



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20171965	3 - 1 - Fatal 2 - Injury 3 - PDO	2 - 1 - Solved 2 - Unsolved

Local Information
ARTHUR TEACHERS

<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 01820	Reporting Agency Name * GARFIELD HEIGHTS	Number of Units 02	Unit in error 02 98 - Animal 99 - Unknown
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County * 18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * GARFIELD HTS	Crash Date * 06102017	Time of Crash 2228	Day of Week SAT
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Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.400301	-81.596991

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel W N - Northbound S - Southbound	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 WA - Way
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Location Route Type 1	Location Route Number	Loc. Prefix N.S. E.W.	Location Road name ROCKSIDE	Location Road Type 2 RD	Route Types ¹ IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref N.S. E.W.	Reference Route Type 1	Reference Route Number	Ref Prefix N.S. E.W.	Reference Name (Road, Milepost, House #) 12585	Reference Road Type 2
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Reference Point Used 3 - 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 02	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input checked="" type="checkbox"/> 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
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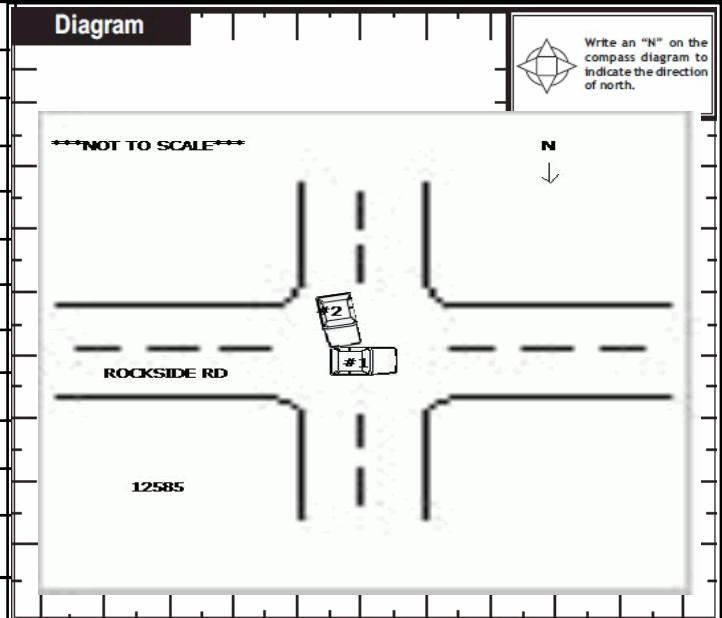
Road Contour 2 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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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 - 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
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Road Surface 2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 4 - Primary 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	<input type="checkbox"/> School Zone Related <input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> 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
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Narrative
UNIT #1 WAS TRAVELLING W/B ON ROCKSIDE RD. AND ENTERED THE INTERSECTION OF GARFIELD MALL ON A FLASHING YELLOW LIGHT. UNIT #2 (HIT SKIP VEHICLE) ENTERED THE INTERSECTION FROM THE SOUTH TO THE NORTH ON A FLASHING RED LIGHT AND STRUCK UNIT #1. UNIT #2 THEN FLED W/B ON ROCKSIDE RD. NO LICENSE PLATE INFORMATION ON UNIT #2.



Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported 06102017	Time Crash Reported 2228	Dispatch Time 2235	Arrival Time 2242	Time Cleared 2321	Other Investigation Time 42	Total Minutes 81
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Officer's Name * T. Tatulinski	Officer's Badge Number 006	Checked By L10 M. Kaye	Page of
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Main form body containing sections for Unit Number, Owner Name, Address, Vehicle Information, Damage Scale, Damaged Area diagram, Insurance, and various accident details.

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale 3	Damaged Area
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver)				
LP State	License Plate Number	Vehicle Identification Number	# Occupants	
Vehicle Year	Vehicle Make NISS Nissan	Vehicle Model	Vehicle Color	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van(9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus(16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 08 - Grain, Chips, Gravel	Trafficway Description <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway <input checked="" type="checkbox"/> Hit / Skip Unit	
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		
HM Class Number				
Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Roadside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <input type="checkbox"/> 99 - Unknown or Hit/Skip <input type="checkbox"/> 01 - Sub-Compact <input type="checkbox"/> 02 - Compact <input type="checkbox"/> 03 - Mid Size <input type="checkbox"/> 04 - Full Size <input type="checkbox"/> 05 - Minivan <input type="checkbox"/> 06 - Sports Utility Vehicle <input type="checkbox"/> 07 - Pickup <input type="checkbox"/> 08 - Van <input type="checkbox"/> 09 - Motorcycle <input type="checkbox"/> 10 - Motorized Bicycle <input type="checkbox"/> 11 - Snowmobile/ATV <input type="checkbox"/> 12 - Other Passenger Vehicle	Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs Bus/Van/Limo (9 or More Including Driver) <input type="checkbox"/> 13 - Single Unit Truck or Van 2axle, 6 tires <input type="checkbox"/> 14 - Single Unit Truck 3+ axles <input type="checkbox"/> 15 - Single Unit Truck/Trailer <input type="checkbox"/> 16 - Truck/Tractor(Bobtail) <input type="checkbox"/> 17 - Tractor/Semi-Trailer <input type="checkbox"/> 18 - Tractor/Double <input type="checkbox"/> 19 - Tractor/Triples <input type="checkbox"/> 20 - Other Med/Heavy Vehicle <input type="checkbox"/> 21 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 22 - BUS(16+ Seats, Inc Driver) Non-Motorist <input type="checkbox"/> 23 - Animal with Rider <input type="checkbox"/> 24 - Animal with Buggy, Wagon, Surrey <input type="checkbox"/> 25 - Bicycle/Pedacyclist <input type="checkbox"/> 26 - Pedestrian/Skater <input type="checkbox"/> 27 - Other Non-Motorist	
Special Function <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10K Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 08 - Bus - Other	<input type="checkbox"/> 09 - Ambulance <input type="checkbox"/> 10 - Fire <input type="checkbox"/> 11 - Highway/Maintenance <input type="checkbox"/> 12 - Military <input type="checkbox"/> 13 - Police <input type="checkbox"/> 14 - Public Utility <input type="checkbox"/> 15 - Other Government <input type="checkbox"/> 16 - Construction Equip.	<input type="checkbox"/> 17 - Farm Vehicle <input type="checkbox"/> 18 - Farm Equipment <input type="checkbox"/> 19 - Motorhome <input type="checkbox"/> 20 - Golf Cart <input type="checkbox"/> 21 - Train <input type="checkbox"/> 22 - Other (Explain in Narrative)	Most Damaged Area <input type="checkbox"/> 02 <input type="checkbox"/> 02 Impact Area	Action <input type="checkbox"/> 3 <input type="checkbox"/> 1 - Non-Contact <input type="checkbox"/> 2 - Non-Collision <input type="checkbox"/> 3 - Striking <input type="checkbox"/> 4 - Struck <input type="checkbox"/> 5 - Striking/Struck <input type="checkbox"/> 9 - Unknown
Pre-Crash Actions <input type="checkbox"/> 01 99 - Unknown	Motorist <input type="checkbox"/> 01 - Straight Ahead <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Overtaking/Passing <input type="checkbox"/> 05 - Making Right Turn <input type="checkbox"/> 06 - Making Left Turn	<input type="checkbox"/> 07 - Making U-Turn <input type="checkbox"/> 08 - Entering Traffic Lane <input type="checkbox"/> 09 - Leaving Traffic Lane <input type="checkbox"/> 10 - Parked <input type="checkbox"/> 11 - Slowing or Stopped in Traffic <input type="checkbox"/> 12 - Driverless	<input type="checkbox"/> 13 - Negotiating a Curve <input type="checkbox"/> 14 - Other Motorist Action	Non-Motorist <input type="checkbox"/> 15 - Entering or Crossing Specified Location <input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling <input type="checkbox"/> 17 - Working <input type="checkbox"/> 18 - Pushing Vehicle <input type="checkbox"/> 19 - Approaching or Leaving Vehicle <input type="checkbox"/> 20 - Standing <input type="checkbox"/> 21 - Other Non-Motorist Action
Contributing Circumstances Primary <input type="checkbox"/> 02 Secondary <input type="checkbox"/> 03 99 - Unknown	Motorist <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/Off Road	Non-Motorist <input type="checkbox"/> 11 - Improper Backing <input type="checkbox"/> 12 - Improper Start From Parked Position <input type="checkbox"/> 13 - Stopped or Parked Illegally <input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner <input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions) <input type="checkbox"/> 16 - Wrong Side/Wrong Way <input type="checkbox"/> 17 - Failure to Control <input type="checkbox"/> 18 - Vision Obstruction <input type="checkbox"/> 19 - Operating Defective Equipment <input type="checkbox"/> 20 - Load Shifting/Falling/Spilling <input type="checkbox"/> 21 - Other Improper Action	Vehicle Defects <input type="checkbox"/> 01 - Turn Signals <input type="checkbox"/> 02 - Head Lamps <input type="checkbox"/> 03 - Tail Lamps <input type="checkbox"/> 04 - Brakes <input type="checkbox"/> 05 - Steering <input type="checkbox"/> 06 - Tire Blowout <input type="checkbox"/> 07 - Worn or Slick tires <input type="checkbox"/> 08 - Trailer Equipment Defective <input type="checkbox"/> 09 - Motor Trouble <input type="checkbox"/> 10 - Disabled From Prior Accident <input type="checkbox"/> 11 - Other Defects	
Sequence of Events 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <input type="checkbox"/> 1 Most Harmful Event <input type="checkbox"/> 1 99 - Unknown	Non-Collision Events <input type="checkbox"/> 01 - Overturn/Rollover <input type="checkbox"/> 02 - Fire/Explosion <input type="checkbox"/> 03 - Immersion <input type="checkbox"/> 04 - Jackknife <input type="checkbox"/> 05 - Cargo/Equipment Loss or Shift <input type="checkbox"/> 06 - Equipment Failure (Blown Tire, Brake Failure, etc) <input type="checkbox"/> 07 - Separation of Units <input type="checkbox"/> 08 - Ran Off Road Right <input type="checkbox"/> 09 - Ran Off Road Left <input type="checkbox"/> 10 - Cross Median <input type="checkbox"/> 11 - Cross Center Line Opposite Direction of Travel <input type="checkbox"/> 12 - Downhill Runaway <input type="checkbox"/> 13 - Other Non-Collision			
Collision with Person, Vehicle or Object Not Fixed <input type="checkbox"/> 14 - Pedestrian <input type="checkbox"/> 15 - Pedalcycle <input type="checkbox"/> 16 - Railway Vehicle (Train, Engine) <input type="checkbox"/> 17 - Animal - Farm <input type="checkbox"/> 18 - Animal - Deer <input type="checkbox"/> 19 - Animal - Other <input type="checkbox"/> 20 - Motor Vehicle in Transport <input type="checkbox"/> 21 - Parked Motor Vehicle <input type="checkbox"/> 22 - Work Zone Maintenance Equipment <input type="checkbox"/> 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle <input type="checkbox"/> 24 - Other Movable Object				
Collision With Fixed Object <input type="checkbox"/> 25 - Impact Attenuator/Crash Cushion <input type="checkbox"/> 26 - Bridge Overhead Structure <input type="checkbox"/> 27 - Bridge Pier or Abutment <input type="checkbox"/> 28 - Bridge Parapet <input type="checkbox"/> 29 - Bridge Rail <input type="checkbox"/> 30 - Guardrail Face <input type="checkbox"/> 31 - Guardrail End <input type="checkbox"/> 32 - Portable Barrier <input type="checkbox"/> 33 - Median Cable Barrier <input type="checkbox"/> 34 - Median Guardrail Barrier <input type="checkbox"/> 35 - Median Concrete Barrier <input type="checkbox"/> 36 - Median Other Barrier <input type="checkbox"/> 37 - Traffic Sign Post <input type="checkbox"/> 38 - Overhead Sign Post <input type="checkbox"/> 39 - Light/Luminaries Support <input type="checkbox"/> 40 - Utility Pole <input type="checkbox"/> 41 - Other Post, Pole or Support <input type="checkbox"/> 42 - Culvert <input type="checkbox"/> 43 - Curb <input type="checkbox"/> 44 - Ditch <input type="checkbox"/> 45 - Embankment <input type="checkbox"/> 46 - Fence <input type="checkbox"/> 47 - Mailbox <input type="checkbox"/> 48 - Tree <input type="checkbox"/> 49 - Fire Hydrant <input type="checkbox"/> 50 - Work Zone Maintenance Equipment <input type="checkbox"/> 51 - Wall, Building, Tunnel <input type="checkbox"/> 52 - Other Fixed Object				
Unit Speed <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated 5	Posted Speed 35	Traffic Control <input type="checkbox"/> 04 <input type="checkbox"/> 01 - No Controls <input type="checkbox"/> 02 - Stop Sign <input type="checkbox"/> 03 - Yield Sign <input type="checkbox"/> 04 - Traffic Signal <input type="checkbox"/> 05 - Traffic Flashers <input type="checkbox"/> 06 - School Zone <input type="checkbox"/> 07 - Railroad Crossbucks <input type="checkbox"/> 08 - Railroad Flashers <input type="checkbox"/> 09 - Railroad Gates <input type="checkbox"/> 10 - Construction Barricade <input type="checkbox"/> 11 - Person (Flagger, Officer) <input type="checkbox"/> 12 - Pavement Markings	Unit Direction From <input type="checkbox"/> 2 To <input type="checkbox"/> 1 <input type="checkbox"/> 1 - North <input type="checkbox"/> 2 - South <input type="checkbox"/> 3 - East <input type="checkbox"/> 4 - West <input type="checkbox"/> 5 - Northeast <input type="checkbox"/> 6 - Northwest <input type="checkbox"/> 7 - Southeast <input type="checkbox"/> 8 - Southwest <input type="checkbox"/> 9 - Unknown	Page of



Motorist / Non-Motorist / Occupant

Local Report Number *

| 2 | 0 | 1 | 7 | 1 | 9 | 6 | 5 | | | | | | | |

Motorist/Non-Motorist

Unit Number 0 1	Name: Last, First, Middle SELL DYLAN MI	Date of Birth 0 3 1 7 1 9 9 9	Age 18	Gender M F - Female M - Male							
Address, City, State, Zip 4650 E 93RD ST GARFIELD HTS OH 44125 1342			Contact Phone - include area code 216-215-3031								
Injuries 1	Injured Taken By 	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State O H	Operator License Number UK029891	OL Class 4	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value 	Drug Test Status 1	Drug Test Type 1
Offense Charged (<input type="checkbox"/> Local Code)		Offense Description			Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 1			

Motorist/Non-Motorist

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 	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 	Air Bag Usage 	Ejection 	Trapped 		
OL State 	Operator License Number	OL Class 	<input type="checkbox"/> No Valid OL	<input type="checkbox"/> M/C End	Condition 	Alcohol/Drug Suspected 	Alcohol Test Status 	Alcohol Test Type 	Alcohol Test Value 	Drug Test Status 	Drug Test Type
Offense Charged (<input type="checkbox"/> Local Code)		Offense Description			Citation Number		<input type="checkbox"/> Hands-Free Device Used	Driver Distracted By 			

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 Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	Motorist 99 - Unknown Safety Equipment 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
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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	Seating Position 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)	Seating Position 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown
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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 <u>Only</u>	Condition 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness	Condition 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
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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
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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 	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 	Air Bag Usage 	Ejection 	Trapped
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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 	<input type="checkbox"/> DOT Compliant Motorcycle Helmet	Seating Position 	Air Bag Usage 	Ejection 	Trapped
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