c 20 - Standing			
Contributing Circumstances	5	·		Vehicle Defects	
	Improper Backing	Non-Motorist 22 - None		01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps	
03 - Ran Red Light 13 -	Improper Start From Parked Position Stopped or Parked Illegally Operating Vehicle in Negligent Manner	23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally i	in Poadway	03 - fail Earlips 04 - Brakes 05 - Steering	
05 - Exceeded Speed Limit 15 -	Swerving to Avoid (Due to External Conditions) Wrong Side/Wrong Way	26 - Failure to Yield Right 27 - Not Visible (Dark Clot	of Way	06 - Tire Blowout 07 - Worn or Slick tires	
08 - Left of Center 18 -	Failure to Control Vision Obstruction	28 - Inattentive 29 - Failure to Obey Traffic	c Signs	08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident	
10 - Improper Lane Change 20 -	Operating Defective Equipment Load Shifing/Falling/Spilling Other Improper Action	/Signals/Officer 30 - Wrong Side of the Ro 31 - Other Non-Motorist A		11 - Other Defects	
Sequence of Events	Non-Collision Events				
1 2 0 2 3 4 5	6 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion	06 - Equipment Failure (Blown Tire, Brake Failure, ε 07 - Separation of Units		s Median : Center Line site Direction of Travel	
First Most 99 - Unkr		08 - Ran Off Road Right	12 - Down	hill Runaway  Non-Collision	
Event Event Collision with Person, Vehicle or Object Not Fixed  14 - Pedestrian 21 - Parked Motor Vehicle	Collision With Fixed Object 25 - Impact Attenuator/Crash Cu	shion 33 - Median Cable Barri	er 41 - Oth	ner Post, Pole 48 - Tree	
15 - Pedalcycle 22 - Work Zone Maintenance I 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shifting	Equipment 26 - Bridge Overhead Structure Cargo 27 - Bridge Pier or Abutment	34 - Median Guardrail B 35 - Median Concrete B	arrier or S	Support 49 - Fire Hydrant	
17 - Animal - Farm or Anything Set in Motion 18 - Animal - Deer Motor Vehicle	by a 28 - Bridge Parapet 29 - Bridge Rail	36 - Median Other Barrie 37 - Traffic Sign Post	44 - Dito	ch 51 - Wall, Building, Tunnel	
19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport	30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	38 - Overhead Sign Pos 39 - Light/Luminaries Su 40 - Utility Pole			
Unit Speed Posted Speed Traffic Control		.s canty i dio	Unit Direction		
1 0 2 5 0 1 01 - No Controls 02 - Stop Sign	08 - Railroad Flashers	13 - Crosswalk Lines 14 - Walk/Don't Walk	From 2 To	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast	
□ Stated 03 - Yield Sign 04 - Traffic Signs 05 - Traffic Flast 05 - Traffic Flast		15 - Other 16 - Not Reported		4 - West 8 - Southwest	
Estimated 05 - Traffic Flast 06 - School Zon				Page of	



## Motorist / Non-Motorist / Occupant

Local Report Num	oer *								
2 0 1	7	1	3	3	1				

	Unit Number Name: Last, First, Middle    0	TEIONA M		Oate of Birth 0   6   2   0   1   9   9	Age Gender F - Female M - Male
. 18	Address, City, State, Zip		<u></u>	Contact Phone - include	le area code
וו-ואוסומו	12017 JESSE AVE Injuries Injured Taken By EMS Agency	CLEVELAND  Medical Facility Injured Taken To	OH 4410: Safety Equipment Used	5 216-255-464  DOT Compliant Seating Position	· ·
JUSTINO			0 4	Motorcycle Helmet  0 1	
INIC	OL State Operator License Number OL Cla	ss No Condition Alcohol/Drug Sus	spected Alcohol Test Status Alcohol	cohol Test Type Alcohol Test Value	Drug Test Status Drug Test Type
	Offense Charged (□ Local Code )	Offense Description	Citation Number		Hands-Free Driver Distracted By
	Unit Number Name: Last, First, Middle		<u> </u>	Date of Birth	Used 1 Gender
	0 2 REILLO	ANGELO			0 47 M F - Female M - Male
Motorist	Address, City, State, Zip 11302 MCCRACKEN RD	GARFIELD HT	<u> </u>	5 Contact Phone - include 216-246-831	16
otorist/Non-	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet  Seating Position  0 1	n Air Bag Usage Ejection Trapped
M	OL State         Operator License Number         OL Class           O   H   RP945424         4	ss No Valid OL End Condition Alcohol/Drug Su:	spected Alcohol Test Status Alcohol Test Status Alcohol Test Status	cohol Test Type	Drug Test Status Drug Test Type
	Offense Charged (□ Local Code )	Offense Description	Citation Number		Hands-Free Driver Distracted By Device
	Injuries Injured Taken By	/ Safety Equipment Used	00 Halanaura Cafata Faviananat		Used
	1 - No Injury/None Reported 1 - Not Transpo 2 - Possible Treated at S	orted / Motorist	99 - Unknown Safety Equipment 05 - Child Restraint System-Forwa	Non-Motorist ard Facing 09 - None Used	12 - Reflective Clothing
	3 - Non-Incapacitating         2 - EMS           4 - Incapacitating         3 - Police           5 - Fatal         4 - Other           9 - Unknown         9 - Unknown	02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	06 - Child Restraint System-Rear I 07 - Booster Seat 08 - Helmet Used	3	ed 13 - Lighting Pads Used 14 - Other
	Seating Position 01 - Front - Left Side (Motorcycle Driver)	07 - Third - Left Side (Motorcycle Side Car)		nenclosed Cargo Area	Air Bag Usage 1 - Not Deployed
	02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger)	08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck)	15 - Non-Motorist	e Exterior (Non-Trailing Unit)	<ul><li>2 - Deployed Front</li><li>3 - Deployed Side</li><li>4 - Deployed Both Front/Side</li></ul>
	05 - Second - Middle 06 - Second - Right Side	11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab)	16 - Other 99 - Unknown		5 - Not Applicable 9 - Deployment Unknown
	Ejection Trapped  1 - Not Ejected 1 - Not Trapped	Operator License Class Condition  1 - Class A 1 - Apparen		5 - Fell Asleep, Fainted, Fatigued	Alcohol/Drug Suspected  1 - None 2 - Yes - Alcohol Suspected
	2 - Totally Ejected 2 - Extricated by 3 - Partially Ejected Mechanical Means 4 - Not Applicable 3 - Extricated by	3 - Class C 3 - Emotion	Impairment al (Depressed, Angry, Disturbed)	6 - Under The Influence of Medications, Drugs, Alcohol	3 - Yes - HBD Not Impaired
		, , , ,		7 - Other	4 - Yes - Drugs Suspected
	Non-Mechanical Mea	, , , ,	Drug Test Typ		
	Non-Mechanical Mea  Alcohol Test Status  1 - None Given 2 - Test Refused	Alcohol Test Type  1 - None 2 - Blood  5 - MC/Moped Only  Drug Test Status  1 - None Given 2 - Test Refused	1 - None 2 - Blood	Driver Distracted By  1 - No Distraction Reported 2 - Phone	4 - Yes - Drugs Suspected
	Non-Mechanical Mea  Alcohol Test Status  1 - None Given	Alcohol Test Type   Drug Test Status   1 - None   1 - None Given	1 - None 2 - Blood ample/Unusable 3 - Urine 4 - Other	Driver Distracted By  1 - No Distraction Reported	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction
	Non-Mechanical Mea  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  Name: Last, First, Middle	Alcohol Test Type	ample/Unusable 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By  1 - No Distraction Reported  2 - Phone  3 - Texting/E-mailing  4 - Electronic Communication I  5 - Other Electronic Device (Navigation Device, Radio, DVD)	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected 6 - Other Inside the Vehicle 7 - External Distraction Device  Age Gender
pant	Non-Mechanical Mea  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	ample/Unusable 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By  1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication I 5 - Other Electronic Device (Navigation Device, Radio, DVD)	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction  Device  Age  Gender  F - Female M - Male
Occupant	Non-Mechanical Mea  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 Name: Last, First, Middle  WALKER  Address, City, State, Zip  12017 JESSE	S - MC/Moped Only	ample/Unusable 1 - None 2 - Blood 3 - Urine 4 - Other n Date 0	Driver Distracted By  1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication It 5 - Other Electronic Device (Navigation Device, Radio, DVD)  of Birth  5 1 5 2 0 1 6  Contact Phone - include 216-255-464	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction  Device  Age Gender F - Female M - Male  a area code
Occupant _	Non-Mechanical Mea  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  VALKER  Address, City, State, Zip	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 Si 4 - Test Given, Results Known 5 - Test Given, Results Unknown  WILLO	ample/Unusable 1 - None 2 - Blood 3 - Urine 4 - Other n  Date 0  OH 4410  Safety Equipment Used	Driver Distracted By  1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication I 5 - Other Electronic Device (Navigation Device, Radio, DVD)  of Birth  5 1 5 2 0 1 6  Contact Phone - include	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction  Device  Age Gender F - Female M - Male  a area code
Occupant _	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 Name: Last, First, Middle WALKER  Address, City, State, Zip 12017 JESSE  Injuries Injured Taken By EMS Agency  Unit Number Name: Last, First, Middle	Alcohol Test Type  1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other  WILLO  Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated St 4 - Test Given, Results Known 5 - Test Given, Results Unknown  WILLO  CLEVELAND  Medical Facility Injured Taken To	ample/Unusable 1 - None 2 - Blood 3 - Urine 4 - Other n  OH 4410  Safety Equipment Used 0 6 0 6	Driver Distracted By  1 - No Distraction Reported  2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication I 5 - Other Electronic Device (Navigation Device, Radio, DVD)  of Birth  5 1 5 2 0 1 6  Contact Phone - include 216-255-464  DOT Compliant Motorcycle Helmet  Of Birth	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction  Device  Age Gender F F - Female M - Male  a area code  1
upant Occupant _	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 Name: Last, First, Middle WALKER  Address, City, State, Zip 12017 JESSE Injuries Injured Taken By EMS Agency  Unit Number Name: Last, First, Middle WALKER  Address, City, State, Zip  Unit Number Name: Last, First, Middle WALKER  Address, City, State, Zip	Alcohol Test Type  1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other  WILLO  CLEVELAND  Medical Facility Injured Taken To	ample/Unusable n  1 - None 2 - Blood 3 - Urine 4 - Other  Date 0  OH 4410  Safety Equipment Used 0  Date 1	De	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction  Device  Age Gender F F - Female M - Male  a area code  1 1 1 1  Age Gender Trapped  1 1 1  Age Gender M - Male  area code
Occupant Occupant _	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 Name: Last, First, Middle WALKER  Address, City, State, Zip 12017 JESSE Injuries Injured Taken By EMS Agency  Unit Number Name: Last, First, Middle WALKER	Alcohol Test Type  1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other  WILLO  Drug Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated St 4 - Test Given, Results Known 5 - Test Given, Results Unknown  WILLO  CLEVELAND  Medical Facility Injured Taken To	The state of the s	Driver Distracted By  1 - No Distraction Reported  2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication I 5 - Other Electronic Device (Navigation Device, Radio, DVD)  of Birth  5 1 5 2 0 1 6  Contact Phone - include 216-255-464  DOT Compliant Motorcycle Helmet  Seating Position  0 6  of Birth  0 1 0 1 9 9 4	4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected  6 - Other Inside the Vehicle 7 - External Distraction  Device  Age Gender F F - Female M - Male  area code  1 1 1 1  Age Gender Trapped  1 1 1  Age Gender M - Male  area code  6