



Traffic Crash Report

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|-----------------------|--|--------------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 20181293 | 3 - 1 - Fatal 2 - Injury 3 - PDO | 2 - 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 type="checkbox"/> OH-3 | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | 01820 | GARFIELD HEIGHTS | 02 | 02 - 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 |
| 18 | | GARFIELD HTS | 04152018 | 1915 | SUN |

| | | | |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| | | 41.413313 | -81.607518 |

| | | | |
|---|------------------------------------|----------------------|--|
| 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 | W N - Northbound S - Southbound | 04 | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Drive HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |

| | | | | | |
|------------------|-----------------------|-------------|--------------------|----------------------|--|
| Location Route 1 | Location Route Number | Loc. Prefix | Location Road name | Location Road Type 2 | Route Types ¹ |
| 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 |
| 20 | W N,S, E,W | | | | 022.2 | MP |

| | | | | | | |
|----------------------|----------------|----------------------------|--------------------------|---------------------------------|---|---|
| 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 |
| 2 - Mile Post | 01 | 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* |
| 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 02 Secondary | 02 - Wet 03 - Snow 04 - Ice | 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* | 10 - Other 99 - Unknown |

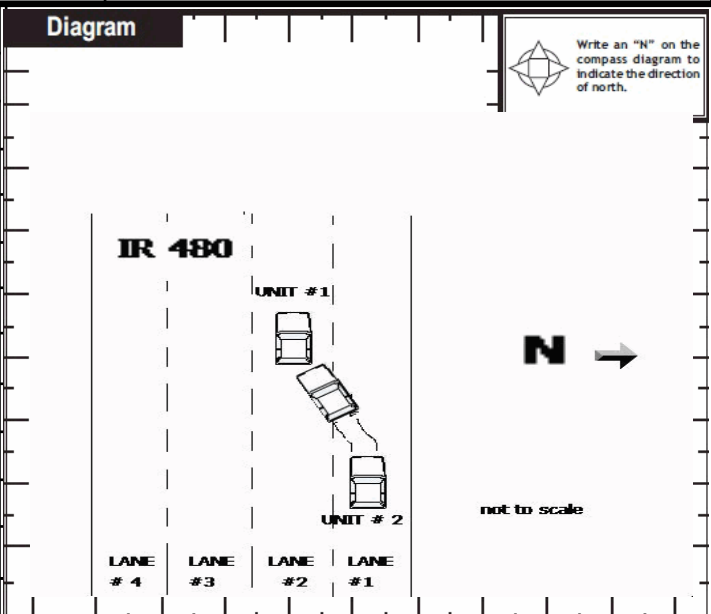
| | |
|---|--|
| Manner of Crash Collision/Impact | Weather |
| 6 - 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 4 - 1 - Clear 2 - Cloudy 3 - Fog, 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 | 4 - 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 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other | <input type="checkbox"/> 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 TRAVELING IN LANE # 2 W/B ON IR 480 AT MP 22/2. UNIT # 2 WAS TRAVELING IN LANE # 1 WB ON IR 480. DRIVER OF UNIT # 1 STATES THAT UNIT # 2 LOST CONTROL AND SWERVED, STRIKING UNIT # 1 IN THE RIGHT REAR. UNIT # 2 THEN EXITED AT EXIT # 21 AND LEFT THE SCENE.



| | | | | | | | | |
|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| 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"/> | 04182018 | 0916 | 0917 | 0925 | 1025 | 55 | 115 |

| | | | |
|------------------|------------------------|-------------|---------|
| Officer's Name * | Officer's Badge Number | Checked By | Page of |
| P. Dickens | 011 | L10 M. Kaye | |

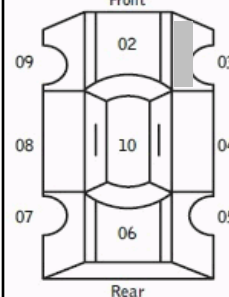


Unit

Local Report Number *

2 0 1 8 1 2 9 3

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|---|--|---|---|--|
| Unit Number 01 | | Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) CAHILL ROBERT E | | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) 216-928-2200 | | Damage Scale 2 | | Damaged Area | | | |
| Owner Address, City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) 3131 W 159TH ST CLEVELAND OH 44111 | | | | | | | | | | | |
| LP State OH | | License Plate Number GHJ3149 | | Vehicle Identification Number 1GYKNDRS9HZ156903 | | | # Occupants 04 | | | | |
| Vehicle Year 2017 | | Vehicle Make CADI Cadillac | | Vehicle Model OTH Other | | Vehicle Color | | | | | |
| <input type="checkbox"/> Proof of Insurance Shown | | Insurance Company GEICO | | Policy Number 4271-8214-41 | | 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 3 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 - 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 04 99 - Unknown or Hit/Skip | | 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 05 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other | | 99 - Unknown Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| Pre-Crash Actions 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 99 - Unknown 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn | | Motorist 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 Secondary <input type="checkbox"/> 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 99 - Unknown 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 <input type="checkbox"/> 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 60 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | | 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 | |

| | | | | | |
|--|--|--|---|---|--------------------------------|
| Unit Number 0 2 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | Damage Scale 2 | Damaged Area  | |
| Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) | | | 1 - None | | |
| LP State | License Plate Number | Vehicle Identification Number | 2 - Minor | | |
| Vehicle Year | Vehicle Make | Vehicle Model | 3 - Functional | | |
| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company | Policy Number | 4 - Disabling | | |
| Carrier Name, Address, City, State, Zip | | | 9 - Unknown | | |
| 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 <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van(9-15 Seats, Inc.Driver) <input type="checkbox"/> 03 - Bus(16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 08 - Grain, Chips, Gravel | Towed By | | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | Trafficway Description 3 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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| Special Function <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10K Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 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 3 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
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| Sequence of Events 1 2 0 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 | |
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| Unit Speed 7 0 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 6 0 | Traffic Control 1 2 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 | |



Motorist / Non-Motorist / Occupant

Local Report Number *

2 | 0 | 1 | 8 | 1 | 2 | 9 | 3 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

| | | | | |
|----------------------|--|--|-----------|------------------------------------|
| Unit Number 0 1 | Name: Last, First, Middle CAHILL ROBERT E | Date of Birth 0 3 0 4 1 9 7 4 | Age 44 | Gender M F - Female M - Male |
|----------------------|--|--|-----------|------------------------------------|

| | |
|---|---|
| Address, City, State, Zip 3131 W 159TH ST CLEVELAND OH 44111 | Contact Phone - include area code 216-928-2200 |
|---|---|

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|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 | DOT Compliant Motorcycle Helmet | Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|-------------|---------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State OH | Operator License Number RH029242 | 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) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By 1 |
|------------------------------|---------------------|-----------------|------------------------|---------------------------|

| | | | | |
|----------------------|----------------------------------|---------------|-----|----------------------------------|
| Unit Number 0 2 | Name: Last, First, Middle UNK | Date of Birth | Age | Gender F - Female M - Male |
|----------------------|----------------------------------|---------------|-----|----------------------------------|

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

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|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 9 9 | DOT Compliant Motorcycle Helmet | Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------|----------|-------------|---------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL State OH | Operator License Number | OL Class | No Valid OL | M/C End | Condition 1 | Alcohol/Drug Suspected 1 | Alcohol Test Status 1 | Alcohol Test Type 1 | Alcohol Test Value | Drug Test Status 1 | Drug Test Type 1 |
|----------------|-------------------------|----------|-------------|---------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|

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|------------------------------|---------------------|-----------------|------------------------|----------------------|
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used | Driver Distracted By |
|------------------------------|---------------------|-----------------|------------------------|----------------------|

| | | |
|---|--|---|
| 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 |
|--|---|---|---|--|

| | | | | |
|--|---|---|--|--|
| 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 CAHILL MARIANNE | Date of Birth 0 6 2 9 1 9 7 4 | Age 43 | Gender M F - Female M - Male |
|----------------------|--|--|-----------|------------------------------------|

| | |
|--|---|
| Address, City, State, Zip 3131 E 159 CLEVELAND OH 44111 | Contact Phone - include area code 216-928-2200 |
|--|---|

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|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|
| Injuries 1 | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used 0 4 | DOT Compliant Motorcycle Helmet | Seating Position 0 1 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|

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|----------------------|--|--|----------|------------------------------------|
| Unit Number 0 1 | Name: Last, First, Middle CAHILL JACK | Date of Birth 1 0 1 9 2 0 0 9 | Age 8 | Gender M F - Female M - Male |
|----------------------|--|--|----------|------------------------------------|

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|---|-----------------------------------|
| Address, City, State, Zip 3131 E159 CLEVELAND OH 44111 | 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 4 | DOT Compliant Motorcycle Helmet | Seating Position 0 6 | Air Bag Usage 1 | Ejection 1 | Trapped 1 |
|---------------|------------------|------------|-----------------------------------|--------------------------------|---------------------------------|---------------------------|--------------------|---------------|--------------|



Occupant / Witness Addendum

Local Report Number *

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 2 | 0 | 1 | 8 | 1 | 2 | 9 | 3 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

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|---|--|---|--|---|--|--|---|---|---|---|---|--|
| Occupant | Unit Number <input type="text" value="0"/> <input type="text" value="1"/> | Name: Last, First, Middle CAHILL TOMMY | Date of Birth <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> | Age <input type="text" value="6"/> | Gender <input checked="" type="checkbox"/> M F - Female <input type="checkbox"/> M - Male | | | | | | | |
| | Address, City, State, Zip 3131 W 159 CLEVELAND OH 44111 | | | Contact Phone - include area code | | | | | | | | |
| Injuries <input type="text" value="1"/> <input type="text"/> | | Injured Taken By <input type="text"/> | EMS Agency <input type="text"/> | Medical Facility Injured Taken To <input type="text"/> | Safety Equipment Used <input type="text" value="0"/> <input type="text" value="4"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="text" value="0"/> <input type="text" value="4"/> | Air Bag Usage <input type="text" value="1"/> | Ejection <input type="text" value="1"/> | Trapped <input type="text" value="1"/> | | |
| Occupant | Unit Number <input type="text"/> | Name: Last, First, Middle | Date of Birth <input type="text"/> | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| Injuries <input type="text"/> <input type="text"/> | | Injured Taken By <input type="text"/> | EMS Agency <input type="text"/> | Medical Facility Injured Taken To <input type="text"/> | Safety Equipment Used <input type="text"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="text"/> | Air Bag Usage <input type="text"/> | Ejection <input type="text"/> | Trapped <input type="text"/> | | |
| Occupant | Unit Number <input type="text"/> | Name: Last, First, Middle | Date of Birth <input type="text"/> | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| Injuries <input type="text"/> <input type="text"/> | | Injured Taken By <input type="text"/> | EMS Agency <input type="text"/> | Medical Facility Injured Taken To <input type="text"/> | Safety Equipment Used <input type="text"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="text"/> | Air Bag Usage <input type="text"/> | Ejection <input type="text"/> | Trapped <input type="text"/> | | |
| Occupant | Unit Number <input type="text"/> | Name: Last, First, Middle | Date of Birth <input type="text"/> | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| Injuries <input type="text"/> <input type="text"/> | | Injured Taken By <input type="text"/> | EMS Agency <input type="text"/> | Medical Facility Injured Taken To <input type="text"/> | Safety Equipment Used <input type="text"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="text"/> | Air Bag Usage <input type="text"/> | Ejection <input type="text"/> | Trapped <input type="text"/> | | |
| Occupant | Unit Number <input type="text"/> | Name: Last, First, Middle | Date of Birth <input type="text"/> | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| Injuries <input type="text"/> <input type="text"/> | | Injured Taken By <input type="text"/> | EMS Agency <input type="text"/> | Medical Facility Injured Taken To <input type="text"/> | Safety Equipment Used <input type="text"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="text"/> | Air Bag Usage <input type="text"/> | Ejection <input type="text"/> | Trapped <input type="text"/> | | |
| Occupant | Unit Number <input type="text"/> | Name: Last, First, Middle | Date of Birth <input type="text"/> | Age | Gender <input type="checkbox"/> F - Female <input type="checkbox"/> M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| Injuries <input type="text"/> <input type="text"/> | | Injured Taken By <input type="text"/> | EMS Agency <input type="text"/> | Medical Facility Injured Taken To <input type="text"/> | Safety Equipment Used <input type="text"/> | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position <input type="text"/> | Air Bag Usage <input type="text"/> | Ejection <input type="text"/> | Trapped <input type="text"/> | | |
| Injuries | | Injured Taken By | | Safety Equipment Used | | 99 - Unknown Safety Equipment | | | | | | |
| 1 - No Injury/None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal | | 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown | | Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used | | 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 | | | | | Air Bag Usage | | Ejection | | Trapped | | | |
| 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 | | 1 - Not Deployed 2 - Deployed Front 3 - Deployed Side 4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown | | 1 - Not Ejected 2 - Totally Ejected 3 - Partially Ejected 4 - Not Applicable | | 1 - Not Trapped 2 - Extricated by Mechanical Means 3 - Extricated by Non-Mechanical Means | |
| Page of | | | | | | | | | | | | |