



Traffic Crash Report

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|-----------------------|--|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 2 0 1 8 3 6 7 4 | 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 checked="" 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 | 0 1 8 2 0 GARFIELD HEIGHTS | 0 1 | 0 1 98 - Animal 99 - Unknown |

| | | | | | |
|----------|---|---------------------------|-----------------|---------------|-------------|
| County * | <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 1 8 | | GARFIELD HTS | 1 0 0 4 2 0 1 8 | 2 2 1 6 | T H U |

| | | | |
|--------------------------------------|-----------|--------------------------|---------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| | | 4 1 . 4 1 0 6 6 1 | - 8 1 . 6 1 9 7 2 1 |

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|---|--|----------------------|--|
| 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 4 | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |

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|------------------|-----------------------|-------------|--------------------|----------------------|--|
| Location Route 1 | Location Route Number | Loc. Prefix | Location Road name | Location Road Type 2 | Route Types ¹ |
| I R | 4 8 0 | | | | 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 | 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. | | | | 21.6 | M P |

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

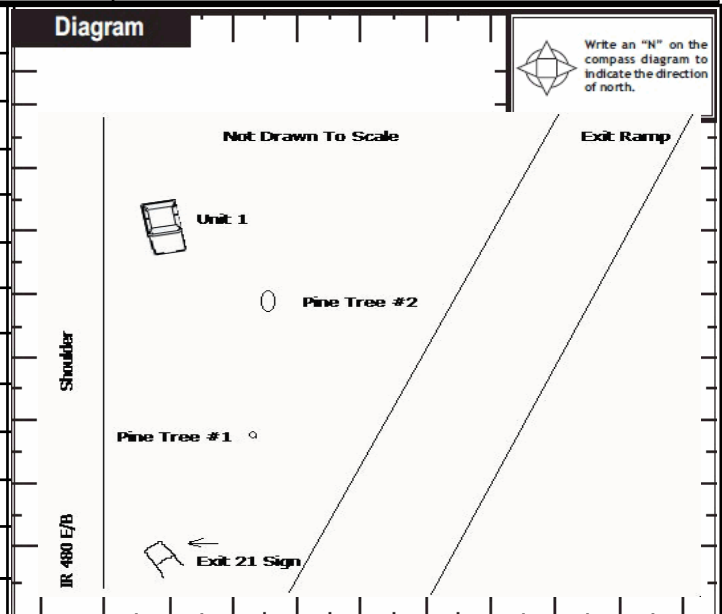
| | | | | |
|--------------------|-----------------|----------|-----------------------------------|--|
| Road Contour | Road Conditions | 01 - Dry | 05 - Sand, Mud, Dirt, Oil, gravel | 09 - Rut, Holes, Bumps, Uneven Pavement* |
| 2 - Straight Level | 0 1 | 02 - Wet | 06 - Water (Standing, Moving) | 10 - Other |

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|---|-----------|
| Manner of Crash Collision/Impact | Weather |
| 1 - Not Collision Between Two Motor Vehicles In Transport | 1 - Clear |

| | | |
|-----------------------------------|------------------|--|
| Road Surface | Light conditions | School Bus Related |
| 2 - Blacktop, Bituminous, Asphalt | 4 - Primary | <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

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| Work Zone Related | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median | 1 - Before the first Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area |

Narrative
SEE LONG NARRATIVE.



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|--|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| 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 | | 1 0 0 4 2 0 1 8 | 2 2 1 6 | 2 2 1 8 | 2 2 2 9 | 2 3 0 3 | 6 0 | 9 4 |
| Officer's Name * | Officer's Badge Number | Checked By | Page of | | | | | |
| W. Gall | S15 | S15 W. Gall | | | | | | |



Unit

Local Report Number *

2 | 0 | 1 | 8 | 3 | 6 | 7 | 4 | | | | | | | |

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|---|--|--|--|---|--|---|--|---|--|--|--|
| Unit Number 01 | | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) HIGGS DEBORAH J | | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | | Damage Scale 4 | | Damaged Area | | | |
| Owner Address, City, State, Zip (<input type="checkbox"/> Same As Driver) 1970 W 32ND ST CLEVELAND OH 44113 | | | | | | | | | | | |
| LP State OH | | License Plate Number HLQ7871 | | Vehicle Identification Number 4S6CK58W824400187 | | | | # Occupants 02 | | | |
| Vehicle Year 2002 | | Vehicle Make HOND Honda | | Vehicle Model passport | | Vehicle Color GRY Gray | | | | | |
| <input type="checkbox"/> Proof of Insurance Shown | | Insurance Company | | Policy Number | | 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 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 | | <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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | | Unit Type 06 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) | | 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 08 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 | |
| Pre-Crash Actions 99 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 17 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 | | 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 00 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects | | | | | |
| Sequence of Events 1 08 2 37 3 44 4 48 5 48 6 00 First Harmful Event 1 Most Harmful Event 4 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 | | 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 | | 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 type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | | Posted Speed 60 | | | | | |
| Traffic Control 01 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 4 To 3 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 | 3 | 6 | 7 | 4 | | | | | | | |

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

| | | | | |
|-------------------|--|---------------------------|-----------|------------------------------------|
| Unit Number 01 | Name: Last, First, Middle STEPHENSON TYRON S/ | Date of Birth 04211978 | Age 40 | Gender M F - Female M - Male |
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| Address, City, State, Zip 10310 RUSSELL GARFIELD HTS OH 44128 | Contact Phone - include area code 216-466-4942 |
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|---------------|-----------------------|--------------------|--|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| Injuries 2 | Injured Taken By 2 | EMS Agency GHFD | Medical Facility Injured Taken To METRO GENERAL | Safety Equipment Used 01 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 01 | Air Bag Usage 2 | Ejection 1 | Trapped 1 |
|---------------|-----------------------|--------------------|--|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| OL State OH | Operator License Number RL079609 | OL Class 4 | No Valid OL <input type="checkbox"/> | M/C End <input type="checkbox"/> | Condition 5 | 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) 331.34A | Offense Description FAILURE TO CONTROL | Citation Number G20184786 | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By 1 |
|---|---|------------------------------|--|---------------------------|

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

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

| | | | | | | | | | | | |
|--------------|-----------------------------|--------------|---|-------------------------------------|---------------|----------------------------|-------------------------|-----------------------|------------------------|----------------------|--------------------|
| OL State | Operator License Number | OL Class | No Valid OL <input type="checkbox"/> | M/C End <input type="checkbox"/> | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
|--------------|-----------------------------|--------------|---|-------------------------------------|---------------|----------------------------|-------------------------|-----------------------|------------------------|----------------------|--------------------|

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|----------------------------------|-------------------------|---------------------|--|--------------------------|
| Offense Charged (Local Code) | Offense Description | Citation Number | Hands-Free Device Used <input type="checkbox"/> | Driver Distracted By |
|----------------------------------|-------------------------|---------------------|--|--------------------------|

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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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used 99 - Unknown Safety Equipment | Non-Motorist 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 Only | 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 01 | Name: Last, First, Middle REED SHANAVIAN Y/ | Date of Birth 04051977 | Age 41 | Gender F F - Female M - Male |
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|---|---------------------------------------|
| Address, City, State, Zip 4217 DENISON AVE CLEVELAND OH 44109 2651 | Contact Phone - include area code |
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| Injuries 2 | Injured Taken By 2 | EMS Agency GHFD | Medical Facility Injured Taken To METRO GENERAL | Safety Equipment Used 01 | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position 03 | Air Bag Usage 2 | Ejection 1 | Trapped 1 |
|---------------|-----------------------|--------------------|--|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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

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|-------------------------------|--|
| Address, City, State, Zip | Contact Phone - include area code OH 330-518-1143 |
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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 1 | Ejection 1 | Trapped 1 |
|--------------|----------------------|----------------|---------------------------------------|---------------------------|---|----------------------|--------------------|---------------|--------------|



Occupant / Witness Addendum

Local Report Number *

2 | 0 | 1 | 8 | 3 | 6 | 7 | 4 | | | | | |

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| Occupant | Unit Number [][] | Name: Last, First, Middle MCKAY PATRICK | Date of Birth [][][][][][][][][] | Age [][] | Gender <input checked="" type="checkbox"/> M F - Female M - Male | | | | | | | |
| | Address, City, State, Zip OH | | | Contact Phone - include area code 440-315-6755 | | | | | | | | |
| | Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used [][] | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position [][] | Air Bag Usage <input type="checkbox"/> 1 | Ejection <input type="checkbox"/> 1 | Trapped <input type="checkbox"/> 1 | | |
| Occupant | Unit Number [][] | Name: Last, First, Middle | Date of Birth [][][][][][][][][] | Age [][] | Gender <input type="checkbox"/> F - Female M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| | Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used [][] | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position [][] | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | | |
| Occupant | Unit Number [][] | Name: Last, First, Middle | Date of Birth [][][][][][][][][] | Age [][] | Gender <input type="checkbox"/> F - Female M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| | Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used [][] | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position [][] | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | | |
| Occupant | Unit Number [][] | Name: Last, First, Middle | Date of Birth [][][][][][][][][] | Age [][] | Gender <input type="checkbox"/> F - Female M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| | Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used [][] | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position [][] | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | | |
| Occupant | Unit Number [][] | Name: Last, First, Middle | Date of Birth [][][][][][][][][] | Age [][] | Gender <input type="checkbox"/> F - Female M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| | Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used [][] | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position [][] | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | | |
| Occupant | Unit Number [][] | Name: Last, First, Middle | Date of Birth [][][][][][][][][] | Age [][] | Gender <input type="checkbox"/> F - Female M - Male | | | | | | | |
| | Address, City, State, Zip | | | Contact Phone - include area code | | | | | | | | |
| | Injuries <input type="checkbox"/> | Injured Taken By <input type="checkbox"/> | EMS Agency | Medical Facility Injured Taken To | Safety Equipment Used [][] | DOT Compliant Motorcycle Helmet <input type="checkbox"/> | Seating Position [][] | Air Bag Usage <input type="checkbox"/> | Ejection <input type="checkbox"/> | Trapped <input type="checkbox"/> | | |
| 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 | | | | | | | | | | | | |

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|---|--------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 20183674 | REPORTING AGENCY GARFIELD HEIGHTS | DATE OF CRASH M 10 D 04 Y 2018 |
| IN COUNTY OF 18 | CRASH LOCATION IR 480 | |
| <p>UNIT 1 WAS TRAVELLING E/B ON IR 480 IN LANE 3 SWERVED OFF THE RIGHT SIDE OF THE ROAD AND STRUCK A ROAD SIGN (EXIT 21), WENT INTO THE DITCH THEN UP THE SIDE OF A MILD EMBANKMENT AND STRUCK A PINE TREE WITH THE RR WHEEL, SPUN 90 DEGRESS AND STRUCK ANOTHER PINE TREE DRIVERS DOOR AND SLID FURTHER E/B BEFORE COMING TO REST FACING W/B IN THE GRASSY AREA ADJACENT TO THE HIGHWAY. DRIVER AND PASSENGER TAKEN TO METRO GENERAL HOSPITAL FOR PRECAUTIONARY EVALUATION. ROAD SIGN AND TREES OWNED BY THE STATE OF OHIO. WITNESSES STATED IT APPEARED THE DRIVER FELL ASLEEP AT THE WHEEL. PASSENGER APPEARED INTOXICATED AND COULDN'T REMEMBER HER PHONE NUMBER. PHOTOS TAKEN.</p> | | |
| OFFICER'S SIGNATURE X | | BADGE NUMBER S15 |