



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20174703	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information
CITI TRENDS

<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input checked="" type="checkbox"/> PDO Under State Reportable Dollar Amount	<input checked="" type="checkbox"/> Private Property	Reporting Agency NCIC * 01820	Reporting Agency Name * GARFIELD HEIGHTS PD	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 * 12242017	Time of Crash 1330	Day of Week SUN
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Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		41.398561	-81.595709

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	E - Eastbound W - Westbound	Number of Thru Lanes 02	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 #) 12606	Reference Road Type 2
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Reference Point Used 3 - 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 01	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 type="checkbox"/> Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
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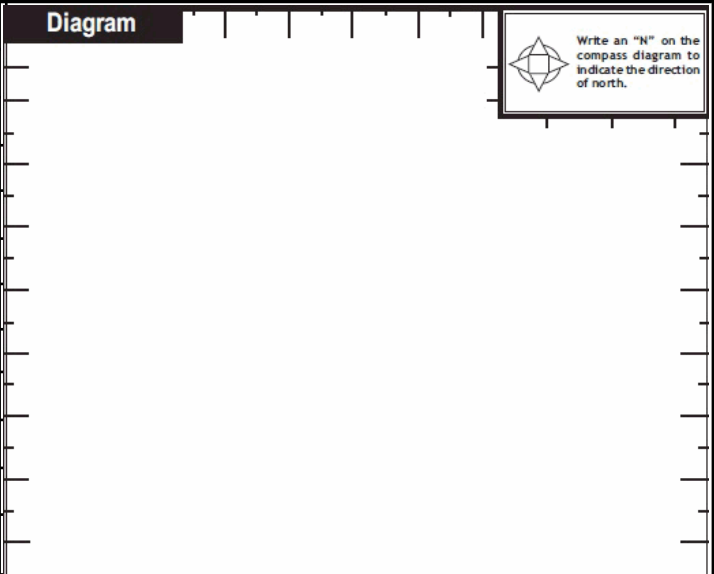
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 5 - 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 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
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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 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 Bus Related <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, 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 PARKED UNOCCUPIED IN THE PARKING LOT OF 12606 ROCKSIDE RD. UNIT #2 WAS STOPPED IN THE ISLE IN TRAFFIC, BACKED UP TO LET ANOTHER VEHICLE OUT OF A PARKING SPOT. WHEN HE BACKED, HE BUMPED UNIT #1 CAUSING MINOR DAMAGE. DRIVER OF UNIT #2 DIDN'T THINK HE STRUCK UNIT #1 AND PULLED AWAY. A WITNESS OBSERVED THE MINOR CRASH AND LEFT INFORMATION FOR THE OWNER OF UNIT #1.



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 ODDS)	Date Crash Reported 12262017	Time Crash Reported 1724	Dispatch Time 1729	Arrival Time 1736	Time Cleared 1815	Other Investigation Time 40	Total Minutes 79
Officer's Name * Z. Kovsesdi	Officer's Badge Number 055	Checked By L10 M. Kaye	Page of					



Unit

Local Report Number *

2 0 1 7 4 7 0 3

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) ALLEN TIFFANY D	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 216-609-8050	Damage Scale 2	Damaged Area 																																																				
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 8407 CONNECTICUT AVE CLEVELAND OH 44105			1 - None																																																					
LP State OH	License Plate Number GKU6530	Vehicle Identification Number K M H D U 4 A D 0 A U 1 7 0 8 8 1	# Occupants 00																																																					
Vehicle Year 2010		Vehicle Make HYUN Hyundai	Vehicle Model ELN Elantra																																																					
Vehicle Color BLK Black		Proof of Insurance Shown (<input type="checkbox"/>) NONE																																																						
Insurance Company NONE		Policy Number NONE		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	Trafficway Description 1																																																					
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<table border="0"> <tr> <td>01 - No Cargo Body Type/Not Applicable</td> <td>09 - Pole</td> <td>1</td> <td>1 - Two-Way, Not Divided</td> </tr> <tr> <td>02 - Bus/Van(9-15 Seats, Inc.Driver)</td> <td>10 - Cargo Tank</td> <td></td> <td>2 - Two-Way, Not Divided, Continuous Left Turn Lane</td> </tr> <tr> <td>03 - Bus(16+ Seats, Inc Driver)</td> <td>11 - Flat Bed</td> <td></td> <td>3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median</td> </tr> <tr> <td>04 - Vehicle Towing Another Vehicle</td> <td>12 - Dump</td> <td></td> <td>4 - Two-Way, Divided, Positive Median Barrier</td> </tr> <tr> <td>05 - Logging</td> <td>13 - Concrete Mixer</td> <td></td> <td>5 - One-Way Trafficway</td> </tr> <tr> <td>06 - Intermodal Container Chassis</td> <td>14 - Auto Transporter</td> <td></td> <td></td> </tr> <tr> <td>07 - Cargo Van/Enclosed Box</td> <td>15 - Garbage/Refuse</td> <td></td> <td><input type="checkbox"/> Hit / Skip Unit</td> </tr> <tr> <td>08 - Grain, Chips, Gravel</td> <td>99 - Other/Unknown</td> <td></td> <td></td> </tr> </table>			01 - No Cargo Body Type/Not Applicable	09 - Pole	1	1 - Two-Way, Not Divided	02 - Bus/Van(9-15 Seats, Inc.Driver)	10 - Cargo Tank		2 - Two-Way, Not Divided, Continuous Left Turn Lane	03 - Bus(16+ Seats, Inc Driver)	11 - Flat Bed		3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median	04 - Vehicle Towing Another Vehicle	12 - Dump		4 - Two-Way, Divided, Positive Median Barrier	05 - Logging	13 - Concrete Mixer		5 - One-Way Trafficway	06 - Intermodal Container Chassis	14 - Auto Transporter			07 - Cargo Van/Enclosed Box	15 - Garbage/Refuse		<input type="checkbox"/> Hit / Skip Unit	08 - Grain, Chips, Gravel	99 - Other/Unknown																						
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Special Function 01	01 - None	09 - Ambulance	Most Damaged Area 07																																																					
02 - Taxi	10 - Fire	17 - Farm Vehicle	01 - None																																																					
03 - Rental Truck (Over 10K Lbs)	11 - Highway/Maintenance	18 - Farm Equipment	08 - Left Side																																																					
04 - Bus - School (Public or Private)	12 - Military	19 - Motorhome	99 - Unknown																																																					
05 - Bus - Transit	13 - Police	20 - Golf Cart	Action 4																																																					
06 - Bus - Charter	14 - Public Utility	21 - Train	1 - Non-Contact																																																					
07 - Bus - Shuttle	15 - Other Government	22 - Other (Explain in Narrative)	2 - Non-Collision																																																					
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Contributing Circumstances	Motorist	Non-Motorist	Vehicle Defects																																																					
Primary 01	01 - None	22 - None	01																																																					
Secondary 01	02 - Failure to Yield	23 - Improper Crossing	01 - Turn Signals																																																					
	03 - Ran Red Light	24 - Darting	02 - Head Lamps																																																					
	04 - Ran Stop Sign	25 - Lying and/or Illegally in Roadway	03 - Tail Lamps																																																					
	05 - Exceeded Speed Limit	26 - Failure to Yield Right of Way	04 - Brakes																																																					
	06 - Unsafe Speed	27 - Not Visible (Dark Clothing)	05 - Steering																																																					
	07 - Improper Turn	28 - Inattentive	06 - Tire Blowout																																																					
	08 - Left of Center	29 - Failure to Obey Traffic Signs /Signals/Officer	07 - Worn or Slick tires																																																					
	09 - Followed Too Closely/ACDA	30 - Wrong Side of the Road	08 - Trailer Equipment Defective																																																					
	10 - Improper Lane Change /Passing/Off Road	31 - Other Non-Motorist Action	09 - Motor Trouble																																																					
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Unit Speed 0	Posted Speed 15	Traffic Control 12	Unit Direction From 4 To 3																																																					
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Unit

Local Report Number *

2 | 0 | 1 | 7 | 4 | 7 | 0 | 3 | | | | |

Unit Number 02		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) BABUCH WALTER		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-883-1874		Damage Scale 2		Damaged Area 						
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 3975 EAST 89TH ST CLEVELAND OH 44105														
LP State OH		License Plate Number GJV2262		Vehicle Identification Number 2G4WS52J311211265				# Occupants 01						
Vehicle Year 2001		Vehicle Make BUIC Buick		Vehicle Model CEN Century		Vehicle Color SIL Alum/Silver								
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company ALLSTATE		Policy Number 026 217 153		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		09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		Trafficway Description 1 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 checked="" 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 03 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 05 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown				
Pre-Crash Actions 02 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 11 Secondary 99		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 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 21 2 00 3 00 4 00 5 00 6 00 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 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 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				
Unit Speed 2 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated		Posted Speed 15		Traffic Control 12 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				Unit Direction From 1 To 2 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 | 7 | 0 | 3 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 2	Name: Last, First, Middle BABUCH WALTER	Date of Birth 0 3 2 3 1 9 2 3	Age 94	Gender M F - Female M - Male
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Address, City, State, Zip 3975 EAST 89TH ST CLEVELAND OH 44105	Contact Phone - include area code 216-883-1874
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 4	DOT Compliant Motorcycle Helmet	Seating Position 0 1	Air Bag Usage 1	Ejection 1	Trapped 1
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OL State OH	Operator License Number RJ605395	OL Class 4	No Valid OL	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
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By 1
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone - include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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OL State	Operator License Number	OL Class	No Valid OL	M/C End	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
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Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
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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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment	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 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
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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 Only	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
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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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Unit Number	Name: Last, First, Middle MYERS VERNON R	Date of Birth 1 1 2 8 1 9 7 7	Age 40	Gender M F - Female M - Male
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Address, City, State, Zip 14916 SUMMIT AVE MAPLE HEIGHTS OH 44137 4452	Contact Phone - include area code 678-330-7189
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage 1	Ejection 1	Trapped 1
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Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Address, City, State, Zip	Contact Phone - include area code
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Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
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