



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20174464	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	99 - 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	12072017	2143	THU

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
41° 25' 36.69" N	- 81° 35' 16.56" W		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	E - Northbound 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 ¹	Location Route Number	Loc. Prefix	Location Road name	Location Road Type ²	Route Types ¹
		N.S. E.W.	BROADWAY	AV	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 ¹	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
	N.S. E.W.			N.S. E.W.	13600	

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 - 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 - 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

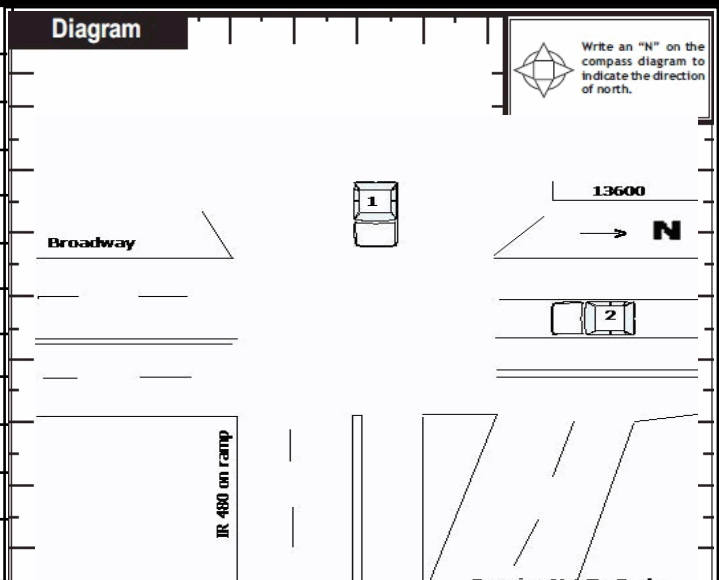
Road Contour	Road Conditions	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 - Primary 01 - Secondary			* Secondary Condition Only

Manner of Crash Collision/Impact	Weather
7 - 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	1 - 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
1 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 - Primary 1 - 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

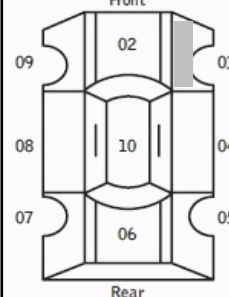
Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder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

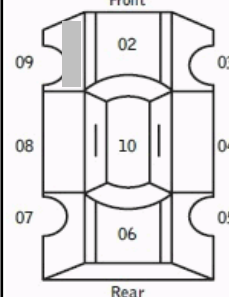
Narrative
 DRIVER OF UNIT 1 STATED HE WAS EXITING THE PARKING LOT AT 13600 BROADWAY WHEN HE WAS STRUCK BY UNIT 2. DRIVER OF UNIT 1 STATED HE DID NOT KNOW WHAT DIRECTION UNIT 2 WAS TRAVELING WHEN ACCIDENT OCCURRED. DRIVER OF UNIT 2 STATED SHE WAS TRAVELING NORTH IN THE RIGHT TURN LANE ON BROADWAY AND MADE A LEFT TURN. SHE STATED THAT UNIT 2 WAS IN THE LEFT TURN LANE AND STRUCK UNIT 2 IN THE MIDDLE OF BOTH UNITS TURNING.



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"/>	12072017	2143	2152	2154	2215	45	66

Officer's Name *	Officer's Badge Number	Checked By	Page of
B. Cramer	031	S13 N. Rossi	

Unit Number 01	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) LOCKLEAR COLBY M	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-403-0109	Damage Scale 2	Damaged Area 	
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 26233 OSBORNE RD COLUMBIA STA OH 44028			1 - None		
LP State OH	License Plate Number PFQ6679	Vehicle Identification Number 1FTWX33P06ED11455	2 - Minor		
Vehicle Year 2006	Vehicle Make FORD Ford	Vehicle Model F25 F250 Series	3 - Functional		
Vehicle Color RED Red	Insurance Company OHIO		4 - Disabling		
Proof of Insurance Shown <input type="checkbox"/>	Insurance Company OHIO	Policy Number	9 - Unknown		
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 01 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 3 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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number	Non-Motorist Location Prior to Impact 01 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 07 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	
Special Function 01	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)	Med/Heavy Trucks or Combo Units>10k lbs 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	Bus/Van/Limo (9 or More Including Driver) 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
Most Damaged Area 03	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	Impact Area 03	99 - Unknown	Action 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions 01	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 01	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	Secondary 01 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 01 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 20 2 01 3 01 4 01 5 01 6 01	First Harmful Event 1	Most Harmful Event 1	99 - Unknown		
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		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	
Collision With Fixed 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		Non-Collision Events 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left		Non-Collision Events 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	
Unit Speed 20	Posted Speed 25	Traffic Control 04 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 4 To 3 1 - North 2 - South 3 - East 4 - West
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest			9 - Unknown

Unit Number 02	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) JONES ANGELICA R	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-834-9673	Damage Scale 3	Damaged Area 																																																
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 15806 ELDAMERE AVE CLEVELAND OH 44120																																																				
LP State OH	License Plate Number GZJ4527	Vehicle Identification Number 3C4PDCBG8DT570898	# Occupants 01																																																	
Vehicle Year 2013	Vehicle Make DODG Dodge	Vehicle Model JNY Journey	Vehicle Color SIL Alum/Silver																																																	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company PROGRESSIVE	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 01 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 3 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 <input type="checkbox"/> Hit / Skip Unit																																																	
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released																																																			
HM Class Number																																																				
Non-Motorist Location Prior to Impact 01 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 06 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)	Non-Motorist 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - BUS(16+ Seats, Inc Driver) 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist																																																
Special Function 01 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 09 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	Action 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown																																															
Pre-Crash Actions 06 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	21 - Other Non-Motorist Action																																															
Contributing Circumstances Primary 01 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 01 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 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	<table border="0"> <tr> <td>Non-Collision Events</td> <td>01 - Overturn/Rollover</td> <td>06 - Equipment Failure (Blown Tire, Brake Failure, etc)</td> <td>10 - Cross Median</td> </tr> <tr> <td>02 - Fire/Explosion</td> <td>03 - Immersion</td> <td>07 - Separation of Units</td> <td>11 - Cross Center Line Opposite Direction of Travel</td> </tr> <tr> <td>04 - Jackknife</td> <td>05 - Cargo/Equipment Loss or Shift</td> <td>08 - Ran Off Road Right</td> <td>12 - Downhill Runaway</td> </tr> <tr> <td></td> <td></td> <td>09 - Ran Off Road Left</td> <td>13 - Other Non-Collision</td> </tr> </table>				Non-Collision Events	01 - Overturn/Rollover	06 - Equipment Failure (Blown Tire, Brake Failure, etc)	10 - Cross Median	02 - Fire/Explosion	03 - Immersion	07 - Separation of Units	11 - Cross Center Line Opposite Direction of Travel	04 - Jackknife	05 - Cargo/Equipment Loss or Shift	08 - Ran Off Road Right	12 - Downhill Runaway			09 - Ran Off Road Left	13 - Other Non-Collision																																
Non-Collision Events	01 - Overturn/Rollover	06 - Equipment Failure (Blown Tire, Brake Failure, etc)	10 - Cross Median																																																	
02 - Fire/Explosion	03 - Immersion	07 - Separation of Units	11 - Cross Center Line Opposite Direction of Travel																																																	
04 - Jackknife	05 - Cargo/Equipment Loss or Shift	08 - Ran Off Road Right	12 - Downhill Runaway																																																	
		09 - Ran Off Road Left	13 - Other Non-Collision																																																	
<table border="0"> <tr> <td>Collision with Person, Vehicle or Object Not Fixed</td> <td>14 - Pedestrian</td> <td>21 - Parked Motor Vehicle</td> <td>25 - Impact Attenuator/Crash Cushion</td> <td>33 - Median Cable Barrier</td> <td>41 - Other Post, Pole or Support</td> <td>48 - Tree</td> </tr> <tr> <td>15 - Pedalcycle</td> <td>22 - Work Zone Maintenance Equipment</td> <td>26 - Bridge Overhead Structure</td> <td>27 - Bridge Pier or Abutment</td> <td>34 - Median Guardrail Barrier</td> <td>42 - Culvert</td> <td>49 - Fire Hydrant</td> </tr> <tr> <td>16 - Railway Vehicle (Train,Engine)</td> <td>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle</td> <td>28 - Bridge Parapet</td> <td>29 - Bridge Rail</td> <td>35 - Median Concrete Barrier</td> <td>43 - Curb</td> <td>50 - Work Zone Maintenance Equipment</td> </tr> <tr> <td>17 - Animal - Farm</td> <td>24 - Other Movable Object</td> <td>30 - Guardrail Face</td> <td>31 - Guardrail End</td> <td>36 - Median Other Barrier</td> <td>44 - Ditch</td> <td>51 - Wall, Building, Tunnel</td> </tr> <tr> <td>18 - Animal - Deer</td> <td></td> <td>32 - Portable Barrier</td> <td></td> <td>37 - Traffic Sign Post</td> <td>45 - Embankment</td> <td>52 - Other Fixed Object</td> </tr> <tr> <td>19 - Animal - Other</td> <td></td> <td></td> <td></td> <td>38 - Overhead Sign Post</td> <td>46 - Fence</td> <td></td> </tr> <tr> <td>20 - Motor Vehicle in Transport</td> <td></td> <td></td> <td></td> <td>39 - Light/Luminaries Support</td> <td>47 Mailbox</td> <td></td> </tr> </table>				Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian	21 - Parked Motor Vehicle	25 - Impact Attenuator/Crash Cushion	33 - Median Cable Barrier	41 - Other Post, Pole or Support	48 - Tree	15 - Pedalcycle	22 - Work Zone Maintenance Equipment	26 - Bridge Overhead Structure	27 - Bridge Pier or Abutment	34 - Median Guardrail Barrier	42 - Culvert	49 - Fire Hydrant	16 - Railway Vehicle (Train,Engine)	23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle	28 - Bridge Parapet	29 - Bridge Rail	35 - Median Concrete Barrier	43 - Curb	50 - Work Zone Maintenance Equipment	17 - Animal - Farm	24 - Other Movable Object	30 - Guardrail Face	31 - Guardrail End	36 - Median Other Barrier	44 - Ditch	51 - Wall, Building, Tunnel	18 - Animal - Deer		32 - Portable Barrier		37 - Traffic Sign Post	45 - Embankment	52 - Other Fixed Object	19 - Animal - Other				38 - Overhead Sign Post	46 - Fence		20 - Motor Vehicle in Transport				39 - Light/Luminaries Support	47 Mailbox	
Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian	21 - Parked Motor Vehicle	25 - Impact Attenuator/Crash Cushion	33 - Median Cable Barrier	41 - Other Post, Pole or Support	48 - Tree																																														
15 - Pedalcycle	22 - Work Zone Maintenance Equipment	26 - Bridge Overhead Structure	27 - Bridge Pier or Abutment	34 - Median Guardrail Barrier	42 - Culvert	49 - Fire Hydrant																																														
16 - Railway Vehicle (Train,Engine)	23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle	28 - Bridge Parapet	29 - Bridge Rail	35 - Median Concrete Barrier	43 - Curb	50 - Work Zone Maintenance Equipment																																														
17 - Animal - Farm	24 - Other Movable Object	30 - Guardrail Face	31 - Guardrail End	36 - Median Other Barrier	44 - Ditch	51 - Wall, Building, Tunnel																																														
18 - Animal - Deer		32 - Portable Barrier		37 - Traffic Sign Post	45 - Embankment	52 - Other Fixed Object																																														
19 - Animal - Other				38 - Overhead Sign Post	46 - Fence																																															
20 - Motor Vehicle in Transport				39 - Light/Luminaries Support	47 Mailbox																																															
Unit Speed 20 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 25	Traffic Control 04 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 1 To 7 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 | 4 | 4 | 6 | 4 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 1	Name: Last, First, Middle LOCKLEAR COLBY M	Date of Birth 0 9 1 3 1 9 6 0	Age 57	Gender M F - Female M - Male
----------------------	---	--	-----------	---------------------------------------

Address, City, State, Zip 26233 OSBORNE RD COLUMBIA STA OH 44028	Contact Phone - include area code 216-403-0109
---	---

Injuries 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number RS904574	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	Drug Test Status 1	Drug Test Type 1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
------------------------------	---------------------	-----------------	--	---------------------------

Unit Number 0 2	Name: Last, First, Middle JONES ANGELICA R	Date of Birth 0 9 0 2 1 9 9 5	Age 22	Gender F F - Female M - Male
----------------------	---	--	-----------	---------------------------------------

Address, City, State, Zip 15806 ELDMERE AVE CLEVELAND OH 44120	Contact Phone - include area code 216-834-9673
---	---

Injuries 2	Injured Taken By 4	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State OH	Operator License Number TU972285	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	Drug Test Status 1	Drug Test Type 1

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
------------------------------	---------------------	-----------------	--	---------------------------

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 99 - Unknown Safety Equipment Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Reflective Clothing 13 - Lighting 14 - Other
---	--	---

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 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	Air Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 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 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 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
--	---	---	---	--

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
--	---	---	--	--

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female M - Male
-----------------	---------------------------	-------------------	-----	--

Address, City, State, Zip	Contact Phone - include area code
---------------------------	-----------------------------------

Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	---	---	--	---	--------------------------------------	-------------------------------------

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female M - Male
-----------------	---------------------------	-------------------	-----	--

Address, City, State, Zip	Contact Phone - include area code
---------------------------	-----------------------------------

Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <input type="checkbox"/>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	---	---	--	---	--------------------------------------	-------------------------------------