Traffic Crash Report	Local Report Number *		Crash Severity Hit/Skip
SAPELY ESULUTION - SERVICE - PROTECTION Local Information	2 0 1 8 0 4		1 - Fatal 2 - Injury 3 - PDO 1 - Solved 2 - Unsolved
State Bronoth	rting Agency Name *		Number of Unit in error Units
	RFIELD HEIGHTS		9 9 98 - Animal 99 - Unknown
County *		Crash Date *	Time of Crash Day of Week
U 1 8 GARFIELD HTS		0 2 1 2 2 0 1 8	1 7 4 7 MON
Degrees / Minutes / Seconds Latitude Longitude	0	Decimal Degrees Latitude	Longitude
		1 . 4 3 1 5 4 2	- 8 1 . 6 2 4 7 7 1
N - Northbound E - Eaethound	coad Types or Milepost AL - Alley CR - Circle	HE - Heights MP - Milepost	PL - Place ST - Street WA - Way
☐ Undivided ☐ N S - Southbound W - Westbound ☐ 0 1	AV - Avenue CT- Court BL - Boulevard DR - Drive	HW - Highway PK - Parkway LA - Lane PI - Pike	RD - Road TE - Terrace SQ - Square TL - Trail
Location Location Route Number Loc. Prefix Location Road name	Dit Bive	Route Types 1	eq equile
Route Type 1 N,S, E,W 86TH	ST	Road US - US Route	TR - Numbered Township
Distance From Reference Dir From Ref	lumber Ref Prefix Ref	SR - State Route erence Name (Road, Milepost, House #)	Route Reference
1 Miles Very Feet Yards N.S. E,W Route Type 1	N,S, E,W BIR	CHWOOD	R D Road 2
Reference Point Used Crash Location 01 - Not an intersection 06 - Five-point, or more	re 11 - Railway Grade Cro	ossing Iv Intersection	First Harmful Event
2 - Mile Post 02 - Four-way Intersection 07 - On Ramp 03 - House Number 08 - Off Ramp	12 - Shared-Use Paths Trails	Related 1	1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway
04 - Y-Intersection 09 - Crossover 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Ac	99 - Unknown ccess		3 - In Median 9 - Unknown 4 - On Roadside
Road Contour Road Conditions 1 - Straight Level 4 - Curve Grade Primary Secondary		Mud, Dirt, Oil, gravel 09 - Rut, Holes Standing, Moving) Pavement	s, Bumps, Uneven
2 - Straight Grade 9 - Unknown 0 1	03 - Snow 07 - Slush 04 - Ice 08 - Debris*	10 - Other 99 - Unknown	* Secondary Condition Only
Manner of Crash Collision/Impact	Weather		
1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sides Two Motor Vehicles 3 - Head-On 6 - Angle Directi		1 - Clear 4 - Rain 2 - Cloudy 5 - Sleet, Ha	7 - Severe Crosswinds il 8 - Blowing Sand, Soil, Dirt, Snow
In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown		3 - Fog, Smog, Smoke 6 - Snow	9 - Other/Unknown
Road Surface Light conditions 1 - Concrete 4 - Slag, Gravel, Primary Secondary 1 - Dayligh	t 5 - Dark	- Roadway Not Lighted 9 - U	Inknown School Bus Related Yes, School Bus Directly Involved
2 - Blacktop, Bituminous, Stone 2 - Dawn Asphalt 5 - Dirt 2 - Dawn 3 - Dusk	7 - Glare		Related Yes, School Bus
3 - Brick/Block 6 - Other 4 - Dark - Work	Lighted Roadway 8 - Other	* Secondary Con Location of Crash in Work Zone	I Indirectiv involved
Zone Law Enforcement Present 1 - Lane Closure 4 - I (Officer/Vehicle 2 - Lane Shift/Croscover 5 - /	ntermittent or Moving Work Other	1 - Before the first Work Zone W	
Law Enforcement Present (Vehicle Only) 3 - Work on Shoulder or Median	otner	2 - Advance Warning Area 3 - Transition Area	5 - Termination Area
UNIT 1 WAS TRAVELING W/B ON BIRCHWOOD, STOPPING	AT Diagra	am	Write an "N" on the compass diagram to
THE STOP SIGN AT E. 86TH. UNIT 2 WAS TRAVELING N/B O	N		indicate the direction of north.
E. 86TH AND CAME TO A STOP AT THE STOP SIGN AT		Ţ,	4
BIRCHWOOD.BOTH DRIVERS STATED THEY PROCEEDED		86th	N -
THROUGH THE INTERSECTION BELIEVING THEY HAD THE			_
RIGHT OF WAY. BOTH VEHICLES STRUCK ONE ANOTHER	N	** · ·	
THE INTERSECTION CAUSING MINOR DAMAGE TO BOTH.			
	Birchwe	od	#1
		[-	
		#2	1
			4
			Not To Scale
Report Taken By		2	
✓ Police Agency			
Date Crash Reported Time Crash Reported Dispatch Time 0 2 1 2 2 0 1 8 1 7 4 7 1 7 5 0	Arrival Time	Time Cleared Other Invo	estigation Time
Officer's Name *	Officer's Badge Number	Checked By	
R. Dodge	l 036	S15 W Gall	Page of

OHIO COPPUSATO OF PUBLIC SAFETY SEENCE - PROTECTION OF THE CONTROL			Report Number * 2 0 1 8 0 4 8 1
Unit Number Owner Name: Last, First, Middle (🗹	Game As Driver) Owner Phone Number - inc. an	rea code (☐∕ Same As	
0 1 KELLY REGINA M	216-883-1743		2 Front
Owner Address, City, State, Zip (Same As 7704 NEW YORK AVE	Driver) CLEVELAND	OH 44105	1 - None 09 02
LP State License Plate Number	Vehicle Identification Number		# Occupants 2 - Minor
O H COJ9555	4 T 1 B G 2 2 K 9 X L	Uehicle Color	0 1 08 10 10 10 10 10 10 10 10 10 10 10 10 10
Vehicle Make Vehicle Make Toyota	CAM Camry	BGE Beige	07
Proof of Insurance Company	Policy Number	Towed By	4 - Disabling 06
Shown GRANGER Carrier Name, Address, City, State, Zip	FA5984789		9 - Unknown Rear Carrier Phone - include area code
	lo o r	1-	
US DOT Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 0	e 09 - Pole 10 - Cargo Tank	afficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane
HM Placard ID No. 3 - More Than 26,000 Lbs.	03 - Bus(16+ Seals, Inc Driver) 04 - Vehicle Towing Another Vehicle	11 - Flat Bed 12 - Dump	3 - Two-Way, Divided, Unprotected (Painted or Grass>4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier
Hazardous Material Released	05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box	13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse	5 - One-Way Trafficway 1 Hit / Skip Unit
Non-Motorist Location Prior to Impact Type of Use	08 - Grain, Chips, Gravel	99 - Other/Unknown	
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other	01 - Sub-Compact 02 - Compact	13 - Single Unit Truck 14 - Single Unit Truck	or Van 2axle,6 tires 21 - Bus/Van (9-15 Seats, Inc Driver)
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 1 - Persona	03 - Mid Size	15 - Single Unit Truck 16 - Truck/Tractor(Bo	/Trailer
06 - Bicycle Lane 2 - Comme 07 - Shoulder/Roadside 3 - Govern	nent 06 - Sports Utility Vehicle	17 - Tractor/Semi-Tra 18 - Tractor/Double	iler 23 - Animal with Rider
08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access	07 - Pickup 08 - Van lency 09 - Motorcycle	19 - Tractor/Triples 20 - Other Med/Heav	24 - Animal with Buggy, Wagon, Surrey y Vehicle 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater
11 - Shared-Use Path or Trail Respons 12 - Non-Trafficway Area		☐ Has HM	27 - Other Non-Motorist
99 - Other/Unknown Special Function 01 - None 09 - Amb		Most Damaged Area	Action
02 - Taxi 10 - Fire 03 - Rental Truck (Over 10K Lbs) 11 - High 04 - Bus - School (Public or Private) 12 - Millit	18 - Farm Equipment way/Maintenance 19 - Motorhome ary 20 - Golf Cart	01 - None 02 - Center Front 03 - Right Front	08 - Left Side 99 - Unknown 09 - Left Front 10 - Top and Windows 1 - Non-Conta 2 - Non-Collisi 3 - Striking
05 - Bus - Transit 13 - Polit 06 - Bus - Charter 14 - Pub	ic Utility 21 - Train 22 - Other (Explain in Narrative)	Impact Area 04 - Right Side 05 - Right Rear	11 - Undercarriage 4 - Struck 12 - Load/Trailer 5 - Striking/Str
	er Government struction Equip.	0 9 06 - Rear Center 07 - Left Rear	13 - Total (All Areas) 9 - Unknown 14 - Other
Pre-Crash Actions Motorist 01 - Straight Ahead 07 - Maki	ng U-Turn 13 - Negotiating a Curve	Non-Motorist 15 - Entering or Cro	essing Specified Location 21 - Other Non-Motorist Action
03 - Changing Lanes 09 - Leav	ring Traffic Lane 14 - Other Motorist Action ing Traffic Lane	17 - Working	ng, Jogging, Playing, Cycling
99 - Unknown 04 - Overtaking/Passing 10 - Park 05 - Making Right Turn 11 - Slow 06 - Making Left Turn 12 - Drive	ng or Stopped in Traffic	18 - Pushing Vehicl 19 - Approaching or 20 - Standing	
Contributing Circumstances Motorist		Non-Motorist	Vehicle Defects 01 - Turn Signals
02 - Failure to Yield	11 - Improper Backing 12 - Improper Start From Parked Position	22 - None 23 - Improper Crossing	02 - Head Lamps 03 - Tail Lamps
04 - Ran Stop Sign	13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions)	24 - Darting 25 - Lying and/or Illegally ir 26 - Failure to Yield Right o	
06 - Unsafe Speed	16 - Wrong Side/Wrong Way 17 - Failure to Control	27 - Not Visible (Dark Cloth 28 - Inattentive	, oo liic blowdat
99 - Unknown 09 - Followed Too Closely/ACDA	18 - Vision Obstruction 19 - Operating Defective Equipment	29 - Failure to Obey Traffic /Signals/Officer	Signs 09 - Motor Trouble 10 - Disabled From Prior Accident
/Passing/Off Road	20 - Load Shifing/Falling/Spilling 21 - Other Improper Action	30 - Wrong Side of the Roa 31 - Other Non-Motorist Ac	
Sequence of Events 1 2 0 2 3 4 5 5	6 01 - Overturn/Rollover 02 - Fire/Explosion	06 - Equipment Failure (Blown Tire, Brake Failure, et	10 - Cross Median c) 11 - Cross Center Line
First Most 99 -	O3 - Immersion Unknown O4 - Jackknife	07 - Separation of Units 08 - Ran Off Road Right	Opposite Direction of Travel 12 - Downhill Runaway
Harmful 1 Harmful 1 Event Event Collision with Person, Vehicle or Object Not Fixed	05- Cargo/Equipment Loss or Sh <u>Collision With Fixed Object</u>		13 - Other Non-Collision
14 - Pedestrian21 - Parked Motor Vehicle15 - Pedalcycle22 - Work Zone Maintena	nce Equipment 26 - Bridge Overhead Structure	shion 33 - Median Cable Barrie 34 - Median Guardrail Ba 35 - Median Concrete Ba	rrier or Support 49 - Fire Hydrant
16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shi 17 - Animal - Farm or Anything Set in Mc 18 - Animal - Deer Motor Vehicle	18 - Bridge Paranet	36 - Median Other Barrie 37 - Traffic Sign Post	
19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport	31 - Guardrail End	38 - Overhead Sign Post 39 - Light/Luminaries Sup	
Unit Speed Posted Speed Traffic Control	32 - Portable Barrier	40 - Utility Pole	47 Mailbox Unit Direction
3	gn 08 - Railroad Flashers	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other	From 3 To 4 1 - North 5 - Northeast 9 - Unkn 2 - South 6 - Northwest 7 - Southeast
□ Stated 04 - Traffic 3 □ Estimated 05 - Traffic 1	Signal 10 - Construction Barricade	16 - Not Reported	4 - West 8 - Southwest
— Estimated 06 - School			Page of

OHIO GENERAL GENERAL SAFETY ENGARAGE GENERAL GENERAL SAFETY ENGARAGE				Report Number * 2 0 1 8 0	0 4 8 1	
Unit Number Owner Name: Last, First, Mi	ddle (☐ Same As Driver)	Owner Phone Number - inc. ar	rea code (☐ Same A	s Driver)	Damage Scale Damage	ged Area
0 2 ALSTON RONA	LDC	216-647-4668	,	,	2	Front
Owner Address, City, State, Zip	(Same As Driver)	CARCIELD LITE	OH 4412	F 4260	1 - None 09	02 03
11708 HASTINGS RI		GARFIELD HTS	OH 4412	5 4360 # Occupants	2 - Minor	
O H HIA3649	1 F A	F P 3 8 3 2 Y V	N 1 6 4 5 7 8	0 1	08	10 04
Vehicle Year Vehicle Make	Vehicle	Model	Vehicle Color	•	3 - Functional	
2 0 0 0 FORD	Ford FOC	Focus	19.2	n/Silver	4 - Disabling	06 05
Proof of Insurance Company Shown Insurance Company LIBERTY MUTU	JAI AOS 28	" 88-203989-70	Towed By		9 - Unknown	Rear
Carrier Name, Address, City, State, Zip	1.133.2		1		Carrier Phone - include	e area code
US DOT Vehicle Weight GVWF	R/GCWR Cargo Body T	уре	00 B / Ti	rafficway Description	1	
2 - 10,001 to 26	000 Lbs 010K Lbs. 02	É No Cargo Body Type/Not Applicable Ber Bus/Van(9-15 Seats, Inc.Driver) Be Bus(16+ Seats, Inc Driver)	10 Cargo Tank		ot Divided, Continuous Lef	
HM Placard ID No. 3 - More Than 2	04 04	- Vehicle Towing Another Vehicle - Logging	12 - Dump 13 - Concrete Mixer	4 - Two-Way, Di	ivided, Unprotected (Painted ivided, Positive Median Ba	,
Hazardous Mate	07	6 - Intermodal Container Chassis 7 - Cargo Van/Enclosed Box		5 - One-Way Tra	апісмау	
Number Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswall	Type of Use Unit Type	3 - Grain, Chips, Gravel Passenger Vehicle (less than 9 pass	99 - Other/Unknown sengers) Med/Heavy Trucks or	r Combo Units>10k lb	os Bus/Van/Limo (9 d	or More Including Driver)
02 - Intersection - No Crosswalk 03 - Intersection - Other		01 - Sub-Compact 02 - Compact	13 - Single Unit Truc 14 - Single Unit Truc	ck or Van 2axle,6 tires	21 - Bus/Van (9-1 22 - Bus(16+ Seat	
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location	1 - Personal 99 - Unk	03 - Mid Size nown 04 - Full Size	15 - Single Unit Truc 16 - Truck/Tractor(Bo	ck/Trailer	Non-Motorist	·,
06 - Bicycle Lane 07 - Shoulder/Roadside	2 - Commercial or Hit/Sk 3 - Government	06 - Sports Utility Vehicle	17 - Tractor/Semi-Tr 18 - Tractor/Double	ailer	23 - Animal with	
08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access	☐ In Emergency	07 - Pickup 08 - Van 09 - Motorcycle	19 - Tractor/Triples 20 - Other Med/Hear	vy Vehicle	24 - Animai with 25 - Bicycle/Ped 26 - Pedestrian/	
11 - Shared-Use Path or Trail 12 - Non-Trafficway Area	Response	10 - Motorized Bicycle 11 - Snowmobile/ATV	☐ Has HM	/I Placard	27 - Other Non-N	
99 - Other/Unknown Special Function 01 - None	09 - Ambulance	12 - Other Passenger Vehicle 17 - Farm Vehicle	Most Damaged Area			Action
02 - Taxi 03 - Rental Truck (Over 10K L		18 - Farm Equipment 19 - Motorhome	01 - None 02 - Center Front			1 - Non-Contact 2 - Non-Collision
04 - Bus - School (Public or P 05 - Bus - Transit 06 - Bus - Charter	13 - Police	20 - Golf Cart 21 - Train	03 - Right Front Impact Area 04 - Right Side 05 - Right Rear	10 - Top and W 11 - Undercarri 12 - Load/Traile	iage	4 - Struck
07 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	14 - Public Utility 15 - Other Government 16 - Construction Equip.	22 - Other (Explain in Narrative)	06 - Rear Center 07 - Left Rear			5 - Striking/Struck 9 - Unknown
Pre-Crash Actions Motorist			Non-Motorist			
01 - Straight Ahead 02 - Backing 03 - Changing Lanes	07 - Making U-Turn 08 - Entering Traffic Lane	13 - Negotiating a Curve 14 - Other Motorist Action		rossing Specified Loc ning, Jogging, Playing		Other Non-Motorist Action
99 - Unknown 04 - Overtaking/Passi 05 - Making Right Tun	•	raffic	17 - Working 18 - Pushing Vehic 19 - Approaching c			
06 - Making Left Turn Contributing Circumstances	12 - Driverless		20 - Standing		Vehicle Defects	
Primary 01 - None	11 - Improper Bac	king	Non-Motorist 22 - None		01 - Turn 02 - Head	
0 2 02 - Failure to Yield 03 - Ran Red Light	12 - Improper Star 13 - Stopped or Pa	t From Parked Position arked Illegally	23 - Improper Crossing 24 - Darting		03 - Tail L 04 - Brake	amps
Secondary 04 - Ran Stop Sign 05 - Exceeded Speed Lin	mit 15 - Swerving to A	nicle in Negligent Manner void (Due to External Conditions)	25 - Lying and/or Illegally 26 - Failure to Yield Right	of Way	05 - Steer 06 - Tire E	Blowout
06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center	16 - Wrong Side/V 17 - Failure to Cor 18 - Vision Obstru	itrol	27 - Not Visible (Dark Clo 28 - Inattentive 29 - Failure to Obey Traffi	-	08 - Traile	or Slick tires er Equipment Defective
99 - Unknown 09 - Followed Too Closel 10 - Improper Lane Char	y/ACDA 19 - Operating De	fective Equipment	/Signals/Officer 30 - Wrong Side of the Ro		09 - Moto 10 - Disab 11 - Othe	oled From Prior Accident
/Passing/Off Road Sequence of Events	21 - Other Improp		31 - Other Non-Motorist A		30101	
1 2 0 2 3 4	5 6	01 - Overturn/Rollover 02 - Fire/Explosion	06 - Equipment Failure (Blown Tire, Brake Failure, e		s Center Line	
First Most Harmful 1	99 - Unknown	 03 - Immersion 04 - Jackknife 05- Cargo/Equipment Loss or Sh 	07 - Separation of Units 08 - Ran Off Road Right nift 09 - Ran Off Road Left	12 - Dowr	osite Direction of Travel nhill Runaway	
Event Event Collision with Person, Vehicle or Object Not F		Collision With Fixed Object 25 - Impact Attenuator/Crash Cu			r Non-Collision er Post, Pole 48 -	Tree
15 - Pedalcycle 22 - V	arked Motor Vehicle /ork Zone Maintenance Equipment	26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment	33 - Median Cable Barri 34 - Median Guardrail B 35 - Median Concrete B	sarrier or Su	upport 49 -	Fire Hydrant Work Zone Maintenance
17 - Animal - Farm o	truck by Falling, Shifting Cargo r Anything Set in Motion by a lotor Vehicle	28 - Bridge Parapet 29 - Bridge Rail	36 - Median Other Barrio 37 - Traffic Sign Post		o n 51 -	Equipment Wall, Building, Tunnel
	ottor Vericle htter Movable Object	30 - Guardrail Face 31 - Guardrail End	38 - Overhead Sign Pos 39 - Light/Luminaries Su	upport 46 - Fend	ce	Other Fixed Object
<u> </u>	ffic Control	32 - Portable Barrier	40 - Utility Pole	47 Mailbo		
3 2 5 0	2 02 - Stop Sign 08	- Railroad Crossbucks - Railroad Flashers	13 - Crosswalk Lines 14 - Walk/Don't Walk	From 2 To	1 2 - South 6 -	Northeast 9 - Unknown Northwest
☐ Stated	03 - Yield Sign 09 04 - Traffic Signal 10	- Railroad Gates - Construction Barricade	15 - Other 16 - Not Reported			Southeast Southwest
☑ Estimated		- Person (Flagger, Officer) - Pavement Markings				Page of



Motorist / Non-Motorist / Occupant

Loca	al Re	oort N	lumb	er*								
	2	0	1	8	0	4	8	1				

											<u> </u>
	1	Last, First, Middle					Date o			Age	Gender F - Female
	Address, City, State, Zip	LSTON	MAT	THEW	IS.				2 0 0 tact Phone - include		M - Male
10101	11708 HA	STINGS RD		GARF	IELD HTS	ОН	44125		16-315-398	9	
	Injuries Injured Taken B	y EMS Agency		Medical Facility Injure	ed Taken To	Safety Equipme		OT Compliant lotorcycle lelmet	Seating Position	Air Bag Usage	Ejection Trapped
	OL State Operator Lic	onse Number OL Clase	□ Valid □	M/C Condition Ald	cohol/Drug Suspected	1	itatus Ālcohol	¬ ~	Alcohol Test Value	Drug Test Sta	Drug Test Type
	Offense Charged (□ Lo	ocal Code)	Offense Description			Citation Number					ver Distracted By
	1	Last, First, Middle	REG	INA	M		Date o		1 9 2	8 Age 89	Gender F - Female M - Male
DIGILISE	Address, City, State, Zip 7704 NE	W YORK AVE		CLEVE	ELAND	ОН	44105		tact Phone - include 16-883-174		
OTOTISM IN OTHER	Injuries Injured Taken B	y EMS Agency		Medical Facility Injure	ed Taken To	Safety Equipme		OT Compliant lotorcycle elmet	Seating Position	Air Bag Usage	Ejection Trapped
Ň	OL State Operator Lic	OL Class	I □ Valid I □ N	Condition Ale	cohol/Drug Suspected	Alcohol Test S	Status Alcohol		Alcohol Test Value	Drug Test Sta	atus Drug Test Type
	Offense Charged (□ L	ocal Code)	Offense Description			Citation Number				Hands-Free Dr Device Used	iver Distracted By
	Injuries	Injured Taken By	Safety I	Equipment Used	99 -	- Unknown Safety E	Equipment				
	No Injury/None Report Possible Non-Incapacitating Incapacitating Fatal	ted 1 - Not Transpor Treated at Sc 2 - EMS 3 - Police 4 - Other 9 - Unknown	01 - I 02 - S 03 - I	rist None Used - Vehicle O Shoulder Belt Only Use Lap Belt Only Used Shoulder Belt and Lap	ed 06 07	- Child Restraint Sy - Child Restraint Sy - Booster Seat - Helmet Used			Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Potential (Elbows, Kneed)	13 - ads Used 14 -	Reflective Clothing Lighting Other
	Seating Position 01 - Front - Left Side (Mc 02 - Front - Middle 03 - Front - Right Side 04 - Second - Left Side (05 - Second - Middle 06 - Second - Right Side	Motorcycle Passenger)	08 - Third - Mi 09 - Third - Ri 10 - Sleeper S 11 - Passenge		argo Area	13 - Traili	ng on Vehicle Ext Motorist r		uUnit)	ir Bag Usage 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both I 5 - Not Applicable 9 - Deployment Unl	
	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 Mear	1 - Class / 2 - Class / 3 - Class / 4 - Regula	B C or Class (Ohio is "D")	Condition 1 - Apparently Norm 2 - Physical Impair 3 - Emotional (Depited - Illness)	ment	6 - l urbed) M	Fell Asleep, Fain Inder The Influe Medications, Dru Other	ited, Fatigued ince of	Alcohol/Drug Susp 1 - None 2 - Yes - Alcohol S 3 - Yes - HBD Not 4 - Yes - Drugs Sus 5 - Yes - Alcohol an	uspected Impaired
	Alcohol Test Status 1 - None Given 2 - Test Refused 3 - Test Given, Contamina 4 - Test Given, Results Kn 5 - Test Given, Results Un	own	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, Cr 4 - Test Given, Re 5 - Test Given, Re		Inusable	rug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	2 - Phone 3 - Texting/E 4 - Electronic 5 - Other Ele	ction Reported	7 - Ext	ner Inside the Vehicle ernal Distraction
	Unit Number Name: I	ast, First, Middle					Date of Bii	th		Age	Gender F - Female M - Male
occupan	Address, City, State, Zip						·	Conta	act Phone - include	area code	
۷	Injuries Injured Taken By	EMS Agency		Medical Facility Injure	ed Taken To	Safety Equipme		OT Compliant lotorcycle elmet	Seating Position	Air Bag Usage	Ejection Trapped
	Unit Number Name: L	ast, First, Middle					Date of Bir	th	1 1 1	Age	Gender
								<u></u>	<u></u>		F - Female
cupant	Address, City, State, Zip							Conta	act Phone - include	area code	M - Male
Occupant	Address, City, State, Zip Injuries Injured Taken By	EMS Agency		Medical Facility Injure	d Taken To	Safety Equipme		Conta DT Compliant otorcycle elmet	Seating Position	Air Bag Usage	M - Male