

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH <input type="checkbox"/> Private Property		LOCAL INFORMATION Garfield Heights PD		2 0 2 3 1 7 1 2				
		REPORTING AGENCY NAME * GARFIELD HEIGHTS		NCIC * 0 1 8 2 0	HITSKIP 1 - Solved 2 - Unsolved 2	NUMBER OF UNITS 0 2	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 0 2	
COUNTY * 1 8	LOCALITY * 1	LOCATION: CITY, VILLAGE, TOWNSHIP * GARFIELD HTS		CRASH DATE/TIME * 0 6 2 5 2 0 2 3 2 3 0 0			CRASH SEVERITY 5	
ROUTE TYPE I R	ROUTE NUMBER 4 8 0	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Broadway		ROAD TYPE A V	LATITUDE DECIMAL DEGREES 4 1 3 9 6 0 6 9	1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
ROUTE TYPE	ROUTE NUMBER	PREFIX	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)		ROAD TYPE	LONGITUDE DECIMAL DEGREES 8 1 5 4 1 5 3 5		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 3	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE 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	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES		
DISTANCE 1 0 0	DISTANCE 1 - Miles 2 - Feet 3 - Yards 3	REFERENCE POINT	DIRECTION	ROUTE TYPE	ROAD TYPE	ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED		
LOCATION - EAST OR WEST EVENT 0 1		MANNER OF CRASH COLLISION/IMPACT 7		DIRECTION OF TRAVEL 3	MEDIAN TYPE 4			
<input checked="" 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 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER 2	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA 3	CONTOUR 1	CONDITIONS 1	SURFACE 2			
LIGHT CONDITION 3	WEATHER 1	WEATHER 1	CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN			
NARRATIVE UNIT ONE WAS TRAVELING EAST ON I-480 PASSING THE BROADWAY AVE EXIT IN THE #2 LANE. UNIT TWO WAS TRAVELING BESIDE UNIT ONE IN THE #3 LANE. UNIT TWO CHANGED LANES INTO UNIT ONE'S LANE, STRIKING UNIT ONE.. UNIT ONE SUFFERED MINOR DAMAGE AND UNIT TWO LEFT THE SCENE.					OHIO DEPARTMENT OF PUBLIC SAFETY OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION 			
CRASH REPORTED DATE/TIME 0 6 2 5 2 0 2 3 2 3 0 0		DISPATCH DATE/TIME 0 6 2 5 2 0 2 3 2 3 4 3		ARRIVAL DATE/TIME 0 6 2 5 2 0 2 3 2 3 4 5		SCENE CLEARED DATE/TIME 0 6 2 6 2 0 2 3 0 0 1 5		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0	OTHER INVESTIGATION TIME 3 0	TOTAL MINUTES 6 0	OFFICER'S NAME * J. Timko		CHECKED BY OFFICER'S NAME* R. Dodge		<input type="checkbox"/> SUPPLEMENT (CORRECTION = ADDITION)	
			OFFICER'S BADGE NUMBER* 0 0 4		CHECKED BY OFFICER'S BADGE NUMBER* S 2 2			

OWNER INFORMATION: UNIT #, OWNER NAME, OWNER PHONE, OWNER ADDRESS, COMMERCIAL CARRIER.

DAMAGE INFORMATION: DAMAGE SCALE, DAMAGED AREA(S) diagrams.

VEHICLE IDENTIFICATION: LP STATE, LICENSE PLATE #, VEHICLE IDENTIFICATION #, VEHICLE YEAR, VEHICLE MAKE, INSURANCE, TYPE OF USE, US DOT #, TOWED BY: COMPANY NAME.

Detailed vehicle diagrams for damage assessment: top view, front view, side view, and rear view.

VEHICLE TYPE AND OCCUPANTS: UNIT TYPE, # OF TRAILING UNITS, HAZARDOUS MATERIAL.

AUTONOMOUS MODE: WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURED?

SPECIAL FUNCTION: 1-NONE, 2-TAXI, 3-ELECTRONIC RIDE SHARING, 4-SCHOOL TRANSPORT, 5-BUS-TRANSIT/COMMUTER.

CARGO BODY TYPE: 1-NO CARGO BODY TYPE, 2-BUS, 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE.

VEHICLE DEFECTS: 1-TURN SIGNALS, 2-HEAD LAMPS, 3-TAIL LAMPS, 4-BRAKES, 5-STEERING, 6-TIRE BLOWOUT.

NON-MOTORIST LOCATION AT IMPACT: 1-INTERSECTION-MARKED CROSSWALK, 2-INTERSECTION-UNMARKED CROSSWALK, 3-STRIKING PRE-CRASH ACTION.

INITIAL POINT OF CONTACT: 0-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE.

CONTRIBUTING CIRCUMSTANCES: 1-NONE, 2-FAILURE TO YIELD, 3-RAN RED LIGHT, 4-RAN STOP SIGN, 5-UNSAFE SPEED, 6-IMPROPER TURN.

TRAFFIC INFORMATION: TRAFFICWAY FLOW, TRAFFIC CONTROL, # OF THROUGH LANES ON ROAD.

SEQUENCE OF EVENTS: 1-OVERTURN/ROLLOVER, 2-FIRE/EXPLOSION, 3-IMMERSION, 4-JACKKNIFE, 5-CARGO/EQUIPMENT LOSS OR SHIFT.

RAIL GRADE CROSSING: 1-NOT INVOLVED, 2-INVOLVED-ACTIVE CROSSING, 3-INVOLVED-PASSIVE CROSSING.

COLLISION WITH FIXED OBJECT - STRUCK: 25-IMPACT ATTENUATOR, 31-GUARDRAIL END, 37-TRAFFIC SIGN POST, 43-CURB, 50-WORKZONE MAINTENANCE EQUIPMENT.

UNIT / NON-MOTORIST DIRECTION: 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST, 9-OTHER / UNKNOWN.

FIRST HARMFUL EVENT, MOST HARMFUL EVENT.

UNIT SPEED, POSTED SPEED, DETECTED SPEED.



MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER							
2	0	2	3	1	7	1	2

MOTORIST / NON-MOTORIST
MOTORIST / NON-MOTORIST
MOTORIST / NON-MOTORIST
MOTORIST / NON-MOTORIST

UNIT # 01	NAME: LAST, FIRST, MIDDLE OILER JESSICA LEAH		DATE OF BIRTH 06081979	AGE 44	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 4629 WARNER RD 6 CLEVELAND OH 44105			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES INJURED TAKEN BY 5 / 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	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 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE RESULT SELECT UP TO 4	

UNIT # 02	NAME: LAST, FIRST, MIDDLE UNK UNK		DATE OF BIRTH	AGE	GENDER U			
ADDRESS: STREET, CITY, STATE, ZIP OH			CONTACT PHONE - INCLUDE AREA CODE					
INJURIES INJURED TAKEN BY 5 / 9	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 99	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 01	AIR BAG USAGE 9	EJECTION 4	TRAPPED 1
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 9	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS TYPE VALUE STATUS TYPE 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	<input type="checkbox"/> 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 ALCOHOL MARIJUANA OTHER DRUG		CONDITION	ALCOHOL TEST 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	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED	1 - CLASS A	1 - ALCOHOL INTERLOCK DEVICE	1 - NOT DISTRACTED	1 - NONE GIVEN
2 - SUSPECTED SERIOUS INJURY	2 - FRONT - MIDDLE	2 - DEPLOYED FRONT	2 - CLASS B	2 - CDL INTRASTATE ONLY	2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)	2 - TEST REFUSED
3 - SUSPECTED MINOR INJURY	3 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE	3 - CLASS C	3 - CORRECTIVE LENSES	3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE	3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE
4 - POSSIBLE INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT / SIDE	4 - REGULAR CLASS (OHIO = D)	4 - FARM WAIVER	4 - TALKING ON HAND-HELD COMMUNICATION DEVICE	4 - TEST GIVEN, RESULTS KNOWN
5 - NO APPARENT INJURY	5 - SECOND - MIDDLE	5 - NOT APPLICABLE	5 - M / C MOPED ONLY	5 - EXCEPT CLASS A BUS & CLASS B BUS	5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE	5 - TEST GIVEN, RESULTS UNKNOWN
INJURED TAKEN BY		EJECTION		ALCOHOL TEST TYPE		
1 - NOT TRANSPORTED / TREATED AT SCENE		1 - NOT EJECTED		1 - NONE		
2 - EMS		2 - PARTIALLY EJECTED		2 - BLOOD		
3 - POLICE		3 - TOTALLY EJECTED		3 - URINE		
9 - OTHER / UNKNOWN		4 - NOT APPLICABLE		4 - BREATH		
SAFETY EQUIPMENT		TRAPPED		5 - OTHER		
1 - NONE USED		1 - NOT TRAPPED		DRUG TEST TYPE		
2 - SHOULDER BELT ONLY USED		2 - EXTRICATED BY MECHANICAL MEANS		1 - NONE		
3 - LAP BELT ONLY USED		3 - FREED BY NON-MECHANICAL MEANS		2 - BLOOD		
4 - SHOULDER & LAP BELT USED				3 - URINE		
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING				4 - OTHER		
6 - CHILD RESTRAINT SYSTEM - REAR FACING				CONDITION		
7 - BOOSTER SEAT				1 - APPARENTLY NORMAL		
8 - HELMET USED				2 - PHYSICAL IMPAIRMENT		
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)				3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)		
10 - REFLECTIVE CLOTHING				4 - ILLNESS		
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY				5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.		
99 - OTHER / UNKNOWN				6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL		
			GENDER	9 - OTHER / UNKNOWN		
			F - FEMALE	DRUG TEST RESULT(S)		
			M - MALE	1 - AMPHETAMINES		
			U - OTHER/UNKNOWN	2 - BARBITURATES		
				3 - BENZODIAZEPINES		
				4 - CANNABINOIDS		
				5 - COCAINE		
				6 - OPIATES / OPIOIDS		
				7 - OTHER		
				8 - NEGATIVE RESULTS		