

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR S

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> Private Property	LOCAL INFORMATION REPORTING AGENCY NAME * GARFIELD HEIGHTS	NCIC * 01820	LOCAL REPORT NUMBER * 20223799
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COUNTY * 18	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS	CRASH DATE/TIME * 12312022 01143	CRASH SEVERITY 4
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ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME BROADWAY	ROAD TYPE AV	LATITUDE DECIMAL DEGREES 41.42443
ROUTE TYPE	ROUTE NUMBER	PREFIX	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) MCCRACKEN	ROAD TYPE RD	LONGITUDE DECIMAL DEGREES 81.582744

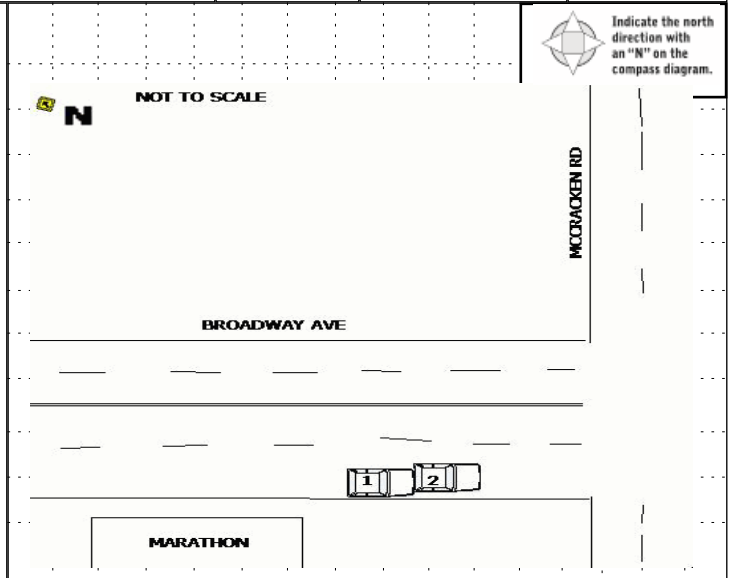
REFERENCE POINT 1	DIRECTION 4	ROUTE TYPE	ROAD TYPE	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA	NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 60	DISTANCE UNIT OF MEASURE 2	IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	<input type="checkbox"/> ROADWAY DIVIDED	

LOCATION OF FIRST HARMFUL EVE 01	MANNER OF CRASH COLLISION/IMPACT 2	DIRECTION OF TRAVEL 1 - NORTH
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE	WORK ZONE TYPE 1	LOCATION OF CRASH IN WORK ZONE 1	CONTOUR 1	CONDITIONS 2	SURFACE 2
1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL	1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN

NARRATIVE

BOTH UNITS WERE TRAVELING EAST ON BROADWAY AVE. UNIT 2 BEGAN SLOWING WHILE APPROACHING THE RED LIGHT AT BROADWAY AVE AND MCCRACKEN RD. AS UNIT 2 WAS SLOWING TO THE TRAFFIC LIGHT, UNIT 1 STRUCK THE REAR OF UNIT 2 AND THEN FLED THE SCENE WESTBOUND ON MCCRACKEN RD. THE ONLY KNOWN DESCRIPTION OF THE DRIVER OF UNIT 1 IS A BLACK MALE. NO FURTHER DESCRIPTION OR IDENTIFYING INFORMATION WAS PROVIDED. THE DRIVER OF UNIT 2 WAS CLEARED MEDICALLY BY GARFIELD HEIGHTS SQUAD 1 ON SCENE.



CRASH REPORTED DATE/TIME 12312022 01143	DISPATCH DATE/TIME 12312022 01143	ARRIVAL DATE/TIME 12312022 01148	SCENE CLEARED DATE/TIME 12312022 01153	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 35	OFFICER'S NAME * M. Taylor	CHECKED BY OFFICER'S NAME * S. Sabelli
			OFFICER'S BADGE NUMBER * 017	CHECKED BY OFFICER'S BADGE NUMBER * S21

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
BURNETT RACHEL

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
4966 E 81ST ST GARFIELD HEIGHT OH 44125

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

VEHICLE

LP STATE OH LICENSE PLATE # JXY8723 VEHICLE IDENTIFICATION # 1FMZU77E312UB83083 VEHICLE YEAR 2002 VEHICLE MAKE Ford

INSURANCE VERIFIED () INSURANCE COMPANY _____ INSURANCE POLICY # _____ VEHICLE COLOR BLU VEHICLE MODEL Explorer Sport

TYPE OF USE: () COMMERCIAL () GOVERNMENT () IN EMERGENCY RESPONSE () INTERLOCK DEVICE EQUIPPED () HIT/SKIP UNIT # OCCUPANTS 01 US DOT # _____ TOWED BY: COMPANY NAME _____

VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL: () MATERIAL CLASS # _____ PLACARD () RELEASED

UNIT TYPE 04 # OF TRAILING UNITS 0

1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEEL ED 8 - MOTORCYCLE 3-WHEEL ED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON- MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 01 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS-TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE 01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT 01 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDLICK - MARKED CROSSWALK 5 - TRAVEL LANE-OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 08 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE/ACDA 9 - IMPROPER LANE CHANGING 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/ FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNABLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

EVENT(S)

SEQUENCE OF EVENTS

EVENTS

1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 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 - STRUCK

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 - WORKZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

LOCAL REPORT

20223799

DAMAGE

DAMAGE SCALE

2 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN

DAMAGED AREA(S)

INDICATE ALL THAT APPLY

() - NO DAMAGE [0] () - UNDERCARRIAGE [14]
 () - TOP [13] () - ALL AREAS [15]
 () - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

12 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL 6 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING () 1 - NOT INVOLVED 2 - INVOLVED - ACTIVE CROSSING 3 - INVOLVED - PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED 10

POSTED SPEED 35

DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

OWNER

UNIT # 0 2 OWNER NAME: LAST, FIRST, MIDDLE () Same As Driver
EAN HOLDINGS INC

OWNER ADDRESS: STREET, CITY, STATE, ZIP () Same As Driver
554 WATERS STREET CHARDON OH 44024

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

VEHICLE

LP STATE O H LICENSE PLATE # JWY5308 VEHICLE IDENTIFICATION # WBA7T4C09NCH615433 VEHICLE YEAR 2 0 2 2 VEHICLE MAKE BMW

INSURANCE VERIFIED INSURANCE COMPANY GEICO INSURANCE POLICY # 6110442420 VEHICLE COLOR WHI VEHICLE MODEL 740i

TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT

US DOT # _____ TOWED BY: COMPANY NAME N/A

VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.

HAZARDOUS MATERIAL: MATERIAL CLASS # _____ PLACARD RELEASED

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

UNIT TYPE 0 1

OF TRAILING UNITS 0

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL 0

SPECIAL FUNCTION 0 1

CARGO BODY TYPE 0 1

VEHICLE DEFECTS

INITIAL POINT OF CONTACT

0 6 0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP

NON-MOTORIST LOCATION AT IMPACT 0 1

ACTION 4

PRE-CRASH ACTION 1 1

CONTRIBUTING CIRCUMSTANCES 0 1

TRAFFIC

TRAFFICWAY FLOW 2

TRAFFIC CONTROL 6

SEQUENCE OF EVENTS

EVENTS

COLLISION WITH FIXED OBJECT - STRUCK

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

OF THROUGH LANES ON ROAD 4

RAIL GRADE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

UNIT SPEED 5

POSTED SPEED 3 5

DETECTED SPEED 1

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

DETECTED SPEED

1 - STATED/ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
 2 0 2 2 3 7 9 9

UNIT # 01		NAME: LAST, FIRST, MIDDLE UNKNOWN				20223799		DATE OF BIRTH			AGE		GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP OH							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET <input type="checkbox"/>		SEATING POSITION		AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION					CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	

UNIT # 02		NAME: LAST, FIRST, MIDDLE LEGGETT CYNQUAN DARNELL						DATE OF BIRTH 12011995			AGE 27		GENDER M		
ADDRESS: STREET, CITY, STATE, ZIP 10711 CRESTWOOD AVE CLEVELAND OH 44104							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES 4		INJURED TAKEN BY 1	EMS AGENCY (NAME) GARFIELD HEIGHTS		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 04		DOT-COMPLIANT MC HELMET <input type="checkbox"/>		SEATING POSITION 01		AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION					CITATION NUMBER	
OL CLASS 4	ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED		CONDITION 1	ALCOHOL TEST			DRUG TEST(S)			
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS 1	TYPE 1	VALUE	STATUS 1	TYPE 1	RESULT SELECT UP TO 4	

UNIT #		NAME: LAST, FIRST, MIDDLE						DATE OF BIRTH			AGE		GENDER		
ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
INJURIES		INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED		DOT-COMPLIANT MC HELMET		SEATING POSITION		AIR BAG USAGE	EJECTION	TRAPPED
OL STATE		OPERATOR LICENSE NUMBER			OFFENSE CHARGED			LOCAL CODE	OFFENSE DESCRIPTION					CITATION NUMBER	
OL CLASS	ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)			
						<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG			STATUS	TYPE	VALUE	STATUS	TYPE	RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS		
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT / SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M / C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	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 TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS		
INJURED TAKEN BY			EJECTION			OL ENDORSEMENT		
1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN					
SAFETY EQUIPMENT			TRAPPED			TRAPPED		
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS							