



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2 0 1 8 0 0 1 0	2 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information IR 480 MP 23		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	0 1 8 2 0	GARFIELD HEIGHTS	0 1	98 - Animal 99 - Unknown

County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
1 8		GARFIELD HTS	0 1 0 1 2 0 1 8	1 2 1 8	M O N

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
4 1 0 2 5 / 1 6 . 0 0 //	- 8 1 0 3 4 / 4 2 . 0 0 //		

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 N - Northbound S - Southbound	0 4	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
IR	4 8 0	N.S. E.W	IR 480	HW	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
.3	Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	N.S. E.W		N.S. E.W	23	MP

Reference Point Used	Crash Location	Reference Point Used	Location of First Harmful Event
2 - Mile Post	0 1	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	4 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

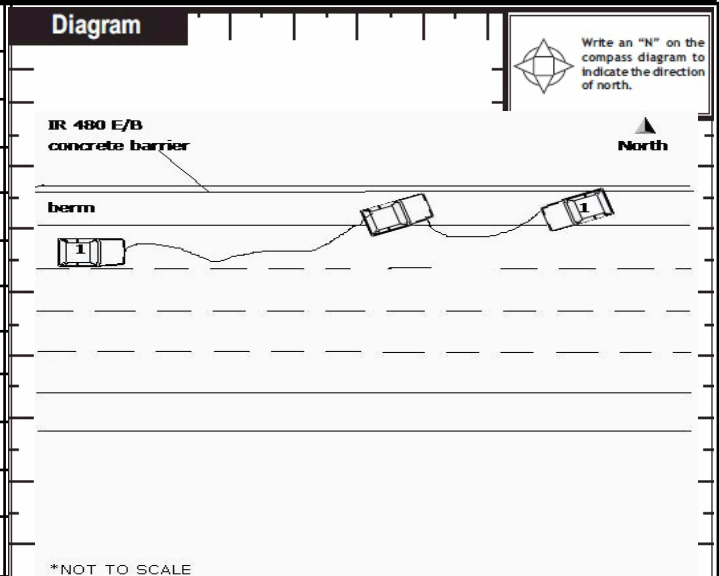
Road Contour	Road Conditions	Road Conditions	Road Conditions
1 - Straight Level 2 - Straight Grade 3 - Curve Level	4 - Curve Grade 9 - Unknown	0 2	0 3

Manner of Crash Collision/Impact	Weather
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	6 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

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

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <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
UNIT # 1 WAS EASTBOUND ON IR 480, WHEN IT LOST CONTROL ON THE PARTIALLY SNOW COVERED ROADWAY. UNIT # 1 THEN WENT OFF THE LEFT SIDE AND STRUCK THE CONCRETE MEDIAN BARRIER.



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"/>	0 1 0 1 2 0 1 8	1 2 1 8	1 2 2 1	1 2 3 0	1 3 2 8	0	5 8
Officer's Name *	Officer's Badge Number	Checked By	Page of					
B. Foxx	030	L09 T. Murphy						



Unit

Local Report Number *

2 0 1 8 0 0 1 0

Unit Number 01		Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) HILL BERRY		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)		Damage Scale 4	Damaged Area 					
Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 4256 E 164TH ST CLEVELAND OH 44128												
LP State OH		License Plate Number FVM8597		Vehicle Identification Number 3FAHP07Z69R170479			# Occupants 05					
Vehicle Year 2009		Vehicle Make FORD Ford		Vehicle Model FUS Fusion		Vehicle Color SIL Alum/Silver		2 - Minor				
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company FOUNDERS INSURANCE		Policy Number ITOH174154		Towed By A & H TOWING			3 - Functional				
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 4				
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	HM Class Number	01 - Two-Way, Not Divided 02 - Two-Way, Not Divided, Continuous Left Turn Lane 03 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 04 - Two-Way, Divided, Positive Median Barrier 05 - One-Way Trafficway	<input type="checkbox"/> Hit / Skip Unit								
Non-Motorist Location Prior to Impact 01		Type of Use 1	Unit Type 03		Passenger Vehicle (less than 9 passengers) 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		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			
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	99 - Unknown	Action 3	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	Primary 06		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 00		Non-Motorist 01 - None 02 - Improper Backing 03 - Improper Start From Parked Position 04 - Stopped or Parked Illegally 05 - Operating Vehicle in Negligent Manner 06 - Swerving to Avoid (Due to External Conditions) 07 - Wrong Side/Wrong Way 08 - Failure to Control 09 - Vision Obstruction 10 - Operating Defective Equipment 11 - Load Shifting/Falling/Spilling 12 - Other Improper Action		Vehicle Defects 00		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 09	2 35	3 00	4 00	5 00	6 00	First Harmful Event 2	Most Harmful Event 2	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 50	Posted Speed 60	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 3 To 4	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 | 8 | 0 | 0 | 1 | 0 | | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 01	Name: Last, First, Middle JACKSON TERRY A	Date of Birth 09291965	Age 52	Gender F F - Female M - Male							
Address, City, State, Zip 4256 E 164TH ST CLEVELAND OH 44128 2410			Contact Phone - include area code 216-544-5795								
Injuries 1	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet []	Seating Position 01	Air Bag Usage 4	Ejection 1	Trapped 1		
OL State OH	Operator License Number RT700324	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
Offense Charged (Local Code) 331.34A		Offense Description FAILURE TO CONTROL			Citation Number G20180010		Hands-Free Device Used []	Driver Distracted By 1 []			
Unit Number []	Name: Last, First, Middle	Date of Birth	Age	Gender [] F - Female M - Male							
Address, City, State, Zip			Contact Phone - include area code								
Injuries []	Injured Taken By []	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used []	DOT Compliant Motorcycle Helmet []	Seating Position []	Air Bag Usage []	Ejection []	Trapped []		
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 []
Offense Charged (Local Code)		Offense Description			Citation Number		Hands-Free Device Used []	Driver Distracted By []			

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 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used	Non-Motorist 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 01	Name: Last, First, Middle JACKSON MELODIE C	Date of Birth 06051984	Age 33	Gender F F - Female M - Male					
Address, City, State, Zip 3342 E 135TH ST CLEVELAND OH 44120			Contact Phone - include area code 216-544-5795						
Injuries 2	Injured Taken By 2	EMS Agency GHFD #2	Medical Facility Injured Taken To HILLCREST HOSPITAL	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet []	Seating Position 03	Air Bag Usage 4	Ejection 1	Trapped 1
Unit Number 01	Name: Last, First, Middle WILLIAMS PAYTON	Date of Birth 02192006	Age 11	Gender F F - Female M - Male					
Address, City, State, Zip 10608 NELSON CLEVELAND OH 44121			Contact Phone - include area code 216-630-9971						
Injuries 2	Injured Taken By 2	EMS Agency MAPLE HTS FIRE	Medical Facility Injured Taken To CLEVELAND METRO	Safety Equipment Used 01	DOT Compliant Motorcycle Helmet []	Seating Position 04	Air Bag Usage 1	Ejection 1	Trapped 1



Occupant / Witness Addendum

Local Report Number *

2 | 0 | 1 | 8 | 0 | 0 | 1 | 0 | | | | | |

Occupant

Unit Number 0 1	Name: Last, First, Middle HILL BREANNA	Date of Birth 0 2 0 7 2 0 0 6	Age 11	Gender F F - Female M - Male
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Address, City, State, Zip 4256 E 164TH CLEVELAND OH 44128	Contact Phone - include area code 216-991-2855
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Injuries 2	Injured Taken By 2	EMS Agency WARRENSVILLE HTS FI	Medical Facility Injured Taken To HILLCREST	Safety Equipment Used 0 1	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 5	Air Bag Usage 1	Ejection 1	Trapped 1
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Occupant

Unit Number 0 1	Name: Last, First, Middle WILLIAMS MIKAYLA	Date of Birth 0 9 0 5 2 0 0 2	Age 15	Gender F F - Female M - Male
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Address, City, State, Zip 15725 SCOTTSDALE SHAKER HTS OH 44120	Contact Phone - include area code 216-209-5306
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Injuries 2	Injured Taken By 2	EMS Agency GHFD	Medical Facility Injured Taken To HILLCREST	Safety Equipment Used 0 1	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0 6	Air Bag Usage 1	Ejection 1	Trapped 1
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Occupant

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female 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 <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Occupant

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female 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 <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Occupant

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female 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 <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>
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Occupant

Unit Number 	Name: Last, First, Middle	Date of Birth 	Age	Gender <input type="checkbox"/> F - Female M - Male
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Address, City, State, Zip	Contact Phone - include area code
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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	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
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OHIO TRAFFIC CRASH REPORT

DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 20180010	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 01 D 01 Y 2018
IN COUNTY OF 18	CRASH LOCATION IR 480 IR 480 HW IR 480 MP 23	
<p>Damage - Unit # 1 2009 Ford Fusion sustained moderate damage to front bumper, grill both left and right fenders, rear bumper and right rear quarter panel.</p> <p style="text-align: center; margin-top: 100px;">Passengers all complained of both neck and back pains.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 030