



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 20174728 | 3 1 - Fatal 2 - Injury 3 - PDO | 2 1 - Solved 2 - Unsolved |

Local Information
OHIO BUREAU OF MOTOR VEHICLES

| | | | | | | |
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| <input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input checked="" type="checkbox"/> Private Property | Reporting Agency NCIC * 01820 | Reporting Agency Name * GARFIELD HEIGHTS | Number of Units 02 | Unit in error 02 98 - Animal 99 - Unknown |
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| County * 18 | <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * GARFIELD HTS | Crash Date * 12282017 | Time of Crash 1523 | Day of Week THU |
|----------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|-----------------------|--------------------|

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|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| | | 41.425145 | -81.584565 |

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| 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 TL - Trail |
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| Location Route Type 1 | Location Route Number | Loc. Prefix N.S. E.W | Location Road name Broadway | Location Road Type 2 AV | 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 #) 14000 | 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 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside | 5 - On Gore 6 - Outside Trafficway 9 - Unknown |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

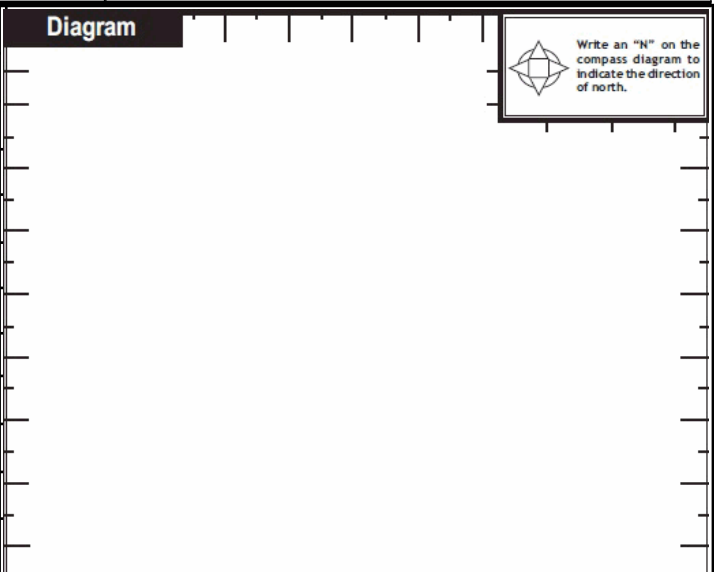
| | | | | | |
|----------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------|
| Road Contour 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level | 4 - Curve Grade 9 - Unknown | Road Conditions Primary Secondary 02 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 9 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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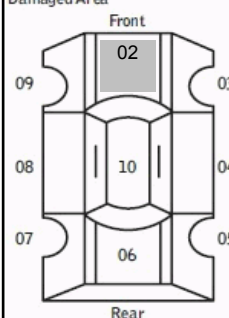
| | | | | |
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| Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | Light conditions 1 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway | 5 - Dark - Roadway 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
DRIVER / OWNER OF UNIT # 1 STATED SHE WAS AT THE BMV AT 14000 BROADWAY, AND PARKED NEAR THE BUILDING ENTRANCE FACING WEST. DRIVER OF UNIT # 1 STATED SHE WENT INSIDE FOR APPROXIMATELY 3 MINUTES AT APPROXIMATELY 1400 HRS. AND UPON RETURNING TO HER VEHICLE, OBSERVED HEAVY FRONT END DAMAGE. DRIVER OF UNIT # 1 STATED SHE WAS APPROACHED BY AN UNKNOWN EMPLOYEE AT THE BMV WHO STATED A WHITE EXPLORER OHIO REGISTRATION "ITSVEL" STRUCK HER VEHICLE, OPERATED BY A B/M DRIVER. S EUCLID PD CHECKED ADDRESS FOR UNIT # 2 WITH NEGATIVE RESULTS AT THIS TIME.



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| 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 12282017 | Time Crash Reported 1523 | Dispatch Time 1527 | Arrival Time 1530 | Time Cleared 1540 | Other Investigation Time 25 | Total Minutes 35 |
| Officer's Name * M. Smith | Officer's Badge Number 012 | Checked By L10 M. Kaye | Page of | | | | | |

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| Unit Number 01 | | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) JONES MARGARET CESLEST | | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-205-9821 | | Damage Scale 3 | | Damaged Area  | | | | | |
| Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 23209 VERA STREET WARRENSVILLE HE OH 44128 5257 | | | | | | | | | | | | | |
| LP State OH | | License Plate Number GBJ5418 | | Vehicle Identification Number 19XFA1F38BE035782 | | | # Occupants 00 | | | | | | |
| Vehicle Year 2011 | | Vehicle Make HOND Honda | | Vehicle Model CIV Civic (And Crx) | | Vehicle Color GRY Gray | | | | | | | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | | Insurance Company GEICO | | Policy Number 2003166804 | | 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 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 02 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 99 - Unknown or Hit/Skip | | | Passenger Vehicle (less than 9 passengers) | | 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 | | | | |
| 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 02 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | | | |
| Pre-Crash Actions 10 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 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 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 | | 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 | | 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 | | 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 0 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated | | Posted Speed 10 | | Traffic Control 12 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 3 To 4 1 - North 2 - South 3 - East 4 - West | |
| 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest | | 9 - Unknown | | Page of | | | | | | | | | |



Unit

Local Report Number *

2 | 0 | 1 | 7 | 4 | 7 | 2 | 8 | | | | | | | |

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| Unit Number 02 | | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) BEACH NICHELLE L | | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | | Damage Scale 9 | | Damaged Area | | | | |
| Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 4181 OKALONA RD SOUTH EUCLID OH 44121 | | | | | | | | | | | | |
| LP State OH | | License Plate Number ITSVEL | | Vehicle Identification Number 1FMDU75WX3ZA61864 | | | # Occupants 01 | | | | | |
| Vehicle Year 2003 | | Vehicle Make FORD Ford | | Vehicle Model EXD Expedition | | Vehicle Color WHI White | | | | | | |
| <input type="checkbox"/> Proof of Insurance Shown | | Insurance Company | | Policy Number | | Towed By | | | | | | |
| Carrier Name, Address, City, State, Zip | | | | | | | | Carrier Phone - include area code | | | | |
| US DOT | | Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs. | | Cargo Body Type 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 | | | |
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| Unit Speed 00 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated | | Posted Speed 10 | | 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 | | 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | | Unit Direction From 9 To 9 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | | |
| Page of | | | | | | | | | | | | |



Motorist / Non-Motorist / Occupant

Local Report Number *

2 | 0 | 1 | 7 | 4 | 7 | 2 | 8 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

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

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

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| 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 | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> |
|--------------------------------------|----------------------------------------------|------------|-----------------------------------|---------------------------------------------------|-------------------------------------------------------------|----------------------|-------------------------------------------|--------------------------------------|-------------------------------------|

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| OL State | Operator License Number | OL Class <input type="checkbox"/> | No Valid OL <input type="checkbox"/> | M/C End <input type="checkbox"/> | Condition <input type="checkbox"/> | Alcohol/Drug Suspected <input type="checkbox"/> | Alcohol Test Status <input type="checkbox"/> | Alcohol Test Type <input type="checkbox"/> | Alcohol Test Value . | Drug Test Status <input type="checkbox"/> | Drug Test Type <input type="checkbox"/> |
|--------------|-------------------------|--------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------------------|----------------------------------------------|--------------------------------------------|

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

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

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

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|--------------------------------------|----------------------------------------------|------------|-----------------------------------|---------------------------------------------------|-------------------------------------------------------------|----------------------|-------------------------------------------|--------------------------------------|-------------------------------------|
| 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 | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> |
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|--------------|-------------------------|--------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------------------|----------------------------------------------|--------------------------------------------|
| OL State | Operator License Number | OL Class <input type="checkbox"/> | No Valid OL <input type="checkbox"/> | M/C End <input type="checkbox"/> | Condition <input type="checkbox"/> | Alcohol/Drug Suspected <input type="checkbox"/> | Alcohol Test Status <input type="checkbox"/> | Alcohol Test Type <input type="checkbox"/> | Alcohol Test Value . | Drug Test Status <input type="checkbox"/> | Drug Test Type <input type="checkbox"/> |
|--------------|-------------------------|--------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------------------|----------------------------------------------|--------------------------------------------|

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

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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 | 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 |
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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 <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 |
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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 | Date of Birth | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male |
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| Address, City, State, Zip | | Contact Phone - include area code |
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| 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 | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> |
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|-----------------|---------------------------|-------------------|---------|------------------------------------------------------------------------------------|
| Unit Number | Name: Last, First, Middle | Date of Birth | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male |
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| Address, City, State, Zip | | Contact Phone - include area code |
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| 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 | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> |
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