Traffic Crash Report	Local Report Number * Crash Severity Hit/S					
ESNOCTION - SERVICE - PREDICTION Local Information		20	1 7 4 2	2 5 7	1 - Fata 2 - Injur 3 - PDC	y 2 - Unsolved
I I I I I I I I I I I I I I I I I I I	orting Agency NCIC * Report	rting Agency Na	me *		Number of Units	Unit in error
□ OH-2 □ OH-1P Reportable Dollar Amount □ OH-3 □ Other □ Dollar Amount □ OH-3 □ Other □ Dollar Amount □ OH-1P	1 8 2 0 GAF	RFIELD H	EIGHTS		0 3	0 3 98 - Animal 99 - Unknown
County *				Crash Date *	Time of Cras	
1 8 GARFIELD HTS				1 1 2 4 2 0	<u> </u>	
Degrees / Minutes / Seconds Latitude Longitude			0	Decimal Degrees Latitude	Longitud	e
	°		R 4	1 4 1 7 0 3	7 - 8 1 .	6 1 6 1 5 3
Roadway Division ☐ Divided ☐ Divided ☐ Undivided ☐ Undivided ☐ Divided ☐ S - Southbound ☐ Undivided ☐ S - Southbound ☐ Divided	02	Road Types or M AL - Alley AV - Avenue BL - Boulevard	CR - Circle CT- Court DR - Drive	HE - Heights MP - Mile HW - Highway PK - Park LA - Lane PI - Pike	way RD - Road T	sT - Street WA - Way E - Terrace L - Trail
Location Route Number Route Type 1 Location Route Number Loc. Prefix N,S, E N,S, E,W 98th	Location Road name		ST	Location Road IR - Interstate Ro US - US Route Type 2 SR - State Route		- Numbered County Route - Numbered Township Route
Distance From Reference Miles Dir From Ref O Ref Rot Type Ref Rot Type Ref N,S, E,W F S R Type Ref Rot Type Ty		lumber Ref	¶n.s.	erence Name (Road, Milepost, Ho	use #)	R D Reference Road Type 2
Reference Point Used Crash Location 01 - Not an intersection	06 - Five-point, or mor	e 11 D	ailway Grade Cro	ossing Intersection Loc	cation of First Harmful Event	
1 - Intersection 2 - Mile Post 3 - House Number 1 - Intersection 2 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundal	07 - On Ramp 08 - Off Ramp 09 - Crossover	12 - S T 99 - U	hared-Use Paths rails nknown	· · · · · · · · · · · · · · · · · · ·	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
Road Contour Road Conditions	Sacandani	01 - Dry			it, Holes, Bumps, Uneven	
1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level	Secondary	02 - Wet 03 - Snow 04 - Ice	06 - Water (07 - Slush 08 - Debris*	Standing, Moving) P. 10 - Ot 99 - Ur		* Secondary Condition Only
Manner of Crash Collision/Impact			Weather			
1 - Not Collision Between 2 - Rear-End 5 - Backing Two Motor Vehicles 3 - Head-On 6 - Angle In Transport 4 - Rear-to-Rear 7 - Sideswipe, S.	Direction		1 2	1 - Clear 4 - R 2 - Cloudy 5 - S 3 - Fog, Smog, Smoke 6 - S	leet, Hail 8 - Blowing	Sand, Soil, Dirt, Snow
Road Surface Light conditions					_ 90	School Bus Related
1 - Concrete 4 - Slag, Gravel, 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other	Secondary 1 - Dayligh 2 - Dawn 3 - Dusk 4 - Dark - L	it Lighted Roadwa	6 - Dark - 7 - Glare*		9 - Unknown Zo	Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved
☐ Work ☐ Workers Present ☐ Type of Work Zone		y		Location of Crash in Work Zone	ary condition only	· ·
Zone Related Law Enforcement Present (Officer/Vehicle) Law Enforcement Present (Vehicle Only) 3 - Work on Si		ntermittent or Mo Other	oving Work	1 - Before the first Work 2 - Advance Warning Ard 3 - Transition Area		4 - Activity Area 5 - Termination Area
Narrative UNIT 3 DRIVER STATED SHE WAS STOPPI	ED ON E.98TH S/E	3	Diagra	am	1.1.1	✓ Write an "N" on the
AT GRANGER RD. WHEN SHE WAS STRUC	CK AT THE REAR					compass diagram to indicate the direction of north.
BY UNIT 2. UNIT 2 STATES SHE WAS ALSO) STOPPED			700		' <u>-</u>
BEHIND UNIT 3 WHEN A WHITE PANEL VA	N (UNIT 1)			r Rd. (SR17)	*	-
STRUCK UNIT 2 AT THE REAR, PUSHING U	JNIT 2 INTO THE		Grange	1 Ku. (SK17)		
REAR OF UNIT 3. UNIT 1 THEN FLEDTHE A	AREA WITHOUT		-	m	3	+
STOPPING. AN UNKNOWN CALLER REPO	RTED THE			88	2	7
ACCIDENT GIVING A PLATE OF GPQ 4994					1	
RETURNED TO A BLACK NISSIAN SW NOT			F			_
DESCRIPTION OF THE VEHICLE OBSERVE	ED BY UNIT 2 AND)	<u> </u>			+
UNIT 3 DRIVERS.						
			- Not to 5	Scale		
Report Taken By Sup Police Agency Motorist Sup an i	oplement (Correction or Addition to Existing Report Sent to ODPS)					
Date Crash Reported	Dispatch Time	Arrival Time	5	Time Cleared 0	ther Investigation Time	Total Minutes
Officer's Name * R. Dodge		Officer's Badg	e Number	Checked By S14 M. Berdvs	7	Page of

OHIO SPECIAL SERVICE SPECIAL SPECIAL SERVICE SPECIAL S			1 Report Number *	1 2 5 7
	Same As Driver) Owner Phone Number - inc.	area code (☐ Same A	as Driver)	Damage Scale Damaged Area Front
JAMES FRED ALSTON Owner Address, City, State, Zip	A D:)			9 1 - None 02
4159 E 108 ST	AS Driver) CLEVELAND	OH 4410	5	09
LP State License Plate Number O H GPQ4994	Vehicle Identification Number	w 5 0 8 4 7 3	# Occupants	2 - Minor 08 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color	 	3 - Functional
2 0 0 7 NISS Nissan		BLK Blad	ck	4 - Disabling 07 06 05
Proof of Insurance Company Shown	Policy Number	Towed By		9 - Unknown Rear
Carrier Name, Address, City, State, Zip			•	Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs. Hazardous Material	0 1 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus/(16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging	ole 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer	3 - Two-Way, Div	ot Divided, Continuous Left Turn Lane vided, Unprotected (Painted or Grass>4 Ft.) Median vided, Positive Median Barrier
HM Class Number Hazardous Material Released	06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	☑ Hit / Skip Unit	
Non-Motorist Location Prior to Impact 1	Unit Type Passenger Vehicle (less than 9 ps 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sports Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle	Med/Heavy Trucks o 13 - Single Unit Truc 14 - Single Unit Truc 15 - Single Unit Truc 16 - Truck/Tractor(B 17 - Tractor/Semi-Tr 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Hea	ck/Trailer obtail) railer	
02 - Taxi 10 - Fi 03 - Rental Truck (Over 10K Lbs) 11 - Hi 04 - Bus - School (Public or Private) 12 - M 05 - Bus - Transit 13 - Pr 06 - Bus - Charter 14 - P 07 - Bus - Shuttle 15 - O	ighway/Maintenance 19 - Motorhome lilitary 20 - Golf Cart	O 2	10 - Top and Wi 11 - Undercarria 12 - Load/Traile	r 4 - Struck r 5 - Striking/Struck
02 - Backing 08 - Er 03 - Changing Lanes 09 - Le 99 - Unknown 04 - Overtaking/Passing 10 - Pa 05 - Making Right Turn 11 - Sk	aking U-Turn 13 - Negotiating a Curve ntering Traffic Lane 14 - Other Motorist Actions arked arked 15 owing or Stopped in Traffic riverless	on 16 - Walking, Run 17 - Working 18 - Pushing Vehi	rossing Specified Loca ning, Jogging, Playing cle or Leaving Vehicle	
Contributing Circumstances 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 Shifing/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally 26 - Failure to Yield Right 27 - Not Visible (Dark Clo 28 - Inattentive 29 - Failure to Obey Traff //Signals/Officer 30 - Wrong Side of the Rc 31 - Other Non-Motorist A	of Way othing) ic Signs pad	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 5 First Harmful Event 1 21 - Parked Motor Vehicle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 19 - Motor Vehicle 06 19 - Motor Vehicle 07 - Motor Vehicle 07 - Motor Vehicle 08 - Other 19 - Animal - Other 19 - Animal - Other 19 - Motor Vehicle 19 - Other Movable Ob	nance Equipment 26 - Bridge Overhead Structure Shifting Cargo 27 - Bridge Pier or Abutment Motion by a 28 - Bridge Parapet 29 - Bridge Rail	ushion 33 - Median Cable Barr	Oppos 12 - Down 13 - Other sarrier 41 - Oth Barrier or S sarrier 42 - Cul er 43 - Cur 44 - Ditc st 45 - Enb	Center Line site Direction of Travel hill Runaway Non-Collision er Post, Pole 48 - Tree tupport 49 - Fire Hydrant vert 50 - Work Zone Maintenance b Equipment th 51 - Wall, Building, Tunnel bankment 52 - Other Fixed Object toe
	Sign 08 - Railroad Flashers I Sign 09 - Railroad Gates Ic Signal 10 - Construction Barricade Ic Flashers 11 - Person (Flagger, Officer)	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To	2 - South 5 - Northeast 6 - Northwest 7 - Southeast 4 - West 8 - Southwest Page of
06 - Scho	ool Zone 12 - Pavement Markings		ļ	

OHIO ORANGE OFFICIAL Unit			Report Number *	2 5 7
Unit Number Owner Name: Last, First, Middle	me As Driver) Owner Phone Number - inc. ar			amage Scale Damaged Area
USANI BHARATSINGH N	216-663-1856	(LM Same As	Driver)	3 Front
Owner Address, City, State, Zip (Same As Dr			1	- None 09 02 03
6200 MACKENZIE DR	INDEPENDENCE	OH 44131		- Minor
LP State License Plate Number OH MCH4800	Vehicle Identification Number 1 9 X F B 2 F 8 4 F E	=	# Occupants 2	08 10 04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color		- Functional
2 0 1 5 HOND Honda	CIV Civic (And Crx)	BLK Black	(4	- Disabling 07 05
Proof of Insurance Company	Policy Number	Towed By	9	- Unknown
Shown Carrier Name, Address, City, State, Zip				Rear Carrier Phone - include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Tra	ifficway Description	
1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs	0 1 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver)		1 - Two-Way, Not	Divided 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, Divi	ded, Unprotected (Painted or Grass>4 Ft.) Median ded, Positive Median Barrier
Hazardous Material Released	05 - Logging 06 - Intermodal Container Chassis	13 - Concrete Mixer 14 - Auto Transporter	5 - One-Way Traff	ficway
Number	07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	15 - Garbage/Refuse 99 - Other/Unknown	Hit / Skip Unit	
Non-Motorist Location Prior to Impact Type of Use 01 - Intersection - Marked Crosswalk	Unit Type Passenger Vehicle (less than 9 pass			
02 - Intersection - No Crosswalk 03 - Intersection - Other	0 3 01 - Sub-Compact 02 - Compact	13 - Single Unit Truck 14 - Single Unit Truck	3+ axles	21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Biougle Lane - Other Location 1 - Personal 2 - Commercia	03 - Mid Size 99 - Unknown 04 - Full Size or Hit/Skip	15 - Single Unit Truck 16 - Truck/Tractor(Bot	otail)	Non-Motorist
07 - Shoulder/Roadside 3 - Governme	oo - Millivali	17 - Tractor/Semi-Trai 18 - Tractor/Double 19 - Tractor/Triples	ier	23 - Animal with Rider
08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access □ In Emerger	08 - Van	20 - Other Med/Heavy	Vehicle	24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater
11 - Shared-Use Path or Trail Response 12 - Non-Trafficway Area	10 - Motorized Bicycle 11 - Snowmobile/ATV	☐ Has HM	Placard	27 - Other Non-Motorist
99 - Other/Unknown	12 - Other Passenger Vehicle	Most Damaged Area		Action
02 - Taxi 10 - Fire	ance 17 - Farm Vehicle 18 - Farm Equipment ny/Maintenance 19 - Motorhome	01 - None 02 - Center Front	08 - Left Side 09 - Left Front	99 - Unknown 1 - Non-Contact
03 - Rental Truck (Over 10k Lbs) 11 - Flightware 12 - Military 05 - Bus - Transit 13 - Police		03 - Right Front Impact Area 04 - Right Side	10 - Top and Win	ndows 3 - Striking
06 - Bus - Charter 14 - Public 07 - Bus - Shuttle 15 - Other 0	Utility 22 - Other (Explain in Narrative)	05 - Right Rear	12 - Load/Trailer 13 - Total (All Area	5 - Striking/Struck
	uction Equip.	07 - Left Rear	14 - Other	
Pre-Crash Actions Motorist 01 - Straight Ahead 07 - Making	U-Turn 13 - Negotiating a Curve	Non-Motorist 15 - Entering or Cro	ssing Specified Local	tion 21 - Other Non-Motorist Action
1 1 02 - Backing 08 - Entering	g Traffic Lane 14 - Other Motorist Action		ng, Jogging, Playing,	
99 - Unknown 04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing	or Stopped in Traffic	18 - Pushing Vehicle 19 - Approaching or		
06 - Making Left Turn 12 - Driverle Contributing Circumstances	ess	20 - Standing	T	Vehicle Defects
Primary Motorist		Non-Motorist 22 - None		01 - Turn Signals 02 - Head Lamps
0 1 02 - Failure to Yield 12	Improper Backing Improper Start From Parked Position Stopped or Parked Illegally	22 - Notile 23 - Improper Crossing 24 - Darting		03 - Tail Lamps 04 - Brakes
Secondary 04 - Ran Stop Sign 14	Operating Vehicle in Negligent Manner Swerving to Avoid (Due to External Conditions)	25 - Lying and/or Illegally in 26 - Failure to Yield Right o		05 - Steering 06 - Tire Blowout
06 - Unsafe Speed 16	- Wrong Side/Wrong Way - Failure to Control	27 - Not Visible (Dark Cloth 28 - Inattentive		07 - Worn or Slick tires 08 - Trailer Equipment Defective
99 - Unknown 09 - Followed Too Closely/ACDA 19	- Vision Obstruction - Operating Defective Equipment	29 - Failure to Obey Traffic /Signals/Officer	-	09 - Motor Trouble 10 - Disabled From Prior Accident
	- Load Shifing/Falling/Spilling - Other Improper Action	30 - Wrong Side of the Roa 31 - Other Non-Motorist Act		11 - Other Defects
Sequence of Events	Non-Collision Events 01 - Overturn/Rollover	06 - Equipment Failure	10 - Cross I	Median
1 2 0 2 3 4 5	6 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion	(Blown Tire, Brake Failure, etc 07 - Separation of Units	c) 11 - Cross (
First Most 99 - Un Harmful 1 Harmful 1		08 - Ran Off Road Right	12 - Downh	
Event Event Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object 25 - Impact Attenuator/Crash Cu			
14 - Pedestrian 21 - Parked Motor Vehicle 15 - Pedalcycle 22 - Work Zone Maintenance 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shiftir	e Equipment 26 - Bridge Overhead Structure	33 - Median Cable Barriel 34 - Median Guardrail Ba 35 - Median Concrete Ba	rrier or Su	upport 49 - Fire Hydrant
17 - Animal - Farm or Anything Set in Motio 18 - Animal - Deer Motor Vehicle	9 9-	36 - Median Other Barrier 37 - Traffic Sign Post		Equipment
19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport	30 - Guardrail Face 31 - Guardrail End	38 - Overhead Sign Post 39 - Light/Luminaries Sup	45 - Enba	ankment 52 - Other Fixed Object ce
Unit Speed Posted Speed Traffic Control	32 - Portable Barrier	40 - Utility Pole	47 Mailbo	DX .
Only operation of the control of the		13 - Crosswalk Lines	From 1 To	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest
0 4 02 - Stop Sign 3 5 0 4 02 - Stop Sign 03 - Yield Sign 04 - Traffic Sign	09 - Railroad Gates	14 - Walk/Don't Walk 15 - Other	ப	3 - East 7 - Southeast 4 - West 8 - Southwest
✓ Stated 04 - Traffic Sig □ Estimated 05 - Traffic Fla 06 - School Zo	shers 11 - Person (Flagger, Officer)	16 - Not Reported		Page of
HSV8304 OH1LL (Rev 01/12)	ne 12 - Pavement Markings			

OHIO CIRCUMS PRINCIPAL PRI		Local Report Num	per* 7 4 2 5 7			
	ne As Driver) Owner Phone Number - inc. ar	ea code (☐ Same As Driver)	Damage Scale Damaged Area			
03 HOMA THERESA A	216-704-4438		2 Front			
Owner Address, City, State, Zip (Same As Dri 11005 BRUNSWICK AVE	GARFIELD HTS	OH 44125 3116	1 - None 09 02 03			
LP State License Plate Number	Vehicle Identification Number	#Occup				
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color	3 - Functional 08 10 04			
2 0 1 7 KIA Kia Motors Corp		SIL Alum/Silver	4 - Disabling 07 05			
Proof of Insurance Company	Policy Number	Towed By				
Insurance Shown STATE FARM	866 9593-A09-35A		9 - Unknown Rear			
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code			
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Des	· ·			
HM Placard ID No.	01 - No Cargo Body Type/Not Applicable 02 - Bus/Van(9-15 Seats, Inc.Driver) 03 - Bus(16+ Seats, Inc Driver)	10 - Cargo Tank 1 2 - Two-	Way, Not Divided Way, Not Divided, Continuous Left Turn Lane			
	04 - Vehicle Towing Another Vehicle 05 - Logging	12 - Dump 4 - Two-	Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median Way, Divided, Positive Median Barrier Way Trafficway			
Hazardous Material Released	06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box	14 - Auto Transporter 15 - Garbage/Refuse				
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 pass	engers) Med/Heavy Trucks or Combo Unit 13 - Single Unit Truck or Van 2axl	· · · · · · · · · · · · · · · · · · ·			
02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk	02 - Compact 03 - Mid Size	14 - Single Unit Truck 3+ axles 15 - Single Unit Truck/Trailer	22 - Bus(16+ Seats, Inc Driver)			
05 - Travel Lane - Other Location 1 - Personal 2 - Commercia	00 1111111111	16 - Truck/Tractor(Bobtail) 17 - Tractor/Semi-Trailer	Non-Motorist			
07 - Shoulder/Roadside 08 - Sidewalk	07 - Pickup	18 - Tractor/Double 19 - Tractor/Triples	23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey			
09 - Median/Crossing Island 10 - Driveway Access In Emergen	08 - Van cy 09 - Motorcycle 10 - Motorized Bicycle	20 - Other Med/Heavy Vehicle	25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater			
11 - Shared-Use Path or Trail Response 12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger Vehicle	☐ Has HM Placard	27 - Other Non-Motorist			
Special Function 01 - None 09 - Ambula	nce 17 - Farm Vehicle	Most Damaged Area	Action			
	18 - Farm Equipment y/Maintenance 19 - Motorhome 20 - Golf Cart	01 - None 08 - Let 02 - Center Front 09 - Let	t Front 4 2 - Non-Collision			
04 - Bus - School (Public or Private) 12 - Military 05 - Bus - Transit 13 - Police 06 - Bus - Charter 14 - Public U	21 - Train	Impact Area 04 - Right Side 11 - Un	p and Windows dercarriage ad/Trailer 3 - Striking 4 - Struck 5 - Striking/Struck			
07 - Bus - Shuttle 15 - Other C 08 - Bus - Other 16 - Constru	Government	3	al (All Areas) 9 - Unknown			
Pre-Crash Actions Motorist		Non-Motorist				
1 1 01 - Straight Ahead 07 - Making 02 - Backing 08 - Entering		15 - Entering or Crossing Speci 16 - Walking, Running, Jogging				
03 - Changing Lanes 09 - Leaving 99 - Unknown 04 - Overtaking/Passing 10 - Parked		17 - Working 18 - Pushing Vehicle	g			
	or Stopped in Traffic ss	19 - Approaching or Leaving Ve 20 - Standing	hicle			
Contributing Circumstances Primary Motorist		Non-Motorist	Vehicle Defects 01 - Turn Signals			
01 - None 11	- Improper Backing	22 - None	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 in Roadway	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 of Way 27 - Not Visible (Dark Clothing)	06 - Tire Blowout 07 - Worn or Slick tires			
07 - Improper Turn 17	- Failure to Control - Vision Obstruction	28 - Inattentive 29 - Failure to Obey Traffic Signs	08 - Trailer Equipment Defective 09 - Motor Trouble			
	Operating Defective Equipment Load Shifing/Falling/Spilling	/Signals/Officer 30 - Wrong Side of the Road	10 - Disabled From Prior Accident 11 - Other Defects			
/Passing/Off Road 21 Sequence of Events	- Other Improper Action Non-Collision Events	31 - Other Non-Motorist Action				
1 1 2 3 4 5 5	6 01 - Overturn/Rollover 02 - Fire/Explosion		- Cross Median - Cross Center Line			
2 0	03 - Immersion	07 - Separation of Units	- Cross Center Line Opposite Direction of Travel - Downhill Runaway			
Harmful 1 Harmful 1 Event	05- Cargo/Equipment Loss or Sh Collision With Fixed Object	-	- Other Non-Collision			
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 21 - Parked Motor Vehicle 25 - Redulavele 27 - West Zone Maintenance	25 - Impact Attenuator/Crash Cus	shion 33 - Median Cable Barrier 34 - Median Guardrail Barrier	41 - Other Post, Pole 48 - Tree or Support 49 - Fire Hydrant			
15 - Pedalcycle 22 - Work Zone Maintenance 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shiftin 17 - Animal - Farm or Anything Set in Motior	g Cargo 27 - Bridge Pier or Abutment	35 - Median Concrete Barrier	49 - File Hydrant 42 - Culvert 50 - Work Zone Maintenance 43 - Curb Equipment			
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object	29 - Bridge Rail 30 - Guardrail Face	37 - Traffic Sign Post	44 - Ditch 51 - Wall, Building, Tunnel 45 - Enbankment 52 - Other Fixed Object			
20 - Motor Vehicle in Transport	31 - Guardrail End 32 - Portable Barrier	39 - Light/Luminaries Support	46 - Fence 47 Mailbox			
Unit Speed Posted Speed Traffic Control		Unit Direct	tion To 1 - North 5 - Northeast 9 - Unknown			
0 1 - No Contro 0 4 01 - Stop Sign 0 2 - Stop Sign 0 2 - Stop Sign 0 2 - Stop Sign 0 2 - Stop Sign	08 - Railroad Flashers	13 - Crosswalk Lines From 14 - Walk/Don't Walk	1 2 2 - South 6 - Northwest 7 - Southeast			
☐ Stated 03 - Yield Sign 04 - Traffic Sign ☐ Estimated 05 - Traffic Flas	nal 10 - Construction Barricade	15 - Other 16 - Not Reported	4 - West 8 - Southwest			
HSY8304 OH1U (Rev 01/12)			Page of			



Motorist / Non-Motorist / Occupant

Loc	al Re	port N	Numb	er *								
-	2	0	1	7	4	2	5	7				Ĺ

	10101	Last, First, Middle	TUE	DECA.	^		Date of Birth	2 1 9 7	.l ° le	F - Female M - Male
181	Address, City, State, Zip	OMA	IHE	RESA	Α		1,	Contact Phone - include	de area code	Ni - Male
I I I-INIOIOI	11005 BR Injuries Injured Taken B	UNSWICK AVE EMS Agency		GARF	IELD HTS ed Taken To	OH 44 Safety Equipment Used	125 3116 DOT Compl	216-704-443 Seating Position		Ejection Trapped
ULUISVING	2 9					0 4	Motorcycle Helmet	0 1	1	1 1
M	OL State Operator Lic	ense Number OL Clas	No Valid OL	M/C Ind Indicate Alexandria	cohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
	Offense Charged (□ L	ocal Code)	Offense Description			Citation Number				istracted By
		Last, First, Middle	SHI	VANI	Bŀ		Date of Birth	5 1 9 9	1 ° 1 -	nder F - Female M - Male
lotorist	Address, City, State, Zip 6200 MA	CKENZIE DR		INDEP	PENDENCE	OH 44	131 6372	Contact Phone - include 216-213-383		
otorist/Non-M	Injuries Injured Taken B	y EMS Agency		Medical Facility Injure	ed Taken To	Safety Equipment Use	DOT Compli Motorcycle Helmet	Seating Position 0 1	on Air Bag Usage	Trapped
M	OL State Operator Lic	cense Number OL Clas 2652 4	No Valid OL	M/C Condition Ale	cohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	e Drug Test Status	Drug Test Type
	Offense Charged (□ L	ocal Code)	Offense Description			Citation Number	1	<u> </u>	Hands-Free Device Used	Distracted By
	Injuries	Injured Taken By		Equipment Used	99 -	Unknown Safety Equipme	ent	•		
	No Injury/None Report Possible Non-Incapacitating Incapacitating Fatal	ted 1 - Not Transpo Treated at Si 2 - EMS 3 - Police 4 - Other 9 - Unknown	01 - 02 - 03 -	orist None Used - Vehicle O Shoulder Belt Only Use Lap Belt Only Used Shoulder Belt and Lap	ed 06 - 07 -	- Child Restraint System-F - Child Restraint System-F - Booster Seat - Helmet Used		Non-Motorist 09 - None Usec 10 - Helmet Us 11 - Protective (Elbows, Kne	ed 13 - Ligh Pads Used 14 - Othe	
	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 - N 09 - Third - R 10 - Sleeper 11 - Passeng		argo Area	Air Bag Usage 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 19 - Unknown Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Unknown 9 - Deployment Unknown				
	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 Meal	1 - Class 2 - Class 3 - Class 4 - Regu	В	Condition 1 - Apparently Norm 2 - Physical Impairm 3 - Emotional (Deprilate of the control of	on Alcohol/Drug Suspecte rently Normal 5 - Fell Asleep, Fainted, Fatigued 1 - None 2 - Yes - Alcohol Suspecte 2 - Yes - Alcohol Suspecte 3 - Yes - HBD Not Impa ical Impairment 6 - Under The Influence of 3 - Yes - HBD Not Impa ican (Depressed, Angry, Disturbed) Medications, Drugs, Alcohol 3 - Yes - HBD Not Impa				
							7 Galei		5 - Yes - Alcohol and Dr	rugs Suspected
	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	1 - None Given 2 - Test Refused		Drug Tes 1 - Non 2 - Blod 3 - Urin 4 - Oth	t Type Driver Dia lee 1 - No E od 2 - Phor lee 3 - Texti er 4 - Elec 5 - Othe	stracted By Distraction Reported	6 - Other In 7 - Externa Device	side the Vehicle
	1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kr 5 - Test Given, Results Ur	own	1 - None 2 - Blood 3 - Urine 4 - Breath	1 - None Given 2 - Test Refused 3 - Test Given, Co 4 - Test Given, Re	esults Known	1 - Non 2 - Blod Inusable 3 - Urin 4 - Oth	t Type Driver Dia lee 1 - No E od 2 - Phor lee 3 - Texti er 4 - Elec 5 - Othe	distraction Reported the ne ng/E-mailing tronic Communication or Electronic Device	6 - Other In 7 - Externa Device	side the Vehicle I Distraction
Occupant _	1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kr 5 - Test Given, Results Ur	own known	1 - None 2 - Blood 3 - Urine 4 - Breath	1 - None Given 2 - Test Refused 3 - Test Given, Co 4 - Test Given, Re	esults Known	1 - Non 2 - Blod Inusable 3 - Urin 4 - Oth	t Type Driver Diver Dive	distraction Reported the ne ng/E-mailing tronic Communication or Electronic Device	6 - Other In 7 - Externa Device	side the Vehicle Distraction der F - Female
Occupant	1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kr 5 - Test Given, Results Ur Unit Number Name:	own known .ast, First, Middle	1 - None 2 - Blood 3 - Urine 4 - Breath	1 - None Given 2 - Test Refused 3 - Test Given, Co 4 - Test Given, Re	esults Known	1 - Non 2 - Blod Inusable 3 - Urin 4 - Oth	t Type Driver Diver Diver Diver Diver Diver Size Size Size Size Size Size Size Size	pistraction Reported ne ng/E-mailing tronic Communication in relectronic Device gation Device, Radio, DVD	6 - Other In 7 - Externa Device) Age Gen e area code	side the Vehicle Distraction der F - Female
Occupant	1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kr 5 - Test Given, Results Ur Unit Number Name: Address, City, State, Zip Injuries Injured Taken By	own known .ast, First, Middle	1 - None 2 - Blood 3 - Urine 4 - Breath	1 - None Given 2 - Test Refused 3 - Test Given, Co 4 - Test Given, Re 5 - Test Given, Re	esults Known	1 - Non 2 - Blot 3 - Urin 4 - Oth	t Type Driver Dir 1 - No E 2 - Phor 3 - Texti er 4 - Elec 5 - Othe (Navi Dotte of Birth DOT Compli	pistraction Reported ne ng/E-mailing tronic Communication in relectronic Device gation Device, Radio, DVD	6 - Other In 7 - Externa Device) Age Gen e area code	der F - Female M - Male
Occupant	1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kr 5 - Test Given, Results Ur Unit Number Name: Address, City, State, Zip Injuries Injured Taken By	own known .ast, First, Middle	1 - None 2 - Blood 3 - Urine 4 - Breath	1 - None Given 2 - Test Refused 3 - Test Given, Co 4 - Test Given, Re 5 - Test Given, Re	esults Known	1 - Non 2 - Blot 3 - Urin 4 - Oth	trype le 1 - No E 2 - Phor 3 - Text er 4 - Elec 5 - Othe (Navi Date of Birth Dott Comple Helmet Date of Birth	pistraction Reported ne ng/E-mailing tronic Communication in relectronic Device gation Device, Radio, DVD	6 - Other In 7 - Externa Device) Age Gence e area code n Air Bag Usage E	der F - Female Trapped F - Female F - Female