



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
20184142	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information  
131 ST FOOD MART (GAS USA)

<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	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 01820	Reporting Agency Name * GARFIELD HEIGHTS	Number of Units 02	Unit in error 02 98 - Animal 99 - Unknown
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County * 18	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * GARFIELD HTS	Crash Date * 11092018	Time of Crash 1536	Day of Week FR
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Degrees / Minutes / Seconds Latitude 41° 26' 11.00" N	Longitude - 81° 35' 29.00" W	Decimal Degrees Latitude 41.436389	Longitude - 81.591389
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Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound	E - Eastbound W - Westbound	Number of Thru Lanes 02	Road Types or Milepost <sup>2</sup> 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
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Location Route 1 Type	Location Route Number	Loc. Prefix E N.S. E,W	Location Road name 131ST	Location Road Type 2 ST	Route Types <sup>1</sup> IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route
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Distance From Reference 50	Dir From Ref <input type="checkbox"/> N.S. <input checked="" type="checkbox"/> E,W	Reference Route Type 1	Reference Route Number	Ref Prefix N.S. E,W	Reference Name (Road, Milepost, House #) SAYBROOK	Reference Road Type RD
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number	Crash Location 10	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown
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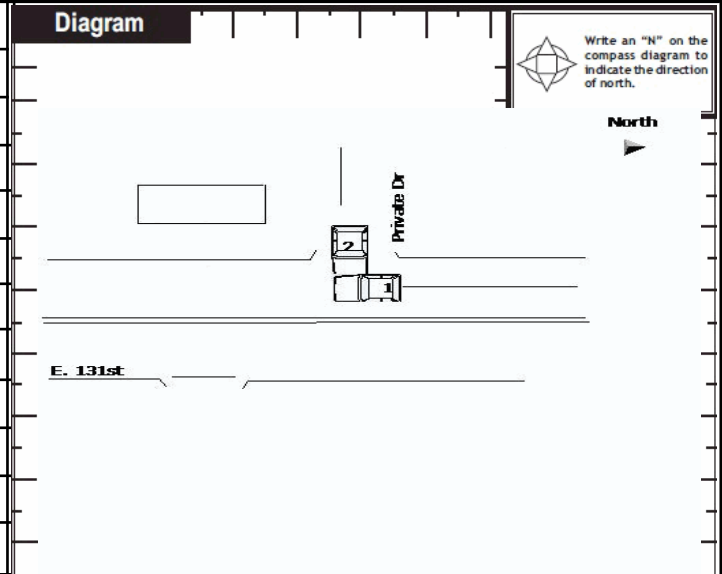
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level	4 - Curve Grade 9 - Unknown	Road Conditions Primary 01	Secondary 02	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact 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	Weather 2 - 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke	4 - Rain 5 - Sleet, Hail 6 - Snow	7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
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Road Surface 2 - 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block	4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light conditions 1 - Primary Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> School Zone Directly Involved <input type="checkbox"/> School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median	4 - Intermittent or Moving Work 5 - Other	Location of Crash in Work Zone 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area	4 - Activity Area 5 - Termination Area
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Narrative  
UNIT # 1 WAS SOUTHBOUND ON E. 131ST. UNIT #2 WAS EASTBOUND FROM A PRIVATE DRIVE, WHEN IT FAILED TO YIELD AND WAS STRUCK BY UNIT # 1.



Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported 11092018	Time Crash Reported 1536	Dispatch Time 1539	Arrival Time 1552	Time Cleared 1652	Other Investigation Time 0	Total Minutes 60
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Officer's Name * B. Foxx	Officer's Badge Number 030	Checked By L09 T. Murphy	Page of
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# Unit

Local Report Number \*

2 0 1 8 4 1 4 2

Unit Number <b>01</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>SCHERER ERICAL</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>330-257-1090</b>	Damage Scale <b>2</b>	Damaged Area 	
Owner Address, City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>290 MUNROE FALLS AVE MUNROE FALLS OH 44262</b>					
LP State <b>OH</b>	License Plate Number <b>HDA4596</b>	Vehicle Identification Number <b>1GNDT13W3Y2317941</b>	# Occupants <b>03</b>		
Vehicle Year <b>2000</b>	Vehicle Make <b>CHEV Chevrolet</b>	Vehicle Model <b>BLZ Blazer</b>	Vehicle Color <b>WHI White</b>		
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>DAIRYLAND AUTO</b>	Policy Number <b>354706544</b>	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 <b>01</b> 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	Trafficway Description <b>1</b> 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	<input type="checkbox"/> Has HM Placard				
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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>05</b> 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 <b>01</b> 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 <b>04</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions <b>01</b> 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 <b>01</b> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	<b>Non-Collision Events</b> 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		
<b>Collision with Person, Vehicle or Object Not Fixed</b> 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		<b>Collision With Fixed Object</b> 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		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 <b>30</b>	Posted Speed <b>25</b>	Traffic Control <b>12</b> 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		
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		Unit Direction From <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown		Page of	



# Unit

Local Report Number \*

2 0 1 8 4 1 4 2

Unit Number <b>02</b>		Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>DUNNE SHANNON M</b>		Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )		Damage Scale <b>3</b>		Damaged Area 			
Owner Address, City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) <b>4306 MURIEL AVE CLEVELAND OH 44109 3144</b>											
LP State <b>OH</b>		License Plate Number <b>FDV1248</b>		Vehicle Identification Number <b>1G1ZT58N97F209278</b>			# Occupants <b>02</b>				
Vehicle Year <b>2007</b>		Vehicle Make <b>CHEV Chevrolet</b>		Vehicle Model <b>MAL Malibu</b>		Vehicle Color <b>MAR Maroon/Burgundy</b>					
<input checked="" type="checkbox"/> Proof of Insurance Shown		Insurance Company <b>GEICO</b>		Policy Number <b>4554446809</b>		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 <b>01</b> 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 <b>1</b> 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		
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Pre-Crash Actions <b>08</b> 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 <b>02</b> 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					
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<b>Collision With Person, Vehicle or Object Not Fixed</b> 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		<b>Collision With Fixed Object</b> 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 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated		Posted Speed <b>25</b>		Traffic Control <b>12</b> 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 <b>4</b> To <b>2</b> 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	4	1	4	2												
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Motorist/Non-Motorist

Unit Number <b>01</b>	Name: Last, First, Middle <b>ZUMOCK ROBERT JC</b>	Date of Birth <b>11101986</b>	Age <b>31</b>	Gender <b>M</b> F - Female M - Male							
Address, City, State, Zip <b>1091 S SAGAMORE DR STREETSBORO OH 44241</b>			Contact Phone - include area code <b>216-780-3421</b>								
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>		
OL State <b>OH</b>	Operator License Number <b>SS944136</b>	OL Class <b>4</b>	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>
Offense Charged ( <input type="checkbox"/> Local Code)		Offense Description			Citation Number		Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By <b>1</b>		

Motorist/Non-Motorist

Unit Number <b>02</b>	Name: Last, First, Middle <b>ROSSER EMMANUEL LE</b>	Date of Birth <b>05151978</b>	Age <b>40</b>	Gender <b>M</b> F - Female M - Male							
Address, City, State, Zip <b>4306 MURIEL AVE CLEVELAND OH 44109 3144</b>			Contact Phone - include area code <b>216-704-3935</b>								
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <b>01</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>		
OL State <b>OH</b>	Operator License Number <b>RS875289</b>	OL Class <b>4</b>	No Valid OL <input type="checkbox"/>	M/C End <input type="checkbox"/>	Condition <b>1</b>	Alcohol/Drug Suspected <b>1</b>	Alcohol Test Status <b>1</b>	Alcohol Test Type <b>1</b>	Alcohol Test Value	Drug Test Status <b>1</b>	Drug Test Type <b>1</b>
Offense Charged ( <input checked="" type="checkbox"/> Local Code) <b>331.22</b>		Offense Description <b>FTY- FROM PRIVATE DR</b>			Citation Number <b>G20185338</b>		Hands-Free Device Used <input type="checkbox"/>		Driver Distracted By <b>1</b>		

<b>Injuries</b>	<b>Injured Taken By</b>	<b>Safety Equipment Used</b>	<b>99 - Unknown Safety Equipment</b>
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	<b>Motorist</b> 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder Belt and Lap Belt Used	<b>Non-Motorist</b> 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

<b>Seating Position</b>	<b>Air Bag Usage</b>
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

<b>Ejection</b>	<b>Trapped</b>	<b>Operator License Class</b>	<b>Condition</b>	<b>Alcohol/Drug Suspected</b>
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	1 - Class A 2 - Class B 3 - Class C 4 - Regular Class (Ohio is "D") 5 - MC/Moped <u>Only</u>	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	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected 5 - Yes - Alcohol and Drugs Suspected

<b>Alcohol Test Status</b>	<b>Alcohol Test Type</b>	<b>Drug Test Status</b>	<b>Drug Test Type</b>	<b>Driver Distracted By</b>
1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Breath 5 - Other	1 - None Given 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	1 - None 2 - Blood 3 - Urine 4 - Other	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

Occupant

Unit Number <b>02</b>	Name: Last, First, Middle <b>ROSSER BREANNA</b>	Date of Birth <b>12142002</b>	Age <b>15</b>	Gender <b>F</b> F - Female M - Male					
Address, City, State, Zip <b>7428 INDIANA CLEVELAND OH 44105</b>			Contact Phone - include area code						
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>04</b>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <b>03</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>

Occupant

Unit Number <b>01</b>	Name: Last, First, Middle <b>LAZAR CALINA</b>	Date of Birth <b>111112014</b>	Age <b>3</b>	Gender <b>F</b> F - Female M - Male					
Address, City, State, Zip <b>2029 GARDEN LANE HUDSON OH 44236</b>			Contact Phone - include area code						
Injuries <b>1</b>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used <b>05</b>	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position <b>04</b>	Air Bag Usage <b>1</b>	Ejection <b>1</b>	Trapped <b>1</b>



# Occupant / Witness Addendum

Local Report Number \*

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

Occupant	Unit Number 0   1	Name: Last, First, Middle LAZAR CASEY	Date of Birth 0   7   0   6   2   0   1   6	Age 2	Gender M F - Female M - Male											
	Address, City, State, Zip 2029 GARDEN LANE HUDSON OH 44236				Contact Phone - include area code											
	Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 0   5	DOT Compliant Motorcycle Helmet <input type="checkbox"/>	Seating Position 0   6	Air Bag Usage 1	Ejection 1	Trapped 1						
Occupant	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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped						
Occupant	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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped						
Occupant	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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped						
Occupant	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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped						
Occupant	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 <input type="checkbox"/>	Seating Position	Air Bag Usage	Ejection	Trapped						
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Page of																

LOCAL REPORT NUMBER 20184142	REPORTING AGENCY GARFIELD HEIGHTS	DATE OF CRASH M 11   D 09   Y 2018
IN COUNTY OF 18	CRASH LOCATION E 131ST ST 131 ST FOOD MART (GAS USA)	
<p>Damage- Unit # 1. 2000 Chevrolet Blazer, sustained moderate damage to both right passenger side doors.</p> <p>Unit # 2. 2007 Chevrolet Malibu, sustained moderate to heavy damage to the front bumper, hood and left front fender.</p> <p>Both vehicles were moved from final rest.</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 030