

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

2 | 0 | 2 | 3 | 2 | 7 | 4 | 8 |

- PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 Private Property

LOCAL INFORMATION

REPORTING AGENCY NAME *

GARFIELD HEIGHTS

NCIC *
0 | 1 | 8 | 2 | 0

HITSKIP
1 - Solved
2 - Unsolved

NUMBER OF UNITS
0 | 2

UNIT IN EDDP
98 - ANIMAL
99 - UNKNOWN
0 | 2

COUNTY *
1 | 8

LOCALITY *
1

LOCATION: CITY, VILLAGE, TOWNSHIP *
GARFIELD HTS

CRASH DATE/TIME *
1 | 0 | 1 | 0 | 2 | 0 | 2 | 3 | 1 | 5 | 1 | 6 |

CRASH SEVERITY
3

1 - FATAL
2 - SERIOUS INJURY SUSPECTED
3 - MINOR INJURY SUSPECTED
4 - INJURY POSSIBLE
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE
ROUTE NUMBER

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

LOCATION ROAD NAME
TURNEY

ROAD TYPE
R | D

LATITUDE DECIMAL DEGREES
4 | 1 | 4 | 0 | 4 | 6 | 1 | 8

ROUTE TYPE
ROUTE NUMBER

PREFIX
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)
5820

ROAD TYPE

LONGITUDE DECIMAL DEGREES
8 | 1 | 5 | 9 | 6 | 7 | 7 | 2

REFERENCE POINT
1 - INTERSECTION
2 - MILE POST
3 - HOUSE #
3

DIRECTION
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

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
HW - HIGHWAY
LA - LANE
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
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES

DISTANCE
1 - Miles
2 - Feet
3 - Yards

DISTANCE
1 - Miles
2 - Feet
3 - Yards

ROADWAY
 ROADWAY DIVIDED

LOCATION OF FIRST VEHICLE EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
7 - ON RAMP
8 - OFF RAMP
9 - CROSSOVER
10 - DRIVEWAY / ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED USE PATHS OR TRAILS
13 - BIKE LANE
14 - TOLL BOOTH
99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT
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 - OTHER / UNKNOWN

DIRECTION OF TRAVEL
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST

MEDIAN TYPE
1 - DIVIDED FLUSH MEDIAN (<4 FEET)
2 - DIVIDED FLUSH MEDIAN (24 FEET)
3 - DIVIDED, DEPRESSED MEDIAN
4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
9 - OTHER / UNKNOWN

- WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 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

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

CONTOUR
1

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - OTHER / UNKNOWN

CONDITIONS
1

1 - DRY
2 - WET
3 - SNOW
4 - ICE
5 - SAND, MUD, DIRT, OIL, GRAVEL
6 - WATER (STANDING, MOVING)
7 - SLUSH
9 - OTHER/UNKNOWN

SURFACE
2

1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
9 - OTHER / UNKNOWN

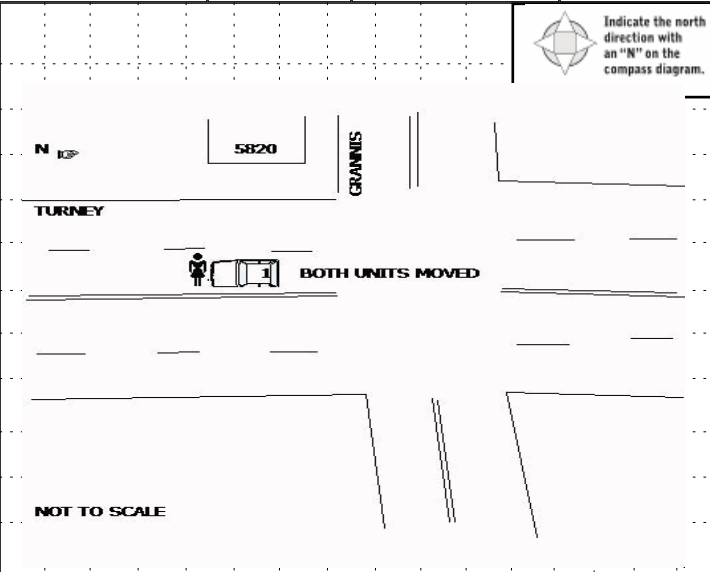
LIGHT CONDITION
1
1 - DAYLIGHT
2 - DAWN/DUSK
3 - DARK - LIGHTED ROADWAY
4 - DARK - ROADWAY NOT LIGHTED
5 - DARK - UNKNOWN ROADWAY LIGHTING
9 - OTHER / UNKNOWN

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 - FREEZING RAIN OR FREEZING DRIZZLE
99 - OTHER / UNKNOWN

NARRATIVE

UNIT 1 WAS S/B ON TURNEY IN LANE 2 NEAR GRANNIS
 UNIT 2 (PEDESTRIAN) JUST CAME OFF OF AN RTA
 BUS UNIT 2 THEN ATTEMPTED TO CROSS THE STREET
 E/B IN FRONT OF ON COMING TRAFFIC AT 5820
 GRANNIS. UNIT 1 THEN STRUCK UNIT 2. DRIVER OF
 UNIT 1 STATES THAT VICTIM DARTED OUT BETWEEN
 SOUTHBOUND CARS. A WITNESS PROVIDED A GRAINY
 VIDEO FROM HIS VEHICLE WHICH AS N/B TURNEY AND
 SHOWS SEVERAL CARS TRAVELLING S/B



CRASH REPORTED DATE/TIME
1 | 0 | 1 | 0 | 2 | 0 | 2 | 3 | 1 | 5 | 1 | 6 |

DISPATCH DATE/TIME
1 | 0 | 1 | 0 | 2 | 0 | 2 | 3 | 1 | 5 | 1 | 7 |

ARRIVAL DATE/TIME
1 | 0 | 1 | 0 | 2 | 0 | 2 | 3 | 1 | 5 | 2 | 3 |

SCENE CLEARED DATE/TIME
1 | 0 | 1 | 0 | 2 | 0 | 2 | 3 | 1 | 5 | 3 | 5 |

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED
0

OTHER INVESTIGATION TIME
4 | 5

TOTAL MINUTES
5 | 7

OFFICER'S NAME *
B. Cwiklinski

OFFICER'S BADGE NUMBER *
0 | 0 | 9

CHECKED BY OFFICER'S NAME *
T. Baon

CHECKED BY OFFICER'S BADGE NUMBER *
S | 2 | 0

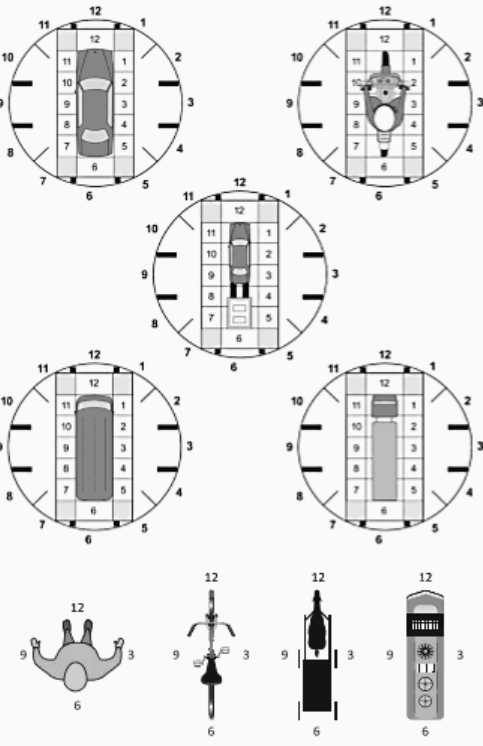
SUPPLEMENT
(CORRECTION = ADDITION)

OWNER INFORMATION: UNIT # 01, OWNER NAME NASH JAMALA, OWNER ADDRESS 4890 E 96TH ST GARFIELD HTS OH 44125, COMMERCIAL CARRIER INFORMATION.

DAMAGE SECTION: DAMAGE SCALE 1 (NONE), 2 (MINOR DAMAGE), 3 (FUNCTIONAL DAMAGE), 4 (DISABLING DAMAGE), 9 (UNKNOWN).

VEHICLE IDENTIFICATION: LP STATE OH, LICENSE R438763, VEHICLE IDENTIFICATION # 1G1A1L518F5187221140, VEHICLE YEAR 2008, CHEVROLET CRUZE.

DAMAGED AREA(S) INDICATE ALL THAT APPLY



INSURANCE: YOUNG AMERICAN, POLICY # 93642201145, VEHICLE COLOR WHI, TYPE OF USE COMMERCIAL.

VEHICLE TYPE: 1-PASSENGER CAR, 2-PASSENGER VAN (MINIVAN), 3-SPORT UTILITY VEHICLE, etc.

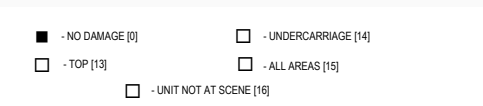
VEHICLE WEIGHT: 1-≤10K LBS., 2-10,001-26K LBS., 3->26K LBS., HAZARDOUS MATERIAL.

SPECIAL FUNCTION: 1-NONE, 2-TAXI, 3-ELECTRONIC RIDE SHARING, etc.

VEHICLE DEFECTS: 1-TURN SIGNALS, 2-HEAD LAMPS, 3-TAIL LAMPS, 4-BRAKES, etc.

NON-MOTORIST LOCATION AT IMPACT: 1-INTERSECTION-MARKED CROSSWALK, 2-INTERSECTION-UNMARKED CROSSWALK, etc.

ACTION: 1-NON-CONTACT, 2-NON-COLLISION, 3-STRIKING, etc.



INITIAL POINT OF CONTACT: 0-NO DAMAGE, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, etc.

CONTRIBUTING CIRCUMSTANCES: 1-NONE, 2-FAILURE TO YIELD, 3-RAN RED LIGHT, etc.

TRAFFIC: TRAFFICWAY FLOW 2 (ONE-WAY), TRAFFIC CONTROL 6 (SIGNAL).

SEQUENCE OF EVENTS: 1-OVERTURN/ROLLOVER, 2-FIRE/EXPLOSION, 3-IMMERSION, etc.

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

UNIT / NON-MOTORIST DIRECTION: FROM 1 TO 2, 1-NORTH, 2-SOUTH, etc.

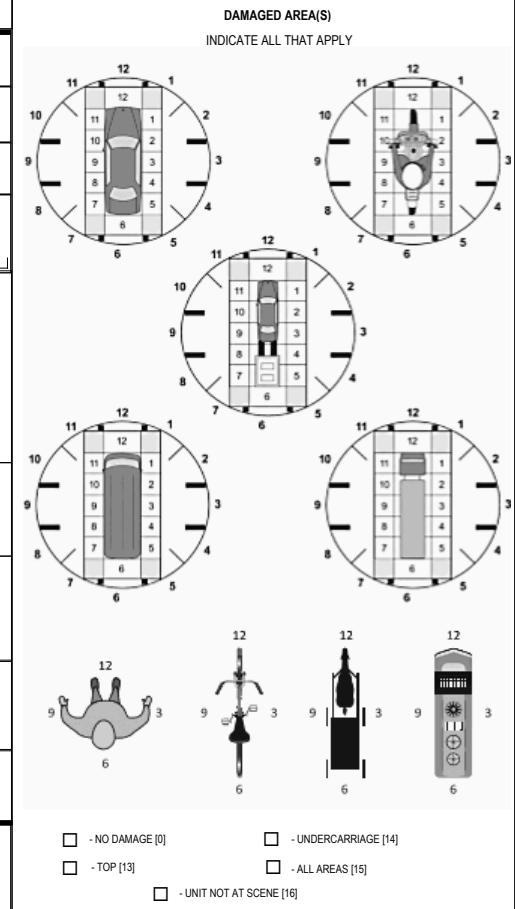
UNIT SPEED: 35, POSTED SPEED: 35, DETECTED SPEED: 1 (STATED/ESTIMATED SPEED).

20232748

OWNER INFORMATION: UNIT # 02, OWNER NAME, OWNER PHONE, OWNER ADDRESS, COMMERCIAL CARRIER NAME, COMMERCIAL CARRIER PHONE.

DAMAGE: DAMAGE SCALE 1 (NONE), 2 (MINOR DAMAGE), 3 (FUNCTIONAL DAMAGE), 4 (DISABLING DAMAGE), 9 (UNKNOWN).

VEHICLE IDENTIFICATION: LP STATE, LICENSE PLATE #, VEHICLE IDENTIFICATION #, VEHICLE YEAR, VEHICLE MAKE, INSURANCE VERIFIED, INSURANCE COMPANY, INSURANCE POLICY #, VEHICLE COLOR, VEHICLE MODEL.



VEHICLE TYPE: TYPE OF USE (COMMERCIAL, GOVERNMENT, EMERGENCY RESPONSE), US DOT #, TOWED BY: COMPANY NAME, INTERLOCK DEVICE EQUIPPED, HIT/SKIP UNIT, OCCUPANTS, HAZARDOUS MATERIAL.

VEHICLE TYPE: UNIT TYPE (PASSENGER CAR, MOTORCYCLE, GOLF CART, LIMO, BUS, TRUCK, etc.), # of TRAILING UNITS, WAS VEHICLE OPERATING IN AUTONOMOUS MODE.

SPECIAL FUNCTION: 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-MAIL CARRIER, 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: 1-INTERSECTION-MARKED CROSSWALK, 2-INTERSECTION-UNMARKED CROSSWALK, 3-INTERSECTION-OTHER, 4-MIDBLOCK-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: 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.

INITIAL POINT OF CONTACT: 1 (NON-DAMAGE), 2 (REFER TO UNIT DIAGRAM), 13 (TOP), 14 (UNDERCARRIAGE), 15 (VEHICLE NOT AT SCENE), 99 (UNKNOWN).

CONTRIBUTING CIRCUMSTANCES: 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.

TRAFFIC: TRAFFICWAY FLOW 2 (ONE-WAY), TRAFFIC CONTROL 6 (ROUNDABOUT), # OF THROUGH LANES ON ROAD 4, RAIL GRADE CROSSING 3 (INVOLVED - PASSIVE CROSSING).

SEQUENCE OF EVENTS: 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).

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.

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.

UNIT SPEED, POSTED SPEED, DETECTED SPEED: 1- STATED/ESTIMATED SPEED, 2- CALCULATED / EDR, 3- UNDETERMINED.

MOTORIST / NON-MOTORIST

LOCAL REPORT NUMBER
2 0 2 3 2 7 4 8

UNIT # 0 1	NAME: LAST, FIRST, MIDDLE NASH JAMAL A			DATE OF BIRTH 1 0 1 6 1 9 9 2			AGE 3 0	GENDER M	
ADDRESS: STREET, CITY, STATE, ZIP 4890 E 96TH ST GARFIELD HTS OH 44125						CONTACT PHONE - INCLUDE AREA CODE			
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME) GAFD SQUAD 1	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) RAINBOW	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 0 1	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 # 0 2	NAME: LAST, FIRST, MIDDLE GREATHOUSE MARYAH			DATE OF BIRTH 0 6 1 8 2 0 0 8			AGE 1 5	GENDER F	
ADDRESS: STREET, CITY, STATE, ZIP 12807 GRANNIS GARFIELD HTS OH 44125						CONTACT PHONE - INCLUDE AREA CODE			
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY (NAME) GHFD SQUAD 1	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) RAINBOW	SAFETY EQUIPMENT USED 9 9	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1 5	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 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 #	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		6 - SECOND - RIGHT SIDE	6 - NO VALID OL	6 - EXCEPT CLASS A & CLASS B BUS	6 - PASSENGER	ALCOHOL TEST TYPE
1 - NOT TRANSPORTED / TREATED AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	9 - DEPLOYMENT UNKNOWN	H - HAZMAT	7 - EXCEPT TRACTOR-TRAILER	7 - OTHER DISTRACTION INSIDE THE VEHICLE	1 - NONE
2 - EMS	8 - THIRD - MIDDLE	EJECTION	M - MOTORCYCLE	8 - INTERMEDIATE LICENSE RESTRICTIONS	8 - OTHER DISTRACTIONS OUTSIDE THE VEHICLE	2 - BLOOD
3 - POLICE	9 - THIRD - RIGHT SIDE	1 - NOT EJECTED	P - PASSENGER	9 - LEARNER'S PERMIT RESTRICTIONS	9 - OTHER / UNKNOWN	3 - URINE
9 - OTHER / UNKNOWN	10 - SLEEPER SECTION OF TRUCK CAB	2 - PARTIALLY EJECTED	N - TANKER	10 - LIMITED TO DAYLIGHT ONLY		4 - BREATH
SAFETY EQUIPMENT		3 - TOTALLY EJECTED	Q - MOTOR SCOOTER	11 - LIMITED TO EMPLOYMENT		5 - OTHER
1 - NONE USED	12 - PASSENGER IN UNENCLOSED CARGO AREA	4 - NOT APPLICABLE	R - THREE-WHEEL MOTORCYCLE	12 - LIMITED - OTHER		DRUG TEST TYPE
2 - SHOULDER BELT ONLY USED	13 - TRAILING UNIT	TRAPPED	S - SCHOOL BUS	13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - NONE
3 - LAP BELT ONLY USED	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	1 - NOT TRAPPED	T - DOUBLE & TRIPLE TRAILERS	14 - MILITARY VEHICLES ONLY		2 - BLOOD
4 - SHOULDER & LAP BELT USED	15 - NON-MOTORIST	2 - EXTRICATED BY MECHANICAL MEANS	X - TANKER / HAZMAT	15 - MOTOR VEHICLES WITHOUT AIR BRAKES		3 - URINE
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING	99 - OTHER / UNKNOWN	3 - FREED BY NON-MECHANICAL MEANS		16 - OUTSIDE MIRROR	CONDITION	4 - OTHER
6 - CHILD RESTRAINT SYSTEM - REAR FACING				17 - PROSTHETIC AID	1 - APPARENTLY NORMAL	DRUG TEST RESULT(S)
7 - BOOSTER SEAT				18 - OTHER	2 - PHYSICAL IMPAIRMENT	1 - AMPHETAMINES
8 - HELMET USED					3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)	2 - BARBITURATES
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)					4 - ILLNESS	3 - BENZODIAZEPINES
10 - REFLECTIVE CLOTHING					5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.	4 - CANNABINOIDS
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY					6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL	5 - COCAINE
99 - OTHER / UNKNOWN					9 - OTHER / UNKNOWN	6 - OPIATES / OPIOIDS
						7 - OTHER
						8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

2 | 0 | 2 | 3 | 2 | 7 | 4 | 8

OCCUPANT	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
OCCUPANT	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
OCCUPANT	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
OCCUPANT	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

INJURIES 1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	SAFETY EQUIPMENT USED 1 - NONE USED - VEHICLE OCCUPANT 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	SEATING POSITION 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	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	
INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN		EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE		
GENDER F - FEMALE M - MALE U - OTHER/UNKNOWN		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS		

WITNESS	NAME: LAST, FIRST, MIDDLE	CARRIER	STEPHEN	JOSEPH	DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP	7800 DEARBORN AVE CLEVELAND OH 44102			0 3 0 2 1 9 7 0		5 3	M	
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP								
WITNESS	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP								