



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20172949	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<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	01820	GARFIELD HEIGHTS	02	02 98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
18		GARFIELD HTS	08222017	1607	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.413224	-81.615841

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	04	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
		N.S. E.W.	TRANSPORTATION	BL	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	IR	480	N.S. E.W.		

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	03 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	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
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary Secondary	01		* Secondary Condition Only

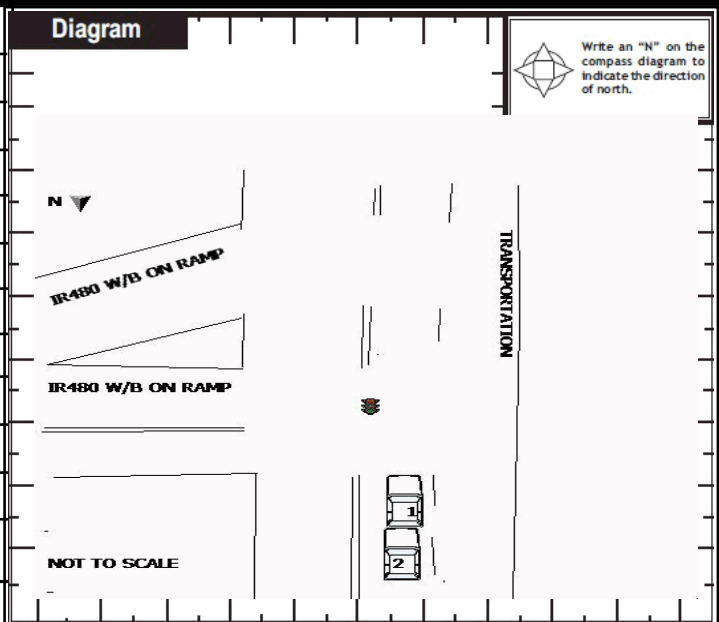
Manner of Crash Collision/Impact	Weather
2 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light conditions	School Bus Related
2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 - 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"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the first Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

UNIT 1 WAS STOPPED, S/B ON TRANSPORTATION AT IR480 W/B ON RAMP. UNIT 2 APPROACHED FROM THE REAR AND WAS UNABLE TO STOP IN TIME AND UNIT 2 STRUCK UNIT 1 IN THE REAR. UNIT 2 STATES HER BRAKES ARE FAULTY



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	08222017	1607	1610	1605	1705	45	105
Officer's Name *	Officer's Badge Number	Checked By	Page of					
B. Cwiklinski	009	S12 D. Merchant						



# Unit

Local Report Number \*

2 0 1 7 2 9 4 9

Unit Number <b>01</b>	Owner Name: Last, First, Middle <b>COLON CHRISTIAN</b> <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>9</b>	Damaged Area 
Owner Address, City, State, Zip <b>11112 WADSWORTH AV GARFIELD HTS OH 44125</b> <input checked="" type="checkbox"/> Same As Driver			1 - None	
LP State <b>OH</b>	License Plate Number <b>GDT9277</b>	Vehicle Identification Number <b>WBVA33587PG51826</b>	# Occupants <b>01</b>	
Vehicle Year <b>2007</b>	Vehicle Make <b>BMW BMW</b>	Vehicle Model <b>OTH Other</b>	Vehicle Color <b>SIL Alum/Silver</b>	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>NATIONWIDE</b>	Policy Number <b>9234P382309</b>	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 <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway	
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	Hit / Skip Unit <input type="checkbox"/>		
HM Class Number	Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown			
Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 99 - Unknown or Hit/Skip 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Passenger Vehicle (less than 9 passengers) Med/Heavy Trucks or Combo Units>10k lbs Bus/Van/Limo (9 or More Including Driver)		
Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>06</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions <b>11</b> 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing
Contributing Circumstances Primary <b>01</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road		Motorist 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 Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</b> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision		
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		Collision With Fixed Object 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		
Unit Speed <b>0</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



# Unit

Local Report Number \*

2 0 1 7 2 9 4 9

Unit Number <b>02</b>		Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>JOHNSON ELOISE</b>		Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )		Damage Scale <b>9</b>																																																						
Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>3644 NEWARK AVE CLEVELAND OH 44109 1334</b>						1 - None																																																						
LP State <b>OH</b>	License Plate Number <b>GLT1603</b>	Vehicle Identification Number <b>2G1WF52E359208779</b>			# Occupants <b>01</b>	2 - Minor	03																																																					
Vehicle Year <b>2005</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>IMP Impala</b>	Vehicle Color <b>GRY Gray</b>	3 - Functional	4 - Disabling	04	05																																																					
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>NATIONWIDE</b>	Policy Number <b>9234P070438</b>	Towed By	9 - Unknown		06	07																																																					
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 <b>01</b>	Trafficway Description <b>1</b>	HM Placard ID No.	HM Class Number	01 - No Cargo Body Type/Not Applicable	02 - Bus/Van(9-15 Seats, Inc.Driver)	03 - Bus(16+ Seats, Inc Driver)	04 - Vehicle Towing Another Vehicle	05 - Logging	06 - Intermodal Container Chassis	07 - Cargo Van/Enclosed Box	08 - Grain, Chips, Gravel	09 - Pole	10 - Cargo Tank	11 - Flat Bed	12 - Dump	13 - Concrete Mixer	14 - Auto Transporter	15 - Garbage/Refuse	99 - Other/Unknown	1 - Two-Way, Not Divided	2 - Two-Way, Not Divided, Continuous Left Turn Lane	3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median	4 - Two-Way, Divided, Positive Median Barrier	5 - One-Way Trafficway																																		
Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>03</b>	Passenger Vehicle (less than 9 passengers)	Med/Heavy Trucks or Combo Units>10k lbs	Bus/Van/Limo (9 or More Including Driver)	01 - Intersection - Marked Crosswalk	02 - Intersection - No Crosswalk	03 - Intersection - Other	04 - Midblock - Marked Crosswalk	05 - Travel Lane - Other Location	06 - Bicycle Lane	07 - Shoulder/Roadside	08 - Sidewalk	09 - Median/Crossing Island	10 - Driveway Access	11 - Shared-Use Path or Trail	12 - Non-Trafficway Area	99 - Other/Unknown	1 - Personal	2 - Commercial	3 - Government	99 - Unknown or Hit/Skip	01 - Sub-Compact	02 - Compact	03 - Mid Size	04 - Full Size	05 - Minivan	06 - Sports Utility Vehicle	07 - Pickup	08 - Van	09 - Motorcycle	10 - Motorized Bicycle	11 - Snowmobile/ATV	12 - Other Passenger Vehicle	13 - Single Unit Truck or Van 2axle,6 tires	14 - Single Unit Truck 3+ axles	15 - Single Unit Truck/Trailer	16 - Truck/Tractor(Bobtail)	17 - Tractor/Semi-Trailer	18 - Tractor/Double	19 - Tractor/Triples	20 - Other Med/Heavy Vehicle	21 - Bus/Van (9-15 Seats, Inc Driver)	22 - BUS(16+ Seats, Inc Driver)	Non-Motorist	23 - Animal with Rider	24 - Animal with Buggy, Wagon, Surrey	25 - Bicycle/Pedacyclist	26 - Pedestrian/Skater	27 - Other Non-Motorist										
Special Function <b>01</b>	01 - None	02 - Taxi	03 - Rental Truck (Over 10K Lbs)	04 - Bus - School (Public or Private)	05 - Bus - Transit	06 - Bus - Charter	07 - Bus - Shuttle	08 - Bus - Other	09 - Ambulance	10 - Fire	11 - Highway/Maintenance	12 - Military	13 - Police	14 - Public Utility	15 - Other Government	16 - Construction Equip.	17 - Farm Vehicle	18 - Farm Equipment	19 - Motorhome	20 - Golf Cart	21 - Train	22 - Other (Explain in Narrative)	Most Damaged Area <b>02</b>	01 - None	02 - Center Front	03 - Right Front	04 - Right Side	05 - Right Rear	06 - Rear Center	07 - Left Rear	08 - Left Side	09 - Left Front	10 - Top and Windows	11 - Undercarriage	12 - Load/Trailer	13 - Total (All Areas)	14 - Other	99 - Unknown	Action <b>3</b>	1 - Non-Contact	2 - Non-Collision	3 - Striking	4 - Struck	5 - Striking/Struck	9 - Unknown															
Pre-Crash Actions <b>01</b>	Motorist	01 - Straight Ahead	02 - Backing	03 - Changing Lanes	04 - Overtaking/Passing	05 - Making Right Turn	06 - Making Left Turn	07 - Making U-Turn	08 - Entering Traffic Lane	09 - Leaving Traffic Lane	10 - Parked	11 - Slowing or Stopped in Traffic	12 - Driverless	13 - Negotiating a Curve	14 - Other Motorist Action	Non-Motorist	15 - Entering or Crossing Specified Location	16 - Walking, Running, Jogging, Playing, Cycling	17 - Working	18 - Pushing Vehicle	19 - Approaching or Leaving Vehicle	20 - Standing	21 - Other Non-Motorist Action																																					
Contributing Circumstances <b>09</b>	Primary	Motorist	01 - None	02 - Failure to Yield	03 - Ran Red Light	04 - Ran Stop Sign	05 - Exceeded Speed Limit	06 - Unsafe Speed	07 - Improper Turn	08 - Left of Center	09 - Followed Too Closely/ACDA	10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing	12 - Improper Start From Parked Position	13 - Stopped or Parked Illegally	14 - Operating Vehicle in Negligent Manner	15 - Swerving to Avoid (Due to External Conditions)	16 - Wrong Side/Wrong Way	17 - Failure to Control	18 - Vision Obstruction	19 - Operating Defective Equipment	20 - Load Shifting/Falling/Spilling	21 - Other Improper Action	Non-Motorist	22 - None	23 - Improper Crossing	24 - Darting	25 - Lying and/or Illegally in Roadway	26 - Failure to Yield Right of Way	27 - Not Visible (Dark Clothing)	28 - Inattentive	29 - Failure to Obey Traffic Signs /Signals/Officer	30 - Wrong Side of the Road	31 - Other Non-Motorist Action	Vehicle Defects <b>01</b>	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 <b>20</b>	2	3	4	5	6	Non-Collision Events	01 - Overturn/Rollover	02 - Fire/Explosion	03 - Immersion	04 - Jackknife	05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc)	07 - Separation of Units	08 - Ran Off Road Right	09 - Ran Off Road Left	10 - Cross Median	11 - Walk Center Line Opposite Direction of Travel	12 - Downhill Runaway	13 - Other Non-Collision	Collision With Person, Vehicle or Object Not Fixed	14 - Pedestrian	15 - Pedalcycle	16 - Railway Vehicle (Train,Engine)	17 - Animal - Farm	18 - Animal - Deer	19 - Animal - Other	20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle	22 - Work Zone Maintenance Equipment	23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle	24 - Other Movable Object	25 - Impact Attenuator/Crash Cushion	26 - Bridge Overhead Structure	27 - Bridge Pier or Abutment	28 - Bridge Parapet	29 - Bridge Rail	30 - Guardrail Face	31 - Guardrail End	32 - Portable Barrier	33 - Median Cable Barrier	34 - Median Guardrail Barrier	35 - Median Concrete Barrier	36 - Median Other Barrier	37 - Traffic Sign Post	38 - Overhead Sign Post	39 - Light/Luminaries Support	40 - Utility Pole	41 - Other Post, Pole or Support	42 - Culvert	43 - Curb	44 - Ditch	45 - Embankment	46 - Fence	47 - Mailbox	48 - Tree	49 - Fire Hydrant	50 - Work Zone Maintenance Equipment	51 - Wall, Building, Tunnel	52 - Other Fixed Object
Unit Speed <b>15</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b>	01 - No Controls	02 - Stop Sign	03 - Yield Sign	04 - Traffic Signal	05 - Traffic Flashers	06 - School Zone	07 - Railroad Crossbucks	08 - Railroad Flashers	09 - Railroad Gates	10 - Construction Barricade	11 - Person (Flagger, Officer)	12 - Pavement Markings	13 - Crosswalk Lines	14 - Walk/Don't Walk	15 - Other	16 - Not Reported	Unit Direction From <b>1</b> To <b>2</b>	1 - North	2 - South	3 - East	4 - West	5 - Northeast	6 - Northwest	7 - Southeast	8 - Southwest	9 - Unknown																																



# Motorist / Non-Motorist / Occupant

Local Report Number \*  
 2 | 0 | 1 | 7 | 2 | 9 | 4 | 9 | | | | | | | | | |

Motorist/Non-Motorist

Unit Number 0   1	Name: Last, First, Middle COLON CHRISTIAN	Date of Birth 0   4   1   1   1   9   9   3	Age 24	Gender M F - Female M - Male
Address, City, State, Zip 11112 WADSWORTH AV GARFIELD HTS OH 44125			Contact Phone - include area code	
Injuries 3	Injured Taken By 4	EMS Agency	Medical Facility Injured Taken To MARYMOUNT	Safety Equipment Used 0   4
OL State OH	Operator License Number TP383128	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value
Offense Charged <input type="checkbox"/> Local Code	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

Motorist/Non-Motorist

Unit Number 0   2	Name: Last, First, Middle WILLIAMS SHARONDA RE	Date of Birth 0   8   0   1   1   9   9   2	Age 25	Gender F F - Female M - Male
Address, City, State, Zip 5230 KNOLLWOOD DR APT PARMA OH 44129 1010			Contact Phone - include area code 216-358-8036	
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   4
OL State OH	Operator License Number TR161375	OL Class 4	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>
Condition 1	Alcohol/Drug Suspected 1	Alcohol Test Status 1	Alcohol Test Type 1	Alcohol Test Value
Offense Charged <input type="checkbox"/> Local Code	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1

<b>Injuries</b> 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	<b>Injured Taken By</b> 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	<b>Safety Equipment Used</b> <b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used <b>Non-Motorist</b> 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment	<b>Non-Motorist</b> 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
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<b>Seating Position</b> 01 - Front - Left Side (Motorcycle Driver) 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (Motorcycle Passenger) 05 - Second - Middle 06 - Second - Right Side 07 - Third - Left Side (Motorcycle Side Car) 08 - Third - Middle 09 - Third - Right Side 10 - Sleeper Section of Cab (Truck) 11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cab) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - Unknown	<b>Air Bag Usage</b> 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown
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<b>Ejection</b> 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable	<b>Trapped</b> 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means	<b>Operator License Class</b> 1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	<b>Condition</b> 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Angry, Disturbed) 4 - Illness 5 - Fell Asleep, Fainted, Fatigued 6 - Under The Influence of Medications, Drugs, Alcohol 7 - Other	<b>Alcohol/Drug Suspected</b> 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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<b>Alcohol Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Alcohol Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	<b>Drug Test Status</b> 1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	<b>Drug Test Type</b> 1 - None 2 - Blood 3 - Urine 4 - Other	<b>Driver Distracted By</b> 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	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	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	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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