



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2 0 1 8 0 0 2 2	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 checked="" type="checkbox"/> OH-1P <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 2	0 2 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			0 1 0 2 2 0 1 8	1 8 5 6	T U E

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
		4 1 . 4 1 3 0 9 2	- 8 1 . 6 1 5 2 6 2

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> W - Westbound	0 2	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
I R	4 8 0	N.S. E.W.	TRANSPORTATION	B L	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
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N.S. <input type="checkbox"/> E.W.	S R	4 8 0	N.S. E.W.	Transportation	H W

Reference Point Used	Crash Location	01 - Not an intersection	06 - Five-point, or more	11 - Railway Grade Crossing	<input type="checkbox"/> Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	0 4	02 - Four-way Intersection	07 - On Ramp	12 - Shared-Use Paths or Trails		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	05 - Sand, Mud, Dirt, Oil, gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
4 - 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	0 2	02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	10 - Other 99 - Unknown

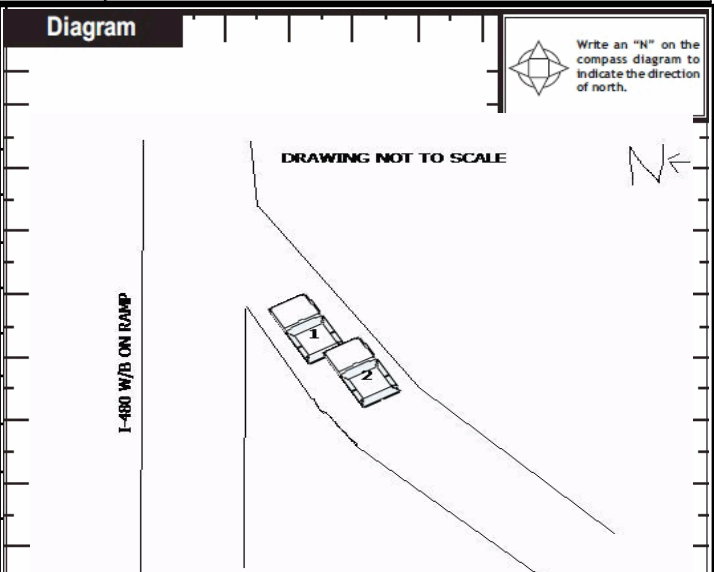
Manner of Crash Collision/Impact	Weather
2 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light conditions	School Bus Related
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	3 - 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	<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	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)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the first Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

UNIT #1 YIELD TO THE TRAFFIC ON THE ENTRANCE RAMP AT I-480 W. AND TRANSPORTATION. UNIT #2 WAS TRAVELING DIRECTLY BEHIND UNIT #1. UNIT #2 FAILED TO YIELD CAUSING ITS FRONT END TO MAKE CONTACT WITH UNIT #1'S REAR BUMPER CAUSING FUNCTIONAL DAMAGE.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
0 1 0 2 2 0 1 8	1 8 5 6	1 9 1 5	1 9 2 4	2 1 1 6	6 0	1 7 2

Officer's Name *	Officer's Badge Number	Checked By	Page of
C. Lee	007	L10 M. Kaye	



Unit

Local Report Number *

2 0 1 8 0 0 2 2

Unit Number 0 2		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) JOHNSON ROBERT GABRIEL		Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 440-317-1899		Damage Scale 3		Damaged Area 	
Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 13612 BRANFORD AVE GARFIELD HTS OH 44125						1 - None			
LP State OH		License Plate Number HIE3667		Vehicle Identification Number 1G11D5SL6FF101684		2 - Minor			
Vehicle Year 2015		Vehicle Make CHEV Chevrolet		Vehicle Model MALIBU		3 - Functional			
Vehicle Color BLK Black		Insurance Company PROGRESSIVE		Policy Number 917864723		4 - Disabling		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 0 1 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		99 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		Trafficway Description 5 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 0 1 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 0 3 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)		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 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus(16+ Seats, Inc Driver)	
Special Function 0 1 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 0 9 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 1 3 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 0 9 Secondary 0 0 99 - Unknown		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		Non-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 0 0 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects	
Sequence of Events 1 2 0 2 0 0 3 0 0 4 0 0 5 0 0 6 0 0 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	
Unit Speed 1 7 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		Posted Speed 2 5		Traffic Control 0 3 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 2 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	



Unit

Local Report Number *

2 0 1 8 0 0 2 2

Unit Number 01	Owner Name: Last, First, Middle GALE KAZIA D <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code 216-799-2258 <input type="checkbox"/> Same As Driver	Damage Scale 3	Damaged Area 	
Owner Address, City, State, Zip 13412 YORK BL GARFIELD HTS OH 441215 <input type="checkbox"/> Same As Driver			1 - None		
LP State OH	License Plate Number GUR5366	Vehicle Identification Number 1C4NJDEB7ED520653	# Occupants 05		
Vehicle Year 2014	Vehicle Make Jeep	Vehicle Model COMPAS	Vehicle Color GRY Gray		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company NATIONWIDE GENERAL	Policy Number 9234P 650343	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 5		
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	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	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 Class Number		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		
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		
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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	Action 4
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	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown		
Pre-Crash Actions 11	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	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	
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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 0	Posted Speed 25	Traffic Control 03	Unit Direction From 2 To 4		
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		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	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 | 8 | 0 | 0 | 2 | 2 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

Unit Number 0 2	Name: Last, First, Middle JOHNSON ROBERT G/	Date of Birth 1 1 3 0 1 9 9 0	Age 27	Gender M F - Female M - Male
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Address, City, State, Zip 13612 BRANFORD AVE GARFIELD HTS OH 44125	Contact Phone - include area code 440-317-1899
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Injuries 1	Injured Taken By 0	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
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OL State OH H	Operator License Number TP511406	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
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Offense Charged (Local Code) 4511.34	Offense Description FOLLOWING TO CLOSELY	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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Unit Number 0 1	Name: Last, First, Middle GALE KAZIA D	Date of Birth 0 6 0 9 1 9 8 7	Age 30	Gender F F - Female M - Male
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Address, City, State, Zip 13412 YORK BL GARFIELD HTS OH 44125	Contact Phone - include area code 216-799-2258
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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
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OL State OH H	Operator License Number SX917338	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
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Offense Charged (Local Code) <input type="checkbox"/>	Offense Description	Citation Number	Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By 1
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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 0 1	Name: Last, First, Middle GRIFFIN JAVEION	Date of Birth 1 0 1 1 2 0 0 4	Age 13	Gender M F - Female M - Male
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Address, City, State, Zip 13412 YORK BLVD GARFIELD HTS OH 44137	Contact Phone - include area code
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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 3	Air Bag Usage 1	Ejection 1	Trapped 1
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Unit Number 0 1	Name: Last, First, Middle HIGGINS VERONTE	Date of Birth 0 4 2 1 2 0 0 2	Age 15	Gender M F - Female M - Male
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Address, City, State, Zip 13412 YORK BLVD GARFIELD HTS OH 44137	Contact Phone - include area code
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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 6	Air Bag Usage 1	Ejection 1	Trapped 1
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Occupant / Witness Addendum

Local Report Number *

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

Occupant

Unit Number 0 1	Name: Last, First, Middle LIDDELL CARDIELL	Date of Birth 0 1 0 2 2 0 1 1	Age 7	Gender M F - Female M - Male
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Address, City, State, Zip 13412 YORK BLVD GARFIELD HTS OH 44137			Contact Phone - include area code
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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 4	Air Bag Usage 1	Ejection 1	Trapped 1
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Occupant

Unit Number 0 1	Name: Last, First, Middle LIDELL MALANI	Date of Birth 1 0 1 1 2 0 1 6	Age 1	Gender F F - Female M - Male
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Address, City, State, Zip 13412 YORK BLV GARFIELD HTS OH 44137			Contact Phone - include area code
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Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0 6	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	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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female M - Male
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Occupant

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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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Occupant

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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped
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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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